

Council meeting

Via Zoom

Thursday, 13 April 2023

Public meeting 1.30 p.m.

Public business

Standing Items (10 mins)

- | | | |
|----|--|-----------------------------------|
| 1. | Attendance and introductory remarks | Gisela Abbam |
| 2. | Declarations of interest – public items | Gisela Abbam |
| 3. | Minutes of the meeting held on 23 February 2023
<i>Minutes of the public session – for approval</i> | 23.04.C.01
Gisela Abbam |
| 4. | Actions and matters arising | 23.04.C.02
Gisela Abbam |
| 5. | Workshop summary – 23 February 2023
<i>For noting</i> | 23.04.C.03
Gisela Abbam |

Regulatory functions

- | | | |
|---------|---|-------------------|
| 6. | Registration assessment report – November sitting | 23.04.C.04 |
| 15 mins | <i>For discussion</i> | Mark Voce |
| 7. | Regulation of pharmacy technicians | 23.04.C.05 |
| 30 mins | <i>For discussion</i> | Mark Voce |
| 8. | UK Commission on Pharmacy Professional Leadership | 23.04.C.06 |
| 15 mins | <i>For discussion</i> | Duncan Rudkin |

Governance, finance and organisational management

- | | | |
|---------|---|-------------------|
| 9. | Council member appointments for 2024 and 2025 | 23.04.C.07 |
| 10 mins | <i>For approval</i> | Janet Collins |

10.	Audit and Risk Committee minutes	23.04.C.08
10 mins	<i>Minutes of the public items from the meeting on 1 December 2022</i>	Neil Buckley
11.	Any other business	Gisela Abbam
Confidential business¹		
Standing items		
12.	Minutes of the meeting held on 23 February 2023	23.04.C.09
	<i>Minutes of the confidential session – for approval</i>	Gisela Abbam
Regulatory functions		
13.	Fees consultation	23.04.C.10
	<i>For approval for consultation</i>	Jonathan Bennetts
Governance, finance and organisational management		
14.	Audit and Risk Committee minutes	23.04.C.11
	<i>Minutes of the confidential items from the meeting on 1 December 2022</i>	Neil Buckley
15.	Finance and Planning Committee minutes	23.04.C.12
	<i>Minutes of the meeting held on 30 January</i>	Mark Hammond
16.	Quality and Performance Assurance Committee minutes	23.04.C.13
	<i>Minutes of the meeting held on 1 February</i>	Rima Makarem
17.	Workforce Committee minutes	23.04.C.14
	<i>Minutes of the meeting held on 26 January</i>	Elizabeth Mailey
18.	Any other business	Gisela Abbam

¹ The Council's Governance Policy (GPhC0040, agreed December 2019) states that the Council may take business as confidential when the item:

- a. may be prejudicial to the effective conduct of the GPhC's functions if discussed in public; or
- b. contains information which has been provided to the Council in confidence; or
- c. contains information whose disclosure is legally prohibited, or is covered by legal privilege; or
- d. is part of a continuing discussion or investigation and the outcome could be jeopardised by public discussion; or
- e. refers to an individual or organisation that could be prejudiced by public discussion; or
- f. relates to negotiating positions or submissions to other bodies; or
- g. could be prejudicial to the commercial interest of an organisation or individual if discussed in public session; or
- h. could be prejudicial to the free and frank provision of advice or the exchange of views for the purpose of deliberation if discussed in public; or
- i. needs to be discussed in confidence due to the external context, for example, during periods of heightened sensitivity such as during an election period.

Minutes of the Council meeting held on 23 February 2023

To be confirmed 13 April 2023

Minutes of the public items

Present:

Gisela Abbam (Chair)	Elizabeth Mailey
Yousaf Ahmad	Rima Makarem
Neil Buckley	Penny Mee-Bishop
Mark Hammond	Rose Marie Parr
Ann Jacklin	Aamer Safdar
Jo Kember	Jayne Salt

Apologies:

Arun Midha
Selina Ullah

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Carole Auchterlonie	Director of Fitness to Practise
Jonathan Bennetts	Director of Adjudication and Financial Services
Claire-Bryce Smith	Director for Insight, Intelligence and Inspection
Mark Voce	Director of Education and Standards
Laura McClintock	Chief of Staff and Associate Director, Corporate Affairs
Gary Sharp	Associate Director, HR and Organisational Development
Liam Anstey	Director for Wales
Jenny Gimpel	Head of Communications

Vanessa Clarke	Head of Finance
Janet Collins	Senior Governance Manager

Standing items

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting. Arun Midha and Selina Ullah had sent their apologies.

2. Declarations of interest

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

3. Minutes of the last meeting (23.02.C.01)

- 3.1 The minutes of the public session held on 8 December 2022 were approved as a true and accurate record of the meeting.

4. Actions and matters arising (23.02.C.02)

- 4.1 The Council noted that the action log was up to date. There were no matters arising. The Registration Assessment report (paper 23.02.C.04) would be discussed at the next meeting.

5. Workshop summary (23.02.C.03)

- 5.1 The Council noted the summary of the workshop held on 8 December 2022.

Governance, finance and organisational management

6. Updated Strategic plan – year four (23.02.C.05)

- 6.1 Duncan Rudkin(DR) introduced this item. Once finalised, the updated plan would be laid in both parliaments and provided to the Senedd. Members could provide feedback on the draft foreword, which would then be finalised by the Chair and the Chief Executive.
- 6.2 **The Council approved the Strategic plan 2020-25 (year four).**

7. Annual plan and budget 2023-24 (23.02.C.06)

- 7.1 DR also introduced this item which set out the draft annual plan and budget for 2023-24.
- 7.2 The annual plan was drawn from the five-year strategic plan. The annual plan and budget provided the detail. As with every year, the GPhC would continue to deliver its core regulatory functions and continue to seek improvement. The content of the annual plan demonstrated the continued progression of earlier investments that were now moving towards implementation. The paper summarised the planned developments under each of the five strategic aims.
- 7.3 A number of non-negotiable priorities had been identified and had been reviewed by the Finance and Planning Committee. They were:
- Work around strengthening pharmacy governance;
 - Strengthening the regulation of online pharmacy;
 - Reviewing our registration model;

- Work towards progressively meeting all the Standards of good regulation (which included the objective of improving the timeliness of our Fitness to Practise casework);
 - All strategic aim 3 work around education and training; including delivery of the registration assessment;
 - Priority business systems work; and
 - Embedding new ways of working and the office move.
- 7.4 The content of the annual plan was underpinned by a more detailed understanding of the wider costs for each activity which had informed the draft budget.
- 7.5 The draft budget proposed an operating deficit of £0.98m including interest and tax. Projected operating expenditure was £28.5m, against a projected income of £27.2m. The paper set out the key elements underpinning the budget proposals.
- 7.6 The budget had been prepared in challenging external economic conditions, with the current high level of inflation and other cost pressures contributing to the increased cost base. Another key factor was the change in the GPhC's accommodation arrangements due to take place during the year.
- 7.7 In discussion, it was clarified that any re-prioritisation needed during the year (for example, if new work arose) would be discussed by the Senior Leadership Group. Medium to long-term planning was taking place internally and with the Finance and Planning Committee, balancing the need to pay for regulation with income and reserves.
- 7.8 Following the discussion, **the Council approved the Annual plan 2023-24 and the budget for 2023-24.**

8. Communication and engagement update (23.02.C.07)

- 8.1 Jenny Gimpel introduced the update. The January edition of Regulate - which had focused on equality, diversity and inclusion – had achieved the best open and click-through rates yet seen and had also had positive feedback.
- 8.2 A series of regional stakeholder meetings had been arranged, beginning with one in London on 1 March.
- 8.3 In response to a question, DR confirmed that he held regular meetings with senior pharmacy officials from the Department of Health and Social Care (DHSC) and regular meetings with the regulatory team.
- 8.4 **The Council noted the Communications and engagement update.**

9. Update on the UK Commission on Pharmacy Professional Leadership

- 9.1 DR gave a brief update. The Commission had published its report on 6 February and made a number of recommendations, including closer collaboration between leadership organisations in pharmacy and the introduction of a Pharmacy Leadership council. Further details were awaited.
- 9.2 **The Council noted the update.**

10. Deputies for the Chair (23.02.C.08)

- 10.1 Janet Collins presented this item. Members who would deputise for the Chair if needed were assigned on a rota basis for six-month periods. The members nominated for 2023-24 were

Rose Marie Parr for the period 1 April to 30 September 2023 and Yousaf Ahmad for 1 October 2023 to 31 March 2024.

10.2 The Council noted the rota for members who would deputise for the Chair if needed in 2023-24.

11. Any other business

11.1 DHSC had published its consultation on the regulation of Anaesthesia Associates and Physicians' Associates. This was relevant because it was the first step in reforming the legislation governing the General Medical Council (GMC) and would provide a template for further changes. It was expected that reform of the GMC's main legislation would come next, followed by the Nursing and Midwifery Council and then the Health and Care Professions Council.

11.2 There being no other public business, the meeting closed at approximately 2.50 p.m.

Council action log – April 2023

	Open and on track
	Overdue
	Rescheduled
	Complete

No.	Status	Minutes	Action	Lead	Update	Due date
8	Open	December 7.6	Further status update on the temporary register to be provided in 12 months	MV		December 2023
9	Open	February	ARC to provide further information to Council on the Committee's assurance of FtP improvement work	JB		June 2023

Council workshop summary

Meeting paper for Council on 13 April 2023

Public

Purpose

To provide an outline of the discussions at the Council workshop on 23 February 2023.

Recommendations

The Council is asked to note the discussions from the February 2023 workshop.

1. Introduction

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

2. February workshop summary

(a) Board effectiveness update and skills audit

- 2.1 Janet Collins presented a summary of the results of the skills audit completed by members in January and February 2023 focussing on areas of strength, wider skills that members had which could be useful and areas where the skill level could be increased through future recruitment.
- 2.2 A light-touch board effectiveness review was in the planning stage and members were given an update.

(b) Reflective stocktake of Strategic Aim 1

- 2.3 Duncan Rudkin led a session on Strategic Aim 1 ('Deliver an adaptable standards framework that meets public and professional needs that are changing quickly'). The session covered progress made so far towards meeting the aim, key programmes of work and the ongoing development of strategic metrics.
- 2.4 A number of discussion points were identified in relation to horizon scanning and it was agreed that the Council would come back to these in a later workshop.

(c) Pharmacy technicians

- 2.5 Mark Voce led a session focussing on pharmacy technicians, covering the history of the profession, data on the current register and education and training. The session also covered the barriers faced by the profession.
- 2.6 Key programmes of GPhC work affecting pharmacy technicians included post-registration assurance of practice, strengthening pharmacy governance, the quality assurance of education providers and assessment.
- 2.7 It was important that the GPhC ensured the necessary representation from pharmacy technicians and representative groups in its stakeholder engagement and considered both professions in its communications.

3. Recommendations

The Council is asked to note the discussions from the February 2023 workshop.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

01/03/2023

Report on the November 2022 sitting of the Registration Assessment

Meeting paper for Council on 13 April 2023

Public

Purpose

To update the Council on candidate performance in the November 2022 Registration assessment sittings.

Recommendations

The Council is asked to note:

- i. the candidate performance data (Appendix 1);
- ii. the Board of Assessors' report to Council (Appendix 2) and the assurance that it provides about the November sitting;
- iii. feedback to candidates from the Board of Assessors (Appendix 3) and;
- iv. the Executive Summary of the Verita report into the issues experienced in the June 2022 sitting.

1. Introduction

- 1.1 Passing the GPhC/PSNI Registration Assessment is a pre-requisite for applying to register as a pharmacist in Great Britain or Northern Ireland. Normally there are two sittings every year, one in the summer and one in the autumn. This is the GPhC's report on the November 2022 sitting.
- 1.2 Responsibility for the Registration Assessment is split between the GPhC and the Board of Assessors (the 'Board'). The Board sets and moderates the Registration Assessment and agrees reasonable adjustments for candidates with specific needs; the GPhC is responsible for operational matters and for overseeing the setting and publishing of papers, in collaboration with partner organisations.
- 1.3 The Board is responsible for the Registration Assessment through delegated authority in the GPhC's Scheme of Delegation.

2. Candidate performance

- 2.1 937 candidates sat the assessment in November 2022 and the pass rate was 56.03%. The pass rate for the Autumn assessment tends to be lower than that for the Summer sitting. **Appendix 2** contains the Board of Assessors' report. The Board has flagged the potential

implications of Covid and how this may have affected candidates' learning, particularly in terms of their exposure to clinical experience.

- 2.2 In terms of taking action where the pass rate by university is at a consistently lower level, we set out our approach to the Quality, Performance and Assurance Committee (QPAC) at its meeting on 1 February 2023 where the pass rate is at a consistently lower level. There are three elements to this:
- New standards for the initial education and training of pharmacists published in January 2021;
 - Actions with individual universities where there is evidence that the first-time pass rate is consistently lower; and
 - A revised approach to quality assurance with greater focus on the use of data so that accreditation interventions happen at earlier stages.
- 2.3 Our accreditation approach had previously identified concerns relating to the admission of students with significantly lower A-level grades and the standard of assessments throughout the course of a degree. This is now being addressed through requirements for universities to put in place detailed action plans with more frequent regulatory follow-up actions, including targeted accreditation visits and further consideration of powers to impose conditions or recommendations. Our intention is to ensure that appropriate support or interventions are in place at key points throughout the student's time at university and in the Foundation Training year and well before they reach the point of the registration assessment.
- 2.4 We are also considering the longer-term nature of our approach to assessment, recognising the changes to initial education and training standards, including independent prescribing, and feedback from candidates and stakeholders about the current timing and content of the registration assessment

3. Operational considerations

- 3.1 There were no significant issues with the delivery of the November 2022 assessment. The series of measures to address issues experienced in June 2022 were all put in place successfully, namely:
- use of permanent test centres only, given the lower number of candidates;
 - GPhC representatives at each test centre;
 - equipment checks carried out the day before the assessment;
 - enhanced training for invigilators;
 - additional IT checks conducted in advance; and
 - escalation policy for on-the-day communications.
- 3.2 A more detailed report on delivery of the assessment was discussed by QPAC at its meeting on 5 December 2022, alongside the approach and preparations for the next assessment in June 2023.
- 3.3 Following the issues experienced in June 2022, Council commissioned external consultants, Verita, to report on the reasons for this and to make recommendations for future sittings. The executive summary of their report is at Annex C. The emerging findings were helpfully

shared with us in advance of the November assessment to inform the operational delivery. We have accepted and implemented all the recommendations

4. Equality and diversity implications

- 4.1 We continue to focus on EDI in accreditation visits and the initial education and training standards for pharmacists which are now being implemented have a greater emphasis on equality, diversity and inclusion to combat discrimination and tackle health inequalities. These include an important new requirement for an annual review of student performance based on protected characteristics with documented action to address differences where they are found

5. Communications

- 5.1 Candidates for the November sitting received regular updates to inform them about arrangements for sitting the assessment. There was positive feedback about the information provided in advance. We have also placed the feedback from the Board of Assessors on our website to assist candidates preparing to sit future assessments

6. Resource implications

- 6.1 No additional resource implications arising from this paper.

7. Risk implications

- 7.1 The actions taken in advance of the November 2022 assessment addressed the issues that arose in June 2022. We are taking forward the learning from the November assessment, and the report from Verita, into the planning for the June 2023 assessment. We will be providing an update to QPAC on plans for delivering the assessment in June at its next meeting, along with an update on the actions being taken in respect of universities with lower pass rates.

8. Recommendations

The Council is asked to note:

- i. the candidate performance data (Appendix 1);
- ii. the Board of Assessors' report to Council (Appendix 2) and the assurance that it provides about the November sitting;
- iii. feedback to candidates from the Board of Assessors (Appendix 3) and;
- iv. the Executive Summary of the Verita report into the issues experienced in the June 2022 sitting.

Mark Voce, Director of Education and Standards
Damian Day, Head of Education
Sarah Stein, Head of Registration and Customer Services
Lisa Smith, Professional Assessment Manager

General Pharmaceutical Council

13/02/2023

Appendix 1

November 2022 Registration Assessment performance breakdown by characteristic

Table 1a: *Overall performance*

No. of candidates	Overall Pass Rate %	Part 1		Part 2	
		Total marks available	Average mark	Total marks available	Average mark
937	56.03%	40	69.99%	120	69.89%

Table 1b: *Paper pass marks*

Paper	Number of questions required to pass each part
Part 1	23 (out of 40)
Part 2	83 (out of 120)
<p>To pass the Registration Assessment, both parts must be passed.</p> <p>The number of questions required to pass each part may vary from paper to paper and year to year depending on the difficulty of questions and papers.</p> <p>Note that the number of questions required to pass is the <u>standard</u> and the pass <u>rate</u> is the percentage of candidates who met the standard.</p>	

Table 2: Performance by sitting attempt

			Part 1		Part 2	
			Total marks available	Average mark	Total marks available	Average mark
Sitting attempt	No. of candidates	Overall Pass Rate %				
1st	551	56.08%	40	69.03%	120	70.35%
2nd	277	56.68%	40	71.08%	120	69.05%
3rd	78	56.41%	40	71.70%	120	70.01%

Note that data in Table 3 onwards are for 1st attempt sitters not the full cohort

Table 3: 1st attempt by sex (where recorded)

			Average % mark	
Sex	No. of candidates	Pass rate %	Part 1	Part 2
Male	189	61.90%	70.26%	71.11%
Female	353	53.54%	68.46%	69.96%

Table 4: 1st attempt by age range

			Average % mark	
Age Range	No. of candidates	Pass Rate %	Part 1	Part 2
36 and over	39	43.59%	61.92%	68.70%
26 - 35	160	47.50%	64.59%	68.82%
25 and under	352	61.36%	71.83%	71.23%

Table 5: 1st attempt by country of training

			Average % mark	
Country	No. of candidates	Pass Rate %	Part 1	Part 2
England	501	54.69%	68.59%	70.10
Northern Ireland	No sitting data available for NI			

Scotland	34	67.65%	71.76%	72.87%
Wales	16	75.00%	76.88%	73.07%

Table 6: 1st attempt by sector

			Average % mark	
Sector*	No. of candidates	Pass Rate %	Part 1	Part 2
Community	420	51.19%	66.76%	69.10%
Community/GP	40	70.00%	73.56%	74.38%
Hospital	67	71.64%	78.32%	74.58%
There are insufficient candidates in other sectors for reporting				

Table 8: 1st attempt by ethnicity (≥ 75 candidates in a category)

			Average % mark	
Ethnicity	No. of candidates	Pass Rate %	Part 1	Part 2
Asian or Asian British - Pakistani	107	50.47%	68.36%	68.94%
Black or Black British - African	123	55.28%	63.21%	69.57%

Table 9: MPharm degree/OSPAP 1st attempt by School of Pharmacy (≥ 15 candidates)

School of Pharmacy*	No. of candidates	Pass Rate %	Average %	
			Part 1	Part 2
Aston University	29	65.52%	75.52%	69.71%
University of Bradford (4-year continuous degree)	24	62.50%	70.94%	73.82%
University of Bradford (5-year sandwich degree)	16	56.25%	72.50%	72.81%
University of Brighton	18	50.00%	62.50%	67.36%
University of Central Lancashire	24	50.00%	63.33%	67.22%
De Montfort University	37	54.05%	65.54%	69.77%
University of Hertfordshire	17	47.06%	71.03%	67.11%
Keele University	38	55.26%	69.74%	70.07%
King's College London	17	76.47%	75.59%	73.63%
Kingston University	26	50.00%	71.44%	68.69%
University of Manchester	15	46.67%	65.50%	67.33%
Medway School of Pharmacy (universities of Greenwich and Kent)	20	45.00%	65.12%	70.96%
University of Newcastle	15	60.00%	74.17%	74.44%
University of Portsmouth	24	33.33%	60.83%	66.46%
University of Reading	32	43.75%	61.72%	68.05%
The Robert Gordon University	29	55.17%	66.12%	69.68%
University of Sunderland MPharm	23	52.17%	66.52%	71.49%
University of Sunderland OSPAP	15	80.00%	77.33%	81.56%
University College London	19	78.95%	79.74%	79.13%
University of Wolverhampton	16	43.75%	64.22%	67.79%

Report on the November 2022 Registration Assessment sitting from the Board of Assessors

1. Introduction

- 1.1 The initial education and training of pharmacists leading to eligibility to register in Great Britain (GB) and/or Northern Ireland (NI) is:
- passing a four-year MPharm degree accredited by the GPhC/PSNI; then
 - passing 52 weeks of foundation training; and
 - passing the GPhC/PSNI Registration Assessment (hereafter the Registration Assessment¹).
- or
- passing a five-year MPharm degree, with integrated foundation training, accredited by the GPhC; and
 - passing the Registration Assessment.
- or
- passing a five-year MPharm degree, with a preparatory year, accredited by the GPhC; then
 - passing 52 weeks of foundation training; and
 - passing the Registration Assessment.
- or
- passing a one-year Overseas Pharmacists' Assessment Programme (OSPAP) accredited by the GPhC; then
 - passing 52 weeks of foundation training; and
 - passing the Registration Assessment.
- 1.2 During foundation training, trainees are signed-off on four occasions by a designated pharmacist supervisor (in GB) or Educational Supervisor (in NI) – at 13, 26, 39 and 52 weeks in GB/50 weeks in NI. To be eligible to sit the Registration Assessment in NI candidates must have completed 45 weeks of training successfully – this is a legal requirement. In GB and NI trainees must have been signed off as 'satisfactory' at 39 weeks to be eligible to sit.

¹ Alternatively called the Common Registration Assessment.

- 1.3 The assessment took place on 3rd November 2022 in 68 test centres across GB and NI.
- 1.4 The Registration Assessment is a computer-based examination with two papers - Part 1 and Part 2. It is based on the Registration Assessment Framework, which covers:
- the outcomes to be assessed;
 - the weighting - that is, the number – of questions in three categories of practice: high relevance, medium relevance & low relevance;
 - therapeutic areas which can be assessed;
 - high risk drugs which can be assessed;
 - paediatric issues which can be assessed and the proportion of paediatric questions in papers; and
 - the types of pharmaceutical calculations to be assessed.
- 1.5 *Part 1:* Part 1 is two hours long (120 minutes) and comprises 40 calculations questions with free text responses. Approved models of calculators are permitted in Part 1, as are on-screen calculators.
- 1.6 *Part 2:* Part 2 is two and a half hours long (150 minutes) and comprises 120 questions: 90 are single best answer questions (SBAs) and 30 are extended matching questions (EMQs). Calculators are not permitted in Part 2 because, from a numerical perspective, the questions in that part test general number sense and calculators are therefore not required.
- 1.7 Candidates with a recognised and documented disability are able to apply for a reasonable adjustment to be made in the conduct of the Registration Assessment.

2. Reporting to the councils

- 2.1 Normally, there are two sittings of the Registration Assessment every year, in June/July and September/November, and the Board of Assessors reports to the GPhC and PSNI councils after each one. This is the Board's summary report for November 2022. It will be presented to the GPhC and PSNI councils in early 2023.

3. November 2022 summary statistics

Candidate categories	Candidate numbers – November 2022	% of total candidates – November 2022	% of total candidates – June 2022 (for comparison)
Total number of candidates	937	100%	100%
First sitting candidates	551	58.80%	78.52%
Second sitting candidates	277	29.56%	6.97%
Third sitting candidates	78	8.32%	4.41%
Note 1: In November 2022 37.88% of sitters were resitting, in comparison to June, where 11.38% of sitters were resitting.			
Note 2: Sitting data from Northern Ireland are missing, which is why first, second and third sittings %s do not equal 100%.			

Candidate performance – pass rates	Number of passes	% pass rate
Overall pass	525	56.03%
Overall fail	412	43.97%
First sitting candidates	309	56.08%
Second sitting candidates	157	56.68%
Third sitting candidates	44	56.41%
England	458	55.11%
Northern Ireland	15	48.39%
Scotland	34	66.67%
Wales	18	75.00%

4. Paper and question analysis

Question performance

- 4.1 A set of example questions was made available to candidates. Both live and example questions are written by the same group of question writers, to the same standard using the same style guide. All the example questions have been used previously in recent assessment sittings or are similar to questions that have been used.
- 4.2 Overall, questions performed well in both parts and none were removed. Some questions in Part 2 performed unexpectedly but, on further investigation, the questions were valid and accurate and the unexpected performance was due to candidates' inability to answer them correctly (see 5.4 and 5.5 below).
- 4.3 The balance of questions was consistent with the requirements of the Registration Assessment Framework:

Weighting	Nov 2022	Permissible range
Total % of the questions with high-weighted outcomes	69.6%	60-70%
Total % of the questions with medium-weighted outcomes	25.3%	25-35%
Total % of the questions with low-weighted outcomes	5.1%	Up to 10%

- 4.5 The pass rate for the November 2022 sitting of 56.03% is lower in comparison to previous pass rates for Autumn sittings but not dramatically so. For example, in November 2021 the pass rate was 60.94%, in September 2019 it was 69.16% and 65.23% in September 2018. There were no sittings in 2020 due to the Covid pandemic.

5. Passing standard

- 5.1 The methodology used for deriving the pass standard for November 2022 was the same as for June 2022 and the 2021 sittings. First, the Board analyses the suitability and performance of questions based on its professional expertise in pharmacy practice and healthcare education. Then the Board uses Item Response Theory (IRT), an established statistical method, to corroborate and confirm its professional analysis.
- 5.2 *Pass requirements:* In order to pass the Registration Assessment, both Part 1 and Part 2 must be passed in the same sitting. There are no exceptions, on the basis that on any given day in practice a pharmacist must be both numerate and able to apply relevant clinical knowledge.
- 5.3 *Comparisons with previous papers:* In comparison to the June 2022 Part 1 paper, the November Part 1 paper was slightly harder, resulting in the pass mark being lowered by one mark, based on statistical evidence; the equivalent comparison for Part 2 showed that the paper difficulty was virtually identical to June 2022 but that the pass rate - not the pass mark - was lower by 17%.
- 5.4 *Overall candidate performance:* It was clear from the evidence considered by the Board that the November 2022 cohort was weak in some clinical areas, compared to recent cohorts. This concerned the Board.
- 5.5 *Factors linked potentially to performance:*
- 5.5.1 As is always the case, the Autumn 2022 sitting comprised significantly more resitting candidates than Summer sittings, which tends to result in a lower pass rate (on the basis that candidates have demonstrated already they have not been able to meet the required pass standard).
- 5.5.2 As mentioned in 5.4, the Board was struck by the lack of ability to apply clinical knowledge in some areas displayed by candidates. The Board is not prone to speculation, but it did consider the possible impact of Covid on the delivery of MPharm degrees and foundation training - specifically the impact it may have had on candidates' clinical experiences. Nevertheless, the Board confirmed that its role was to set pass standards on the basis of facts and evidence not speculation and that there was no objective, evidence-based means of quantifying the impact Covid may have had on candidate performance, either collectively or individually.
- 5.6 *The value of objective, reliable assessments:* This sitting in particular has highlighted the importance of objective, reliable assessments in identifying gaps in practice knowledge not identified by more subjective methods.

6. Feedback to candidates

- 6.1. Feedback to candidates is issued separately by the Board and will be posted on the GPhC's website. Given the Board's concern about variability in clinical knowledge, the feedback will focus on that.

7. Delivery concerns

- 7.1 The Board was pleased to note that the operational issues experienced in June 2022 were not repeated in November 2022. The Board wishes to thank the GPhC's Operations team for the manner in which they managed the sitting, bearing in mind the significant amount of work it generated for them. Also, the Board wished to thank the Operations team for the open and constructive way in which it engaged with the Board.
- 7.2 The Board has shared its views on delivering the Registration Assessment in June 2023 with the GPhC.

8. Psychometrics (statistics relating to candidate performance)

- 8.1 The Board wishes to record its appreciation for the support provided by AlphaPlus, the GPhC's psychometricians, who were able to reassure the Board that the pass/fail marks were true and accurate.

9. Looking forward

- 9.1 The Registration Assessment takes place during the pharmacist Foundation training year, which is changing. In preparation for the introduction of independent prescribing into the training year in 2025, the Board will be revising the Registration Assessment Framework to reflect that and will be providing sample questions and other supporting information for candidates before the start of the 2025-2026 training year and in preparation for 2026 sittings, when applied knowledge of pharmacist independent prescribing will be examined.

Professor Andy Husband, Chair, on behalf of the Board of Assessors

14th December 2022

Feedback from the November 2022 registration assessment sitting

About this document

This document contains feedback drawn from candidate performance in the November 2022 registration assessment. It is from the board of assessors, the body that sets and moderates the registration assessment.

The registration assessment framework

All questions in the registration assessment are derived from the assessment framework. The different outcomes have different weighting and candidates should use the framework as the basis for preparation. Many questions in the assessment concern patients who have co-morbidities, and these questions are mapped across multiple parts of the framework. The November 2022 assessment mapped to the learning outcomes as follows:

- 70% of the questions mapped to high weighted outcomes
- 25% of the questions mapped to medium weighted outcomes
- 5% of the questions mapped to low weighted outcomes

Example questions

Candidates should use the example questions available via the GPhC website to help prepare for the registration assessment. The example questions provide a guide to what to expect in the assessment and the opportunity to become familiar with the onscreen platform used to deliver the registration assessment.

Part 1

In the November 2022 sitting, the part 1 passing score was 23 marks out of a possible 40. In total, 81% of candidates achieved this.

All the questions in part 1 of the registration assessment reflect scenarios that could be encountered when practising as a pharmacist. Underpinning pharmacy knowledge and understanding will be required to answer some questions. When reviewing their answers, candidates should check that each answer is practical and realistic as this will help identify incorrect answers.

When calculating intravenous infusion rates, candidates should consider all of the relevant information that is provided in the question such as the duration of the infusion, the maximum concentration, and the maximum rate of infusion. For example, a candidate may be asked to calculate the dose of an intravenous medicine and then calculate the minimum volume in which it can be diluted as shown in the box below:

A patient requires a dose of 200mg of an IV medicine that is available as a 5mg/mL solution. The medicine can be diluted to a concentration of between 1mg/mL and 4mg/mL with sodium chloride 0.9%. The minimum volume that the medicine can be infused in is 40mL.

Candidates are expected to apply their underpinning knowledge and round at appropriate stages in a pharmacy calculation. In some questions, the rounding should occur at the end of the calculation, but in other questions rounding should occur earlier in the calculation. For example, when calculating the total amount of a medicine that should be supplied, rounding should occur for an individual dose before calculating a final amount.

When necessary, instructions are provided in the question about rounding for the final inputted answer. Often in the November 2022 sitting, candidates did not follow specific rounding instructions or failed to apply knowledge of the practicalities of providing a specific dose. Examples of specific information include:

- round your answer up to the nearest pound
- give your answer to one decimal place
- give your answer to the nearest 0.05mL
- give your answer to the nearest multiple of 5mL
- round your answer up to the nearest 15mg for ease of administration
- the pre-filled syringe comes with 2.5mg graduation markings

Part 2

In the November 2022 sitting, the part 2 passing score was 83 marks out of a possible 120. In total, 59% of candidates achieved this.

The following list highlights topics answered less well and outlines expectations:

- Candidates must be able to differentiate between red flag symptoms and those that are most likely associated with illness that can be managed appropriately with advice from a pharmacist. When provided with a list of options, candidates must be able to identify when it is appropriate to offer advice and treatment and when it is more appropriate to refer to another health care provider.
- Candidates performed less well than previously in questions testing the outcomes from the registration assessment framework shown below:

Future Pharmacist Outcome	Indicative assessment topic
Analyse prescriptions for validity and clarity	Legal and professional requirements for prescriptions, to enable the safe and legal supply of medicines
Supply medicines safely and efficiently, consistently within legal requirements and best professional practice.	Statutory regulations and professional requirements for the supply of human and veterinary medicines

Candidates are reminded that part 2 tests a wide range of topics.

- When applying a clinical guideline, candidates must decide how it is best applied to an individual patient based on the information provided. Candidates must be able to recognise when a patient requires acute urgent care and when guidelines for management of a chronic long-term condition are more applicable. For example, a patient having an acute exacerbation of their asthma should be treated differently to a patient having a review related to the long-term management of their asthma. Candidates must be able to prioritise and assess how unwell a patient is from the information provided.
- Candidates did not perform well in questions testing application of knowledge related to common respiratory conditions such as asthma and COPD.
- Candidates did not perform well in questions that included extracts from an SmPC or other resources requiring them to find information and then apply it. Candidates are expected to be familiar with the structure of resources commonly used in practice so that they are able to find and apply the required information efficiently. For example, candidates should be familiar with the format and layout of SmPCs, in order for them to access information quickly. Candidates should know where types of information will be found in an SmPC and go directly to that place rather than attempting to read the entire document. A search function is available to use on PDFs that are attached to questions and candidates should find out how to use this [search](#) function in advance of their sitting.
- Candidates should understand the differences between an adverse drug reaction and an allergy, particularly in relation to antibiotic prescribing and choosing the most appropriate antibiotic for a patient. The use of broad spectrum, non-penicillin antibiotics in people who could be optimally treated with a penicillin-based antibiotic may lead to antibiotic resistance and/or suboptimal therapy.
- Candidate performance in November 2022 showed a lack in depth of knowledge and of ability to apply knowledge to a specific patient situation especially regarding patients with co-morbidities. Candidates are reminded that the registration assessment assesses ability to apply knowledge and this application is best learnt in a practice environment.



Registration Assessment - Assurance Report

An executive summary for
General Pharmaceutical Council

October 2022

Authors:
Kieran Seale
Deirdre Domingo

© Verita 2022

Verita is an independent consultancy that specialises in conducting and managing investigations, reviews and inquiries for regulated organisations.

This executive summary has been written for General Pharmaceutical Council and may not be used, published or reproduced in any way without their express written permission.

Verita
338 City Road
London EC1V 2PY

Telephone 020 7494 5670

E-mail enquiries@verita.net

Website www.verita.net

Executive summary and recommendations

Introduction

1. The General Pharmaceutical Council ('GPhC' or 'the Council') is the independent pharmacy regulator in Great Britain. As part of that role it sets the standards for the registration of pharmacy professionals, including assessing whether new candidates have reached the required level for admission to the register. Issues arose with the registration assessment for pharmacists held on 29 June 2022. Some of these resulted in significant delays to candidates. Verita is an independent organisation that specialises in investigations, reviews and inquiries. GPhC asked Verita to carry out an investigation into what happened on 29 June and the underlying causes of the issues that arose.

2. Verita were provided with a large amount of documentation from people at GPhC and from staff at BTL (the company that ran the exams on behalf of GPhC). Key documents included:

- Papers relating to the tender process leading to the appointment of BTL
- GPhC policies, risk registers, reviews of 29 June, and Council papers
- Incidents reports produced by BTL
- The results of a survey of candidates.

3. We carried out a total of 21 interviews, including staff from:

- General Pharmaceutical Council
- The Board of Assessors (who oversee the standard and integrity of the assessment)
- BTL
- AlphaPlus (who advise GPhC on setting the standard for their assessments)
- TeamCo (a supplier to BTL which specialises in providing pop-up venues for exams).

The registration assessment before 2022

4. GPhC have traditionally run two assessment sittings a year, one in June and the other in the autumn. Approximately 3,000 candidates take the exam in June, with a further 1,000 in the autumn. Since its creation in 2010 up to 2019 the GPhC ran registration assessments that were paper-based, with candidates attending a supervised location to take the exam. The registration assessments run by the GPhC have therefore evolved significantly in the last few years:

- 2019 - last use of paper-based exams
- 2020 - no exams due to Covid pandemic
- 2021 - on-line exams run by Pearson Vue
- 2022 - on-line exam run by BTL.

5. Registration exams in 2021 and 2022 required candidates to attend locations where they were provided with computers running examination software. The places where exams are held can be divided into two main types of location:

- Permanent (which are used continuously for exams by a particular supplier)
- Non-permanent, or 'pop-up' (which range from venues like the Excel Centre in London or the NEC in Birmingham, to conference rooms in hotels).

The 2021 exams

6. Following the cancellation of exams in 2020 due to the Covid lockdown, GPhC appointed Pearson Vue to run the assessment in 2021. Pearson Vue is a global company with 4,500 employees and test centres in 180 countries. The exams were run using an on-line system in a combination of permanent test centres owned by Pearson Vue and permanent test centres owned by third-party suppliers (such as Kaplan and Pitman). No pop-up locations were used.

7. There were a number of incidents during the six sittings that Pearson Vue delivered. Some candidates had delayed starts to either (or both) papers, and some suffered delays during the papers. Some of these incidents lasted for an hour or more and three candidates were unable to complete the exam.

8. GPhC said that the key lessons they learnt from 2021 were that the capacity of test centres is an important issue - particularly with social distancing under Covid. They decided that multiple sittings, and re-using questions from past exam papers, was not possible, and so going forward the registration assessments needed to be held on one day, with two sittings each year. Therefore, ensuring that there was capacity for 3,000 people to be able to sit the exam at a single time in June 2022 was identified as a priority.

Tendering process

9. Because of the pandemic, Pearson Vue were appointed to deliver the assessment in 2021 on an emergency basis via an accelerated competitive tender process. In Spring 2021 it was decided that the GPhC would go through a full procurement exercise for a supplier to deliver the exams from 2022 to autumn 2024. The procurement process began in summer 2021 with the tender being issued in July. The contract was ultimately awarded to BTL, using their Surpass software. Formal award took place in January 2022.

10. GPhC staff told us that the specification in the tender documentation was deliberately expressed in general terms. They said that GPhC lacked experience in running on-line exams, and that input from suppliers on how the exams should be run was particularly important. In particular, the number of test centres was left to the supplier to recommend.

11. It is clear from the tender documentation that two issues were prioritised by GPhC:

- the desirability of having a single exam on a single day starting at the same time
- minimising travel for candidates (partly based on a concern that Covid restrictions might need to be reintroduced).

12. These priorities, together with the short amount of time between the awarding the contract in January and the first assessment in June, made it inevitable that a large number of venues, including several small 'pop-up' ones, would be needed. That approach clearly involved a different set of risks than previous approaches that GPhC had followed. We accept that the use of small locations was in part driven by the development of the Covid pandemic, which at the time of planning the 29 June exams was impossible to predict.

However, we have not seen evidence of a systematic appraisal and evaluation of the risks from different approaches being carried out before the award of the contract. Such planning would have been helpful.

Preparation for 29 June

13. BTL were formally appointed in January 2022. Staff in both GPhC and BTL were aware that starting work on the June assessment in January gave a very tight timescale. Some in GPhC felt that the time available was too short. Not beginning the process of working with BTL until January 2022 certainly made the task of all those involved more challenging.

Project management

14. Both BTL and GPhC staff told us that GPhC's requirements for the exams were clear. We have not seen anything to suggest that any lack of clarity about what GPhC needed played a role in the issues that eventually transpired on 29 June.

15. Nevertheless, an ideal project structure would be to have a single project plan, with a project board chaired by a senior member of GPhC. Ideally the meetings would be minuted with decisions recorded and circulated to members. We are not clear that all these elements were present in the run up to June 2022.

16. Almost all meetings were held virtually. This is in-line with GPhC's 'virtual first' policy. Good communication between the education and delivery teams is vital if exams are to be run smoothly. Some people have suggested that a greater use of face-to-face meetings would facilitate this.

The exam booking process

17. The booking process for the June exams opened in May 2022. There were a number of problems with the booking system, which resulted in the booking system being shut down and reopened the following day. GPhC told us that the problems arose from the system not

being tested fully. However, they said that BTL were very engaged with the issues and sorted things out quickly. GPhC staff said that they were aware of the impact the problems had on candidates and wanted to ensure they did not recur. However, they felt that the problems in themselves did not seem too concerning at the time in terms of their impact on the assessment as a whole. A different approach to exam booking was adopted for the November 2022 exams with candidates being allocated venues and only needing to go onto the system if they wanted to change the venue that they had been given. We understand that this process has so far gone off without incident.

June 2022 assessment

18. A total of 113 venues were used to carry out the registration assessment on 29 June:

- 82 venues were permanent, dedicated training venues
- 31 were pop-up centres.

19. The permanent venues are part of a network of suppliers that are used by BTL. The pop-up venues were put together by TeamCo, a company which specialises in providing such venues for exams.

20. Out of the 113 centres, at least one candidate in 32 centres had a delay of over 30 minutes in starting their assessment. In five centres all the candidates were delayed over 30 minutes. Four out of these five venues were run by TeamCo. In total, across all the centres, 301 candidates were delayed by over 30 minutes. That represents 11 per cent of the 2,722 candidates sitting the assessment on 29 June.

21. The problems that arose can be summarised under the following headings:

- Set-up
- Technology
- Invigilation
- Other issues

Set-up

22. Both GPhC and BTL told us that they were clear that it was a requirement that exam venues be set up the night before. However, this was not the case in three venues where delay was caused to candidates.

23. TeamCo told us that they were less clear that setting up the night before was a requirement provided that laptops were set up before the time the exam was due to start. They told us that while they aimed to set up the night before, in cases such as Nottingham where this was not possible (because the equipment was not delivered the day before), they believed that there was sufficient time to set things up in the morning. TeamCo told us that they are now clear that the requirement is that all venues must be set up the day before, and that they will provide evidence to BTL to prove that the set-up has been carried out.

24. The experience of Nottingham, where the worst problems occurred, illustrates that problems are often the result of a combination of things going wrong - in that case human error (in that the equipment was erroneously delivered to another venue) combined with staff sickness. While there was in theory time to set up the venue if work started at 6am on the day of the exam, this left the system vulnerable to other, unconnected, problems that arose. Human error and sickness can never be eliminated from a process, but they can be planned for. Ensuring venues are set up the day before is an appropriate response to such risks. Actions have now been taken to ensure that this practice is embedded.

25. The Nottingham experience also highlights the importance of communication. Although staff in TeamCo knew that the equipment was not available by the time that they went home on 28 June, this information was not passed on. That meant that the decision on how to proceed was taken by people who had less understanding of the importance of the exam and the constraints on it than if the information about the equipment had been passed to BTL or GPhC.

Technology

26. Even where all the equipment was available, it was not possible to start the exam on time in some locations. These issues arose from combinations of IT issues and human error.

27. It had been agreed between GPhC and BTL that all exams should be downloaded on to laptops before the exam day. BTL said that this was done in all cases (for pop-up venues the exams were downloaded to TeamCo laptops before dispatch to the exam locations). However, a number of the error reports compiled by BTL talk about delays caused by the difficulty of downloading the exam on 29 June. In some cases, it might be that attempts to download the exam onto a computer which already had the exam on it was the actual cause of some of the problems that arose. These experiences are examples of the problems that can occur at the interface between people and computers. If time was spent trying to download an exam that was already on the computer, the issue is really one of communication or human error, rather than the technology.

28. In a number of locations there were problems with logging into the exam, which required codes to be inputted. We were told that many of these arose from simple human error (by candidates or invigilators), such as using a zero rather than the letter 'O'.

29. There were wi-fi issues at six centres. BTL's incident report details a number of these in the context of difficulties in downloading or starting the exam on the day. However, BTL confirmed that as the exam was downloaded onto all the computers in advance, wi-fi was not needed to start the exam. The reports of wi-fi issues delaying the exam therefore indicate a lack of training for invigilators. BTL also confirmed that if wi-fi is not available at the time a candidate finishes the exam, the software will simply store the data until a connection to wi-fi can be made. While it is unsurprising that candidates completing an exam would be anxious if they receive an "*error*" message saying that their results had not been uploaded, the correct advice would have been to tell them that this was not a problem as their results would be stored on the computer and uploaded when wi-fi did become available.

30. The example of wi-fi illustrates how problems with technology, training of invigilators and expectations of users interact. Solution must therefore contain all of these elements.

Invigilation

31. The quality of invigilation is important to the success of exams. As well as the issues relating to technology, incident reports suggest that there were questions about whether all invigilators were familiar with GPhC's assessment requirements. In addition, some concerns were raised by candidates about the professionalism and behaviour of invigilators.

32. As well as ensuring that exams are conducted in the right conditions, the role of invigilators is important if things go wrong - or are perceived to go wrong. Therefore, invigilators should have knowledge of both GPhC assessments and exams more generally, as well as be able to respond well to whatever problems arise on the day. Ensuring that invigilators are of sufficient quality to cover all these areas is clearly challenging. It suggests that focussing on a smaller number of large venues might be helpful as the knowledge required can then be shared amongst invigilators who can specialise in one area of the task.

Root cause analysis

33. We have analysed the issues that lie behind the problems that arose on 29 June. These can be summarised as follows:

- Change of exam system from paper-based to on-line exams - many of the issues that arise with on-line exams are different from paper-based exams and there was less expertise within GPhC in using an on-line system. Problems on 29 June were therefore harder for GPhC to anticipate (as they had less experience) and therefore mitigate. The quality of the immediate response was less good than it would have been had invigilators had more experience.
- Change of supplier - BTL were not appointed until January 2022. All parties agree that this was a very short timescale to implement the project and prepare for the June 2022 assessment. There was a learning curve for BTL to ascertain and understand GPhC's requirements and pass them on to their own sub-contractors.
- Decisions taken by GPhC about the assessment format - GPhC requires that all candidates must start exams at the same time on the same day. No provider has sufficient spaces to cater for all candidates at permanent venues, meaning that

some pop-up venues are needed. A larger number of venues is harder to manage and ensure consistent quality.

- Covid pandemic - Covid impacted on the 29 June exams in a number of ways. It made an immediate change to on-line exams necessary, meaning that the transition happened in a less planned way than would have occurred had the timing been within GPhC's control. Covid had an impact on the delivery of the assessment, with local centres used to minimise the need for candidates to travel in case travel restrictions were imposed. Finally, Covid illness amongst invigilators meant that in some locations people with less experience or insufficient training were used.
- Communication issues - Communication between BTL and its sub-contractor, TeamCo, should have been clearer about the level of preparation required for the exams and about issues relating to set-up. The lack of clear communication to BTL and GPhC about the problems as they arose was an issue that exacerbated the uncertainty and anxiety for candidates waiting to start the assessment and meant that neither the GPhC nor BTL were in a position to take action or make informed decisions about next steps.
- Strategy and project management - GPhC staff told us that at times they were so focussed on delivery, there was insufficient time to take a more strategic approach. We also heard that there could have been more project management support for staff who were running the exams. The decision by the Director of Education and Standards to appoint a Registration Assessment Programme Manager should help with this. An important factor that sits behind all these decisions is that of financial cost. The Council's funding comes from the profession and it has a responsibility to ensure that funds are used as carefully as possible. Decisions about what to spend internally on the management of exams and on the contractors that deliver the assessment are therefore taken with this in mind.

Analysis of underlying causes

34. There is a learning curve involved in moving from one form of exam to another. In the circumstances, GPhC had little alternative but to make this change. The change of supplier from Pearson Vue in 2021 to BTL in 2022 added further risk, particularly given the short time that GPhC had with the new supplier. Based on what GPhC knew at the time,

however, it would not be fair to criticise them for appointing a new supplier following a procurement process.

35. The model of using a large number of small venues made the problems that arose more likely (although the vast majority of problems occurred at pop-up centres). We understand why GPhC made this choice, which it did in the best interests of candidates, but we believe that doing so increased the risk of problems occurring.

36. The Covid pandemic was an important element of the problems that arose with the exams on 29 June. It is likely that GPhC would always have changed to delivering exams on-line at some point, and problems may have arisen in doing so. However, the requirement to do this quickly made it more likely that there would be problems.

37. Ideally GPhC would have taken time after the 2021 exams to think through their strategy for exams, to fully examine the risks of different options and to make the necessary trade-offs. The constraints placed on them - notably the public interest in not delaying when candidates were able to join the register - made this difficult. However, it will be important to learn this lesson in future.

38. For most of the decisions discussed here, GPhC did the best it could in difficult circumstances. Looking back at the run-up to the June assessment, however, the risk of significant problems was high. The multiple risks of a new system, a new supplier and Covid uncertainties added up to a very difficult context. It would have been better if GPhC was able to manage expectations across the board - internally, with its suppliers and for the candidates - to raise awareness that things could go wrong and that they had a plan if they did.

Reaction from GPhC following the exam

39. GPhC took a number of steps in response to the issues on 29 June to address the problems experienced by candidates. There is clearly a balance to strike between being seen to be empathetic and responsive, and not making decisions that could cause problems in the future. There is a danger of a loss of confidence if GPhC looks like it is making up its response as it goes along. Ideally, GPhC should consider its response to delays and other problems in advance of exams being held and publish its approach so it can point to the

implementation of policy as it acts. Managing expectations is key. GPhC should adopt an approach where it is acting in a considered, strategic way, and seen to be acting in that way, communicating as early and as fully as possible.

Assessment in November 2022

40. The key difference between the November and June exams is the smaller number of candidates in November - around 1,000 instead of the 3,000 seen in June. That smaller number can be handled within BTL's permanent test centre network without the need for pop-up centres. On that basis, most people we spoke to in both organisations are confident that the problems that occurred in June will not recur.

41. GPhC staff told us about other steps that have been taken to ensure that the exams go smoothly. They say that they have had extensive meetings with BTL (both face-to-face and on-line) to address the issues that arose in June and to agree protocols on what needs to be done for November. Specific measures include:

- an audit of the centres that will be used before the exam to ensure they meet BTL's minimum specification for test centres
- measures to ensure that venues are set up the night before the exam
- additional invigilation training by BTL and by GPhC
- improved arrangements for escalation of issues that arise.

42. It is proposed to have GPhC staff on site at each venue during the November exams. We have some concerns about that idea, in particular whether there will be confusion about their role. We believe that training can resolve these concerns to ensure that those attending from GPhC are clear that:

- The role of GPhC staff is to observe, not to get involved in problem resolution or decision-making
- GPhC staff are not responsible for the conduct of the assessment and will not be criticised for not intervening in the way a test centre is run
- The correct line of communication for those running test centres is to report issues to BTL, with escalation to GPhC as necessary.

Assessment in June 2023 and beyond

43. The exams in June 2023 will involve a much larger number of candidates than those in November 2022. That number cannot currently be accommodated in permanent venues. Therefore, GPhC must either:

- Use some kind of non-permanent/pop-up venue(s); or
- Have more exam dates so there are fewer candidates at the sitting.

44. It is likely that some pop-up venues will be needed for the June 2023 exams. While having a large number of venues increases accessibility for candidates, the risks of using a large number of small venues (and pop-up venues in particular) is, by now, obvious. Even without the benefit of hindsight, using many venues seems inherently risky because progress is hard to monitor, it is difficult to ensure consistency, and it is not possible to have experts available at a large number of venues if technology issues arise. Using small, but better, locations is an option worth considering. The possibility of using university buildings was mentioned to us as being under consideration.

45. In order to protect the integrity of the exam, papers can only be used once, unless questions from older papers are re-used (which itself poses challenges). It follows that all students taking a particular exam must begin it at the same time to avoid any risk that exam questions might be shared.

46. The GPhC has traditionally run the exams on the basis of two sittings a year. It would be possible to increase this number slightly to maybe three or four exam sittings each year. Increasing the number of exams would require additional resources within GPhC to set questions, manage marking and set the pass rate. It would also be necessary to ensure that a sufficient number of candidates took each test in order to validate the standard. GPhC may like to examine whether adding an additional exam would be viable as a way of avoiding the need for pop-up venues.

47. Ultimately the choice of strategy involves trade-offs. If GPhC's main priority is minimising the distance that candidates have to travel, a larger number of venues will be needed. Given that the integrity and successful operation of the assessment is the overriding priority however, using a smaller number of large venues does appear attractive.

48. Good project management minimises the number of things that go wrong. Problems will always arise, however. Mitigations of various kinds can be put in place for these risks, including requiring a 10 per cent contingency in the number of laptops available at each venue (which is BTL's standard approach). The establishment of a Quality and Performance Assurance Committee provides oversight of the process at a senior level.

49. In making decisions about what approach to take when things go wrong there are no easy solutions, only trade-offs. What GPhC can do, however, is to be clear about possible risks and plan for different eventualities. They should set out clearly for candidates what actions they will take if problems arise. The management of expectations is again key.

Conclusions and recommendations

50. There is naturally an immediate focus on the exams in November 2022. While there is inevitably a degree of nervousness amongst those we spoke to, most people are as confident as they can be that the right measures have been put in place to allow the exams to go as well as possible. We share that view. A key element is that the November exams are small enough that they can be accommodated within BTL's permanent venues. While there can always be unexpected events (such as weather or transport related interruptions) and IT issues, we believe that the right mitigations have been put in place.

51. One of the mitigations proposed for November is to have GPhC staff present at each exam location. As we have set out, we think that it will be essential for everyone involved to be clear of the roles that those representatives take.

Recommendation

R1 GPhC should make it a priority to ensure that representatives of the organisation who attend the exams are correctly trained, including being fully briefed about the extent of their role and the correct chain of command.

52. We note that it takes time to embed new processes and develop a partnership between the two organisations. The relationship between the GPhC and BTL is good and should be developed with a longer-term focus.

53. Many people we spoke to have more concerns about the exams in June 2023 than November. We believe that concern is justified. We were told that some large venues are booked up for two years in advance. GPhC is therefore unlikely to have a free hand in where the exams can be held.

54. Important decisions still need to be taken about how the exams will be run in June. While it is understandable that the current focus is on November, it will be increasingly important to turn attention to those decisions. The following comments aim to help that process.

Strategic approach and risk profile

55. As we have set out in this report, the choices that GPhC faces in deciding its approach to exams is best seen as a series of trade-offs. There is a need to balance a number of factors:

- Ensuring the integrity of the exams, notably that candidates have a uniform experience and the need for it all to happen on a single day
- Candidate satisfaction with the process, including the distance that they have to travel
- The financial cost of the process
- The organisation's risk appetite.

56. There is no single correct way of running the assessment. Staff in GPhC, together with the Board of Assessors should set out the options and their implications - including risk profiles - so that Council can make explicit decisions about the right approach to take.

57. These events give GPhC the opportunity to reflect more strategically on the exam process. We understand that, in the longer term, consideration is being given to whether the assessment in its current form is the best method of assessing capability. When decisions

are taken about new models it will again be important to be explicit about the choices and risks involved.

Recommendation

R2 The GPhC should set out the trade-offs and risks involved in deciding the approach taken to the registration assessment as clearly as possible to ensure that decisions are taken through GPhC's governance structures.

Project management

58. The registration exams, particularly those in June, are a large and complex project. Ensuring that the project is run as effectively as possible is important to their long run success. We welcome the appointment of a programme manager to support delivery in the future.

Improved communication

59. Once GPhC is clear of its strategy, it is important to ensure that the strategy is fully communicated both within the organisation, to BTL and beyond. Within GPhC the interface between the operations and education teams (and through them to the Board of Assessors) is particularly important. The change of format from paper to on-line means that the dividing line between the two teams is less clear.

60. We note that there are good relationships between staff in GPhC and BTL and both sides believe that the people involved in exam delivery are focussed on problem solving. That is healthy and should pay dividends in the long term.

Recommendation

R3 GPhC should ensure that communication both within the organisation, with candidates and suppliers is as effective as possible.

Invigilators

61. The importance of good quality invigilators emerges clearly from our work. GPhC lost a lot of corporate experience when the change to on-line examinations occurred. Consideration should be given to how the capability of invigilators can be built up or supplemented with additional resources.

Recommendation

R4 GPhC should consider how the strength of the invigilation function can be maximised.

Managing expectations

62. Whatever decisions GPhC takes about how to move forward, managing expectations, particularly amongst students, should be prioritised. Issues will always arise in a project as complex as these exams. GPhC must retain the confidence of candidates by showing that when things do go wrong it has thought through the issues and has a plan as to how it will react. The exam process is an understandably stressful one for students and giving them greater certainty before the exam will help to reduce any hardship that they experience.

Learning with others

63. GPhC is not alone in the challenges it faces of running high stakes exams. In July candidates sitting the Solicitors Qualifying Exam for the Solicitors Regulation Authority (SRA) were not able to sit the exam despite waiting over five hours for it to start. All that has been said publicly is that this was the result of an “IT issue”. While there may be legal reasons that the SRA does not want to say more, it would be sensible for GPhC to share experiences in private with organisations such as the SRA.

Recommendation

R5 Consideration should be given to GPhC initiating some kind of forum for shared learning about exams between regulatory organisations.

Meeting paper

Council on Thursday, 13 April 2023

Public business

Pharmacy Technicians

Purpose

To set out guiding criteria to inform our approach to the regulation of pharmacy technicians.

Recommendations

Council is asked to discuss the guiding criteria in this paper.

1. Introduction

- 1.1 At the Council workshop in February, we discussed pharmacy technicians, highlighting the background to their becoming a registered profession, the numbers currently registered and the standards for their initial education and training. We also highlighted the range of work in our annual plan and ongoing work elsewhere which relate to pharmacy technicians. This included:
- **Post-registration assurance of practice:** principles set out importance of considering both professions in relation to education and training; revalidation and annotation; governance and employment.
 - **Strengthening Pharmacy Governance:** standards and rules for responsible pharmacists will be directly relevant to supervision and issues of accountability, responsibility, and delegation
 - **Quality assurance of education providers:** current review considering approach to education providers for both pharmacists and pharmacy technicians
 - **Assessment:** Longer-term review of our (registration) assessment strategy includes pharmacy technicians as well as pharmacists
 - **Standards:** initial surveys of recently qualified pharmacy technicians to inform future development of initial education and training standards
- 1.2 We also highlighted wider ongoing work relating to pharmacy technicians, including their forthcoming registration in Northern Ireland and the UK Commission on Pharmacy Professional Leadership.

- 1.3 We also recognised the potential value in developing a set of guiding criteria for our regulatory approach to pharmacy technician. This paper sets out our thinking on this and we would welcome Council's views.

2. Guiding criteria

- 2.1 Pharmacy technicians work in wide range of settings: hospitals, registered pharmacies; prisons; GP practices, care homes; armed forces; mental health services and pharmaceutical industry. Roles span all areas of pharmacy practice – purchasing, manufacture, preparation, supply and checking of medicines; engaging with patients; supporting medicine use reviews and administration of medicines.
- 2.2 It is important to highlight that pharmacy technicians are a maturing profession, with mandatory registration becoming a requirement as recently as 2011. With this in mind, there are ongoing challenges with a lack of understanding and acceptance of the profession by some; questions around scope of practice; and limited ongoing career development pathways.
- 2.3 That said, there is also a growing consensus that all pharmacy professionals need to be able to use the full range of their knowledge and skills; and that the increased emphasis on pharmacists providing greater clinical roles, including prescribing focuses more attention on how the pharmacy technician role can be utilised and developed further to meet patient and public needs. Developments in the pandemic – such as pharmacy technicians administering covid vaccines under National Protocols or Patient Specific Directions – have contributed to this thinking.
- 2.4 As the regulator, our focus is already on ensuring through initial education and training and revalidation that pharmacy technicians are equipped for the roles they are and will be playing. And, while it is for others to promote the profession, there is a key responsibility for us to ensure, through communications and engagement, that there is a common understanding of the knowledge and skills that pharmacy technicians possess and to ensure the frameworks for safe and effective practice includes both professions. In addition, we think there is an important role for us to play in terms of leadership through influencing and convening. And the rapid pace of change and inter-linked programmes of work indicate that now is the right time for us to set out our approach more explicitly.
- 2.5 These elements support our Vision 2030 which sets out our aim to practise an anticipatory and proportionate approach to regulation. In particular, delivering tailored regulatory responses, using communications and engagement proactively, and ensuring education and training results in adaptable pharmacy professionals.

- 2.6 Considering these points, we think it would be helpful to have some criteria to guide our ongoing programmes of work and to set out our overall approach to the pharmacy technician profession. These are:

Leading

- Ensure parity of considerations of both professions in our communications and through our programmes of work
- Provide a regulatory leadership role in holding ourselves – and others – to account on achieving and maintaining this
- Ensure the necessary representation from pharmacy technicians and representative groups in our stakeholder engagement work

Informing

- Emphasise the positive and complementary differences in knowledge and skills of pharmacists and pharmacy technicians in providing safe and effective care
- Increase understanding of the education, training, and revalidation requirements for pharmacy technicians to provide clarity and assurance to patients and the public, healthcare professionals and employers
- Identify more opportunities to highlight how pharmacy technicians are contributing to safe and effective care through our communication channels, including Regulate

Developing

- Develop our understanding of pharmacy technician roles and input from different sectors, groups and individuals including obtaining additional data and evidence to inform our regulatory functions
- Develop our relationship with individual pharmacy technicians and pre-registration trainee pharmacy technicians to ensure our communications are tailored more effectively.
- Maintain and develop our working relationship with the Association of Pharmacy Technicians UK to ensure the respective responsibilities of the regulator and professional body work collectively in the interests of safe and effective care for patients and the public.
- Further develop our approach to recruiting Council members to recruitment to ensure greater representation of pharmacy technicians in governance of our regulatory functions.

3. Equality and diversity implications

- 3.1 The majority of pharmacy technicians are white (82%) and female (86%). In our approach, and particularly in ensuring the necessary representation in our stakeholder engagement, we need to ensure that we listen and act on any issues that are particularly relevant to minority groups within the profession. In our EDI strategy, we have also highlighted our need to better recognise the distinct roles of pharmacy technicians and pharmacists in our work, and the different strengths of the two professions. The guiding criteria set out above will help us to achieve this.

4. Communications

- 4.1 Our guiding criteria include a number of commitments relating to our communications. Subject to Council's views on these, we will then discuss further with stakeholders before bringing a final version back to Council.

5. Resource implications

- 5.1 Nothing additional arising from this paper. We will continue to monitor the level of resources required to deliver the programmes of work set out in the annual plan.

6. Risk implications

- 6.1 With the rapid pace of change within pharmacy and healthcare, the need to ensure both pharmacists and pharmacy technicians can use the full range of their skills is increasingly important. There are an increasing variety of roles across primary and secondary care with and, without some guiding criteria, there is a risk that we do not set a clear regulatory direction in respect of pharmacy technicians. This could limit opportunities to enhance safe and effective care for patients and the public.

Recommendations

Council is asked to discuss the guiding criteria in this paper.

Mark Voce, Director of Education and Standards

General Pharmaceutical Council

5 April 2023

Meeting paper

Council on Thursday, 13 April 2023

Public business

UK Commission on Pharmacy Professional Leadership

Purpose

To update Council on the work of the UK Commission on Pharmacy Professional Leadership

Recommendations

Council is asked to discuss the paper.

1. Introduction

- 1.1 The UK Commission was set up by the Chief Pharmaceutical Officers of the four UK countries to produce recommendations for the future of pharmacy professional leadership. The Commission was co-chaired by Professor Dame Jane Dacre and Nigel Clarke. The Chair of Council was a member of the Commission and chaired its Regulatory Support Working Group, of which our Chief Executive was a member. The Commission's report was published in February 2023 and can be read [here](#).

2. The Commission's conclusions and recommendations

- 2.1 The Commission reached five 'core conclusions', around:
- Insufficient collective leadership
 - Lack of progress in education and training
 - Lack of support for the regulatory process
 - Lack of defined scope of practice for pharmacists and pharmacy technicians
 - Disengagement from professional leadership bodies.

2.2 Addressing these conclusions, the Commission made five recommendations, addressed to the four CPhOs:

1. *To convene a transitional, collaborative Pharmacy Leadership Council tasked with developing an inclusive Federation involving existing UK pharmacy professional leadership bodies and specialist professional groups, with an independent chair and other expert members.*
2. *Through the [Pharmacy Leadership] Council, to continue to facilitate the development of professional standards to support the practice of pharmacy to develop in the public interest, with standards on professional values and behaviours a priority.*
3. *Through the [Pharmacy Leadership] Council, to lead an approach to develop a coordinated and authoritative voice for pharmacy professional leadership, enabling Federation members to work together to support and develop greater engagement with priority audiences.*
4. *Through the [Pharmacy Leadership] Council, to enable professional leadership bodies and specialist professional groups to be aspirational for and optimise the contribution of pharmacy professionals, supporting the vital role and expertise of pharmacy professionals in the safe and effective use of medicines, promoting excellence, and championing research, clinical academic development, innovation and the development of new areas of practice, and supporting their adoption.*
5. *Through the [Pharmacy Leadership] Council, to contribute to the collaborative development of aligned UK curricula for post-registration education and training for integrated pharmacist and pharmacy technician practice.*

2.3 The Association of Pharmacy Technicians UK (APTUK) has issued a response in which they acknowledge the need for pharmacy professional leadership to evolve; the APTUK response also highlights the importance of parity, equal status and mutual respect.

2.4 The Royal Pharmaceutical Society (RPS) has issued an initial response to the report and is engaging its members and the profession more widely to understand their views on the Commission's findings and recommendations. The RPS has also separately begun a process to commission an independent review of its own constitution and governance structures.

2.5 GPhC engaged with the Commission's work as a key stakeholder, mindful of both

- the importance of effective pharmacy professional leadership, from the public and professional points of view, and
- the critical dynamic between professional leadership and regulation, particularly in relation to standards and education and training; these points being especially relevant to Commission recommendations 2 and 5 above.

- 2.6 We plan to actively engage in whatever form the implementation phase takes, building on the contributions we made to the Commission's work. This will continue to involve:
- championing the public benefit of effective pharmacy professional leadership, particularly at a time of such great change in pharmacy clinical practice
 - respecting our statutory mandate and the different but complementary roles of professional and regulatory leadership
 - understanding the touch points between our work as the regulator in setting and upholding outcomes-focused standards which all pharmacy professionals must meet, and the role of professional leadership bodies in articulating the professions' own expectations of how standards are to be achieved in practice
 - optimising the interaction between regulation of education and training as a driver for improving standards, and the role of professional leadership bodies in supporting the development and promotion of rewarding pharmacy careers that meet the service needs of patients, the NHS and employers.

3. Equality and diversity implications

- 3.1 Both GPhC as the regulator and the professional leadership bodies have key complementary roles and responsibilities in promoting equality, diversity and inclusion in pharmacy care and within the pharmacy professions, in line with our respective strategies.

4. Communications

- 4.1 We will draw on this paper and Council's discussion of the issues in our ongoing stakeholder engagement, public affairs and communications work at every opportunity.

5. Resource implications

- 5.1 Nothing additional arising from this paper. We are not anticipating any additional resource requirement to support our ongoing engagement with whatever follows next in terms of implementation of the Commission's report.

6. Risk implications

- 6.1 One of the key risks we are seeking to manage as part of our rebased strategic delivery risk register is around our regulatory programme not supporting the development of competent pharmacy professionals or assuring their continued development and professionalism. We will look to consider how the developments relating to this report change the position we have

currently mapped out to mitigate and reduce this risk, now and in the near future. The report clearly highlights issues and risks within the profession and wider healthcare context and we will continue to engage to ensure we understand what our role will be in the context of any changes, and how this changes our risk profile as an organisation.

Recommendations

Council is asked to discuss the paper.

Duncan Rudkin, Chief Executive & Registrar

General Pharmaceutical Council

4 April 2023

Council member appointments 2024 and 2025

Meeting paper for Council on 13 April 2023

Public

Purpose

This paper sets out the proposed process for Council member appointments for 2024 and 2025.

Recommendations

The Council is asked to:

- i. Agree the process to be used for filling Council member vacancies arising in 2024 and 2025
- ii. Note the selection criteria and competencies for new Council member appointments at Appendix 1 and advise on the proposed desirable criteria; and
- iii. Note the next steps in the appointment process and timetable.

1. Introduction

- 1.1 On 31 March 2024, three Council members (two lay and one registrant) will complete their third terms of office and reach the maximum number of years that they are able to serve on Council. On 31 March 2025, two further Council members (one lay and one registrant) will reach the same point.
- 1.2 Our role in the recruitment of new members is to assist the Privy Council to make the appointments by ensuring that the process is undertaken appropriately, in a timely manner and with sufficient resource allocated to it.
- 1.3 In line with our usual approach, this paper sets out the high-level plan for the appointments process based on the detailed policy for managing and recommending Council appointments (included at **Appendix 1**) and the Professional Standards Authority's (PSA) 'Good practice in making Council appointments' guidance. We have also taken account of useful information and insights shared at a recent PSA seminar on appointments.
- 1.4 Elements of the plan have been discussed with the Chair and Chief Executive and we have also had early discussions with the PSA and the Privy Council.

2. Key considerations

(a) A single recruitment exercise

- 2.1 Under the original recruitment plan, Council agreed to run an open competition selection process for new members every other year. However, subsequent changes also agreed by the Council (extending two members to their maximum term) mean that there is now a need to run a full process for new members to begin terms in 2024 and 2025.
- 2.2 One of the reasons for the original decision to only run a recruitment process every other year was the significant resource required. When all costs are included, the average spend per member recruited in a single exercise is c.£20k and there is also a significant amount of staff time required to manage the parts of the process that the GPhC is responsible for.
- 2.3 However, running one process reduces both the costs and staff time required – for example, there would be only one set-up cost with the agency, one set of advertisements, one recruitment panel to be paid and one set of recruitment meetings to be expensed. While we have not yet recruited an agency for the coming recruitment/s and so cannot give exact figures, we anticipate significant savings in 2024/25 if we only run one exercise.
- 2.4 We have therefore explored the possibility of running one recruitment process, seeking three members to start in April 2024 and two to start in April 2025. This is not uncommon in the public appointments sector.
- 2.5 We would make the two start dates clear in the advertisements and application pack and applicants would be able to indicate which start date they were interested in, or whether they would be willing to be considered for both.
- 2.6 We do not think that this approach would result in a reduction or adverse impact on the volume or quality of candidates applying for the role, although we would of course monitor this closely to help inform any future work in this area. There may also be other benefits to this arrangement in that candidates are able to plan more effectively for the future, which may support the attraction of candidates from different backgrounds.
- 2.7 This approach could also provide an opportunity for future members to observe some Council meetings, meaning that they feel more prepared when they take up their appointment and begin formal induction in due course. We would also ensure appropriate governance around this arrangement, to ensure that future members are not being asked to do anything reserved to those who have officially started their terms.
- 2.8 To mitigate any issues relating to the currency or suitability of those candidate who would start in the second year, we would ask them to reconfirm their due diligence and other declarations prior to beginning their term of office and we would also ask them to notify us of any change in circumstances during the period between appointment and commencement.
- 2.9 We have sought the PSA's advice on the proposal - they have no objections and commented that they welcome initiatives which can result in cost savings. We have also discussed this with the Privy Council.
- 2.10 If we do not attract candidates willing to start in year two, or those candidates do not meet the necessary competences and criteria, we retain the option of running an additional recruitment exercise in the lead up to the second year in the usual way.

(b) Using an agency

- 2.11 In line with the policy, new member recruitment is usually supported by an external search agency with suitable experience in attracting diverse candidates for non-executive roles. This helps to avoid any direct, associative or perceptive discrimination and, in our experience, to increase the diversity of the candidate pool.
- 2.12 On that basis, we plan appoint a recruitment agency through open tender to run the campaign and some elements of the process. The agency will advise on the advertising strategy (with GPhC input), use its networks to approach candidates, carry out the first sift (along with the Independent Panel Member), conduct first stage interviews, work with the selection panel on longlisting and shortlisting and support the process from there by liaising with candidates. Fees for this work are included in the 2023/24 budget. Costs for a second campaign, if needed, will be included in the 2024-25 budget.
- 2.13 The tender document will be drafted with a strong emphasis on diversity and will require prospective agencies to demonstrate through the tender process how they will attract the broadest and most diverse range of candidates, and work in line with our commitment to equality, diversity and inclusion more widely. This will include attracting candidates from a range of backgrounds and experience levels.

(c) Timetable

- 2.14 As we have to run a tender for an agency before we can start work on the recruitment process itself, we plan to start the process once we have Council agreement. A high-level timetable is set out below. Please note that this could change once we have had discussions with the chosen external agency.

Timeframe	Action
April 2023	Council approval of recruitment process
April-early May	Run tender process
Mid-may	Appoint recruitment agency
June	Develop campaign and materials
July-August	Run campaign
September	Applications assessed
October	Longlisting meeting and initial interviews
November	Shortlisting meeting and panel interviews
December	PSA consideration
January 2024	PCO consideration
February	Appointments confirmed
March	Induction for first group
April	First group takes office
April 2025	Second group takes office

(d) Criteria and competences

2.15 The policy on the appointment of Council members includes a role specification and example criteria (see **Annex B** of the attached policy). We have reviewed the essential criteria and believe that they remain relevant. However, the outcome of the Council skills audit conducted in February 2023 showed a small number of areas where skills and experience could be augmented so and so we suggest that the following could be added as desirable skills and experience:

- Patient advocacy;
- Business to consumer retail;
- Technology innovation; and
- Impact evaluation;

(e) Selection panel

2.16 The PSA sets prescriptive requirements on the constitution of the selection panel which we must follow as part of our governance processes. For example, panels should not be constituted to have a registrant majority and should have at least one member who has no connection with healthcare regulation (i.e. is not a current or recent registrant of any health and care regulator and does not currently work in the health and/or care field).

2.17 Panels are required to make recommendations about appointments in the public interest. To do this, it is important that panel members do not consider themselves and are not perceived as representatives of any particular group or organisation.

2.18 For this appointment, we will aim to have:

- an independent Chair experienced in public appointments;
- an Independent Panel Member (IPM) responsible for providing assurance to the PSA that principles of a good appointments process have been followed;
- the Chair of Council;
- a pharmacist; and
- a pharmacy technician.

As both Council members who currently live or work in Wales will be leaving in 2024, we need to recruit at least one new member who meets those criteria and intend to look for a registrant based in Wales to sit on the panel

3. Equality and diversity implications

3.1 We have a comprehensive Equality and Diversity Action Plan for Council member appointments, which we update for each recruitment exercise. This has been developed on the basis of good external practice and research and is adjusted each year to take account of any new or emerging research.

3.2 We will also be seeking an agency with expertise and a proven track record in this area and have given this significant weighting in the tender document.

4. Communications

- 4.1 The PSA requires vacancies to be advertised for at least four weeks, to give potential candidates sufficient opportunity to see the advertisement and apply. We propose to advertise for longer than the required four weeks as the advertising period will run over the summer. The advertising strategy and communications campaign for the recruitment process will be designed with the agency to attract a strong and diverse field of suitable candidates from a range of backgrounds.

5. Resource implications

- 5.1 The budget for 2023/24 includes provision for the recruitment and selection of three members, including the use of an external agency. The cost of adding another two recruitments to the exercise should result in an overall saving as the total cost will be less than that of two separate exercises. We will have more details on this once we receive tenders.

6. Risk implications

- 6.1 An appropriate and robust process for recruiting and selecting Council members is an essential step in ensuring good governance within the GPhC.
- 6.2 It is essential that our procedures meet the requirements of the PSA's Section 25c scrutiny process. The appointment process must meet the four principles of merit, fairness, transparency and openness, and inspiring confidence in regulation in order for the PSA to have confidence in it. If it did not, the Privy Council would not make the appointments we recommend.
- 6.3 These risks are mitigated by closely following the PSA guidance and our own policy and maintaining regular contact with the PSA throughout the process, discussing any queries or issues as they arise.

7. Recommendations

The Council is asked to:

- i. Agree the process to be used for filling Council member vacancies arising in 2024 and 2025
- ii. Note the selection criteria and competencies for new Council member appointments at Appendix 1 and advise on the proposed desirable criteria; and
- iii. Note the next steps in the appointment process and timetable.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

28/03/2023

Council member and Chair appointments and reappointments

GPHC0050 Version 1.0

This policy sets out our approach to managing and recommending Chair and Council member appointments and reappointments



Policy details

Policy reference	GPHC0050
Version	1.0
Policy author	Laura McClintock, Chief of Staff
Approved for issue by	Council, 17 September 2020
Effective from	17 September 2020
Next review	01 October 2023 (or in line with other legislative or good practice changes)

Version control tracker

Version	Approved date	Description of change	Amendments by
1.0	17 September 2020	Created a new policy and approach to recommending appointments and reappointments in line with the relevant legislative framework and the PSA Good Practice in making Council Appointments guidance, with a clear and positive emphasis on equality, diversity and inclusion at all stages of the process.	Laura McClintock, Chief of Staff

Contents

- 1. Introduction 4
- 2. Purpose..... 4
- 3. Scope 4
- 4. Exclusions 4
- 5. Responsibilities 4
- 6. Guiding principles 5
- 7. Selection criteria and competencies 6
- 8. Selection panels 7
- 9. Terms of office 7
- 10. Council member reappointments 8
- 11. Council Chair reappointments 10
- 12. Monitoring and compliance 10
- 13. Associated documentation..... 10

1. Introduction

- 1.1 This policy sets out our approach to managing and recommending Council member and Council Chair appointments and reappointments.

2. Purpose

- 2.1 It is designed to ensure that we follow a consistent approach to all appointments and reappointments, in line with relevant legislation¹ and other best practice. This includes the Professional Standards Authority's '*Good practice in making Council appointments*', which sets out the principles, guidance and the scrutiny process for regulators recommending appointments, subject to section 25C scrutiny². See associated documents list in section 13 below for more information.

3. Scope

- 3.1 This policy applies to all Council member appointments and reappointments, including the Chair of Council.

4. Exclusions

- 4.1 This policy does not cover any other types of appointments or reappointments, for example, appointments of statutory committee members, or external members of the non-statutory committees.

5. Responsibilities

- 5.1 Below are the key roles and responsibilities across the process:
- **Privy Council:** the power to make appointments to the GPhC Council rests with the Privy Council. In doing so, the Privy Council acts in accordance with legislation setting out, amongst other things, who may and may not be appointed to the Council and for how long they may serve³. In most cases, the Privy Council's decision will be informed by advice from the Professional Standards Authority.
 - **Professional Standards Authority (PSA):** the role of the PSA is to advise the Privy Council on the processes used to select the candidates recommended for appointment. It is important for the Privy Council to have confidence in the process used by the regulators to make these recommendations before it makes its decision. The PSA scrutinises each appointments process carefully and advises the Privy Council whether it can have confidence in that process. The PSA is not a decision-maker and looks solely at the process undertaken by a regulator to make a recommendation.
 - **Regulators (including the GPhC):** the role of the regulator is to assist the Privy Council to make the appointments. Regulators are responsible for managing the processes to identify suitable candidates and recommending these candidates to the Privy Council for

¹ This includes the Pharmacy Order 2010, the General Pharmaceutical Council (Constitution) Order 2010, as well as the Equality Act 2010

² Section 25(c) of the National Health Service Reform and Health Care Professions Act 2002

³ The Constitution Order sets out the criteria by which individuals are disqualified from appointment to the council. This disqualification criteria is tightly prescribed. Individuals must also meet other relevant eligibility criteria.

appointment. This includes recommending the Privy Council reappoint or extend the term of existing Council members.

- **GPhC Council:** the Council is responsible for ensuring that the appointments process is undertaken appropriately and in a timely manner, and for allocating sufficient resources to it. This includes approving the overall approach to recommending appointments and reappointments, in line with this policy.
- **Governance team:** the governance team is responsible for ensuring that the need to plan and initiate the process is brought to the Council's attention in good time, and for managing the day to day work. This includes preparing all evidential submissions to the PSA, liaising with the Privy Council on timetabling and working with any external recruitment agency to support the overall process, including designing the candidate packs, advertising strategies and interview processes. The team also provide support and advice on governance matters within the process such as due diligence and conflicts of interest.

6. Guiding principles

6.1 The Council has agreed the following guiding principles to underpin the process for recommending appointments and reappointments to the Privy Council:

- a. appointments and reappointments must comply with the requirements of the Pharmacy Order 2010 and the Constitution Order 2010
- b. all aspects of the process must comply with the Equality Act 2010, as well as the GPhC's commitment to equality, diversity and inclusion more widely
- c. all aspects of the process must adhere to the PSA principles of a good appointments process: merit, fairness, transparency and openness and inspiring confidence
- d. generally, Council member vacancies will be filled using a combination of open competition⁴ and reappointments⁵ (for each appointments round, Council will be asked to confirm, in advance, whether the vacancies will be filled using a combination of open competition and reappointment, open competition only, or by reappointment only)
- e. in deciding whether to use open competition, reappointments or a combination of both, the Council will consider:
 - the current and future needs of the Council in relation to particular skills, background or experience
 - the balance within registrant membership (pharmacist and pharmacist technician) as well as the mix of pharmacy sector or setting experience
 - the diversity of backgrounds within the existing Council's membership, specifically that the Council should reflect the diversity of the public it serves and the pharmacy professions it works with

⁴ An open competition is when candidates are appointed to Chair or member posts following a publicly advertised competitive selection process.

⁵ Reappointments occur when sitting Council members or Chairs are appointed for a further consecutive term, following a formal process to assess whether their skills and expertise continue to meet the needs of the council but without having to go through a further open competition.

- the balance between continuity and refreshment of the Council's membership (the aim should be to produce a degree of change which minimises the risks of stagnation, on the one hand, and instability and delays, on the other)
 - any other relevant external factors, for example, any anticipated changes to the constitution of the Council
- f. new member recruitment will generally be supported by an external executive search agency, with suitable expertise in attracting diverse and experienced candidates for non-executive roles. This helps to avoid any direct, associative, perceptive or indirect discrimination and to increase the diversity of the candidate talent pool.
- g. communications and advertising strategies will be designed to ensure broad appeal and to identify a diverse field of candidates (which includes encouraging applications from particular groups, where appropriate) and promoted through diversity-focused channels and networks.
- h. candidate packs and other supporting materials will be produced in accessible formats, with clear, positive and welcoming messages about our commitment to equality, diversity and inclusion.
- i. a diverse selection panel for new appointments will be convened in line with the PSA guidance, including the requirement for an external independent panel member (see section 8 below for more information).
- j. selection and decision-making processes will be objective, fair and unbiased with robust independent quality assurance.
- k. diversity data will be collected and monitored at all stages of the process, including initial application, longlisting and shortlisting (please note data is not used in the individual selection process and will only be used for statistical purposes, and to help us review our performance in relation to our equality, diversity and inclusion responsibilities).

7. Selection criteria and competencies

- 7.1 The selection criteria and competencies used for Chairs and Council members should reflect the current and expected future needs of the Council.
- 7.2 To ensure that it continues to reflect these needs, the Council will approve the selection criteria ahead of each appointments process. As part of this, the Council will consider the current mix of skills and expertise, with a view to filling any gaps.
- 7.3 Essential criteria should be common to all Council members, while skills that are not essential for them all may be included as 'desirable' criteria.
- 7.4 When developing selection criteria, it is important to remember that Council members are not 'representatives' of any organisation, or profession, group or viewpoint.
- 7.5 The Council needs to be credible through its performance and the mix of background, knowledge and skills of the members, not because members individually are representatives of particular interests or constituencies. However, it is critical that a diversity of life experiences, ideas and

perspectives inform our decision-making at Council level and that our Council reflects the diversity of the public that it serves and the pharmacy professions it works with.

- 7.6 When setting the selection criteria and competencies, the Council will consider the diversity of the current council at this point and decide whether it may be desirable actively to seek applications from particular under-represented groups⁶.
- 7.7 The Council will ensure that the selection criteria does not create any unnecessary barriers and supports diversity in membership more widely. It must not directly or indirectly discriminate against, or deter applications from, any group.

8. Selection panels

- 8.1 A diverse selection panel will be convened for new appointments in line with PSA good practice guidance and other governance requirements.
- 8.2 The panel's main task is to assess candidates against the published criteria, in accordance with the published process, and decide who to recommend for appointment.
- 8.3 It is important to highlight that panels are required to make recommendations about appointments in the public interest. In order to do so, panel members should not consider themselves or be treated as representatives of any particular group or organisation in particular registrant membership bodies.
- 8.4 In line with PSA guidance, panel members should have experience in public appointments or transferable skills in the recruitment of leaders, and a range of different backgrounds, both professionally and personally, bringing different perspectives and inspiring confidence of different groups. The PSA guidance provides detailed guidance on panel constitution, including the need for an independent panel member, who can bring a credible, impartial perspective.
- 8.5 Selection panels must not include members of the GPhC staff. This is a strict requirement within the current PSA guidance.
- 8.6 Once established, we will ensure that the selection panel demonstrates a commitment to equality, diversity and inclusion throughout the process. The Chair of Council will raise awareness of our commitment to equality, diversity and inclusion with all new selection panel members in advance of the recruitment process starting and outline clearly what is expected from panel members throughout the process.

9. Terms of office

- 9.1 Council member appointments should be staggered, where possible, so that a full appointments process (through open competition) does not need to be run every year. Ideally, this should be no more than every 2 years.
- 9.2 When recommending terms of office, the following factors will be considered:

⁶ While positive discrimination, whereby an individual is chosen purely because they fall within a particular group, is illegal, positive action is now permitted under the Equality Act 2010. Examples of positive action in this context might include encouraging applications from certain groups through express statements in job adverts, hosting an open day for certain groups, or favouring a candidate from an under-represented group when two candidates are as qualified as each other.

- the likelihood of change in the Council's need for particular skills and expertise during the term being contemplated
- the balance between continuity and change within the Council's membership
- the wishes of the member concerned (this applies to reappointments only, as new appointments are advertised along with the specific terms of office dates)
- any other relevant information, for example, likely legislative or strategic change during the term being contemplated.

10. Council member reappointments

Overall approach

- 10.1 Reappointments occur when sitting Council members or chairs are appointed for a further consecutive term, following a formal process to assess whether their skills and expertise continue to meet the needs of the Council but without having to go through a further open competition.
- 10.2 Where there are Council members or chairs whose terms are ending, and who are eligible to remain, the Council should decide whether reappointments without open competition will be considered in principle and ascertain which eligible members would like to seek reappointment.
- 10.3 Reappointments are not automatic but can be an alternative to running an open competition if individuals' performance during their first term has been satisfactory and their skills and experience continue to meet the council's needs. This is made clear to members at appointment and again when terms are due to end.
- 10.4 Individuals may be reappointed only if they continue to meet the eligibility and term-length criteria specified in Constitution Orders or other relevant legislation.
- 10.5 All reappointments must be made via recommendation or open competition – there must not be a mixture of the two, with some members recommended for re-appointment and others required to go through open competition. If an open competition is run, all sitting members who desire (and are eligible for) a further term must go through the open competition. This is in line with guidance from the PSA.
- 10.6 Below is the approach we take where Council agrees to the use of reappointments for a particular recruitment round (subject to the criteria set out above).

Reappointments procedure

- 10.7 Generally, reappointments should not be made more than six months before they are due, so as to ensure that evidence of the member's performance is current and relevant.
- 10.8 Members seeking a further term will be asked to provide a brief statement of their case for reappointment, including a number of declarations.
- 10.9 The Chair of Council will decide whether to recommend a member for reappointment and, if so, the recommended term of the reappointment. In doing so, the Chair should assess whether the member seeking reappointment continues to meet the Council's requirements and is likely to continue to do so during a further term, bearing in mind the current context of the Council's work and any anticipated changes.
- 10.10 The Chair will consider the following factors:

- total period in office and eligibility for a further term⁷
- continued eligibility for the role (including the member's declaration that they continue to meet the eligibility criteria)
- overall performance in the role (including the member's appraisal records)
- attendance record (including attendance at all Council, Committee or other working group meetings)
- the member's willingness and ability to commit the time required to the role
- any conflicts of interest or potential conflicts of interest
- anything in the member's professional or personal background which could cause embarrassment to the GPhC or the Privy Council
- any complaints received about the member
- the results of any other due diligence checks (e.g. fitness to practise history)
- the statutory requirement to have at least one Council member living or working in each of England, Scotland and Wales.

10.11 Each case will be considered on its own merit, bearing in mind the current and future needs of the Council.

10.12 As part of this decision-making process, the Chair will take soundings from one or more of the Chairs of the Audit & Risk, Remuneration, or Finance & Planning Committees. In the event that this is not appropriate, or there is a conflict or perceived conflict of interest, the Chair may take soundings from one or more external members of the sub-Committees referred to above.

10.13 The Chair will also seek third party and key stakeholder feedback, in particular from the Chief Executive and Registrar, or, should this not be possible other members of the regulator's senior team.

10.14 No Council member should be involved in any matter affecting their own reappointment.

10.15 The Chair will provide the Notice of Reappointment Recommendation to the Authority with the following information (with the name of the member redacted):

- statement of case for reappointment from the Council member concerned
- recommendation from the Chair (please note if the competencies required of Council members have changed since the member was first appointed, the Chair should outline how the member has demonstrated that they continue to meet these)
- summary of the member's most recent appraisal, including the outcome of the appraisal and any areas of concern
- up-to-date profile of other Council members
- recommendation for term of reappointment and explanation
- any other information relevant to the reappointment.

⁷ Council members may not hold office for more than an aggregate of 8 years within any 20-year period

11. Council Chair reappointments

11.1 The process for reappointing the Chair of Council will be the same as the process for Council members except that:

- The Chief Executive & Registrar will discuss with the Chair whether they intend to seek a further term.
- If so, the Council will assess its current and future needs.
- The Chair will be asked to provide a broader statement in support of their potential reappointment, including their ideas and approach to a further term.
- The Council will nominate two Council members (one lay, one registrant) to oversee the collation and assessment of evidence in the same way that the Chair of Council does for a member seeking reappointment, and to submit the recommendation of reappointment to the PSA.
- The Council should select members with appropriate skills and experience who are impartial and will be perceived to be so. These members would be expected to provide a written declaration that they do not intend to seek a further term of office.
- The appraisal reports for the Chair of Council will be based on a 360° appraisal process, including third party feedback.
- The Council will decide whether to recommend a Chair for reappointment and, if so, the recommended term of office.
- In doing so, the Council will take account of the current and future needs of the regulator, as assessed. The Council should also reflect on other relevant information including: the GPhC's annual report, accounts and strategic plan; media and reports in the public domain, and proposed changes in the regulatory environment.

12. Monitoring and compliance

12.1 The Council is responsible for agreeing the overall approach to appointments and reappointments.

13. Associated documentation

13.1 This policy should be read alongside the following supporting documents:

- PSA Good Practice in making Council appointments available [here](#)
- **Annex A:** Example Chair role description and essential criteria
- **Annex B:** Example Council member description and essential criteria

(As specified in section 7 above, role specifications and selection criteria are reviewed and approved by the Council in advance on each appointments process)

Annex A: Role of the Chair and essential criteria (example only)

The Chair is responsible for:

Leading Council

- Providing strong non-executive leadership to develop a focused Council who work collectively and that each Council Member puts the interests of the GPhC above their own, upholding the public interest at all times.
- Promoting the public interest and fostering an environment of openness, transparency, and accountability in the activities of the Council and of the GPhC more broadly.
- Leading Council in overseeing and scrutinising the development and delivery of realistic business plans and budgets, monitoring performance and examining proposals for change to arrive at proportionate and targeted decisions in line with corporate objectives, with the ability to withstand public scrutiny.
- Leading Council in holding the Executive to account for performance, delivery of the business plan, governance, risk and financial management.
- Chairing Council meetings effectively, to facilitate wide debate, listen to discussion carefully, summarise areas of consensus prior to decision making and articulate clear actions (this includes working with the Executive to ensure an effective and efficient annual programme of Council meetings with appropriate agendas).
- Communicating effectively with Council Members between meetings to ensure that business is taken forward, and effective contributions are made by utilising the appropriate skills of Council members.
- Providing leadership to develop a positive culture at the GPhC and within the Council, promoting equality, diversity and inclusion throughout all of our work

Governance

- Maintaining appropriate governance and ensuring that the GPhC's code of conduct and other relevant policies and procedures are adhered to by all Council Members.
- Handling any complaints or concerns about Council Members in line with agreed procedures.
- Lead the appointments process for Council Members in line with the relevant legal and governance frameworks, agreed procedures and good practice guidance.

Stakeholder engagement

- Playing a key role in representing the GPhC, developing and managing positive, productive, collaborative and influential relationships at all levels, including relationships with key senior

stakeholders within and outside of the professions and accounting for GPhC performance to key senior stakeholders and its oversight body.

Working with the CEO and Senior Leadership Group

- Establishing and maintaining a close working relationship with the Chief Executive & Registrar, Senior Leadership Group and other staff, as appropriate; and providing a sounding board for discussion of emerging issues for the Executive
- Developing the critical friend relationship with the Chief Executive & Registrar and holding them to account for the performance of the organisation.

The essential criteria

Candidates will need to demonstrate that they have the necessary skills, knowledge and experience for this role. Candidates should provide specific examples to demonstrate how they meet the essential criteria for this role, including how they personally contributed to or achieved specific outcomes.

All candidates will be required to show how they meet the following criteria:

- **E1:** Proven ability to chair a complex and high-profile organisation [or an outstanding leadership record in a substantial, national or high-profile role]
- **E2:** ability to operate strategically, respond effectively to future challenges in healthcare regulation, be held accountable and hold others to account – contributing positively to the GPhC in a non-executive capacity.
- **E3:** High level governance and organisational skills including strategic planning, financial management, risk management, corporate and senior executive performance management and service delivery in a regulated environment with experience of non-executive work, understanding the boundaries between executive and non-executive responsibilities
- **E4:** Ability to lead and chair the Council in effective decision-making, interpreting complex information, identifying key issues, handling conflicting views, building consensus where possible and delivering concrete decisions to deliver the organisation's objectives.
- **E5:** Outstanding interpersonal and stakeholder management skills with a proven record of building effective and positive strategic relationships, so as to command credibility, confidence and support of a wide and complex range of interested parties at national level and ability to navigate a complex political environment.
- **E6:** Ability to build supportive relationships and work successfully as a team - welcoming and showing regard to the views and advice of others and supporting collective decision making.

- **E7:** Commitment to equality, diversity and inclusion – dealing with people and issues honestly, fairly and with respect, and promoting equality, valuing diversity and being inclusive

Desirable criteria

[To include any desirable criteria as agreed by the Council during the planning of the appointments process and subject to an assessment of its needs. Desirable criteria may not necessarily be required for every appointments round]

On this occasion, we are looking for candidates who can demonstrate **one or more** of the following areas of specific interest/experience:

- **(example)** Understanding of professional regulation and its impact on public protection
- **(example)** Strong media and communication skills to deliver messages to and influence a range of audiences.
- **(example)** Ability to articulate patient and consumer issues and/or the interests of service users.

Please note that candidates will need to provide examples of evidence to demonstrate their ability to be effective in relation to all of the essential criteria listed above, as well as the desirable criteria, where relevant.

Annex B: Council member role specification and criteria (example)

What GPhC Council members do

The Council has a governance and assurance role, overseeing rather than carrying out the GPhC's regulatory work. All Council members (including the chair of the Council) share a collective responsibility for carrying out the work of the Council and for the good governance of the organisation.

To do this effectively your duties will include:

- setting the strategic direction of the organisation – reviewing and revising its vision and purpose as needed
- making sure that the GPhC carries out all its statutory functions in an appropriate way
- making sure the financial management of the organisation is sound and its activities are cost effective
- delegating appropriate authority to the chief executive and registrar and to the committees of the Council
- making sure systems are in place to monitor the organisation's performance and hold the chief executive and registrar to account, making sure the organisation is run properly and follows current employment practice
- taking an active part in Council meetings and other internal and external meetings, and working effectively with the senior leadership group
- understanding who the GPhC's key interest groups are and their priorities
- keeping up to date with the changing nature of independent professional regulation and how it contributes to society
- taking part – when needed – in induction, learning and development, and performance reviews
- being available to the GPhC for the amount of time needed
- carrying out Council work in line with values etc
- acting as an ambassador for the GPhC, representing the Council to stakeholders

The experience and knowledge Council members need to have

Candidates will need to demonstrate that they have the necessary skills, knowledge and experience for this role. Candidates should provide specific examples to demonstrate how they meet the essential criteria for this role, including how they personally contributed to or achieved specific outcomes.

All candidates will be required to show how they meet the following criteria:

Essential criteria

E1 Working within a framework

- An appreciation of and commitment to protecting, promoting and maintaining the health, safety and well-being of patients and the public.
- Experience of working within, either professionally or in other ways, a set of rules, guidance, policies or other boundaries.

E2 Good governance

- An understanding of and commitment to good governance, upholding the recognised principles of public life and understanding the role of governance in public bodies
- Clear appreciation of the non-executive role, and how executives should be held to account through constructive and positive challenge
- Ability to contribute to an organisation at strategic level, be held accountable and hold others to account – contributing positively to the GPhC in a non-executive capacity.
- Capacity to understand and contribute to the organisational and business issues with which the Council deals.

E3 Analytical and decision-making skills

- The ability to identify problems, options and solutions, considering the risks, consequences and impact.
- Ability for forward thinking and to see the bigger picture.
- Knowledge and experience of analysing different types of information and situation.
- A willingness to reconsider or change your thinking in light of new information.

E4 Working collaboratively and communicating professionally with others

- The ability to work with others, to challenge, listen and question constructively
- Good communication skills and ability to put views across clearly, persuasively and sensitively.
- Influencing and persuading others, using well-reasoned arguments, experience of participating in group discussions and working effectively with a team
- Understanding and being open to different points of view
- Ability to inspire confidence and support from GPhC stakeholders, including service-users, patients and members of the public

E5 Integrity and respect

- A commitment to equality, diversity and inclusion – dealing with people and issues honestly, fairly and with respect, and promoting equality, valuing diversity and being inclusive
- Gaining the trust of others, principles, and values-based actions
- Taking an ethical approach to your work and being open and honest, including when things go wrong.
- Ability to reflect on own behaviour and impact on others.

Additional essential criteria for registrant applicants only

E6 Pharmacy professional practice

- Up to date knowledge and understanding of the practice of pharmacists or pharmacy technicians and an awareness of the factors and issues that influence it.

Desirable criteria (examples)

On this occasion, we are seeking candidates with **one or more** of the following:

- knowledge and/or experience of patient advocacy or the patient voice (lay)
- clinical and/or prescribing skills in one or a range of settings (registrant)

Council member and Chair appointments and reappointments

GPHC0050 Version 1.0

- experience of technology developments in healthcare (lay or registrant)
- an understanding of academic and vocational education and training (lay or registrant)

In addition, we are seeking XX candidate(s) who lives or works primarily in England/Scotland/Wales (lay or registrant).



Minutes of the Audit and Risk Committee meeting held on 2 March 2023

Minutes of the public items

Present:

Neil Buckley (Chair)

Helen Dearden

Ann Jacklin

Apologies:

Yousaf Ahmad

Aamer Safdar

Jayne Salt

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Carole Auchterlonie	Director of Fitness to Practise
Jonathan Bennetts	Director of Adjudication and Financial Services
Laura McClintock	Chief of Staff and Associate Director – Corporate Affairs
Gary Sharp	Associate Director – HR and Organisational Development
Rob Jones	Head of Risk Management and Audit
Janet Collins	Senior Governance Manager
Kelly Reid	TIAA
Ezenwa Osuji	Haysmacintyre
Mark Weaver	Haysmacintyre

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting. Apologies had been received from Yousaf Ahmad, Aamer Safdar and Jayne Salt.

2. Declarations of interest

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

3. Item 3 - Minutes of previous meeting – 1 December 2022 (23.03.ARC.01)

- 3.1 The minutes of the public items considered at the meeting on 1 December 2022 were approved.

4. Item 5 - Actions and matters arising – public items

- 4.1 The committee noted the action log.

5. Item 10 – Internal audit (23.03.ARC.06 a-d)

- 5.1 Kelly Reid of TIAA introduced this item.

Summary internal controls assurance report (SICA)

- 5.2 All audits planned for 2022-23 had been completed. The Health and Safety audit report would be issued once a point on governance had been clarified.

- 5.3 **The Committee noted the SICA.**

Assurance review of Core Finance

- 5.4 The overall assessment was amber (reasonable assurance). Testing had identified that one invoice had been approved for an amount beyond the approver's delegated limit. The new purchase order system, due to be introduced by 1 April 2023, would have approval limits built in and so would prevent a recurrence.

- 5.5 **The Committee noted the outcome of the assurance review.**

Action: An interim report would be provided to the Committee once the new system was fully operational. Further reports would follow at the end of 2023-24, including invoices received without a purchase order and an analysis of credit card spend, and then annually.

ICO Accountability Framework self-assessment

- 5.6 Antony Palmos (AP), Governance and Assurance Manager, joined the meeting for this item. The accountability self-assessment helped organisations to assess the extent to which they were meeting the ICO's expectations in ten categories. Five categories had been selected for the report, which reviewed self-assessment statements across 33 key expectations with 144 examples of compliance. Of those, 120 were assessed as fully meeting expectations, seven as partially meeting or not meeting expectations and 17 as not applicable to the GPhC.

- 5.7 Recommendations had been made in relation to the unmet expectations and most had been accepted. AP was asked about the two recommendations which were not accepted - one in relation to training and one in relation to request for reviews of decisions. Both explanations were accepted by the Committee.

Internal audit recommendations tracker

- 5.8 Jonathan Bennetts gave an update on the Learning and Development audit which had led to concern from the Committee about completion rates for mandatory training and performance and development reviews. The closing date for the latest mandatory training (Health and Safety) had just passed with a 94% completion rate. Action was being taken to escalate the issue for the small number of staff who had not completed the training.

6. Item 10 – Indicative audit strategy and annual plan 2023/24 (23.03.ARC.07)

- 6.1 The scope of the plan had been previously agreed. A number of updates to timings were given and agreed by the Committee. The second part of the ICO assessment would take place in May 2023, replacing the Governance audit which had been postponed because it would overlap with the board effectiveness review.
- 6.2 The Committee was concerned that the HR audit had been moved back again and was now not scheduled to take place until February 2024. Gary Sharp explained that this was because the new HR system was due to go live in April, followed by an applicant tracking system in July. The Committee accepted the explanation but made clear that the audit was not to be pushed back any further, even if there were any delays with the implementation of the systems.

7. Item 14 - Never events and serious incident updates

- 7.1 There were no never events or serious incidents to report. One data breach had been referred to the ICO but no action had been taken by the Commissioner's office.

8. External audit planning report

- 8.1 Richard Weaver of Haysmacintyre presented this item which confirmed the arrangements for the audit of the GPhC's financial statements for 2022-23 and set out the audit plan.

9. Any other business

- 9.1 There was no other business.

Date of next meeting: 25 May 2023