

## Council meeting

By Zoom

Thursday, 10 February 2022

### Public business

- |     |   |   |
|-----|---|---|
| 1.  | <b>Attendance and introductory remarks</b>  | Nigel Clarke  |
| 2.  | <b>Declarations of interest – public items</b>  | Nigel Clarke  |
| 3.  | <b>Minutes of the December meeting</b><br><i>Minutes of the public session on 9 December 2021</i>   | Nigel Clarke  |
| 4.  | <b>Actions and matters arising</b>  | Nigel Clarke  |
| 5.  | <b>Workshop summary – December meeting</b><br><i>For noting</i>   | Nigel Clarke  |
| 6.  | <b>Common registration assessment:</b> <ul style="list-style-type: none"><li>• <b>Report of the November 2021 sitting and overview of the 2021 assessments; and</b></li><li>• <b>Delivering the registration assessment in 2022</b></li></ul> <i>For noting</i> | 22.02.C.01<br>Professor Andy Husband<br>and Damian Day<br>22.02.C.02<br>Mark Voce |
| 7.  | <b>Finance update, annual plan progress and performance monitoring reports – Quarter 3 2021/22</b><br><i>For noting</i>   | 22.02.C.03<br>Duncan Rudkin   |
| 8.  | <b>Updated Strategic Plan 2020-25 – year three</b><br><i>For approval</i>   | 22.02.C.04<br>Duncan Rudkin   |
| 9.  | <b>Annual Plan and Budget 2022/23</b><br><i>For approval</i>  | 22.02.C.05<br>Duncan Rudkin   |
| 10. | <b>PSA Performance Review report</b><br><i>For noting</i>   | 22.02.C.06<br>Duncan Rudkin   |
| 11. | <b>Minutes of the Audit and Risk Committee</b><br><i>Minutes of the public items considered on 3 August and 21 October 2021</i><br><br><i>For noting</i>  | 22.02.C.07 and 08<br>Neil Buckley   |
| 12. | <b>Any other business</b>   | Nigel Clarke  |

## Confidential items

- |  |                                   |
|--|-----------------------------------|
| <b>13. Minutes of the December meeting</b><br><i>Minutes of the confidential session on 9 December 2021</i>  | Nigel Clarke                      |
| <b>14. Minutes of the January meeting</b><br><i>Minutes of the confidential session on 27 January 2022</i>   | Nigel Clarke                      |
| <b>15. Litigation update</b><br><i>For noting</i>  | 22.02.C.09<br>Laura McClintock    |
| <b>16. Minutes of the Finance and Planning Committee</b><br><i>Minutes of the meetings held on 30 November 2021</i>  | 22.02.C.10<br>Mark Hammond        |
| <b>17. Minutes of the Audit and Risk Committee</b><br><i>Minutes of the confidential items considered on 3 August and 21 October 2021</i><br><br><i>For noting</i> | 22.02.C.11 and 12<br>Neil Buckley |
| <b>18. Any other confidential business</b>   | Nigel Clarke                      |

## Date of next meeting

Thursday 10 March 2022

# Minutes of the Council meeting held on 9 December 2021

*To be confirmed 10 February 2022*

## Minutes of the public items

### Present:

Nigel Clarke (Chair)  
Neil Buckley  
Mark Hammond  
Ann Jacklin  
Jo Kember  
Elizabeth Mailey

Rima Makarem  
Penny Mee-Bishop  
Arun Midha  
Rose Marie Parr  
Aamer Safdar  
Yousaf Ahmed

### Apologies:

Jayne Salt  
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
Laura McClintock	Chief of Staff and Associate Director of Corporate Affairs
Gary Sharp	Associate Director of HR
Mark Voce	Director of Education and Standards
Liam Anstey	Director for Wales

Laura Fraser	Director for Scotland
Rachael Gould	Head of Communications
Carole Gorman	Governance and Assurance Manager
Janet Collins	Senior Governance Manager

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

- 1.1 The Chair welcomed those present to the meeting. Apologies had been received from Jayne Salt and Selina Ullah.

## **2. Declarations of interest**

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

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

- 3.1 The minutes of the public session held on 11 November 2021 were confirmed as a true and accurate record of the meeting.

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

- 4.1 There were no matters arising.

## **5. Finance update, annual plan progress and performance monitoring reports – quarter two 2021/22 (21.12.C.01)**

- 5.1 Duncan Rudkin introduced the paper.

### **Finance update**

- 5.2 Vanessa Clarke summarised the finance update, including further revisions to the financial forecast for the year; significant movements in income and expenditure; and the main financial risks and opportunities remaining for the year.
- 5.3 The second re-forecast exercise for the year was still in line with the original expectation of a £0.8m operating surplus. Income had reduced by £100k due largely to a lower number of students than expected sitting the registration assessment and a delay in students who passed joining the register. However, expenditure was down by £200k with lower than expected costs in professional services and IT partially offset by an increase in employee costs.

### **Annual plan progress report**

- 5.4 Claire Bryce-Smith introduced the annual plan progress report. All but three of the expected outcomes under the five strategic aims had been achieved. Work was continuing on developing the approach to post-registration education and training for pharmacy professionals; the review of the business systems strategy had continued into quarter three; and there had been technical delays in the development of the adjudication services portal, although these were not expected to affect the launch in quarter four.

- 5.5 Quarter two had seen the delivery of the second sitting of the online registration assessment and the tender had been issued to run the assessment in 2022 and beyond. The pandemic had affected planning by producing new work which had not originally been forecast but the outcomes due by 2025 were mostly on track.

## **Performance monitoring report**

### *Contact centre and Registration*

- 5.6 Mark Voce introduced this section. The positive progress in the Contact Centre performance had continued during the busiest quarter of the year. Telephone calls were being answered quickly, only a low level were being abandoned and all emails received were being actioned within two working days. Council noted its congratulations and thanks to the team and asked for some further metrics which could help to assure it of the team's welfare.
- 5.7 Provisional registration had increased the workload of the registration team and its imminent end would allow a return to more normal pattern of work. There had been a further improvement in the median time for processing pharmacist applications – a reduction of three days – and the median time for processing pharmacy technician applications had been maintained.

### *Fitness to practise*

- 5.8 Carole Auchterlonie (CA) spoke to this section. While most KPIs were still not being met, there had been notable improvement in investigation areas, including the KPI for interim orders being prepared and heard before a committee within three weeks being met.
- 5.9 The trajectory towards triaging concerns within five days of receipt held steady at 63%. Work was continuing on increasing the efficiency of triage however the KPI could be impacted in quarter three by staff turnover. CA noted that some temporary staff had been made permanent and a business case for additional recruitment had been prepared.
- 5.10 There had been an increase in the number of cases that were more than 12 months old and a significant proportion of those related to online pharmacy. There was a need for more expert input into these cases and a business case to obtain this had been prepared.

### *Inspection*

- 5.11 Performance had remained good during quarter two with sustained improvements in the efficiency of the inspection process and the improvements in timeliness of enforcement notices being sustained despite four times as many notices being served (12, up from three). Inspections were still intelligence-led as inspectors continued to support pharmacies during the pandemic, with 313 joint readiness visits with NHSE&I and follow-up calls to pharmacies delivering vaccination services.

### *Corporate complaints*

- 5.12 Numbers remained low and the profile of complaints remained consistent. Learning had been identified and shared appropriately and all KPIs had been met.

#### *Information governance*

- 5.13 Carole Gorman spoke to this section. Overall good performance had been impacted by a personal data breach. The breach had been reported to the Information Commissioner's Office, who had confirmed that they would not be taking any action. The incident review had identified lessons around processes which were being implemented through training.

#### *Human Resources*

- 5.14 Gary Sharp presented the HR section. The rating was amber due to sickness absence, with both short and long-term sickness absence rising. The rise in short term absence was thought to be due to the lifting of pandemic restrictions.

5.15 **The Council noted:**

- i. **the key areas of performance as highlighted in the paper;**
- ii. **the finance update at Appendix 1;**
- iii. **the report on progress against the 2021/22 annual plan at Appendix 2; and**
- iv. **The operational performance information provided at Appendix 3.**

## **6. Communications and engagement: our strategy 2021-2026 (21.12.C..)**

- 6.1 Rachael Gould introduced the paper. She thanked the Council for its input to and feedback on the draft strategy and thanked in particular the small group of members who had supported the work – Yousaf Ahmed, Nigel Clarke, Mark Hammond and Jo Kember.

6.2 The strategy had three main aims:

1. Work in partnership with patients and the public to make sure their voices are heard in our work, and inform patients and the public about the standards they can expect when using pharmacy services.
2. Support pharmacists, pharmacy technicians, students, trainees and pharmacy owners to provide person-centred care and drive improvements in patient safety, by sharing our data, insights and examples of good practice with the people we regulate and the wider sector.
3. Make sure people engaging with us have a good experience, by building our capabilities and capacity across the organisation to produce high-quality and accessible communications.

- 6.3 The processes used to develop the strategy had worked well. Reporting back and assessing progress against the annual plans would be important going forward.

6.4 **The Council:**

- a) **noted the work undertaken to develop the strategy; and**
- b) **approved the revised strategy as set out in Appendix 1 to the paper.**

## **7. Report of the short-life working group on the role of the regulator in post-registration education and training (21.12.C.03)**

- 7.1 Mark Voce and Aamer Safdar updated the Council on the work of the group. This was an important and challenging area of work which had involved a wide range of stakeholder discussions. Focussing on the patient safety angle had given more direction to the large amount of activity that was already taking place.
- 7.2 **Following a short discussion, the Council:**
- **agreed to the GPhC convening and leading a new group, involving all the key stakeholders, focused on the assurance of practice post-registration;**
  - **agree the the new group should articulate a set of guiding principles where patient safety is the overarching priority;**
  - **agreed that the new group should carry out a horizon scanning exercise to pull together an understanding of the system wide approach currently in place, taking account of who does what and what controls/assurance exists. Furthermore, consideration should be given to known future developments, any gaps or areas of significant risk that may then need to be prioritised;**
  - **acknowledged that this wider approach, in relation to regulation of post-registration practice and not simply education and training, may result in the GPhC having to review and develop our own control measures, for example, revalidation, annotation and scope of practice, albeit we already have plans and are making progress in some of these areas. Further enhancements for example many need to be considered and determined by the new group; and**
  - **noted that the GPhC would involve patients and the public in the next stages of work to identify the key areas of concern and assurance from their perspective.**

## **8. Online pharmacy services – regulatory update**

- 8.1 DR summarised the paper, which set out the developing strategic approach to the challenges posed by some online pharmacy services, using the GPhC's various regulatory levers. Digitally enabled pharmacy services were a significant development and it was not the organisation's intention to restrict access to them but rather to ensure that they were organised and delivered in safe ways.
- 8.2 There was an error in paragraph 2.4 of the paper – the statement that there were currently 170 open FtP cases relating to online pharmacies was incorrect and the number should read 130.
- 8.3 Standards and guidance were in place to help people set up online pharmacy services safely and must be adhered to.

- 8.4 The paper listed a number of challenges in regulating online pharmacies, including the lucrative but high-risk business model of remote prescribing, low public awareness of the risks and a national policy and legislative framework which had been developed before the advent of online services.
- 8.5 A particular issue was the arrangement of some pharmacy websites in such a way that patients could choose a prescription only medicine (POM) and its quantity before an appropriate consultation with a prescriber. The Council had discussed this previously and agreed that this requirement should remain in place.

*Neil Buckley left the meeting*

- 8.6 The Council welcomed the paper, which was timely and helpful. This area was likely to keep expanding and it would be important to be clear that the Council's focus was on the relative risks to patients posed by online and physical pharmacies and did not have an issue with online delivery simply because it was newer and different. If there were new risks that the GPhC did not currently have the powers and processes to deal with, then it would work with agencies that did. The GPhC would take part in any wider public policy discussions about whether certain types of medicines should be available online.
- 8.7 Clinical governance seemed to be a problem area so work was taking place to look carefully at what good clinical governance looked like in both online and physical pharmacy services.
- 8.8 It was also important that the Council kept in mind the benefits of well-run digital pharmacy services for patients. They could be used to join up practitioners and contribute to multi-agency care.
- 8.9 **The Council supported the work being undertaken, including:**
- Updating the distance selling guidance to align it with the prescribing guidance;
  - Working with other professional and system regulators on a number of issues including how online pharmacy websites are set out and how products and services are advertised;
  - Working with wholesalers around the gathering of information;
  - Increasing the range of expert/specialist advisors we can call upon when needed;
  - Exploring the possibility of using existing regulatory levers, for example annotations for pharmacy premises; and
  - In the medium term, exploring differentiated fees options to cover the increased regulation needed for online pharmacies.
- 8.10 **The Council confirmed that the requirement for pharmacy websites to be arranged so that a person cannot choose a POM before there has been an appropriate consultation with a prescriber provided an important safeguard and should remain in place.**



## **9. Any other business**

9.1 There being no further business, the meeting closed at 3.15 p.m.

## Council workshop summary

### Meeting paper for Council on 10 February 2022

Public

#### Purpose

To provide an outline of the discussions at the Council workshop on 9 December 2021.

#### Recommendations

The Council is asked to note the discussions from the December 2021 workshop

#### 1. Introduction

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

#### 2. Summary of December 2021 workshop

##### Legislative reform affecting pharmacy

- 2.1 Duncan Rudkin gave an update on the progress of legislative reform affecting pharmacy, namely the proposed Orders designed to strengthen pharmacy governance (which had been known as part of the 'rebalancing' agenda) and the regulatory reform proposals.
- 2.2 The work on strengthening pharmacy governance had already been the subject of significant stakeholder engagement and consultation and policy work; secondary legislation to bring about the agreed changes was expected early in 2022. A briefing note covering the changes and their implications would be circulated to Council in the new year.

- 2.3 KPMG had completed their review of the regulators and the options for having fewer in the future. DR updated Council on current discussions but noted that there was no published timeframe for a decision once the review had been delivered.

#### **Learning needs analysis**

- 2.4 Laura McClintock introduced a discussion on Council learning needs. Members made suggestions of training that they would find useful to help them carry out their role, including attending inspections when that became possible. A number of ideas were taken away for development.

#### **Accommodation strategy**

- 2.5 Jonathan Bennetts led a session on the GPhC's future accommodation strategy. The members broke into groups and then fed back to help establish some guiding principles.

#### **Planning and budgeting 2022/23**

- 2.6 Claire Bryce-Smith, Vanessa Clarke and Heather Walker presented a summary of the planning and budgeting activity for 2022/23. The final plan and budget would be put to Council for approval in February 2022.

### **3. Recommendations**

The Council is asked to note the discussions from the December 2021 workshop

Janet Collins, Senior Governance Manager  
General Pharmaceutical Council

22/12/2021

# Reporting on the November 2021 Registration Assessment sitting

## Meeting paper for Council on 10 February 2022

Public

### Purpose

To update Council on candidate performance in the November 2021 Registration Assessment sitting

### Recommendations

Council is asked to note:

1 candidate performance data (Appendix 1); and

- i. the Board of Assessors' report to the councils of the GPhC and PSNI (Appendix 2) and the assurance it provides about the November 2021 sitting.

## 1. Introduction

- 1.1 Passing the GPhC's Registration Assessment is a pre-requisite for applying to register as a pharmacist. Normally, there are two sittings every year, in June and September. However, due to the Covid-19 pandemic, sittings in 2020 were delayed until 2021 and this is the report on the November sitting.
- 1.2 There was one sitting day in November 2021.
- 1.3 The GPhC manages the Registration Assessment on behalf of the GPhC and, from the November 2021 sitting, on behalf of the Pharmaceutical Society of Northern Ireland (PSNI) as well.
- 1.4 The Board of Assessors sets and moderates the Registration Assessment and agrees reasonable adjustments for candidates with specific needs; the GPhC is responsible, primarily, for operational matters and for overseeing the setting and publishing of papers, in collaboration with partner organisations. The Board's membership has been expanded to include NI members, one of whom is responsible for reporting to the Board of the PSNI about the Registration Assessment.
- 1.5 The 2021 cohorts are atypical, in that some GB candidates had been training for significantly longer than usual and others had been working as provisionally registered

pharmacists. This does mean that comparisons with previous cohorts cannot be made easily.

- 1.6 The Autumn sitting of the Registration Assessment tends to have a lower pass rate than the Summer sittings. The difference between the cohorts is that Summer sittings are predominantly 1<sup>st</sup> time sitters whereas Autumn sittings include far more resitting candidates.

## 2. Other matters

- 2.1 *Data releases:* All candidate performance data releases comply with the EU's General Data Protection Regulation (2016, implemented 2018) and the Freedom of Information Act 2000. As a general principle we release as much data as possible while ensuring that what is presented preserves the anonymity of individuals.
- 2.2 While the mode of delivery of the Registration Assessment was changed in 2021, the *Registration Assessment Framework* (essentially the syllabus), question types and the standard were not. This is, perhaps, the critical point: despite the Covid-19 pandemic, the registration standard has not been altered.
- 2.3 *The assessment centres:* There were assessment centres across Great Britain and Northern Ireland and preliminary feedback from candidates has been that they have appreciated small centres rather than the larger ones used in previous years. On the sitting day, fewer than 20 candidates sat in overseas centres. Other overseas candidates sat online but not in test centres.

## 3. Equality and diversity implications

- 3.1 There is a need for some caution in analysis of the candidate data at Appendix 1 due to the smaller number of candidates sitting the assessment.
- 3.2 In relation to the three universities where the pass rate is below 40% for this assessment (Brighton, Reading and Wolverhampton), this contrasts significantly with their respective pass rates for the July assessment (81%, 68% and 64%) and March assessments (87%, 82% and 83%).
- 3.3 Notwithstanding the caveats around numbers, the data indicates a continuing difference in the pass rate based on ethnicity, sector of training and age. The differential pass rate for Black British: African candidates compared with White British candidates remains stark, although we had previously seen a reduction in the difference in the March and July assessments (16% and 17% respectively) when the pass rate for Black British: African candidates was (81% and 76% respectively). These differences were a significant driver for the reforms we have introduced in the initial education and training standards for pharmacists which universities and statutory education bodies are now implementing. Key requirements include:
  - Proactively seeking to learn about and understand communities and cultures
  - Review of student performance by protected characteristic with documented action to address differences where they are found

- Need for systems and policies to be in place to allow everyone involved to understand the diversity of the students' circumstances and experiences and the implications that has for student support and development.
  - There must be a range of systems in place during the MPharm degree to identify the support needed by students, and to support them to achieve the learning outcomes. They must be based on a student's prior achievement and be tailored to them.
- 3.4 Ensuring these standards are embedded through our quality assurance work is an important part of the action plan we are developing across the organisation following publication of the Equality, Diversity and Inclusion Strategy. We have highlighted to schools of pharmacy that EDI will be a particular focus of our accreditation events, alongside other major changes to the standards such as the introduction of independent prescribing and greater experiential learning.
- 3.5 There is a significant amount of work ongoing across the education sector and we contributed to a recent summit hosted by Health Education England and the Pharmacy Schools Council where students from diverse backgrounds shared their experiences and practical examples of initiatives to promote equality were highlighted – many having been taken forward as a direct result of the statistics from the registration assessment. We will be looking to promote examples identified in our accreditation events to help prompt this and our Advisory Group, co-chaired by Council Members, will be seeking assurance as part of the ongoing oversight of implementation.
- 3.6 We intend to take forward further work on analysing the candidate data in light of Council comments from previous assessment reports. In particular, we want to cross-reference data more clearly (e.g. ethnicity, school of pharmacy, sector of training etc) to further target accreditation actions and to identify more clearly the trends and direction of travel from year to year.
- 3.7 In addition to the particular focus on these areas, we are also working on a wider review of our accreditation approach to ensure we are using information and intelligence in a more agile way.
- 3.8 We will revert to Council with more detail on both our accreditation approach and analysis of candidate data.

## **4. Communications**

- 4.1 This paper is a public document and will be shared directly with relevant stakeholders.

## **5. Resource implications**

- 5.1 No additional resource implications arise from this paper.

## **6. Risk implications**

- 6.1 Delivering the registration assessment to the required standard in 2021 ensured a continued flow of people entering the register and being able to practise during the pandemic, thereby mitigating the risk of workforce shortages at a time of significant pressure. We have commissioned additional analysis on the health of our question bank from AlphaPlus, our psychometricians, and this will inform our future question development.

## **7. Monitoring and review**

- 7.1 The Registration Assessment is reviewed after every sitting by the GPhC and Board of Assessors. The Board reports on each sitting to Council and the chair attends Council once a year to discuss the year's sittings.
- 7.2 In addition from 2022 the chair will also report to the PSNI Council.

## **8. Recommendations**

Council is asked to note:

- ii. candidate performance data (Appendix 1); and
- iii. the Board of Assessors' report to the councils of the GPhC and PSNI (Appendix 2) and the assurance it provides about the November 2021 sitting.

Damian Day, Head of Education  
General Pharmaceutical Council

03/02/2022

## November 2021 Registration Assessment performance breakdown by characteristic

Table 1: Overall performance

	Number of candidates	Number of passing candidates	% pass rate	Part 1		Part 2	
				Total number of marks available	Pass mark	Total number of marks available	Pass mark
16 <sup>th</sup> November 2021	959	584	60.90	40	26	120	85

To pass the Registration Assessment, both parts must be passed on the same day.

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.

Note that the number of questions required to pass is the standard and the pass rate is the percentage of candidates who met the standard.

Table 2: Performance by sitting attempt

Sitting attempt	Number of candidates	Number of passing candidates	% pass rate
1st	414	244	58.94
2nd	433	272	62.82
3rd	112	68	60.71



*Note that data in Table 3 onwards are for 1<sup>st</sup> attempt sitters not the full cohort*

**Table 3: 1<sup>st</sup> attempt by sex<sup>1</sup>**

Sex	Number of candidates	% pass rate
Female	244	58.61
Male	163	59.51

<sup>1</sup> 'Null', 'Prefer not to say' and 'Other' have not been reported

**Table 4: 1<sup>st</sup> attempt by age range**

Age Range	Number of candidates	% pass rate
25 and under	233	64.38
26 - 35	152	53.95
36 and over	29	41.38

**Table 5: 1<sup>st</sup> attempt by country<sup>1</sup> of pre-registration training/provisional registration (candidate numbers ≥20)**

Country	Number of candidates	% pass rate
England	379	57.78
Northern Ireland <sup>2</sup>		66.67

<sup>1</sup> There were <20 Welsh and Scottish candidates so they have been excluded from the reporting data.

<sup>2</sup> Although the number of NI candidates was <20, NI data have been included for information, given that November 2021 was the first common sitting.

**Table 6: 1<sup>st</sup> attempt by pre-registration sector of training/provisional registration**

Sector <sup>3</sup>	Number of candidates	% pass rate
Community	335	55.52
Hospital	51	78.43

<sup>3</sup> Numbers of candidates from other sectors are too low to report separately (<20). The sectors not reported on in this paper include Academia/CCG/GP Practice/Industry/Internet/Prison/temporary/Hospital-GP Practice and multisector.

**Table 7: 1<sup>st</sup> attempt by ethnicity (≥ 20 candidates in a category)<sup>4</sup>**

Ethnicity	Number of candidates	% pass rate
Arab or Arab British	43	55.81
Asian or Asian British - Chinese	21	80.95
Asian or Asian British: Indian	49	65.31
Asian or Asian British: Other	26	65.38
Asian or Asian British: Pakistani	76	63.16
Black or Black British: African	68	47.06
White: British	39	71.79

<sup>4</sup> The following categories have not been reported because they contain <20 candidates: 'Any other ethnic group', 'Black or Black British: Other', 'Black or Black British: Caribbean', 'Mixed: White and Black African', 'Mixed: White and Black' 'Mixed – other', 'Asian or Asian British: Bangladeshi', 'White – Irish and 'White – other'. In addition, 'Not stated/Not recorded/No data' have not been reported.

**Table 8: 1<sup>st</sup> attempt by school of pharmacy attended (MPharm and OSPAP<sup>5</sup>)<sup>6</sup>**

School of Pharmacy	Number of candidates	% pass rate
University of Brighton MPharm	32	34.38
De Montfort University MPharm	23	60.87
Kingston University MPharm	24	70.83
University of Reading MPharm	23	39.13
University of Wolverhampton MPharm	26	38.46

<sup>5</sup> An OSPAP is an Overseas Pharmacists' Assessment Programme (postgraduate diploma or MSc).

<sup>6</sup> Data have not been presented where there are <20 candidates from a provider. This includes the following MPharm degrees: Aston University, University of Bath, University of Birmingham, Bradford University, Cardiff University, University of Central Lancashire, University of East Anglia, University of Hertfordshire, Huddersfield University, Keele University, King's College London, University of Lincoln, Liverpool John Moores University, University of Manchester, Newcastle University, Medway School of Pharmacy (the universities of Greenwich and Kent), University of Nottingham, Portsmouth University, The Queen's University, Belfast, The Robert Gordon University, University of Strathclyde, University of Sunderland, Sussex University, University College London, and the University of Ulster; the University of Bradford, University of East Anglia's and University of Nottingham's MPharm degree with integrated foundation training; and all OSPAPs.

## **Report to the councils of the General Pharmaceutical Council and Pharmaceutical Society of Northern Ireland on the November 2021 Registration Assessment sitting**

### **1. Introduction**

1.1 The initial education and training of pharmacists leading to eligibility to register in Great Britain or Northern Ireland is:

- a four-year MPharm degree accredited by the GPhC (and PSNI in NI); then
- 52 weeks of pharmacist pre-registration training (to be replaced by foundation training from 2021); and
- the GPhC/PSNI's Registration Assessment.

or

- a five-year MPharm degree, with integrated pharmacist pre-registration training (to be replaced by foundation training from 2021), accredited by the GPhC<sup>1</sup>; and
- the GPhC/PSNI's Registration Assessment.

or

- a five-year MPharm degree, with a preparatory year, accredited by the GPhC<sup>2</sup>; then
- 52 weeks of pre-registration training (to be replaced by foundation training from 2021); and
- the GPhC/PSNI's Registration Assessment.

or

- a one-year Overseas Pharmacists' Assessment Programme (OSPAP) accredited by the GPhC<sup>3</sup>; then
- 52 weeks of pre-registration training (to be replaced by foundation training from 2021); and
- the GPhC/PSNI's Registration Assessment.

1.2 During pre-registration/foundation training, trainees are signed-off on four occasions by a designated pharmacist tutor (a designated/educational supervisor from 2021) – at 13, 26, 39 and 52 weeks in GB (50 weeks in NI) . Trainees must have been signed off as 'satisfactory' at 39 weeks to be eligible to be entered for a sitting of the Registration Assessment.

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<sup>1</sup> Such MPharm degrees are not accredited in Northern Ireland.

<sup>2</sup> Such MPharm degrees are not accredited in Northern Ireland.

<sup>3</sup> OSPAPs are not accredited in Northern Ireland.

- 1.3 Due to the global Covid-19 pandemic, pre-registration trainee pharmacists who had been signed off successfully at 39 and 52 weeks could apply to become provisionally registered pharmacists in GB and some took the assessment in November 2021. Other GB candidates remained as pre-registration trainees, as did all candidates in NI.
- 1.4 Due to the pandemic, sittings in 2020 were delayed until 2021. The GPhC took the decision to move examinations online, as did many other regulators, all universities with schools of pharmacy and other professional examining bodies. The majority of candidates sat in test centres and all centres were compliant with government social distancing requirements. A small number sat online in a location other than a test centre. The PSNI agreed to adopt this approach in the longer term but chose to run a face-to-face examination for NI candidates in the Summer of 2021.
- 1.5 The initial four-country Registration Assessment was run on the 16<sup>th</sup> November 2021.
- 1.6 The Registration Assessment is an 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 of outcomes (high/medium/low);
  - therapeutic areas which can be assessed;
  - high risk drugs which can be assessed;
  - the proportion of paediatric questions; and
  - the types of pharmaceutical calculations to be assessed.
- 1.7 *Part 1:* The part 1 paper was two hours long (120 minutes) and comprised 40 calculations questions with free text responses. Approved models of calculators were permitted in Part 1, as were on-screen calculators.
- 1.8 *Part 2:* The part 2 paper was two and a half hours long (150 minutes) and comprised 120 questions: 90 were single best answer questions (SBAs) and 30 were extended matching questions (EMQs). Calculators were not permitted in Part 2.
- 1.9 Although the papers for 2021 were set during the pandemic, the standard was not altered. Neither were the *Registration Assessment Framework*, question types or the number of questions in papers.
- 1.10 Candidates were told that they should answer as if they were a pharmacist and as if there was no pandemic.
- 1.11 Candidates with a specific need were still able to ask for an adjustment to be made in the conduct of the assessment, which could include sitting online in another location if they were unable to attend a test centre.

## 2. Reporting to the two regulatory councils

- 2.1 This is the first report discussing the performance of candidates in Great Britain and also Northern Ireland, because the councils of the GPhC and PSNI agreed that there would be a common

Registration Assessment in all four countries of the United Kingdom (initially from 2020 but implementation was delayed due to the pandemic). November 2021 was the first common sitting.

- 2.2 Normally, there are two sittings of the Registration Assessment every year in GB, in the Summer and Autumn. In 2021, there were three groups of sittings - in March (two separate sets of papers, each one presented on a separate day), July (three separate sets of papers, each one presented on a separate day) and November (one set of papers).
- 2.3 In Northern Ireland there was a face-to-face sitting in July then NI candidates joined GB candidates for the first common Registration Assessment online.

### 3. November 2021 summary statistics

Candidate numbers	Number	% of total candidates
Total number of candidates	959	100
Number of first sitting candidates	414	43.2
Number of second sitting candidates	433	45.2
Number of third sitting candidates	112	11.7

Candidate performance – pass rates	Number	% pass rate
Overall pass	585	60.9
Overall fail	375	39.1
NB Percentages have been rounded and are presented to one decimal place		

### 4. Paper and question analysis

#### *Question performance*

- 4.1 The questions performed well in both papers. No questions were removed.

### *The balance of questions*

- 4.2 The balance of questions was consistent with the requirements of the *Registration Assessment Framework*:

Weighting	November 2021	Permissible range
Total % of the questions with high-weighted outcomes	69%	60-70%
Total % of the questions with medium-weighted outcomes	25%	25-35%
Total % of the questions with low-weighted outcomes	6%	Up to 10%

### *The pass rate*

- 4.5 The pass rate for the November 2021 sitting was lower than the pass rates for March and July 2021 in GB. 57% of candidates were resitting (in comparison to 10% in March 2021 and 6% in July 2021).

## **5. Passing standard**

- 5.1 The methodology used for maintaining the pass standard for November 2021 is the same as for March and July and includes the use of Item Response Theory (IRT). IRT is a recognised methodology to maintaining standards of an assessment and this will be used with other standard setting methodologies by the Board as part of its ongoing standard setting and maintaining standards processes.
- 5.2 *Pass requirements:* In order to pass the Registration Assessment, both Part 1 and Part 2 must be passed in the same sitting.

## **6. Feedback to candidates and training providers**

- 6.1. Feedback to candidates is issued separately by the Board and posted on the GPhC's website.

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

28<sup>th</sup> January 2022

# Delivering the common registration assessments in 2022

## Meeting paper for Council on 10 February 2022

Public business

### Purpose

To update Council on the delivery of the common registration assessments in 2022.

### Recommendations

Council is asked to:

- Note the plans for delivering the summer and autumn common registration assessments in 2022
- Provide a steer on whether, as a contingency and in very limited circumstances, remote sittings should be permitted.

## 1. Introduction

- 1.1 On 12 January, we announced that we would be working with a new provider, BTL Group Ltd, to deliver the common registration assessments that we are holding with the Pharmaceutical Society of Northern Ireland (PSNI). This followed a thorough procurement exercise.
- 1.2 Detailed work is underway with BTL and the assessment paper for the summer is under construction. The date of the summer sitting in 2022 has been confirmed for **29 June**. All eligible candidates have received confirmation of this date and initial information about the assessment has been placed on our website.
- 1.3 We can also now confirm that the autumn sitting will be on **3 November**. Trainees will receive confirmation of this shortly after this meeting alongside further practical information about the assessment, including how to apply for a reasonable adjustment.

## 2. Delivery of the assessment

- 2.1 The assessment will be delivered online through BTL's secure Test Centre Network using their award-winning assessment platform, Surpass. Each assessment will be conducted over one day as there is sufficient capacity within the network for all eligible candidates. This reduces the risk of candidates sharing information or questions. Using the lessons learned exercise



from last year, we have analysed the breakdown of candidates by geographical location and provided the information to BTL to identify the specific test centres that will be used. Details of these will then be available to candidates when they book their assessment in May. We expect the vast majority of candidates to be able to sit at a test centre within reasonable travelling distance of their home. Compared to our pre-pandemic assessment model, this is a significant step forward in terms of service, cost and convenience for candidates.

- 2.2 We do not propose to offer candidates the opportunity to sit remotely. Based on feedback from candidates and our own experience of last year's sittings, we are clear that a test centre offers the best experience for candidates in terms of facilities and equipment, minimises the risk of technical failures which prevent candidates from completing the assessment, provides greater practical benefits for candidates (such as having a comfort break during the assessment) and maximises the security of the assessment through face-to-face invigilation. This reflects the views of the Board of Assessors.
- 2.3 We are confident that all candidates who are granted reasonable adjustments on medical grounds (including the need for additional time due to conditions such as dyslexia or the use of a separate room) can be accommodated in the test centres thereby removing the need for remote sittings on these grounds. In relation to overseas candidates, the majority will already be in the UK as the June assessment takes place at the end of their training year. Although, exceptionally, we were able to allow a small number of candidates stuck overseas to sit the assessment remotely during the pandemic, overseas sittings have never been an expected feature of the assessment and are not desirable as a permanent innovation.
- 2.4 Given that the pandemic continues – albeit at this stage with far less restrictions in place internationally and with the roll-out of the vaccination programme – it is possible that some candidates in the UK will be required to self-isolate or will be prevented from travelling to the UK due to specific restrictions on travel outside particular regions or countries. With no remote sittings, such candidates would be unable to sit the assessment. We would welcome a steer from Council on whether we should pursue a contingency for remote sittings in these very specific and limited circumstances or whether the risks presented by remote sittings set out in paragraph 2.3 mean they should not be available in any circumstances.

### **3. Equality and diversity implications**

- 3.1 These are covered in sections 2.2-2.4 above.

### **4. Communications**

- 4.1 We will provide a dedicated web page for each sitting as a single source of information about the assessment, including practical requirements and support to prepare academically. We will contact candidates regularly by email and support this with updates on our social media channels to ensure they are aware of application, booking and practical requirements in good time as they move through the process. We are liaising with BTL to make sure we can give clear information about the application process and the assessment system, and will produce resources as necessary to support this. We are also liaising with PSNI to ensure information is available and promoted to candidates in all four countries of the UK.

### **5. Resource implications**

- 5.1 The costs of the registration assessment are factored into the budget for 2022/23.

## **6. Risk implications**

- 6.1 The lessons learned exercise we undertook and presented to Council following assessments last year informed both our procurement tender and ongoing consideration, notably in relation to bookings and capacity, conducting the assessment on a single day, remote sittings and practical issue for candidates.

## **7. Monitoring and review**

- 7.1 We are monitoring this through a fortnightly delivery group, through regular meetings with PSNI and ongoing day-to-day work with BTL. A full report of the assessment will be provided to Council following the issue of results for candidates.

## **8. Recommendations**

The Council is asked to:

- Note the plans for delivering the summer and autumn common registration assessments in 2022
- Provide a steer on whether, as a contingency and in very limited circumstances, remote sittings should be permitted.

Mark Voce, Director of Education and Standards  
General Pharmaceutical Council

01/02/22

# GPhC Performance Report: Quarter 3 2021/22

## Meeting paper for Council on 10 February 2022

Public Business

### Purpose

To report to Council on three areas of the organisation's performance in Quarter 3 (October – December) 2021/22. This includes financial performance, progress against the annual plan and operational performance.

### Recommendations

The Council is asked to note and comment on:

- i. key areas of performance as highlighted in the cover paper;
- ii. the finance update provided at **Appendix 1**;
- iii. the report on progress against the 2021/22 annual plan at **Appendix 2**; and
- iii. the operational performance information provided at **Appendix 3**.

## 1. Introduction

- 1.1 The content of these reports is reviewed by the Senior Leadership Group (SLG) operating as a Performance and Delivery Board. The focus of the Board is on reviewing financial performance, monitoring the operational performance of the organisation and delivery against agreed plans. These are set out in our 5-year strategic plan 2020-25 (year two) and for purposes of this report the supporting annual plan and budget 2021/22.
- 1.2 This report is the seventh performance report since the Covid-19 pandemic. Whilst in the last quarter we noted the launch of our renewal programme with the objective of implementing new ways of working moving forwards in support of our Vision 2030; quarter 3 saw a return to our pandemic operating model, including remote working of the whole organisation.
- 1.3 We will progress with our work to measure the performance of our services to ensure continuity and openness and transparency in the way we report. As the impact of the pandemic continues to be felt we will monitor the direction of travel of our services' performance and the action being taken to minimise any impact of these. Supporting the safe and effective practice of pharmacy during the pandemic remains our core focus.

- 1.4 The next section summarises the key performance headlines from October to December 2021. Further detail is provided in the accompanying appendices.

## 2. Key performance headlines for quarter three

- 2.1 The final reforecast exercise for the 2021/22 financial year took place at the end of quarter three using the most relevant information to update income and expenditure for the last quarter of the year.
- 2.2 We now anticipate a surplus of £1.34m, a rise of £0.58m when compared to the expected surplus at the end of quarter 2. The increased surplus position is driven predominately by a £0.74m decrease in expenditure offset by a marginal fall in income. A detailed review of planned activities as well as confirmation of strategic priorities has identified some pieces of work that will now take place in the next financial year, which has contributed to reduced costs. There have been a number of additional roles agreed this year accompanied by some delays to recruitment, with a number of these roles now expected to commence during the last quarter of the year.
- 2.3 A complete summary of the financial position as at the end of quarter three 2021/22 is set out in Appendix 1.
- 2.4 Progress against our annual plan has been positive this quarter. All but three of the expected outcomes under each of the 5 strategic aims have been achieved. There was a slight delay in the awarding of the contract for the registration assessment in 2022 and beyond but a new supplier is now in place and working with us. The initial technical build of a new replacement website has taken longer than expected but should be complete in quarter 4. Work has progressed towards increasing security access to our IT infrastructure and systems but the multi-factor authentication we expected to be in place has still to be enabled. Work will continue with a view to this being switched on by the end of quarter 4, although care will be taken to avoid any impact on activities required as part of our CRM business system upgrade also taking place that quarter.
- 2.5 Of note this quarter, is that two further key strategies are now in place to properly drive activities to achieve our strategic aims, they are our equality, diversity and inclusion (ED) as well as communications and engagement strategies. We also consulted on revised education and training standards for independent prescribing during this quarter.
- 2.6 As in previous performance reports, those activities identified as being delayed as part of this quarter's reporting are marked with an asterix. These will be rescheduled accordingly in the subsequent quarter of this plan, in line with an ongoing review of priorities, resource required and capacity. This supports and fits with our integrated medium to longer-term planning approach to achieve our strategic aims.
- 2.7 Whilst reporting on quarter 3, we have also identified activities in quarter 4 which are or could potentially be delayed moving forwards. This has helped us identify any areas of work which need to be rolled forward and included in next year's annual plan (2022/23), covered elsewhere in this agenda. Again, these activities are marked with an asterix.
- 2.8 A year-end review of the delivery of the 2021/22 annual plan will be incorporated as part of the quarter 4 performance report.
- 2.9 Appendix 2 sets out our plans for quarters 3 and 4 of this year.

- 2.10 On the whole performance of our services this quarter has been positive. Six out of the seven service areas met their performance standards overall, with only one service area falling short of most of its service standards which was predicted.
- 2.11 There continues to be positive and sustained improvements in the performance of the customer contact centre, with all performance standards met with calls being answered quickly, a lower level of calls being abandoned before they could be answered, and all emails being actioned within 2 days. This was achieved during the peak renewal period for the main cohort of registrants and the third registration assessment of 2021 which generated a lot of contact.
- 2.12 The two performance standards in registration were met, although there was a slight increase in processing pharmacist and pharmacy technician applications due to increased workload associated with the registration assessment in November and the deadline for applications to the provisional register before it closed during this time.
- 2.13 Performance continues to fall short of most of our normal operating standards in fitness to practise as predicted in the last quarter. This was in part due to reduced capacity due to experienced staff leaving and new staff members getting up to speed, as well as sickness absence and seasonal leave absences. In addition, the continued focus on progressing older cases where some have already passed the timeframes set in our performance standards has led to the fall in performance this quarter. More positively, there has been increased productivity with more cases referred to the Investigation Committee and closed or referred on at IC in particular which means cases are moving through most stages in increased numbers this quarter (the highest number of cases referred this year so far). Despite a very busy quarter in terms of the number of high-risk cases (the highest in a year also), we continued to focus on imposing interim orders within three weeks of receipt of information which suggests an immediate risk to the public. Continuing the focus on concluding older cases means we should not expect to see an improvement in performance against most of our measures again in quarter 4 and through quarter 1 of 2022/23.
- 2.14 Positive progress remains in all other reported service areas
- 2.15 Appendix 3 provides the performance summary for service areas, with accompanying explanatory narratives in more detail for the areas where performance has not met performance standards.

### **3. Equality and diversity implications**

- 3.1 Our aim is to embed equality, diversity and inclusion in both our role as a regulator and an employer.
- 3.2 One of our key activities in our annual plan 2021/21 was to have an updated, comprehensive Equality, Diversity and Inclusion (EDI) strategy in place. As highlighted earlier in this paper, this was approved during this reporting period with a supporting action plan for delivery now in development.
- 3.3 We will continue to look at how we can monitor, demonstrate and report on our progress towards this aim, including as part of our performance reporting.

## 4. Communications

- 4.1 The development and publication of this report is reflective of our commitment to openness and transparency concerning our performance.
- 4.2 We continue to carry out specific communications on each of the areas of reported performance. This includes information on our website, wider communications through the media and directly through our own publications and communications materials. These activities are designed to reach all our key interest groups including patients and their representatives, pharmacy professionals and their employees, education providers and others. Council receives information on these as part of the regular quarterly communications updates.
- 4.3 Internal communications on our plans, budget and performance, including the detail that sits underneath continue to be important as we go through a continued period of change. There have been transparent and specific communications around key stages of activities over this quarter to inform and engage with staff, including relevant content on the staff intranet and all staff remote briefings. This will continue as we progress with this year's annual plan.
- 4.4 It should be noted that one of our key activities in our annual plan 2021/22 was starting to implement a new approved medium-term communications and engagement strategy. The strategy was agreed during this reporting period with a supporting action plan for delivery in development.

## 5. Resource implications

- 5.1 Resource implications are addressed within the report.
- 5.2 The allocation of resources required to progress with the annual plan as well as delivering our statutory responsibilities are a key consideration as we continue to monitor the implications for the 2021/22 budget as well as future budgets and fee arrangements.
- 5.3 We will continue to monitor our capacity to deliver our statutory responsibilities, progress the 2021/22 annual plan, whilst ensuring we have sufficient resource to respond to unforeseen events and deal with work reactionary in nature.

## 6. Risk implications

- 6.1 The strategic risk register will continue to be reviewed in relation to these quarterly performance reports.
- 6.2 For instance, in relation to our financial performance any significant decrease in registrant numbers could lead to a lower income rate than expected
- 6.3 With regards to operational performance, failure to carry out our regulatory functions efficiently and effectively could have implications on patient safety, and a significant impact on the GPhC's reputation.

## 7. Monitoring and review

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

## 8. Recommendations

The Council is asked to note and comment on

- i. key areas of performance as highlighted in the cover paper
- ii. the finance update provided at **Appendix 1**
- ii. the report on progress against the 2021/22 annual plan at **Appendix 2**; and
- iii. the operational performance information provided at **Appendix 3**

Duncan Rudkin, Chief Executive  
General Pharmaceutical Council

03 February 2022

# Quarter three – Finance update

## Meeting paper for Council meeting in February 2022

### Purpose

This paper provides an update of GPhC's 2021/22 financial plan following the quarter three reforecast exercise which includes a summary of:

- The further revisions to the financial forecast for the year
- The most significant movement in income and expenditure
- The main financial risk and opportunities that remain for the year

### 1. Summary of changes to 2021/22 quarter three against quarter two forecast

- 1.1 The quarter three forecast included actual financial results for nine months of the financial year, up to December 2021 and updated forecast for the last quarter of the year using the information gathered from **the quarterly strategic finance reviews**.
- 1.2 The review in this quarter of planned activities has confirmed the pieces of work that have either progressed or will commence or be completed in the next quarter and those that will be carried over to 2022-23. Consequently, leading to a decrease in our total estimated expenditure.
- 1.3 The Q3 reforecast now anticipates a higher operational surplus position (after interest & tax). The surplus position is expected to rise by £0.58m on the Q2 forecast to £1.34m. This is primarily due to a forecasted decrease in expenditure of £0.74m offset by a slight fall in predicted income of (£0.08m) (see **annex one** for full summary of income and expenditure)



## 2. Income

- 2.1 The GPhC has updated income assumptions regarding the volume and timing of income from registration assessment, new pharmacist joiners' fees and other income streams. In total, the income forecast has reduced by a further £0.08m (less than half a percent) from £25.2m down to £25.1m when compared to Q2 forecast.
- 2.2 Pharmacist income has increased slightly by £0.02m as more provisional registrants have become fully registered in the last quarter and with a few more expected to join in the last quarter when the provisional register closes at the end of January 2022.
- 2.3 Premises income is also marginally better than expected by £0.02m as the number of premises continue to decline at a slower rate than expected. However, we expect a slight drop in pharmacy technician income from fewer new applicants for the rest of the year.
- 2.4 Pre-registration income forecast has decreased by £0.1m from Q1 forecast. The number of candidates for the November assessment was lower than anticipated.

## 3. Expenditure

- 3.1 The updated forecast expects an additional £0.7m reduction in total expenditure. The lower expenditure forecast cuts across all cost categories and can be attributed to:
  - a) Delays and cancellation to planned activities in this financial year (some activities have been postponed to the coming year).
  - b) Continuation in changes to the way in which the GPhC delivered services during the pandemic and how they are delivered post pandemic.
  - c) Reduced volumes and increased time to process

A summary of the most significant changes in the forecast is provided as follows:

Cost Category	Value	Principle reasons for movements
Professional costs	£0.23m	Reflects reduction in cost for this financial year for elements of work which have been carried over to next financial year or where estimated /actual costs are below original forecast. This includes lower pre-registration exam costs from lower volumes and lower reset and renewal costs.
Employee cost: Other	£0.12m	Impact of reduced recruitment £0.03m with less roles been recruited via agencies, staff training £0.04m with a lower-than-expected number of training events going ahead and staff travel costs £0.03m with slight decrease in person events.
Employee costs: payroll	£0.11m	Net impact of a few additional posts agreed for Q3 offset by a higher rate of vacancies for the last quarter, particularly for the late recruitment for new roles which had been forecasted to start in the quarter.

Cost Category	Value	Principle reasons for movements
Legal costs	£0.08m	This reflects marginally lower cost for outsourced FtP cases in the last quarter and fewer instances of cases requiring specialist legal advice.
Service level & Occupancy	£0.05m	Reduced utility charges from Citi due to low usage as staff continue to work remotely.

- 3.2 Progress continues around reviewing our costs and ensuring that we seek efficiencies where possible. This includes:
- a) Maintaining progress on our efficiency programme which includes sourcing a longer-term supplier for the online registration assessment, modernising the way in which we deliver hearings and providing information to aid decisions for the long-term accommodation strategy.
  - b) Updating the way, we work so we can effectively regulate and keep up to date with changing nature of pharmacy. Identifying structural savings that can be carried forward into future years.
  - c) Negotiating and evaluating contract and services to ensure we attain the best value for money, and we are aligned to how we will be working in the future.
- 3.3 There was further refinement exercise carried out in quarter three to reprioritise work set out in the plans. This included finalising the timings and resource requirements for the pieces of work to be completed during the current financial year and understanding any pieces of work that need to be rolled over into next financial year.
- 3.4 The budget includes a 5% vacancy saving assuming not all roles will be filled 100% of the time. At present the vacancy rate is running between 6% so the variance in headcount expenditure is minimal.

#### 4. Investment portfolio

- 4.1 Since the start of the financial year the investment portfolio has continued to perform well and by the end of quarter two had a value of around £17m.
- 4.2 Whilst the portfolio has continued to perform well so far in this financial year, it will of course be subject to ongoing volatility.
- 4.3 In line with this volatility and Councils stated objectives of making the most effective use of GPhC's cash holdings over the long term (whilst mitigating against the possibility of capital loss) the annual performance of the fund will be reviewed by the FPC. This review will be comparing performance of the fund against the agreed long-term targets

and therefore the short-term position of the fund is not factored into our ongoing annual operational financial reporting.

## 5. Longer term planning

- 5.1 During quarter three a specific exercise was also carried out to gather high level costs cost information so we could get a better understanding of the expenditure required particularly for the remainder of the strategic plan period. This has helped build an indicative picture of potential cost pressures and we have begun to identify ways in which this can be managed.
- 5.2 There are a number of key pieces of work that are currently underway and a key priority for the first quarter of 2022 will be to further refine the resources required to meet the strategic aims and to ensure that priorities are met, and timelines are achievable.
- 5.3 With the initial work we have done to identify the longer term spend we have fed this into the financial plans and have an indication of the impact that could have on our financial position and the levers that we may need to use to maintain the balance between income, expenditure, and reserves. As we refine the plans the better information will effectively inform the multiyear financial strategy and ensure that meet our aim of a longer-term sustainable position.

## 6. Risks and opportunities

- 6.1 There are a few potential financial risks and opportunities that have been identified that could emerge over the remainder of the financial year which are summarised below

### 6.2 Risks

- a) **Increasing headcount:** Additional roles have been agreed by SLG in line with business needs and added to the forecast. Delays to recruitment may impact on our ability to deliver work.
- b) **An unexpected surge in incoming FtP cases** could lead to more cases being outsourced to external panels thereby increasing our expenditure on fees.
- c) **An increased reliance on temporary staffing arrangements** to cover permanent posts and enable completion of statutory functions, especially if there is an increase in sickness levels
- d) **Investment activity:** In line with the investment strategy funds were invested with an investment management company during 2020/21. To date the fund has performed well but the market is extremely volatile, and it is impossible to predict to what extent returns may increase or decrease from the current position.
- e) **Changes in productivity:** Potentially we may see changes in work levels while staff adjust to a more hybrid working arrangement and adjusting accordingly to changes in government restrictions.

## 6.3 Opportunities

As we continue to evolve our ways of working following the pandemic, there are further opportunities to make more fundamental changes and continue building on the savings that have already been made.

- a) **Review longer term accommodation arrangements** and exploring short- and longer-term homeworking arrangements.
- b) **Deliver more services virtually**- continue to build on the savings and efficiencies achieved by delivering more services virtually, remote working and further use of online services.
- c) The **increase in employer pension contributions** will not be implemented this financial year or 2022/23 as confirmed by the NHS pension team.

## 7. Conclusion

- 7.1 The current GPhC 2021/22 forecast anticipates an increased operational surplus from £0.8m up to £1.3m. This means that our current reserves level (**please see annex 3**) will remain within the acceptable target range.
- 7.2 The surplus increase is largely driven by £0.7m reduction in total expenditure which has been offset by a marginal reduction in income of £0.08m
- 7.3 We are fully aware of the pieces of work which will not be completed before the end of 2021/22 that will be rolled forward and have cost impact on 2022/23 budget. The current forecast has also been updated to reflect the reductions in expenditure.
- 7.4 As we move into year three of our current five-year plan and reach the implementation stage for crucial elements of the plan, the pressure on funding is set to increase. The surplus this year should be retained as reserves and used to mitigate predicted deficits.

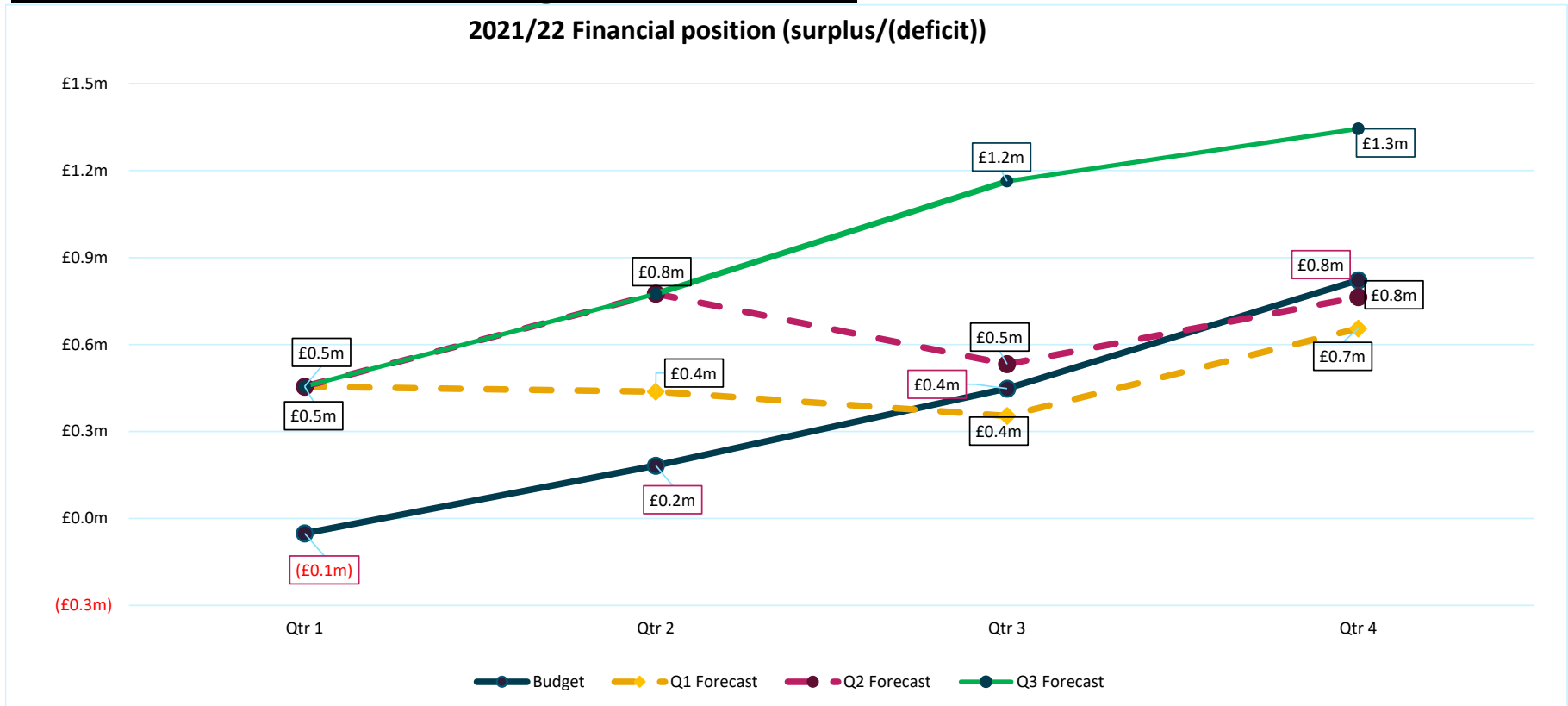
[Jonathan Bennetts, Director of Adjudications and Financial Services  
General Pharmaceutical Council]

26 January 2022

**2021/2022 Summary Income and Expenditure**

	2021/2022 Reforecast 3 £000's	2021/2022 Reforecast 2 £000's	2021/2022 Variance £000's	2021/2022 Variance %
<b><u>Income</u></b>				
Pharmacist income	16,307	16,285	22	0.1%
Premises income	4,277	4,255	22	0.5%
Pharmacy technician income	3,213	3,231	(18)	(0.6%)
Pre-registration income	1,087	1,195	(108)	(9.0%)
Other income	222	221	2	0.7%
<b>Total income</b>	<b>25,106</b>	<b>25,187</b>	<b>(81)</b>	<b>(0.3%)</b>
<b><u>Expenditure</u></b>				
Total employee costs: Payroll	13,990	14,101	111	0.8%
Total employee costs: Other	630	755	125	16.5%
<b>Total employee costs</b>	<b>14,621</b>	<b>14,856</b>	<b>235</b>	<b>1.6%</b>
Total committee and associate costs	1,265	1,299	34	2.7%
Total professional costs	1,526	1,753	227	12.9%
Total legal costs	923	1,006	83	8.3%
Total IT costs	1,535	1,566	31	2.0%
Total event costs	26	44	19	42.1%
Total office costs	136	146	10	7.0%
Total property cost	241	258	17	6.5%
Total service level and occupancy	2,130	2,181	50	2.3%
Total financial cost	240	248	8	3.3%
Total depreciation	891	917	26	2.8%
Total other costs	32	31	(1)	(3.0%)
PSA levy costs	221	221	(0)	(0.0%)
Efficiency savings	-	-	-	-
<b>Total expenditure</b>	<b>23,787</b>	<b>24,527</b>	<b>740</b>	<b>3.0%</b>
<b>Interest and tax</b>	<b>25</b>	<b>104</b>	<b>(79)</b>	<b>(75.9%)</b>
<b>Net operating surplus/(deficit) after interest and tax</b>	<b>1,344</b>	<b>763</b>	<b>581</b>	<b>76.1%</b>
Change in Market Value on Investments	1,118	665		
<b>Net Operating Surplus/(deficit) After Interest and Tax, incl change in value of investment</b>	<b>2,462</b>	<b>1,429</b>		

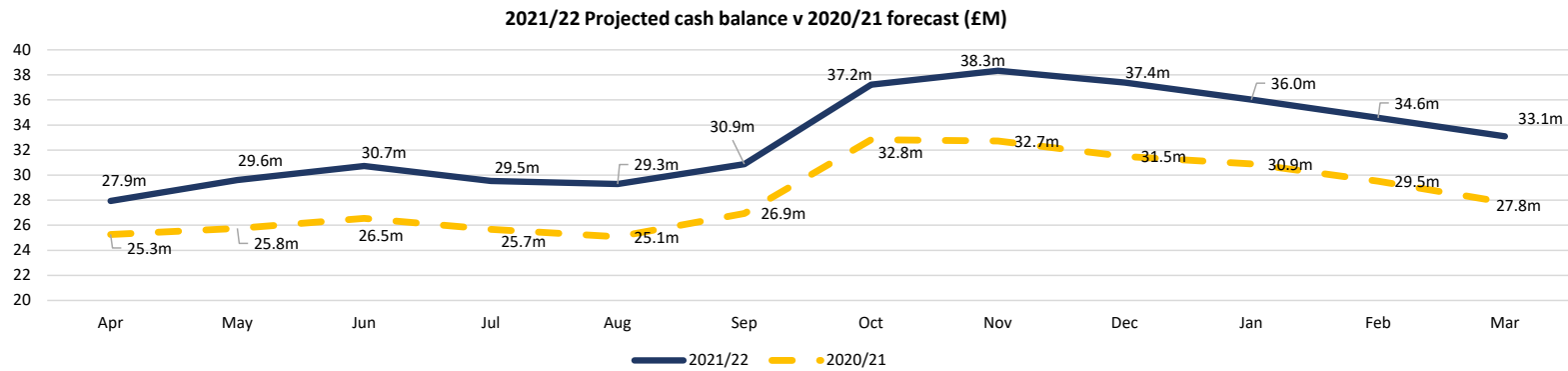
## 2021-22 Cumulative Financial Position- Budget vs Actual and Forecast



The graph shows cumulative financial position (surplus/(deficit)) for budget, actuals and forecast. The first quarter to June 2021 compares actual surplus/(deficit) position to budget whilst the rest of the year (July 2021 to March 2022) compares forecast to the original budget.

## Investments Overview - Q3 Reforecast 2021-22

### Cashflow 2021/22 Forecast vs 2020/21 Actual Results



The first six months has seen an increase in cash from £27.8m at end of 2020/21 to £37.4m and an estimated end of year position of £33.1m. This increase includes fee income from new registrants that passed the delayed 2020 (Jun & Sept) pre-reg exams that took place in March 2021 and the growth in our investment portfolio. The increase also reflect changes to some activities in the business plans which will not incur cost in this financial year therefore reducing cash outflows in the coming months.

Reserves £000	Actual 31-Mar-21	Projected 31-Dec-21
General free reserves	10,051	10,463
Designated reserves		1,323
Investments		1,117
Fixed asset reserves	2,241	1,784
<b>Total Reserves</b>	<b>12,292</b>	<b>14,687</b>
No. of month's operating	4.9	5.0

In line with the re-forecasted surplus for the financial year. The number of months of free reserves is expected to increase to 5 months, which is over the agreed minimum level of reserves. As expected Fixed Assets will depreciate over time and the projected forecast has been updated to account for this and any further capital expenditure for the year.

Bank Name	Balance	Invested funds %	Rate
Natwest current account	25,000.00	0%	
Natwest business reserve	11,061,968.81	33%	Variable
Santander	5,000,000.00	15%	0.6%
Goldman Sachs - Investment portfolio	17,013,472.00	51%	Variable
		100%	
<b>Total</b>	<b>33,100,441</b>		

We have one deposit account left having closed our Handelsbanken deposit account. The long term investment portfolio set up in 2020 has performed well so far with a market value of £17m as at the end of Dec 2021. The portfolio is made up of fixed income sovereign bonds and equities.

# Annual Plan 2021/22 – October to March

## Strategic aim 1

**Deliver an adaptable standards framework that meets public and professional needs that are changing quickly**

**By the end of December 2021, we will have:**

1. A prioritised programme for the cyclical review of all our core regulatory standards and supporting guidance across the organisation

**By the end of March 2022, we will have:**

2. A clear plan setting out our approach to how and when we will develop new standards for updated roles in medicines legislation

## Strategic aim 2

**Deliver effective, consistent and fair regulation**

**By the end of December 2021, we will have:**

1. An updated comprehensive EDI strategy in place
2. Raised awareness and requirements of our corporate approach to quality, data quality and information governance
3. Incorporated views from a patient and public working group on our commitment to strengthening patient voice in the organisation into our communications and engagement strategy

**By the end of March 2022, we will have:**

4. Put in place revised letters for people raising concerns and pharmacy professionals as part of a more person-centred service in fitness to practise (c/f from 2020/21)
5. Introduced an improved way of recording risk assessment and decisions in fitness to practise to improve the quality of decisions given
6. Started to see sustained improvements in the quality of our fitness to practise data at source
7. Developed a plan for more joined-up reporting covering both regulatory and service performance and progress against plans, budgets, and projects (c/f from 2020/21)
8. An agreed action plan setting out annual priorities to support the achievement of our new 5-year EDI strategy
9. Developed a draft evaluation framework to assess the impact of our new managing concerns strategy over the longer-term

## Strategic aim 3

**Drive improvements in pharmacy care by modernising how we regulate education and training**

**By the end of December, we will have:**

1. Consulted on revised education and training standards for independent pharmacist prescribing
2. Run a four-country registration assessment online with the Pharmaceutical Society of Northern Ireland (PSNI) and evaluated its effectiveness
3. Awarded the contract for the registration assessment in 2022 and beyond\*
4. Started operating a revised approach to accrediting and quality assuring initial education and training providers

**By the end of March 2022, we will have:**

5. Developed our approach to post-registration education and training of pharmacy professionals (c/f from Q2)



# Annual Plan 2021/22 – October to March

## Strategic aim 4

**Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy**

### By the end of December 2021, we will have:

1. A new approved medium-term communications and engagement strategy in place
2. Produced the first of an ongoing series of trends report to inform our work (c/f from Q1)
3. We will have a delivery plan and begun taking forwards outputs from the managing concerns about pharmacy professionals' strategy including publishing service promises that set out what people can expect once a concern is raised

### By the end of March 2022, we will have:

4. Published core datasets on our website about our register and appropriate EDI data related to FtP cases to inform others work (c/f from 2020/21)
5. Completed a discovery phase of technology available and in use by other regulators which might be useful in the regulation of on-line pharmacies
6. Started to implement our new approved medium-term communications and engagement strategy with an agreed action plan  
Introduced an assessment of needs to make sure people are at the centre when a concern is raised about pharmacy professionals
7. Responded and provided detailed feedback on multiple legislative modules on all areas of reform, including attending meetings with the DHSC and other regulators.
8. A prioritised programme in place to secure new information, Memorandums of Understanding (MoUs) and Information Sharing Agreements (ISAs) with stakeholders where we have gaps in information\*

## Strategic aim 5

**Enhance our capabilities and infrastructure to deliver our Vision**

### By the end of December 2021, we will have:

1. The application for independent prescriber status online
2. Completed the initial technical build for a new replacement website in preparation for content population and testing\*
3. Completed functional testing as part of the upgrade of our core CRM business system
4. Increased security access to our IT infrastructure and systems with multi-factor authentication in place\*
5. Reviewed and agreed an approach to our business systems and digital service strategy to support the new way we want our organisation to run going forward (c/f from Q2)
6. Mobilised our renewal programme for the new way we want our organisation to run going forward

### By the end of March 2022, we will have:

7. Additional access controls in place, upgraded our core CRM business system and commenced the decommissioning of the legacy system
8. A new adjudication services portal up and running (c/f from Q2)
9. Implemented a new purchase order system (c/f from 2020/21)\*
10. An outline programme to take forwards our business systems and digital service strategy to support the new way we want our organisation to run going forward\*
11. Reviewed the medium to longer-term operation of the registration function including the contact centre to make sure it meets the needs of registrants and the public
12. Several elements relating to the staff survey action plan in place including:
  - Our first multi-year learning needs analysis report
  - New staff engagement networks
  - Further enhancements to our learning hub, as well as a podcast on GPhC change management principles
  - Supporting the development of values-based resourcing and new talent management succession planning processes
13. Supported the renewal programme in so far as new ways of working, technology and reward and recognition

## Appendix 3 - Quarter 3, Performance Monitoring Report 2021/22

### Key

Table 1: Red-Amber-Green (RAG) rating key

Display	Description	Meaning
<b>G</b>	Green	Performance judged to be meeting or exceeding performance standard(s)
<b>A</b>	Amber	Performance judged to be within performance tolerance(s) (an acceptable level of normal variation expected)
<b>R</b>	Red	Performance judged to have fallen short of performance standard(s) and outside of tolerance(s)

Table 2: Direction of travel (DOT) indicator

Indicator	Description	Meaning
↑	Improving DOT	Performance has improved from what it was in the previous quarter
→	Staying the same	Performance has largely stayed the same as it was in the previous quarter
↓	Declining DOT	Performance has got worse than it was in the previous quarter

*\*performance is reported to 1 decimal point for individual performance standards and is rounded up or down accordingly for the respective overall RAG rating for each service area*

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# Customer contact centre

**Table 3: Overall performance this quarter**

Quarter	RAG	DOT
<b>Q3</b>	<b>G</b>	↑

## Performance summary

The customer contact centre has continued to deliver positive and sustained results this quarter, with all performance standards met. Of note, all emails were actioned within 2 days, telephone calls were answered quickly (on average in 25 seconds), and only 121 telephone calls out of 9,686 were abandoned during the quarter.

This quarter included the peak renewal period for the main cohort of registrants (the deadline was 31 October 2021), and the third registration assessment of 2021 which was held in November (with results released in December).

**Table 4: Customer contact centre quarterly performance**

Performance measure	Performance standard	Q3	RAG	DOT	Q2	Q1	Q4
Average speed of answering telephone calls	<2mins	<b>0.25 mins</b> (9,565)	<b>G</b>	↑	0.27 mins (12,936)	0.25 mins (10,223)	0.19 mins (8,238)
Percentage of calls abandoned	<5%	<b>1.2%</b> (121/ 9,686)	<b>G</b>	↑	1.7% (222/ 13,158)	1.6% (161/ 10,384)	1.3% (110/ 8,348)
Percentage of emails actioned within 2 days	>90%	<b>100.0%</b> (5,686/ 5,686)	<b>G</b>	→	100.0% (6,568/ 6,568)	100.0% (6,261/ 6,261)	100.0% (5,546/ 5,546)

# Registration

**Table 5: Overall performance this quarter**

Quarter	RAG	DOT
<b>Q3</b>	<b>G</b>	↓

## Performance summary

The performance standards for pharmacist registration continue to be met, although there has been a slight increase in processing times. The increase from 13 days in Q2 to 18 days in Q3 is due to an increase in pharmacist registration applications coinciding with one of our peak times for workload (for example both pharmacist and premises renewals). The increase in pharmacists' applications is due to the registration assessment taking place in November, results being issued in December and the provisional register ending on the 31<sup>st</sup> of January 2022. The performance standards for pharmacy technicians also continue to be met, although the increased workload for the team has had a small impact on the processing times which have increased from 10 days to 12 days.

**Table 6: Registration quarterly performance<sup>1</sup>**

Performance measure	Performance standard	Q3	RAG	DOT	Q2	Q1	Q4
Median processing times from receipt of online application to approval for pharmacists to the full register (working days)	28 days	<b>18 days</b> (1,618)	<b>G</b>	↓	13 days (1,426)	7 days (1,915)	29 days (47)
Median processing times from receipt of online application to approval for pharmacy technicians (working days)	28 days	<b>12 days</b> (282)	<b>G</b>	↓	10 days (482)	12 days (329)	16 days (375)

<sup>1</sup> Q2 stats have been updated from the previously reported 9 days (816) for pharmacists and 14 days (307) for pharmacy technicians, due to missing September data at the time of preparing the Q2 PMR. Q1 stats have been adjusted from 11 days (1,871) for pharmacists and 14 days (322) for pharmacy technicians, and Q4 2019/20 stats have been adjusted from 27 days (47) and 17 days (383) for pharmacists and pharmacy technicians respectively.

# Fitness to practise

**Table 7: Overall performance this quarter**

Quarter	RAG	DOT
Q3	R	↓

## Performance summary

As predicted, we continue to fall short of most of our performance measures.

At the triage stage a key challenge has been the significantly reduced capacity. We have done all that we can to minimise the expected dip in performance of triaging concerns within the 5-day standard. Q3 was very busy in terms of assessing high-risk cases. We continue to focus on imposing interim orders within three weeks of receipt of information suggesting an immediate risk to the public.

Higher numbers of concerns were received this quarter to triage (778 compared to 746 in Q2). Despite significantly reduced capacity in the team due to experienced staff leaving and new staff getting up to speed in Q3, 54% of concerns were triaged within the 5-day standard. To put this in context, 89% of concerns were triaged within 10 days, with an average 'time to triage' of 7.8 days. And 14% more cases were triaged than in Q2 (816 compared to 714) reflecting increased productivity from the last quarter. There has been improvement in performance compared to the same time last year in Q3 2020/21 where fewer concerns were triaged within 5 days (46%) and the average time was longer at 11.2 days. There is current recruitment activity in the Concerns Team which will increase capacity and enhance resilience. It is anticipated that this will be reflected in improved timeliness towards the end of Q4 into Q1 22/23, as well as ensuring that we continue to see qualitative improvements to decision reasoning, risk assessment and decision communications.

At the investigation stage, we continue to focus on progressing our older cases with staff working hard to bring matters to a close where appropriate. This means we are falling short of the performance standards we set ourselves to close or progress cases to the IC and beyond within 52 weeks.

Our drive to progress complex cases has seen an increase in referrals to the IC this quarter. We referred 36 cases, the highest number of cases this year and 89% more than the 19 referrals we made last quarter, illustrating our increased productivity; 78% of these were over 12 months old, demonstrating our focus on resolving these older cases and the reason our performance against this measure has fallen this quarter. The outsourcing of cases in Q1 and Q2, combined with a full complement of case officers by the end of Q3, has created the additional capacity to help us be more productive. We closed or referred 17 cases at IC this quarter, also the highest number this year which is an increase of 30% from the last quarter (from 8 in Q2), further demonstrating our drive to progress complex cases and increase productivity.

Unfortunately, we experienced another period of high sickness in Q3. The effect of Covid in terms of short-term and long-term absence meant case officers were not able to progress cases as quickly as they would like. In addition, there was increased seasonal leave absence during this quarter. This has impacted our ability to improve our performance, however we have managed to increase the number of cases closed or referred at investigation compared to the last quarter by 22% (from 76 to 93).

Our cases over 12 months represent 46% (215 out of 475) of our total pre-IC caseload. This figure demonstrates that it would not now be possible to meet our performance measure of 80% of concerns closed within 12 months or referred to the IC within 14 months. As explained in the last PMR, continuing the focus on concluding older cases means we should not expect to see an improvement in performance against most of our measures again in Q4 and through Q1 of 2022/23.

Whilst we have been working on longer term interventions to improve timeliness, we are currently looking in the shorter term at some dedicated resource to help us reduce the overall size of our caseload, with a focus on cases over 12 months. Alongside this focus, we should continue to be able to progress high risk matters and manage new referrals in a timely way.

**Table 8: Fitness to practise quarterly performance<sup>2</sup>**

Performance measure	Performance standard	Q3	RAG	DOT	Q2	Q1	Q4
Concerns triaged within 5 working days	80%	<b>54%</b> (441/816)	<b>R</b>	↓	63% (452/713)	65% (518/802)	58% (536/926)
Concerns closed pre-IC within 44 weeks (10 months)	80%	<b>35%</b> (20/57)	<b>R</b>	↓	42% (24/57)	46% (33/71)	64% (39/61)
Concerns referred to the IC within 52 weeks (12 months)	80%	<b>22%</b> (8/36)	<b>R</b>	↓	53% (10/19)	25% (3/12)	18% (2/11)
Cases closed or referred at IC which reach IC within 60 weeks (14 months)	80%	<b>41%</b> (7/17)	<b>R</b>	↑	38% (5/13)	20% (2/10)	41% (5/12)
Cases closed at FtPC within 104 weeks (24 months)	85%	<b>17%</b> (1/6)	<b>R</b>	↓	40% (6/15)	20% (2/10)	22% (2/9)
Median time (weeks) from receipt of information suggesting an immediate risk to interim order (IO) being imposed	3 weeks	<b>2.3 wks</b> (7 IOs)	<b>G</b>	↓	2.1 wks (1 IO)	3.0 wks (5 IOs)	4.8 wks (2 IOs)

<sup>2</sup> Table 8 shows the updated performance measures which splits the previous measure of Number of stream 2 cases closed or referred within 44 weeks (10 months) into two separate measures and the percentages of some performance standards have been updated. Data has been populated retrospectively for these new measures. As in the previous quarterly report we have also removed three case types (illegal practice, restoration and disqualification) that follow different pathways which we are looking at other ways to report on these. We have applied changes to our calculations to reflect changes to our systems and processes. Data has therefore been updated retrospectively to report on the most accurate data for the year.

Q1 data for the Cases closed at FtPC within 104 weeks (24 months) has been updated from 22% (2/9) to 20% (2/10) due to data being updated in the system retrospectively.

# Inspection

**Table 9: Overall performance this quarter**

Quarter	RAG	DOT
Q2	G	→

## Performance summary

Overall, performance has remained good this quarter with both performance standards met. Improvements in the efficiency of the inspection process seen over the last two quarters have been sustained and the timeliness of service of enforcement notices remains stable.

In this quarter five enforcement notices were served to address immediate patient safety risks. Four of these Notices placed conditions on registration of pharmacies and the fifth was an Improvement Notice. One pharmacy was served with two Conditions Notices, one preventing the purchase, sale and supply of codeine linctus and medicines containing promethazine and a second Notice that stopped their private prescribing service because of widespread systemic failures in governance, management of risk and record keeping. A second pharmacy had conditions placed on it concerning the handling of Controlled Drugs to protect the public while fitness to practise and other investigations are taken forward. And a third pharmacy had conditions placed on it on entry to the register to replicate existing conditions on the pharmacy's other premises. The Improvement Notice was served on a pharmacy providing aesthetic services because there were inadequate controls or safeguards in place to ensure that risks were managed appropriately.

Inspectors continue to support pharmacies during the pandemic, with 203 joint readiness visits with NHSE & I and follow up calls to pharmacies delivering a vaccination service during phase 3 of the roll out of the programmes in England. There were a further 12 notable practice case studies published on the knowledge hub, four of these relating to how pharmacies were managing various aspects of delivering services during the Covid-19 pandemic.

**Table 10: Inspection quarterly performance**

Performance Measures	Performance standard	Q3	RAG	DOT	Q2	Q1	Q4
Average turnaround from inspection to finalisation of report (in weekdays)	20 days	<b>19 days</b> (155 reports)	G	→	19 days (119 reports)	14 days (206 reports)	62 days (20 reports)
Average time taken from inspection to service of enforcement notice where evidence of serious risk to patient safety exists	10 days	<b>6 days</b> (5 notices)	G	→	6 days (12 notices)	6 days (3 notices)	7 days (5 notices)



# Corporate complaints

**Table 11: Overall performance this quarter**

Quarter	RAG	DOT
Q3	G	→

## Performance summary

Overall performance has remained positive, with all performance standards met. All stage one acknowledgements and stage two responses remained within KPI limits for the average time taken. Timeliness for stage 1 responses improved overall, despite an increased number of complaints being received. One stage 1 response fell outside the KPI, this related to the outcome of an FtP concern and was due to the amount of information provided and the time that it took to review it properly.

The number of complaints received rose in Q3 (10 stage one complaints and two stage two) but remains low compared to pre-pandemic levels. The profile of complaints remains consistent, with the most common cause for complaints being FtP decision outcomes (four complaints) or GPhC processes and procedures (five complaints). Staff conduct featured in one complaint, which related to an allegation that a staff member had made a witness statement which contained false information. The complaint was not upheld as the staff member had simply made a genuine mistake and had acted in good faith, informing the relevant Director as soon as it became apparent.

Two stage one complaints were upheld, while one was partially upheld. In the latter case, the part relating to the outcome of the concern was not upheld but an issue about the way in which the concern had been summarised was. No stage two complaints were upheld.

Learning was identified in four of the complaints. Two related to system errors - one which caused a registrant to receive a letter containing code and another related to revalidation submission. Both errors have been rectified. In a complaint from a pharmacy professional about the handling of a concern raised against them (which was not upheld because the main substance was about the allegations raised and the person's view that they should not have been investigated), it was accepted that the investigation did not proceed as quickly as it could have and communication could have been better throughout. Feedback has been provided to the team concerned and they have discussed how they could have handled the case better. Finally, one complaint may have involved incorrect information being given over the 'phone – this was being looked into.

**Table 12: Corporate complaints quarterly performance**

Performance measure	Performance standard	Q3	RAG	DOT	Q2	Q1	Q4
Average stage 1 complaints acknowledgement	3 days	<b>2 days</b> (10)	G	→	2 days (7)	2 days (6)	2 days (7)
Average stage 1 response time	15 days	<b>9 days</b> (12)	G	↑	11 days (4)	9 days (6)	15 days (10)
Average stage 2 response time	20 days	<b>13 days</b> (1)	G	↓	12 days (3)	11 days (2)	6 days (1)



# Information governance

**Table 13: Overall performance this quarter**

Quarter	RAG	DOT
Q3	G	↑

## Performance summary

Performance this quarter improved with all performance standards met. All freedom of information and data subject requests were responded to within statutory time periods continuing the positive trend, and there were no reportable information security breaches this quarter.

However, we received a decision notice from the Information Commissioner's Office in relation to a complaint made last year about our response to an FOI request asking for the number of duplicate questions between the two March 2021 sittings of the registration assessment. The decision ordered us to disclose the information, which was done within the deadline.

Completion rates on the data protection and information security e-learning were 97% at the time of reporting. The Information Governance, Data and Insight and Risk teams jointly delivered training to function leads on information risks and quality in the quarter. This will be followed up with team sessions in 2022/23.

**Table 14: Information governance quarterly performance**

Performance measure	Performance standard	Q3	RAG	DOT	Q2	Q1	Q4
Percentage of FOI requests responded to within statutory 20-days	100%	100% (31/31)	G	→	100% (29/29)	100% (41/41)	100% (25/25)
Percentage of data subject requests responded to within statutory one month or permitted extension	100%	100% (12/12)	G	→	100% (9/9)	100% (12/12)	100% (15/15)
No. data breaches reported to the ICO	0	0	G	↑	1	0	2

# Human resources

**Table 15: Overall performance this quarter**

Quarter	RAG	DOT
Q3	G	↑

## Performance summary

Overall performance this quarter is green. The absence rate has reduced but there have been more leavers this quarter than in the same period last year in Q2 2020/21.

In terms of a rolling 12-month period there were 31 leavers out of an average headcount of 228 this quarter (Q3). Last quarter (Q2) there were 25 leavers out of an average headcount of 226. Whilst turnover remains within our set performance standards and aligns well with pre-pandemic benchmarks, turnover can again be expected to increase in Q4.

The highest turnover has been reported by Education & Standards this quarter. Although turnover remains high in Fitness to Practise, it has been below the organisation target (21%) for quite some time and is closely monitored by the FtP Resourcing & Retention Group. The Group has supported development of casework and legal staff career pathways, reviewed and refreshed case officer recruitment, and is enabling a dedicated workforce planning for the directorate.

Recruitment activity increased this quarter, and continues to gather pace into Q4, ensuring no overall workforce loss and increasing our capacity. Improvements to recruitment practices (including better use of social media tools) are now informing appointment decisions.

The overall absence rate has improved as short-term sickness absence has fallen and a data quality issue was resolved since the last report. There has been, however, a continuation of some long-term sickness absence cases that have carried forward from the previous quarter. HR is actively supporting managers to address these.

More widely, Q3 saw completion of our first multi-year learning needs analysis which identified our organisational learning priorities for 2022 and 2023 enabling us to focus resources on skills gaps and to build capability. We also launched the latest cohort of our Leadership Development Programme, enhancing the effectiveness of those in middle and senior tier roles.

**Table 16: Human resources quarterly performance**

Performance measure	Performance standard	Q3	RAG	DOT	Q2	Q1	Q4
Overall organisational absence rate	<2.5%	1.9%	G	↑	2.6% <sup>3</sup>	1.0%	0.7%
Rolling 12-month total labour turnover rate	21%	13.6%	G	↓	11.1%	9.9%	12.3%

<sup>3</sup> Q2 absence changed retrospectively from 2.8% to 2.6% due to late data inputs.

# Updated Strategic Plan 2020-25 (year 3)

## Meeting paper for Council on 10 February 2022

Public business

### Purpose

To update the Strategic Plan 2020-25 for year three onwards.

### Recommendations

The Council is asked to:

- Consider the proposed updates to the current Strategic Plan 2020-25 outlined in this paper, and as set out in more detail in **Appendix 1**
- Agree the Strategic Plan 2020-25 (year three) as set out in **Appendix 2**
- Provide feedback on the draft revised Foreword, to be finalised by the Chair and Chief Executive considering that feedback

## 1. Introduction

- 1.1 Our current five-year strategic plan approved in February 2020 sets out the roadmap to 2025 of where we expect to be in achieving our long-term Vision 2030 for 'safe and effective pharmacy care at the heart of healthier communities'.
- 1.2 In line with our agreed planning framework, each consecutive annual plan is then drawn from the strategic plan. In setting the corresponding budget, our medium terms plans are also taken into consideration.
- 1.3 We have a statutory obligation to submit a strategic plan annually to the Privy Council Office, to be laid before Parliament and the Scottish Parliament. The Strategic Plan is also sent to the Senedd.
- 1.4 The Covid-19 pandemic has inevitably had a huge impact during the first two years of implementing our five-year strategic plan and ten-year vision. Nevertheless, the strategic approach to our work as outlined in this plan has held us in good stead and helped us to meet the challenges caused by the pandemic. With the key priority to support pharmacists, pharmacy technicians and pharmacy owners to continue to provide safe and effective care to everyone.
- 1.5 We have had to be flexible in our approach over the last two years and some of our plans and timelines have had to change. This included an extensive and comprehensive two-stage

re-prioritisation exercise of our plans and budget last year, which allowed us to not only respond to the pandemic but also to continue to move ahead with delivering our strategic plan and vision.

- 1.6 As we approach year three of our strategic plan, we have taken the opportunity to review our progress towards the achievement of the first of our five-year strategic plans to ensure we are on track to deliver what we set out to do. This is in line with the intent we outlined last year to undertake a fuller review of the success measures underneath each of the five strategic aims. In particular, this recognised that the outcomes expected from work around the development of key strategies which support the delivery of Vision 2030 would have been completed, and the work around building a new operating model for the way we want the organisation to run would be further advanced.
- 1.7 As a result of our review, positively we remain mostly on track to deliver our high-level measures of success by 2025. The main changes this year are therefore updates to wording rather than the intent of our strategic plan. These now more accurately reflect where we are in the delivery of the plan and the outcomes we are expecting to deliver by 2025, either because of the approval of new strategies, where work has been accelerated or where work has been rescheduled and will continue into the next five year strategic plan from April 2025. The reasons for the latter in two programmes of work vary from the impact of the Covid-19 pandemic and our own prioritisation considerations, as well as better packaging and re-scheduling of work to ensure a more realistic timescale for delivery and better linking of related activities.
- 1.8 Council has had high level oversight of the wider, integrated approach to planning with the opportunity to provide input and feedback. Finance and Planning Committee (F&PC) have had more detailed oversight and input into the approach, along with changes to the strategic plan and content of the draft 2022/23 Annual Plan and budget, which are covered elsewhere in this agenda. Comments received from the F&PC meeting in January 2022 have been incorporated into the draft plans and budget as appropriate.
- 1.9 The next section outlines the updates to the Strategic Plan.

## **2. Updates to the Strategic Plan 2020-25**

- 2.1 One of the main proposed changes to the strategic plan document for year three is to update the Foreword. As last year, this reflects the very different operating context for pharmacy and for us, as well as the impact on the public during the ongoing pandemic. It also highlights some key achievements in the delivery of the plan, as well as further changes and challenges that lay ahead.
- 2.2 In addition to this, further changes have been made to the strategic plan as part of the review outlined in paragraph 1.7 above. These are set out below with more detail provided in Appendix 1 for ease of reference
- 2.3 In summary, changes have been made to the wording of four programmes of work in strategic aims 2 and 4. These mostly reflect the new approved strategies covering managing concerns and communications and engagement, as well as the accelerated work programme around post registration assurance and practice of pharmacy professionals. The remaining change is to the work programme around managing incoming information, intelligence and concerns strategically to ensure it links with and flows from the work planned this year to update our business systems strategy.

- 2.4 Wording has been updated to nine existing success measures under strategic aims 2, 3, 4 and 5 providing additional clarity. And, four new success measures have been added to reflect the newly approved strategies mentioned above in paragraph 2.3 including the equalities, diversity and inclusion (EDI) strategy. The fourth new success measure relates to an aspect of the accelerated work programme under our new ways of working.
- 2.5 The updated Strategic Plan 2020-25 (year three) is set out in Appendix 2 to this paper.

### **3. Equality and diversity implications**

- 3.1 Our aim is to embed equality, diversity and inclusion in both our role as a regulator and as an employer and to make sure we deliver effective, consistent and fair regulation.
- 3.2 One of our key activities moving forwards is the delivery of our approved Equality, Diversity and Inclusion (EDI) strategy through identified annual priorities. We will continue to monitor and demonstrate our progress towards achieving this.

### **4. Communications**

- 4.1 Our Vision 2030 and associated plans will continue to sit at the heart of all our internal and external communications, so that we can explain our approach and priorities as an organisation, and what we will aim to achieve through our work. This is particularly important given a key part of delivering the vision successfully involves collaboration and joint working.
- 4.2 One of our key activities moving forwards is the delivery of our Communications and Engagement strategy through identified annual priorities. As with the EDI strategy we will continue to monitor and demonstrate our progress towards achieving this.

### **5. Resource implications**

- 5.1 We have progressed with the development of planning principles to build on the positive progress made in recent years to integrate our planning and budgeting processes.
- 5.2 The allocation of resources required to progress with the strategic plan, annual plan as well as normal operational delivery were a key consideration in developing the proposals for the 2022/23 budget. This will continue as part of our medium-term financial strategy moving forwards, with the aim of establishing a sustainable and fair financial position.
- 5.3 The ability to assess our capacity to deliver remains a challenge and has become more acute in the operational context within which we are currently working. This will need to be kept under continuing review.

### **6. Risk implications**

- 6.1 Without having a longer-term and integrated planning approach, there is a risk that key strategies will become misaligned with the organisation's capability, culture and capacity to deliver them, as well as a failure to integrate or link our work properly. There may also be a risk they we do not plan and prepare for key decision points in the future. This would result in a suboptimal impact and potential missed opportunities.

- 6.2 We will need to continue to effectively engage and communicate both internally and externally on our vision and supporting strategies and plans to ensure continued momentum and enthusiasm for the future direction of the organisation. We and those we engage with will need to have the capacity to do so in a meaningful way. This is particularly important given a key part of delivering the vision successfully involves collaboration and joint working.
- 6.3 Main risks associated with the delivery of pieces of work in the annual plan as well as quarterly financial information will be included as part of the GPhC performance report. The Finance and Planning Committee will continue to be informed and consulted on any major issues and risks relating to our plans and budgets. And the strategic risk register will continue to be reviewed as part of the management framework.

## 7. Monitoring and review

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

## 8. Recommendations

The Council is asked to:

- Agree that the current Strategic Plan 2020-25 should be updated, with the revisions outlined in this paper, and as set out in more detail in **Appendix 1**
- Agree the Strategic Plan 2020-25 (year three) as set out in **Appendix 2**
- Provide feedback on the draft revised Foreword, to be finalised by the Chair and Chief Executive considering that feedback

Duncan Rudkin, Chief Executive and Registrar  
General Pharmaceutical Council

02 February 2022

# 2022/23 Annual Plan and Budget

## Meeting paper for Council on 10 February 2022

Public business

### Purpose

To agree the Annual Plan and Budget for 2022/23

### Recommendations

The Council is asked to:

- Agree the Annual Plan 2022/23 as set out in **Appendix 1**
- Approve the 2022/23 budget as set out in **Appendix 2**

## 1. Introduction

- 1.1 As highlighted previously in the agenda, our current five-year strategic plan approved in February 2020 sets out the roadmap to 2025 of where we expect to be in achieving our long-term Vision 2030 for 'safe and effective pharmacy care at the heart of healthier communities'.
- 1.2 In line with our agreed planning framework, each consecutive annual plan is then drawn from the strategic plan. In setting the corresponding budget, our medium terms plans are also taken into consideration.
- 1.3 This is the third set of annual plans and budget to support the delivery of the first of our five-year strategic plans. They have been developed following the impact of the Covid-19 pandemic over the last two years and reflect the way in which we have been flexible in our approach to our work and where some of our plans and timetables have had to change.
- 1.4 Council has had high level oversight of the wider, integrated approach to planning and budgeting with the opportunity to provide input and feedback. Finance and Planning Committee (F&PC) have had more detailed oversight and input into the approach, along with changes to the strategic plan and content of the draft 2022/23 Annual Plan and budget. Comments received from the meeting in January 2022 have been incorporated into the draft plans and budget as appropriate.
- 1.5 The next section outlines the main themes of the draft annual plan and budget for 2022/23.

## 2. Draft Annual Plan 2022/23

- 2.1 As set out in paragraph 1.2, the proposed Annual Plan 2022/23 is drawn from the five-year strategic plan. The annual plan and budget for 2022/23 provide the detail and reflect updates made to the strategic plan.
- 2.2 In the coming year we will continue to deliver our core regulatory functions. These range from setting the standards for pharmacy professionals and pharmacies to enter and remain on the register, maintaining a register of those who meet these standards through to regulating pharmacies and investigating concerns about the people or pharmacies we register. We are continually seeking opportunities to improve how we deliver these core responsibilities.
- 2.3 The content of the annual plan is underpinned by a more detailed understanding of the wider costs for each activity which has informed the 2022/23 budget. Whilst the pandemic continues and as we move towards recovery, we will need to keep our capacity and plans under regular review to be able to respond to new programmes of work which may emerge externally.
- 2.4 How we measure success is included as an integral part of the annual plan upfront. As part of the update to the strategic plan covered elsewhere in this agenda, we have taken the opportunity this year to review the success measures under each of the five strategic aims so that we can reflect on our progress towards the achievement of the first of our five-year strategic plans. Further success measures will be identified at varying levels of granularity as part of the continued development of our organisational performance reporting. This supports our approach to being clearer about what success looks like, in line with our culture statement.
- 2.5 In summary, this year's annual plan importantly shows the progression of our investment last year in developing the three new key strategies around managing concerns, equality diversity and inclusion (EDI), and communications and engagement. Under strategic aims 2 and 4 we will be starting to deliver the first year's priorities under each of these. And, under strategic aim 1 we will be launching new equality guidance for pharmacy owners to help them meet their obligations under the Equality Act and Human Rights Act.
- 2.6 Our programme of work under strategic aim 3 to drive improvements in pharmacy care by modernising how we regulate education and training continues at pace. In particular, this year we will be starting to implement our approach to post-registration assurance of practice of pharmacists and pharmacy technician, with input from key stakeholders.
- 2.7 New activities of note included in the annual plan under strategic aim 1 this year include the commencement of work to develop three new sets of standards and associated Rules for Chief Pharmacists, Responsible Pharmacists and Superintendent Pharmacists, as part of the two-year programme of work to strengthen pharmacy governance. This will be subject to the laying of relevant legislation in Parliament. We are also developing a programme of work looking at all our regulatory levers in a more holistic way to strengthen the regulation of online pharmacies.
- 2.8 Importantly, our work continues this year under strategic aim 5 on implementing new ways of working as part of our renewal programme, which has been a consideration in the development of the budget. We will continue to monitor any impact of the renewal programme on the content and scheduling of other linked programmes of work as well as



any financial implications as we move forwards. In addition, aligned with this we will be updating our business systems and digital services strategy to support the way we want our organisation to run going forward. Our programme of work around enabling registrants to apply online instead of by paper-based processes also continues. This year pharmacists and pharmacy technicians will be able to apply online for voluntary removal, restoration and return to practise and certificate of current professional standing.

- 2.9 Under strategic aim 2 our focus this year is on improving the quality of reasoning in decisions and timeliness in fitness to practise to ensure we make positive progress towards meeting all PSA standards of good regulation.
- 2.10 For Council's assurance, where we have needed to roll forward or continue activities into 2022/23 from our previous annual plan (2021/22), we have indicated these with a (c/f) for Council's information.
- 2.11 The proposed Annual Plan for 2022/23 is set out in Appendix 1 to this paper.

### **3. Draft Budget 2022/23**

- 3.1 The GPhC are proposing a budget for 2022/23 with an operating deficit of £0.53m (including interest and tax, which means that annual expenditure will be greater than overall income for the year).
- 3.2 The proposals for the 2022/23 budget have been developed with the following key considerations and significant contextual factors in mind:
  - Council has a responsibility to ensure that suitable resources are allocated to enable the organisation to deliver on its statutory and legal responsibilities and its organisational plans.
  - As outlined previously, the plan and budget proposed for 2022/23 support the delivery of the first of our five-year strategic plans, towards achieving our Vision 2030.
  - The development and implementation of the GPhC's financial strategy aimed at establishing a sustainable financial position, which maintains the appropriate balance between fees, reserves and expenditure enabling costs to be sufficiently resourced through to 2030.
  - The pharmacy sector we regulate is changing rapidly in nature, scale, and scope, with pharmacy professionals and pharmacies playing a much greater role in providing clinical care and providing a broader range of clinical services. We need to act quickly and adapt to changes in pharmacy, whilst ensuring we deliver efficient and effective services to those we regulate, and safe and effective care at the heart of healthier communities.
  - The current budget projections do not incorporate any proposed fee increases in 2022/23. However, a detailed review of longer-term fees is due to be undertaken during the year as part of the GPhC's wider financial planning to ensure that it has the appropriate level of resources to deliver the plans set out within "Vision 2030" and for the GPhC to continue to meet the changing nature, scale, and scope of regulatory requirements

- For present purposes, prudently conservative assumptions about these matters have been made, including assuming no change to the Council's legal or tax status.
- 3.3 The ongoing pandemic continued to impact the GPhC's financial plan during 2021/22 particularly around volumes and timings of planned and statutory activities as well as a slower resumption of some in-person events. A proportion of delayed and postponed pieces of work have been pushed on to 2022/23. These are indicated on the annual plan as c/f in Appendix 1. We have therefore spent less than we had budgeted in 2022/23 and will have a slightly higher than anticipated surplus this year. The expected costs for these pieces of work have been moved into the 2022/23 budget, which is one reason why we are proposing to have an operating deficit in 2022/23
- 3.4 External influences such as inflation, scarcity of supply and increases in NI contributions have also been a factor for future expenditure and where possible the most reliable cost estimates have been included in the 2022/23 budget.
- 3.5 Based on a recent update to the forecast, the forecast surplus for 2021/22 is £1.3m, which is £0.5m more than the budgeted deficit of £0.8m. This will result in a forecast reserves level of 4.7 months by the end of March 2022. The higher level of surpluses from the last couple of years are predominantly due to reduced and delayed activity and will essentially fund the predicted deficit for 2022/23.
- 3.6 The proposed budget for 2022/23 is set out in Appendix 2 with supporting annexes.

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

- 4.1 Our aim is to embed equality, diversity and inclusion in both our role as a regulator and as an employer and to make sure we deliver effective, consistent and fair regulation.
- 4.2 One of our key activities moving forwards is the delivery of our approved equality, diversity and inclusion (EDI) strategy through identified annual priorities. We will continue to monitor and demonstrate our progress towards achieving this.
- 4.3 Consideration of any EDI implications will be an integral part of the detailed review of the fees which will be undertaken during the year.

## **5. Communications**

- 5.1 Our Vision 2030 and associated plans will continue to sit at the heart of all our internal and external communications, so that we can explain our approach and priorities as an organisation, and what we will aim to achieve through our work. This is particularly important given a key part of delivering the vision successfully involves collaboration and joint working.
- 5.2 One of our key activities moving forwards is the delivery of our approved communications and engagement strategy through identified annual priorities. As with the EDI strategy we will continue to monitor and demonstrate our progress towards achieving this.

## **6. Resource implications**

- 6.1 We have progressed with the development of planning principles to build on the positive progress made in recent years to integrate our planning and budgeting processes.

- 6.2 The allocation of resources required to progress with the annual plan as well as normal operational delivery were a key consideration in developing the proposals for the 2022/23 budget are fully laid out as part of this paper. As a result of proposed deficits our reserves level will fall but will still be sufficiently robust for it not to present a threat to our financial sustainability. Furthermore, detailed cash flow projects indicate that the level of cash at no point falls below the level required to support operating expenditure.
- 6.3 Resource implications for the remainder of our first five-year strategic plan, into 2023/24 and 2024/25, will be further refined in line with our plans.
- 6.4 The ability to assess our capacity to deliver remains a challenge and will need to be kept under continuing review.

## 7. Risk implications

- 7.1 The plans and budget have been prepared at a time when a level of uncertainty remains as we look ahead and see some significant developments which will have a big impact on what pharmacy is expected to do and on how we regulate pharmacy. These developments are outlined as part of the forewords to our strategic and annual plans.
- 7.2 The Senior Leadership Group will seek to manage this uncertainty as well as any associated risks as much as possible within the proposed budget and resource scope agreed.
- 7.3 The budget does include a contingent amount of resource to manage the uncertainty that exists around pieces of work. This is specifically related to elements of work where resourcing and timings are difficult to identify. If any risks arise that cannot be effectively managed within the proposed budget scope, then it may be necessary for the GPhC to call on its reserves.
- 7.4 Main risks associated with the delivery of pieces of work in the annual plan as well as quarterly financial information will be included as part of the GPhC performance report. The Finance and Planning Committee will continue to be informed and consulted on any major issues and risks relating to our plans and budgets. And, the strategic risk register will continue to be reviewed as part of the management framework.

## 8. Monitoring and review

- 8.1 We will need to keep the vision, supporting plans and budget under regular review and be ready to assess them in light of any significant changes or issues that emerge.
- 8.2 The annual plan and budget will continue to be monitored through the following ways:
- Quarterly annual plan progress report, as part of the GPhC performance report
  - Relevant updates to Finance and Planning Committee
  - Performance and Delivery Board

## 9. Recommendations

The Council is asked to:

- Agree the Annual Plan 2022/23 as set out in **Appendix 1**
- Approve the 2022/23 budget as set out in **Appendix 2**

Duncan Rudkin, Chief Executive and Registrar  
General Pharmaceutical Council

03 February 2021

# Draft Annual Plan 2022/23

[Subtitle]

11 February 2021





# Introduction

This annual plan 2022/23 outlines our key priorities for year three of our Strategic Plan 2020-25, setting out where we intend to get to towards achieving our ten-year vision of safe and effective pharmacy care at the heart of healthier communities.

Our work over the coming year continues to be organised under the five strategic aims, to:

- deliver an adaptable standards framework that meets public and professional needs that are changing quickly
- deliver effective, consistent and fair regulation
- drive improvements in pharmacy care by modernising how we regulate education and training
- shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy
- enhance our capabilities and infrastructure to deliver our vision

This annual plan outlines the activities to be carried out under these areas this year as well as setting out how we will measure our success. It will be supported by more detailed regular reporting to our Council.

In the coming year we will also continue to deliver our regulatory responsibilities, including setting the standards for pharmacy professionals and pharmacies to enter and remain on the register, maintaining a

register of those who meet these standards and investigating concerns about the people or pharmacies we register.

We will need to keep our vision, strategic and annual plans under close review over the next year and beyond, and maybe reprioritise our work accordingly, to make sure we are able to adapt quickly to:

- the short-term and longer-term effects of the coronavirus (COVID-19) pandemic on health and social care, and on wider society, including tackling health inequalities that have been further exposed by the pandemic
- pharmacy professionals and pharmacies playing a much greater role in providing clinical care and providing a broader range of clinical services, including independent prescribing
- the effects of new technologies and advances in science on medicines and clinical care
- patients and the public having high expectations of evolving 'person-centred' care
- changes as a result of governments' regulatory reform,
- plans for reforming professional regulation to better protect patients, support our health services and to help the workforce meet future challenges

whilst continuing to develop and implement our new ways of working, and to put in place improved structures, systems and processes, to enable us to work flexibly and to successfully achieve our aims.

# Annual Plan for 2022/23

## **Strategic aim 1: Deliver an adaptable standards framework that meets public and professional needs that are changing quickly**

### **Over the remaining 3 years of our strategic plan, our focus is on:**

- Developing new regulatory standards for updated roles in medicines legislation
- Making sure our core standards and supporting guidance meet the changing needs of the public and professionals

## **Strategic aim 2: Deliver effective, consistent and fair regulation**

### **Over the remaining 3 years of our strategic plan, our focus is on:**

- Meeting all the standards of good regulation
- Reporting broadly on our regulatory and service performance
- Regulating fairly

### **To help us achieve this overall aim, in 2022/23 we will have:**

1. Begun to develop three new sets of standards and associated Rules for Chief Pharmacists, Responsible Pharmacists and Superintendent Pharmacists as part of the two-year programme of work to strengthen pharmacy governance
2. Launched new equality guidance for pharmacy owners to help them meet their obligations under the Equality Act and Human Rights Act (c/f from 2021/22)
3. Developed and taken forward a programme of work to make sure we are using our registration, inspection, fitness to practise and guidance functions to strengthen the regulation of online pharmacies
4. Begun a coordinated and joined up long term programme for the review of all our core regulatory standards and supporting guidance across the organisation

### **To help us achieve this overall aim, in 2022/23 we will have:**

1. Improved the quality of reasoning in decisions and timeliness in fitness to practise (c/f from 2021/22)
2. Started delivering the first year's research priorities from our medium-term programme linked to the core standards review programme, new strategies and evaluation work.
3. More joined-up reporting covering both regulatory and service performance and progress against plans, budgets and projects
4. Evaluation frameworks in place to be able to understand the impact of our new medium-term strategies for managing concerns, equalities, diversity and inclusion (EDI) and communications and engagement strategies at a later date (c/f from 2021/22)
5. Delivered our first set of annual priorities to support the achievement of our five-year EDI strategy
6. Seen a sustained improvement in the quality of our registration data at source and rolled out a programme of exception reporting to support the improvement of data quality in other service areas

### **Strategic aim 3: Drive improvements in pharmacy care by modernising how we regulate education and training**

#### **Over the remaining 3 years of our strategic plan, our focus is on:**

- Refreshing standards for the initial education and training of pharmacists and pharmacy technicians
- Developing our approach to regulating the post-registration education and training of pharmacy professionals
- Implementing a tailored and intelligence led approach to accrediting and quality assuring initial education and training providers
- Updating the delivery, content and timing of the registration assessment for pharmacists
- Enabling the efficient registration of overseas pharmacy professionals in light of Brexit

#### **To help us achieve this overall aim, in 2022/23 we will have:**

1. Continued to implement the new initial education and training standards for pharmacists
2. Implemented revised registration criteria for overseas pharmacy professionals in light of Brexit (c/f from 2021/22)
3. Begun implementation on our approach to post-registration assurance of practice, with input from key stakeholders

### **Strategic aim 4: Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy**

#### **Over the remaining 3 years of our strategic plan, we will focus on:**

- Practising an approach to how we regulate that is increasingly informed by intelligence
- Managing the flow of incoming information, intelligence and concerns more strategically
- Delivering the implementation plan for our strategy for managing concerns about pharmacy professionals
- Developing a more strategic approach to regulating pharmacy
- Embedding patient and public voice in our work and raising the public's awareness and understanding of the standards they should expect from pharmacy

#### **To help us achieve this overall aim, in 2022/23 we will have:**

1. Started to implement a prioritised programme of securing new Information Sharing Agreements (ISAs) with stakeholders where we have gaps in information
2. Actively contributed to the Department of Health and Social Care's (DHSC) regulatory reform programme including providing feedback to DHSC's four aspects of regulatory reform (*governance, education, fitness to practise and registration*)
3. Completed and understood the value of expanded pilots in customer contact centre and standards enquiries of our approach to managing incoming information, intelligence and concerns related to Covid-19
4. Continued the next phase of implementing our managing concerns strategy
5. Completed an expanded pilot of a strategic approach to assessing how well pharmacies belonging to the same owner meet our standards
6. Delivered our first set of annual priorities to support the achievement of our five-year communications and engagement strategy





### **Strategic aim 5: Enhance our capabilities and infrastructure to deliver our Vision**

#### **Over the remaining 3 years of our strategic plan, we will focus on:**

- Improving customers' experience of our services
- Making sure we are organised for success
- Improving our IT infrastructure to support us in delivering our Vision
- Establishing a sustainable and fair financial position

#### **To help us achieve this overall aim, in 2022/23 we will have:**

1. Continued the programme of work to enable pharmacists and pharmacy technicians to apply online for voluntary removal, restoration and return to practise and certificate of current professional standing (c/f from 2021/22)
2. Continued to modernise our IT infrastructure
3. Updated our business systems and digital service strategy to support the way we want our organisation to run going forward
4. Taken forward new ways of working, post pandemic as part of our renewal programme
5. Undertaken the next round of fees reviews including consultations as appropriate in line with our multi years fees' strategy

## **Appendix 2 – Budget 2022/23**

## Background and looking forward 2021/22

### 1. Current year 2021/22

- 1.1 For the current year 2021/22 we originally budgeted for a surplus of £0.8m, the current forecast now estimates a slightly higher surplus of 1.3m. This increase has been driven by:
- i. The ongoing pandemic which continued to impact on ability to deliver services including the extended lockdown environment which delayed the resumption of some in person events.
  - ii. The comprehensive review of plans and the consequent reprioritisation exercise, which identified activities that could be delayed or aligned with other pieces of work to enable more effective and efficient delivery. Therefore, some costs were pushed forward to future years.
- 1.2 Alongside the impact of the Covid-19 pandemic, our commitment to achieve the strategic aims and being able to deal with emerging priorities, the proposed 2022/23 budget and beyond has also been shaped by our need to support and regulate a profession that has and continues to change in nature, scale, and scope. This has become evident in operational services where interventions introduced to manage work during the pandemic have been transitioned and additional resources have been introduced to ensure regulatory effectiveness around:
- Increasing level of clinical services
  - Increasing person centred approach to regulatory delivery
  - Increasing complexity and changing nature to concerns we manage
  - Increasing use of online services
  - Keeping up to date with changing technology
- 1.3 The last two years also showed a much-improved financial position with slight increases to intended *breakeven* and *surplus* position which were necessary to support the delivery of the longer-term plans.
- 1.4 As with the previous year, 2021/22 as the year before carried a high degree of uncertainty due to the pandemic; as we move through to 2022/23, we expect this to settle and move towards a more stable environment. Expenditure over the last two years has been lower than previous years and as we focus on taking forward initiatives set out in the strategic plan and supporting a wider level of service, we expect to require some growth in our cost base.
- 1.5 We do therefore anticipate that we will see further growth in costs over the remaining term of the strategic plan as we deliver more of the strategic objectives. However, we expect the level of growth to be steadier year on year than is anticipated to be seen between 2021/22 and 2022/23 expenditure levels. This also reflects that expenditure level was depressed during 2021/22 so there is an element of pent-up activity carried forward to future years.
- 1.6 Whilst the plan remains core to the strategic direction of the organisation, the emergence of key priorities; including regulatory reform, rebalancing, changes to education standards and implementing operating models that support future ways of working have also now become considerations.

- 1.7 During 2021/22 the GPhC continued to robustly assess its existing plans to recalibrate the delivery programme for not only the year ahead but the remainder of the plan period to consider the resources required for essential and immediate priorities as well as the longer-term deliverables.
- 1.8 The proposed annual plan and budget that has been developed builds on the continual budgeting and planning exercises undertaken across the organisation over a series of months.
- 1.9 This exercise has incorporated a detailed review of team plans with consideration to current challenges faced and emerging issues to ensure that:
- Immediate and key priorities are identified
  - Appropriate strategies are in place to drive activities
  - The programme of work and its scheduling is realistic so that it can be delivered within the agreed timescale and budget
  - There is appropriate capacity to deliver services to a good quality and deliver continuous improvement across our systems and processes.
  - Interdependencies between related pieces of work are understood
- 1.10 The steps followed during the planning and budgeting stages have been shared on an ongoing basis at Finance and Planning Committee and council workshops to provide an update on progress.
- 1.11 Efficiency and effectiveness remains core to how we work and is a vital element of the decision-making process. Progress has continued with the ongoing review of the efficiency and modernisation programme with:
- Implementation of the online registration assessment during 21/22 and selecting a supplier for the next three years
  - Review of the efficiency of the car fleet
  - Consultation on remote hearings as part of modernising the way in which hearings are delivered and development of online portals
- 1.12 Further development has also been made against the GPhC's medium term financial strategy. The aim of this is to ensure a sustainable financial position where income regularly exceeds expenditure. The proposed budget for 2022/23 sets out how this will be achieved for the year and forms a basis to identify costs through to 2025, so we can build a picture of funding required to regulate over the longer term and identify ways in which this can be managed to ensure a sustainable financial position and an appropriate level of reserves.

## **2. Income and registrant volumes**

- 2.1 Income for 2022/23 is budgeted at £26.5m. This represents a £1.4m increase compared to the most recent forecast income expected for 2021/22.
- It should be noted that direct comparisons in income between 2021/22 and 2022/23 are distorted due to higher number joining the register after the delayed 2020 registration assessment and closure of the temporary and provisional registers.
- The following table shows a high-level breakdown of the projected 2021/22 income (please see annex 2 for a more detailed breakdown of income).

**Table 1: Income forecast**

Income type	Amount (£000s)
Pharmacist income	16,634
Pharmacies income	5,237
Pharmacy technician income	3,322
Pre-registration income	1,172
Accreditation income	69
DH Grant income	16
Other income	45
<b>Total income</b>	<b>26,494</b>

- 2.2 The key drivers behind the rise in income in comparison to 2021/22 are shown below:
- New pharmacists joining the register based on pre-pandemic growth levels of 1.9%
  - The full year impact of the April 2021 premises fee increases at £0.9m
- 2.3 The revised premises fee came into effect in April 2021 following the decision to delay the change in 2020.
- 2.4 In 2021/22 the GPhC consulted on our approach to fee setting. The results of the fee consultation include.
- Introduction of a multi -year fee strategy
  - The retention of a flat fee structure
- 2.5 Whilst the current proposed budget does not include any changes to current fee levels, there will be a review of fees conducted during the 2022/23 financial year as it will form a key element of any decisions around funding longer term deliverables.
- 2.6 We will also seek to ensure that fees remain proportionate for the registrant groups and that fees are relevant for the way in which we work now and the future.

### Registrant's volumes

- 2.7 For budgeting purposes, we have made some conservative assumptions based on pre-pandemic trends in relation to registrant volumes. The detailed analysis that was used for forecast registrant numbers for the 2022/23 budget is attached as Annex 6.
- 2.8 The annex details the following projections for 2022/23:
- **Pharmacists +2%:** 2022/23 projects a lower level of growth than 2021/22 after the unusually high number of joiners due to delays caused by the pandemic. The current assumptions already include the best available information we have around students flowing through from MPharm courses.
  - **Pharmacy Technicians + 3%:** Pharmacist Technician numbers continued to grow at a similar level to the previous year. We have now assumed that growth will continue at the same rate for the next few years. We are working towards more information on

students coming through from the schools so we can better support assumption going forward.

- **Pharmacies -0.7%:** The number of closures during 2021/22 were marginally lower than the expected a decline in numbers. For 2022/23 we have assumed a similar rate of decline (less than 1%).

2.9 The following two tables provide a *sensitivity analysis* of the impact of a 1%, 2.5% and 5% fall in registrants numbers would have on income in 2022/23 and for the following two years so we are able to quantify the impact on uncertainties.

**Table 2: Registrant and income sensitivities for FY 2022/23**

This table shows the impact on income which will be recognised in financial year 2022/23 if registrant numbers fall by either 1%, 2.5% or 5% from their current projected levels.

Registrant Type	No. of Registrants (1% fall)	Income £000s	No. of Registrants (2.5% fall)	Income £000s	No. of Registrants (5% fall)	Income £000s
Pharmacists	604	(33)	1,514	(83)	3,036	(165)
Pharmacy technicians	256	(4)	637	(11)	1,261	(22)
Premises	137	(9)	341	(22)	674	(43)
<b>Total</b>	<b>998</b>	<b>(46)</b>	<b>2,492</b>	<b>(115)</b>	<b>4,972</b>	<b>(230)</b>

**Table 3: Overall income impact recognised over next three financial years**

The table below table illustrates the overall effect on income if registrant numbers fall consistently year on year by either 1%, 2.5% or 5% from current budget projections from 2022/23 to 2024/25.

Registrant Type	Income £000s (1% fall)	Income £000s (2.5% fall)	Income £000s (5% fall)
Pharmacists	(514)	(1,277)	(2,526)
Pharmacy technicians	(85)	(211)	(414)
Premises	(135)	(334)	(656)
<b>Total</b>	<b>(734)</b>	<b>(1,821)</b>	<b>(3,595)</b>

2.10 The forecast income has been estimated on the best available information at the time. However, any reductions in the anticipated level of registrant numbers would lead to a commensurate reduction of income and an increased deficit for the year.

### 3. Expenditure

3.1 Expenditure for 2022/23 is budgeted at £27.2m (a full summary of expenditure is provided in Annex 3). This represents a 14.4% increase on the current projected spend for 2021/22 and a 9.5% increase on the originally budgeted expenditure for 2021/22. Factors beyond our control such as inflation and other costs increases have also driven up the business-as-usual

cost base. A proportion of the increase is driven by the delays and postponement to activities and follows on from two years where spending had been depressed due to the pandemic.

- 3.2 There are a number of other factors that also contribute to the increasing amount of resourcing required from this year and continuing to next year.
- A number of key strategies are now at the implementation stage which require resource as limited scope exists within current capacity.
  - New areas of work require additional resources and different skillsets these include clinical roles, education reform and managing specialist legal aspects.
  - Increased volumes in both operational and supporting areas of the business, this includes enabling us to meet the standards of service expected and deal with the complex demands that are coming through to us.
  - Accommodate transitions in changes to how services are delivered and embed interventions that introduced during 2021/22.
- 3.3 The structured approach to planning allowed the SLG, through a series of meetings, to rationalise the key priorities, identify new initiatives and to see if activities remain relevant. Alongside this consideration was also paid to team plans around out statutory and legal duties, day to day activities and activities to improve service delivery.
- 3.4 As we approach year three of the five-year strategic plan a number of strategies have been developed and significantly progressed. Whilst there have been delays around implementation mostly due to the pandemic, in a number of critical areas the work has been undertaken to manage a more person-centred approach to regulation whilst responding to increasing levels of both complexity and volumes of activity.
- 3.5 To meet these needs, additional investment, particularly in the form of increased headcount has been required across several key areas. This investment can be broadly categorised into three main groups:
- **Delivery of regulatory effectiveness** – roles related to our more person-centered approach, keeping up with the changing complexity and clinicalisation of the pharmacy profession.
  - **Improving service delivery** – roles related to service improvement and specific interventions to address areas identified as high risk
  - **Capacity to support operational delivery** – roles related to increasing capacity and resilience to support service delivery and progress projects.
- 3.6 This year most notably a number of interventions were introduced predominantly in areas of statutory regulatory delivery and registrant related services. The roles were largely introduced in response to the ongoing pandemic pressures to our workloads, to increase the capacity and capability to progress strategies, ensuring we continue to meet PSA standards and continue to improve services for those we regulate.
- 3.7 In 2021/22 we have added ten new roles in the Fitness to practise area and eight roles in the customer services teams. All changes went through a rigorous review and approval process including scrutiny by the finance and planning committee.

The agreed changes include:

- The introduction of temporary roles to support the significant change in the level and scope of the triage team with the proportion of cases being closed by the triage team rising from 47% to 84%. These roles have now been made permanent and they will now also take on additional work as part of our strategy to be more proportionate and person-centred, making more initial enquiries and exploring avenues for local resolution.
- Additional roles were also introduced to address the increasing caseload and the growing proportion of older cases. Underlying challenges that pre-date the pandemic, namely staff turnover and the need for an updated case management system were further exacerbated as pandemic-related factors have also meant we could not progress some investigations as quickly as normal.
- Increased the level of specialist clinical support as the changing nature of pharmacy practice and development of more clinical roles also means we are managing a more complex caseload that requires more specialist input.
- Temporary roles were required to deal with the increase in volume and changing nature of applications and enquires received by the contact centre and registration application teams.
- Additional capacity was also needed to manage the successful implementation of the online registration assessment, to process the higher volume of registrant applications and to provide support to online services projects.
- A detailed capacity planning exercise identified that the level of performance is not sustainable in the longer-term without additional resources. At present there is little or no resilience leaving the GPhC particularly vulnerable to any absences or additional demands. It was agreed for the temporary roles to be made permanent and increase the supervisory level of support. This will maintain the performance level on our business-as-usual activities, enable the team to continue to deliver high-profile projects and take forward continuous improvement activities– notably in relation to our ongoing responsibilities for the integrity of the register. The increased capacity will also allow for training and development across the team.

3.8 Staff costs are expected to be £15.3m for 2022/23 an increase of 9.4% when compared to the latest 2021/22 forecast. As a service-based organisation staff costs represent a significant proportion of GPhC's total expenditure and as shown in the below table.

Measure	Forecast 2021/22	Budget 2022/23
Establishment Headcount	270	281
Average Headcount	240	264
Income	£25.1m	£26.5m
Expenditure	£24.0m	£27.2m
Surplus/Deficit (After interest and tax)	£1.34m	(£0.48m)
Employee costs	£13.9m	£15.3m
Employee Costs as % of annual expenditure	58%	56%



- 3.9 The total establishment headcount is expected to be 281 by quarter 1 of the 2022/23 financial year with 270 of these roles eligible to be filled by the end of 2021/22. The total staff costs assume that all permanent established roles are filled for the whole year, this cost has been reduced by a centralised adjustment of 6% to account for the fact not all roles will be filled 100% of the time.
- 3.10 During 2021/22, in addition to the roles agreed for Customer Services and Fitness to Practice, several additional roles have been approved, which have been supported by detailed business cases and a robust review by the SLG assessing both the short- and longer-term implications of the roles. The majority of these roles are targeted at areas that are currently identified as high risk and outside of agreed risk tolerance in the GPhC risk registers, such as dedicated resource to manage risk around contract management and providing additional legal support across the business.
- 3.11 Many of the additional roles have been introduced during the latter half of the 2021/22 financial year with the remainder expected to be on board during the early part of the next financial year.
- 3.12 The 1.25% increase in national insurance contributions have been factored into the budget projections.
- 3.13 In line with previous years a 2.5% provision has been set aside for pay, this does not commit council to this value of pay award but will form the starting point of the Remuneration Committee's discussion and recommendations.
- 3.14 Outside of staff costs the other areas of increased expenditure when compared to the latest forecast expenditure for 2022/2023 relate to the following areas:
- **Professional fees:** Primarily due to increased expenditure around consultancy to provide specialist support to deliver key priorities and resumption of the planned research programme.
  - **Legal fees:** Increased legal support for new pieces of work and an increasing level of legal support across the business.
  - **Council and committee costs:** potentially an increase of almost 13%. During 2021/22 statutory committee were lower due to the lockdown that was still in place for the early part of the year. The budget assumes a full year of costs based on services being delivered remotely and a minimal resumption of essential in person events.
  - **Depreciation:** Costs are expected to increase in 2022/23 with capital projects such as the new website and other IT infrastructure project due to go live in 2022.
  - **IT Development:** Increase in costs are expected in 2022/23 to IT development support with a number of changes in key suppliers occurring during the year particularly around managed services.

## 4. Capital expenditure

- 4.1 Last year the GPhC implemented a more structured approach to capital expenditure for the current budget process which we built on this year. There continued to be a high level of scrutiny over the longer term and wider implications of capex items. The items have been prioritised and considered alongside the capacity and the emerging needs of the organisation. Depreciation is forecast to be £1.1 m in 2022/23 reflecting the costs of tangible fixed assets (such as the fit out of current accommodation) and the development projects (such as the inspection publication site and revalidation portal) that are already in use.
- 4.2 Depreciation has increased by £0.2m when compared to 2021/22 and we expect cost to continue to rise over the next few years, with key projects such as the new website and continuation of the IT infrastructure programme. There have also been some reduced costs in recent years due to delays to the hardware replacement programme.
- 4.3 Where possible we try to keep replacement costs within the current expense envelope, but this may prove more challenging going forwards with increasing costs in the marketplace particularly around items that include microchips as well as the impact of the inflation.
- 4.4 The table below details the impact of the assets current being depreciated and those that have been provisionally agreed. It will still be necessary to confirm projects and clarify timings and costs.

**Table 4: Cost impact of the provisionally agreed developments**

Depreciation Description	Cost £000's	to FY2022 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
Tangible fixed assets (currently being depreciated)	5,693	4,187	606	581	48
Development projects (currently being depreciated)	877	359	218	167	122
Provisionally agreed business cases*	1848	0	229	584	928
Total depreciation			1,053	1,364	1,098

- 4.5 The depreciation levels will be regularly monitored going forward including to inform the ongoing prioritisation and scheduling of development work, including as and when new additional proposals are put forward.
- 4.6 Provisionally agreed business cases does include some high-level estimates for some large-scale capital-based project such as a case management system. These costs do have a significant impact on the current depreciation envelope and would therefore require specific approval from Council.

## 5. Risks and opportunities

- 5.1 There are several potential financial risks and opportunities that have been identified that could emerge during 2022/23 and impact the financial plan. These are summarised below:  
Ongoing pandemic: An underlying risk remains due to the pandemic, but we are in position

to ensure we can still effectively discharge our statutory duties. But something like a high level at sickness at one time may have an impact.

- 5.2 **Lower than anticipated registrant numbers:** The biggest risk to income relates to an unexpected fall in registrants' numbers (which is quantified earlier in the paper through a sensitivity analysis).
- 5.3 **Increased volumes:** Although we are better placed to deal with fluctuations in matters such as incoming concerns a significant or sustained increase in volumes would impact on our ability to maintain timelines.
- 5.4 **Higher than anticipated vacancy rate:** The budget incorporates a 6% central adjustment for vacant staff positions which is reflective of the recent vacancy rate over the last few years. It is possible that it will be a challenging environment for recruitment over the next 12 months which could lead to delays in appointments, which impact the speed in which operational delivery can be taken forward.
- 5.5 **Depreciation assumptions:** As described above, the projected level of depreciation is based on the current assumptions in both the cost and go live date of several development projections. Should there be any unexpected changes to delivery timescales, the projected cost of depreciation could fluctuate (up or down).
- 5.6 **Limited contingency:** There is only a small amount that has been set aside in the budget to cover unplanned activity. There is an element of unknowns particularly around items such as regulatory reform and accommodation needs, which we expect to develop over the year. Any significant unexpected or emerging pieces of work that need to be reprioritised will quickly place pressure on existing resource which could lead slippage in planned work or additional resource requirements.
- 5.7 **Capacity:** We are moving forward with a large volume of work and there is greater scope that not everything can or will happen with not only internal capacity being a factor but also external factors such as scarcity of supply.
- 5.8 **Investment activity:** To date the fund have performed well but the market continues to be volatile, and we have made conservative assumptions around expected returns. It is impossible to predict how the fund will perform in the future and to what level the returns may increase or decrease from the current position.

## 6. Investment and reserves

- 6.1 It has been 18 months since the GPhC invested £15.0m through our investment partner Goldman Sachs. The investment portfolio includes a combination of corporate bond, sovereign bonds, and equities. Since the commencement of the investment the financial market has been a volatile but to date the GPhC portfolio has been performing strongly. We have since a slight dip in the last few months, but the overall position remains ahead of the targeted level of performance.
- 6.2 The gains that have been made will ultimately be reflected in the GPhC's year-end financial position and will contribute to the GPhC reserves levels.
- 6.3 As the returns from the investment portfolio are outside of our direct control, subject to volatility and intended to be considered over a longer-term horizon we are not proposing to supplement the short terms need of the annual operating budget with any dependency or income from the investment portfolio.

- 6.4 Given the current environment and financial parameters we are of the view that the long-term results of the investment portfolio are better suited to the original objectives of managing as much as possible against the impact of inflation, whilst seeking to minimise the risk of capital loss rather than seeking to provide a level of annual income. We will continue to review this position on an ongoing basis.
- 6.5 Aside from the expected impact of the proposed budget, the results of the investment portfolio will continue to feed into the GPhC's underlying financial results and the portfolio performance and level of risks will continue to be reported on an ongoing basis.

## Reserves

- 6.6 The GPhC's free reserves are forecast to reach £9.9m by March 2023 (as shown in annex 4), the equivalent of circa 4.7 months operating expenditure. This position is based very much on how we need to operate going forward.
- 6.7 As shown in annex 1 the indicative budgets for 2023/24 and 2024/25 are currently projecting deficits (£1.5m in 2023/24 and £0.8m in 2024/25). This will lead to reduction in the level of reserves. One of the main pieces of work that will be carried out in Q1 2022/23 will be to really understand and refine the required level of long-term expenditure. This will help to understand the extent of the impact it may have on reserves and what we will need to do to maintain the balance between reserves, fees, and expenditure.
- 6.8 The income projections for both years assume that the fee levels remain unchanged, although this will need to be kept under review going forward. The expenditure assumption is also subject to further review as they are based on best available information covering the planned and expected activity that is scheduled during those years such as the:
- Communication and Engagement strategy
  - Pre and post education standards
  - Implementation of Ftp Strategy
  - Implementation of EDI strategy
  - Accommodation Strategy
  - Business Systems Strategy
- 6.9 Going forward the GPhC council will need to review the expected level of the operating reserves, which includes:
- Identified amount relating to fixed asset reserves
  - A designated level of reserves to support the investment required to the deliver medium to longer term objectives.
  - The amount of reserves related to current value of the change in market investments.
  - A level of general reserves which is free to ensures resilience and the ability to flexibly respond to any risks or opportunities. The general aim would be to maintain a general reserves position of no less than 4 months and no more than 6 months of operating expenditure, with a target of 5 months of

operating expenditure.

- 6.10 The discussion around the appropriate level of reserves and investment fund will provide context to inform key strategic decisions around the GPhC's approach to its Investment, Accommodation and Fees strategies over the coming years.
- 6.11 The cash balance at the end of 2022/23 is projected to be £33.2m, reaching a peak of £39.2m by the end of October 2022. The phasing of receipts and payments largely follow a similar pattern year on year and so are therefore reliable to predict.
- 6.12 The cash projections factor in the full impact of the GPhC's investment strategy that was implemented to 2020 with £15.7m of cash holdings converted to investments.
- 6.13 However, the GPhC is still expected to have enough liquidity to cover its working capital requirements. The investment strategy will also contain a relatively high proportion of "liquid" investments that could be available if unexpectedly required (albeit at the expense of the long-term investment strategy)

Vanessa Clarke, Head of Finance & Procurement and Jonathan Bennetts, Director of Adjudications & Financial Services  
General Pharmaceutical Council

10/02/22

# Annex 1

## Summary Income and Expenditure

	2021/22 Budget £000's	2021/22 Reforecast 3 £000's	2022/2023 Budget £000's	2023/2024 Projection £000's	2024/2025 Projection £000's	2021/22 Variance £000's	2021/22 Variance %
<b>Income</b>							
Pharmacist income	16,342	16,307	16,634	16,864	17,195	328	2.0%
Premises income	4,204	4,277	5,237	5,226	5,226	959	22.4%
Pharmacy technician income	3,185	3,213	3,322	3,419	3,515	109	3.4%
Pre-registration income	1,396	1,087	1,172	1,208	1,208	85	7.8%
Other income	232	222	129	129	129	(93)	(41.8%)
<b>Total income</b>	<b>25,360</b>	<b>25,106</b>	<b>26,494</b>	<b>26,846</b>	<b>27,274</b>	<b>1,387</b>	<b>5.5%</b>
<b>Expenditure</b>							
Total employee costs: Payroll	13,896	13,990	15,308	16,255	16,659	(1,317)	(9.4%)
Total employee costs: Other	839	630	887	941	848	(256)	(40.7%)
<b>Total employee costs</b>	<b>14,731</b>	<b>14,621</b>	<b>16,194</b>	<b>17,197</b>	<b>17,507</b>	<b>(1,574)</b>	<b>(10.8%)</b>
Total committee and associate costs	1,558	1,265	1,447	1,403	1,413	(182)	(14.4%)
Total professional costs	1,894	1,526	2,387	2,297	1,944	(861)	(56.4%)
Total legal costs	658	923	1,164	1,166	1,167	(241)	(26.1%)
Total IT costs	1,707	1,535	1,746	1,781	1,884	(211)	(13.8%)
Total event costs	68	26	104	86	88	(78)	(306.1%)
Total office costs	209	136	167	180	191	(31)	(22.9%)
Total property cost	252	241	214	327	230	27	11.1%
Total service level and occupancy	2,236	2,130	2,236	2,236	2,236	(105)	(4.9%)
Total financial cost	225	240	244	250	250	(4)	(1.7%)
Total depreciation	962	891	1,053	1,364	1,099	(162)	(18.2%)
Total other costs	33	32	27	13	13	5	16.0%
PSA levy costs	218	221	225	225	225	(4)	(2.0%)
Efficiency savings	-	-	-	-	-	-	-
<b>Total expenditure</b>	<b>24,754</b>	<b>23,787</b>	<b>27,210</b>	<b>28,524</b>	<b>28,245</b>	<b>(3,422)</b>	<b>(14.4%)</b>
<b>Interest and tax</b>	<b>216</b>	<b>25</b>	<b>184</b>	<b>211</b>	<b>211</b>	<b>159</b>	<b>634.4%</b>
<b>Net operating surplus/(deficit) after interest and tax</b>	<b>822</b>	<b>1,344</b>	<b>(532)</b>	<b>(1,467)</b>	<b>(760)</b>	<b>(1,876)</b>	<b>(139.6%)</b>
<i>Change in Market Value on Investments</i>	-	<b>1,118</b>	<b>280</b>	<b>280</b>	<b>280</b>	<b>(838)</b>	<b>(74.9%)</b>

### Income Breakdown

	2021/2022 Budget £000's	2021/2022 Reforecast £000's	2022/23 Budget £000's
<b>Pharmacist Income</b>			
Practising Registrant Fees	15,394	15,206	15,801
Application & Upgrade Fees	621	594	388
Independent Prescriber Fees	102	115	102
Registrant Administration Fee	46	31	46
Scrutiny Fee - Pharmacist	15	5	-
Pharmacist Restoration Fee	114	120	114
Adjudicating Committee Fee	50	236	183
<b>Total Pharmacist Income</b>	<b>16,342</b>	<b>16,307</b>	<b>16,634</b>
<b>Premises Income</b>			
Premises Retention Fee	4,013	4,045	5,040
Premises Registration Fee	126	134	126
Premises Administration Fee	26	38	26
Premises Restoration Fee	39	57	43
Premises Internet Logo Fee	1	2	1
<b>Total Premises Income</b>	<b>4,204</b>	<b>4,277</b>	<b>5,237</b>
<b>Pharmacy Technician Income</b>			
Practising Pharmacy Technician	2,956	3,006	3,085
Application Fees	169	161	178
Scrutiny Fee Technician	2	0	-
Pharmacy Technician Restoration Fee	59	46	59
<b>Total Technician Income</b>	<b>3,185</b>	<b>3,213</b>	<b>3,322</b>
<b>Pre-Registration Income</b>			
Pre-Registration Training Fee	395	383	398
Pre-Registration Exam Fee	1,001	705	774
<b>Total Pre-Registration Income</b>	<b>1,396</b>	<b>1,087</b>	<b>1,172</b>
<b>Total Fee Income</b>	<b>25,127</b>	<b>24,884</b>	<b>26,364</b>
<b>Other Income</b>			
Room Hire Income	-	-	-
Data Subscription Income	24	28	24
Prison Visits	12	17	12
Accreditation Income	172	153	69
Grants	16	16	16
Other Income	9	9	9
<b>Total Other Income</b>	<b>232</b>	<b>222</b>	<b>129</b>
<b>Total Income</b>	<b>25,360</b>	<b>25,106</b>	<b>26,494</b>

\*Other Income:- Inspection, Data Subscription

### Expenditure by department

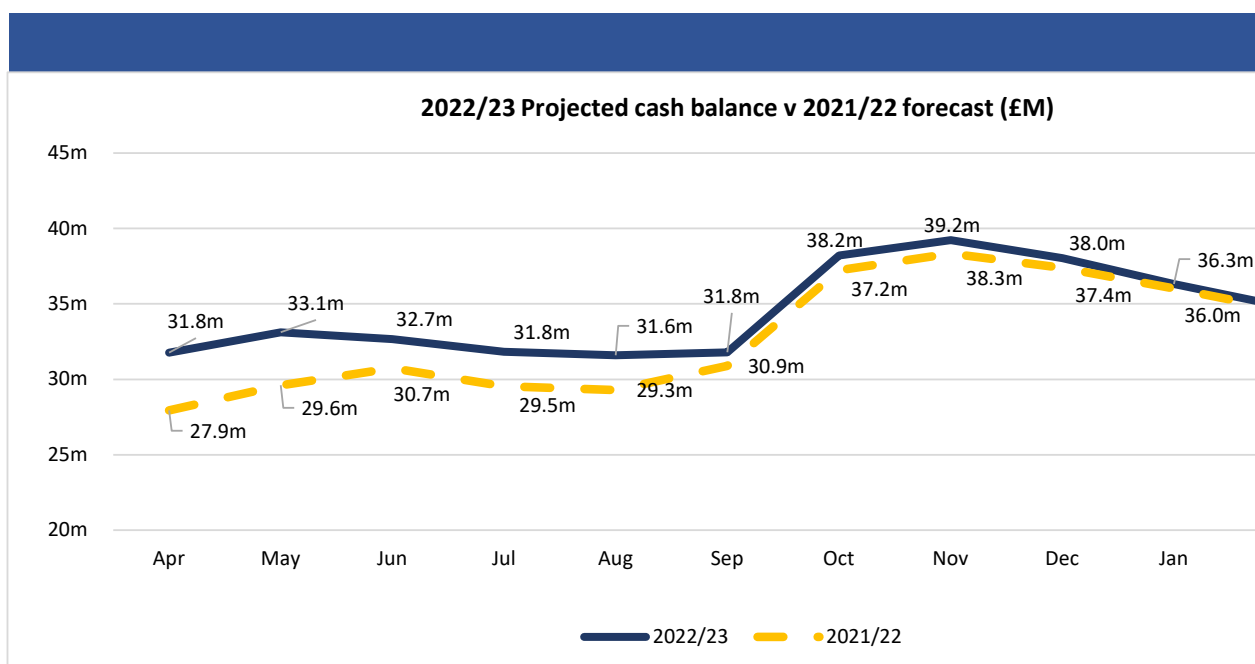
	2021/2022 Budget £000's	2021/2022 Reforecast 3 £000's	2022/23 Budget £000's
Council	306	263	287
Chief Executive	1,049	816	1,222
Governance	410	405	398
Application Development Support	702	620	767
Head of IT	213	236	202
Infrastructure Development	721	601	671
IT Service Delivery	1,455	1,458	1,631
<b>Chief Executive</b>	<b>4,855</b>	<b>4,399</b>	<b>5,178</b>
Communications	481	430	603
Head of Customer Services	1,613	1,625	1,874
Exam	812	755	780
Quality Assurance (Accreditation)	635	537	608
Head of Education & Registration	261	259	269
Exam Question Coordinator	306	368	360
Director of Education & Standards	501	431	438
Policy and Standards	301	257	416
<b>Education &amp; Standards</b>	<b>4,910</b>	<b>4,664</b>	<b>5,347</b>
Director of Fitness to Practice	893	875	1,296
Professional Regulation	2,264	2,111	2,661
Quality, Monitoring & Concern	964	1,175	1,330
<b>Fitness to Practise</b>	<b>4,121</b>	<b>4,161</b>	<b>5,288</b>
Corporate Business Support & Development	414	309	449
Data and Insight	531	558	748
Director of Insight, Intelligence & Inspection	341	429	460
Information Governance	170	170	207
Inspections	3,317	3,019	3,386
<b>Insight, Intelligence &amp; Inspections</b>	<b>4,774</b>	<b>4,485</b>	<b>5,249</b>
Finance & Procurement	918	1,124	1,237
Associates	304	192	324
Facilities Management	3,316	3,084	3,239
Hearings Management	480	438	507
Fitness to Practise Committee	399	397	341
Investigation Committee	69	46	58
<b>Adjudication &amp; Financial Services</b>	<b>5,486</b>	<b>5,281</b>	<b>5,707</b>
Human Resources	1,127	924	1,265
<b>Vacancy rate@ 5%</b>	<b>(519)</b>	<b>(127)</b>	<b>(424)</b>
<b>Efficiency savings</b>			
<b>Total Expenditure</b>	<b>24,754</b>	<b>23,787</b>	<b>27,210</b>



# General Pharmaceutical Council

## Balance sheet

	<u>Mar-21</u> <u>£000's</u>	<u>Mar-22</u> <u>£000's</u>	<u>Mar-23</u> <u>£000's</u>
<b>Fixed assets</b>			
Fixed assets	2,242	1,693	1,614
Investments	15,743	17,013	17,241
	<b>17,985</b>	<b>18,707</b>	<b>18,855</b>
<b>Current assets</b>			
Debtors	2,005	1,944	1,944
Bank and cash	13,035	16,087	15,992
	<b>15,040</b>	<b>18,031</b>	<b>17,936</b>
Creditors: amounts falling due within one year	(17,434)	(19,321)	(20,079)
<b>Net current assets</b>	<b>(2,393)</b>	<b>(1,290)</b>	<b>(2,143)</b>
Total assets less current liabilities	15,592	17,417	16,711
Creditors: amounts falling due after more than one year	(1,506)	(1,053)	(601)
Provision for liabilities	(1,793)	(1,839)	(1,892)
<b>Total net assets</b>	<b>12,293</b>	<b>14,524</b>	<b>14,219</b>
<b>Funds employed</b>			
Accumulated surplus			
- General Reserve	10,051	9,939	10,878
- Designated Reserve		2,000	1,500
- Investment		891	227
- Fixed Asset Reserve	2,242	1,693	1,614
<b>Total funds employed</b>	<b>12,293</b>	<b>14,524</b>	<b>14,219</b>
<b>Months of operating</b>	<b>5.0</b>	<b>4.7</b>	<b>4.7</b>

**Cashflow**



## **Annex 6**

# **Registrant income assumptions 2022/23**

## **Forecast model**

The pharmacist model is based on using data submitted by UK school on the number of students studying for the GPhC accredited Master of Pharmacy (Mpharm) degree programme and applying historic trend assumptions on the throughput of students to estimate growth. The phases include the number of students likely to graduate from the course, start the pre-registration training, pass the pre-registration assessment, and finally join the GPhC register.

Pharmacy technician (PT) and premises numbers have been forecasted on historical and current in year trend data and the best available intelligence on future trends and external factors that will influence the downward / upward movement in registrant numbers.

### **Pharmacists' assumptions**

The main driver of growth in pharmacists' registrant numbers is based on the number of new graduates that will come through for pre-registration training and eventually to fully join the pharmacist register upon sitting and passing the registration exam.

### **2021/22 – Current year**

The full year forecast is expected to close with a year-on-year growth of 6.7%. This has been a unique year in terms of the overall growth of the pharmacists register in comparison to previous years.

The GPhC had to postpone all exams in 2020 due to the coronavirus pandemic. Online assessments have been introduced to replace the former paper-based exam, with three sittings taking place in March, July, and November 2021. The unusual movement in registrants this financial year includes the delayed new registrant joiners from 2020 (due to cancelled registration assessment) as well as the new cohort of candidates from 2021.

### **2022/23 assumptions for 1.9% growth**

- We expect to go back to two pre-registration assessments from next year onwards (subject to any pandemic constraints). These are planned to take place in June and September 2022 as per pre pandemic scheduling.
- The bulk of candidates should be those currently undergoing the pre-reg training, which is approximately xxxx. There will also be a small number resits from previous years.

- The most recent combined pass rate of 81% from the three sittings in 2021 has been applied to the proposed two assessments next year.
- Based on historical trends, 90% of passed candidates are expected to fully register, which is projected to be a year-on-year pharmacists' growth of 1.9% on 2021/22.
- The assumption is that leaver percentages will go back in line with pre-pandemic rates in 2021/22.

## 2023/24 and 2024/25 assumptions for pharmacists growth of 2.0% and 2.1%

The UK schools data on the number of student entries to the four-year GPhC accredited Master of Pharmacy (MPharm) has been used to estimate the growth for the next three years. The student entry data in line with historic registration data has been used to build assumptions around the number of graduates to expect and the numbers that will join the pre-reg trainee programme and pass the pre-registration assessment.

**Table 1:** Pharmacist number projections

Financial Year	2023/24	2024/25
University entry year	18/19	19/20
Actual number of year 1 student	3,627	3,754
Predicted to graduate (84% of entry year student)	3,047	3,144
Expected on pre-reg training (79% of entry year students)	2,865	2,966
Expected to pass pre-reg exam (80% of pre-reg trainees)	2,338	2,420

## Pharmacy technicians' assumptions

Pharmacy technicians register at the end of 2021/22 is forecast to increase by 3% on 2020/21. This is in with the year-on-year movement we saw last year, therefore growth predictions for 2022/23 and future years have been kept at the same rate.

## Premises assumptions

The total number of pharmacies on the register have been on a downward trend each year since 2015/16 and has continued in 2021/22 financial, though at a slower rate than was anticipated. 2021/22 is forecast to close with a fall in premises of (0.8%) on last year and a further decrease of (0.7%) predicted for 2022/23.

## Total Register

The tables below outline the projected registrant number and year growth /decline.

**Table 2:** Projected registrant numbers

	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Pharmacists	56,288	57,651	56,849	60,641	61,784	63,028	64,344
Pharmacy tech	23,387	23,705	24,425	25,125	25,887	26,674	27,483
Premises	14,313	14,181	13,972	13,866	13,769	13,769	13,769
<b>Total</b>	<b>93,988</b>	<b>95,537</b>	<b>95,246</b>	<b>99,632</b>	<b>100,441</b>	<b>103,470</b>	<b>105,597</b>

**Table 3:** Year on Year (YoY) % growth

	19/20	20/21	21/22	22/23	23/24	24/25
Pharmacists	2.4%	(1.4%)	6.7%	1.9%	2.0%	2.1%
Pharmacy tech	1.4%	3.0%	2.9%	2.9%	3.0%	3.0%
Premises	(0.9%)	(1.5%)	(0.8%)	(0.7%)	0.0%	0.0%
<b>Total</b>	<b>1.6%</b>	<b>(0.3%)</b>	<b>4.6%</b>	<b>1.8%</b>	<b>2.0%</b>	<b>2.1%</b>

**Table 4:** Income sensitivities for 2022/23

Registrant Type	No. of Registrants (1% fall)	Income £000s	No. of Registrants (2.5% fall)	Income £000s	No. of Registrants (5% fall)	Income £000s
Pharmacists	604	(33)	1,514	(83)	3,036	(165)
Pharmacy technicians	256	(4)	637	(11)	1,261	(22)
Premises	137	(9)	341	(22)	674	(43)
<b>Total</b>	<b>998</b>	<b>(46)</b>	<b>2,492</b>	<b>(115)</b>	<b>4,972</b>	<b>(230)</b>

**Table 5:** Income sensitivities impact recognised over the next three years

Registrant Type	Income £000s (1% fall)	Income £000s (2.5% fall)	Income £000s (5% fall)
Pharmacists	(514)	(1,277)	(2,526)
Pharmacy technicians	(85)	(211)	(414)
Premises	(135)	(334)	(656)
<b>Total</b>	<b>(734)</b>	<b>(1,821)</b>	<b>(3,595)</b>

# Professional Standards Authority: annual performance review 2020/21

## Meeting paper for Council on 10 February 2022

Public

### Purpose

To update the Council on the annual performance review.

### Recommendations

The Council is asked to note the outcome of the 2020/21 performance review.

#### 1. Introduction

- 1.1 The Professional Standards Authority (PSA) carries out an annual performance review of each of the ten health and social care regulators, assessing their performance against its Standards of Good Regulation.
- 1.2 This report looks at the GPhC's performance during the period March 2020-February 2021 and so covers the first year of the pandemic. It is our second review against the updated Standards. These include general standards relating to information provision, the application of policies, EDI, performance reporting, corporate complaints, how we address learning from public enquiries and other relevant reports. The standards still also cover registration, education, fitness to practise and standards/guidance.
- 1.3 The report is attached as **Appendix 1**.

#### 2. Key findings

- 2.1 The PSA found that the GPhC met 15 out of the 18 Standards of Good Regulation.
- 2.2 All of the general standards were met, as were all standards relating to guidance/standards; education and training; and registration. Two of the standards for fitness to practise were met, while three were not. These were standards 15, 16 and 18 – the same standards which were not met in 2019/20. However, the report does note that there was improvement in relation to all three standards and a positive direction of travel; and acknowledges that some of the work being done in this area was delayed by the pandemic.

#### 3. Equality and diversity implications

- 3.1 The standard relating to EDI ('The regulator understands the diversity of its registrants and their patients and service users and of those who interact with the regulator and ensures

that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics') was met.

- 3.2 The PSA has specifically noted the work done on the development of the EDI strategy during the period under review; the strengthened EDI requirements for course providers in the revised Standards for Initial Education and Training of Pharmacists; and the Diversity Action Plan which was developed for Council member recruitment.
- 3.3 The report notes that, while there is work to be done in some areas, including ensuring and being able to demonstrate that fitness to practise processes are free from bias and differential attainment in the registration assessment, the GPhC is taking action to address these. It also concludes that, although there were some issues with the first sitting of the online registration assessment which impacted on certain candidates, those who share protected characteristics were not specifically disadvantaged.

## **4. Communications**

- 4.1 The report has been published on the PSA and GPhC websites and shared with key stakeholders in England, Wales and Scotland.

## **5. Resource implications**

- 5.1 Responding to the performance review once again required considerable staff resource. The revised process, whereby the PSA draws more information from regular data, scrutiny of our website, attendance at Council meetings and reading papers, helped somewhat but the demands were still significant, particularly for FtP in supporting the audit.
- 5.2 The PSA is currently working on further changes to the performance review process which should streamline it further. These will be introduced from the 2022/23 review and will include regular meetings with each regulator which should reduce the amount of information that needs to be provided at the end of a review period.

## **6. Risk implications**

- 6.1 The PSA report provides constructive feedback on the GPhC's performance and it is important that we respond to it in order to improve the way in which we regulate, for the benefit of patients, the public and the profession.
- 6.2 The continued implementation of the FtP improvement plan, together with the strategy for managing concerns which has now been approved, will allow us to build on the improvement which the PSA has noted. It will be important to demonstrate continuing improvement in the next review, which will cover the period March 2021-February 2022.

## **7. Monitoring and review**

- 7.1 We will continue to monitor progress and developments in all areas of performance. Council will continue to receive regular information via the Performance Monitoring Reports. Further assurance about aspects of organisational performance comes from the audits which are carried out across the business and reported to the Audit and Risk Committee.
- 7.2 The next PSA performance review process will start in March and the report should be completed before the end of 2022.

## 8. Recommendations

The Council is asked to note the outcome of the 2020/21 performance review.

Janet Collins, Senior Governance Manager  
General Pharmaceutical Council

[Enter date final version signed-off]



# Appendix 1

## performance review 2020/21 GENERAL PHARMACEUTICAL COUNCIL





## ABOUT THE PERFORMANCE REVIEW PROCESS

**We aim to protect the public by improving the regulation of people who work in health and care. This includes our oversight of 10 organisations that regulate health and care professionals in the UK. As described in our legislation, we have a statutory duty to report annually to Parliament on the performance of each of these 10 regulators.**

Our performance reviews look at the regulators' performance against our [Standards of Good Regulation](#), which describe the outcomes we expect regulators to achieve. They cover the key areas of the regulators' work, together with the more general expectations about the way in which we would expect the regulators to act.

In carrying out our reviews, we aim to take a proportionate approach based on the information that is available about the regulator. In doing so, we look at concerns and information available to us from other stakeholders and members of the public. The process is overseen by a panel of the Authority's senior staff. We initially assess the information that we have and which is publicly available about the regulator. We then identify matters on which we might require further information in order to determine whether a Standard is met. This further review might involve an audit of cases considered by the regulator or its processes for carrying out any of its activities. Once we have gathered this further information, we decide whether the individual Standards are met and set out any concerns or areas for improvement. [These decisions are published in a report on our website.](#)

Further information about our review process can be found in a [short guide, available on our website](#). We also have a [glossary of terms](#) and abbreviations we use as part of our performance review process available on our website.

## The regulators we oversee are:

General Chiropractic Council • General Dental Council •  
General Medical Council • General Optical Council • General  
Osteopathic Council • General Pharmaceutical Council • Health  
and Care Professions Council • Nursing and Midwifery Council •  
Pharmaceutical Society of Northern Ireland • Social Work England



Find out more about our work  
[www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

# General Pharmaceutical Council

## performance review report 2020/21

At the heart  
of everything  
we do is  
one simple  
purpose:  
protection  
of the public  
from harm

## Contents

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<b>09</b>	<b>General Standards</b> Five Standards
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## The General Pharmaceutical Council

# key facts & stats

The General Pharmaceutical Council (GPhC) regulates the pharmacy profession in Great Britain.

As at 31 March 2021, the GPhC was responsible for a register of:

**56,851 pharmacists,  
24,439 pharmacy  
technicians and 13,977  
registered pharmacies**

**annual retention is £257  
for pharmacists, £121 for  
pharmacy technicians and  
£365 for pharmacy premises**

## The GPhC's work includes:

- ▶ Setting standards for the education and training of pharmacists, pharmacy technicians, and approving and accrediting their qualifications and training
- ▶ Maintaining a register of pharmacists, pharmacy technicians and pharmacies
- ▶ Setting the standards that pharmacists and pharmacy technicians (pharmacy professionals) must meet throughout their careers
- ▶ Investigating concerns that pharmacy professionals are not meeting its standards, and, taking action to remove or restrict their ability to practise when it is necessary to protect patients and the public
- ▶ Setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- ▶ Inspecting registered pharmacies to check they are meeting the standards required.

## Standards of Good Regulation met for 2020/21 performance review

	General Standards	5/5
	Guidance and Standards	2/2
	Education and Training	2/2
	Registration	4/4
	Fitness to Practise	2/5

Meeting, or not meeting, a Standard is not the full story about how a regulator is performing. You can find out more in the full report.

## The General Pharmaceutical Council

# Executive summary

How the GPhC is protecting the public and meeting the Standards of Good Regulation



This report arises from our annual performance review of the General Pharmaceutical Council (GPhC) and covers the period from 1 March 2020 to 28 February 2021. The GPhC is one of 10 health and care professional regulatory organisations in the UK which we oversee. We assessed the GPhC's performance against the Standards of Good Regulation which describe the outcomes we expect regulators to achieve in each of their four core functions

To carry out this review, we collated and analysed evidence from the GPhC and other interested parties, including Council papers, performance reports and updates, committee reports and meeting minutes, policy, guidance and consultation documents, our statistical performance dataset and third-party feedback. We also utilised information available through our review of final fitness to practise decisions under the Section 29 process<sup>1</sup> and conducted a check of the accuracy of the GPhC's register. We used this information to decide the type of performance review we should undertake. Further information about our review process can be found in our [Performance Review Process guide](#), which is available on our website.

## The GPhC's performance during 2020/21

We conducted a targeted review of Standards 3, 4, 9, 10, 11, 12, 14, 15, 16, 17 and 18. Our targeted review included an audit of a sample of closed fitness to practise cases. We concluded that the GPhC did not meet Standards 15, 16 and 18. The GPhC has been implementing a wide-ranging action plan to address concerns we reported under the equivalent Standards in 2018/19.<sup>1</sup> The pandemic delayed some of this work but the GPhC has now completed most of the action plan. We have started to see improvements in some areas. However, there is still work to be done to improve the transparency and clarity of some fitness to practise processes, timeliness of case progression and support for people involved in the fitness to practise process.

## Key developments and findings:

### The GPhC's response to the COVID-19 pandemic

The pandemic impacted on the GPhC's work throughout the review period. It monitored developments closely and responded by adapting the work it was doing in all of its statutory functions. In particular, the GPhC

- set up a dedicated COVID-19 webpage which it kept regularly updated with FAQs, statements and guidance for registrants and information for members of the public

<sup>1</sup> Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).



- continued its work remotely, where possible, including accreditation visits and fitness to practise hearings
- reduced its revalidation requirements, recognising the impact of the pandemic on registrants' capacity to meet the usual requirements
- set up a temporary register to increase the number of pharmacy professionals able to practise during the emergency
- cancelled the 2020 registration assessments and set up a provisional register for trainees to start practising within certain limits while waiting to sit the rescheduled assessment.

### EDI strategy

The GPhC finished developing its EDI strategy and publicly consulted on its proposals. The Strategy is aimed at embedding equality, diversity and inclusion across all the work it does as both a regulator and an employer. As evidence relating to EDI within the specific context of COVID-19 began emerging, the GPhC incorporated this into its Strategy and EDI activities.

### Education reform

The GPhC launched its new *Standards for initial training and education for pharmacists* this year. It formed an Advisory Group to work on a transition plan for a phased implementation of the new Standards. The new Standards incorporate training on independent prescribing, which used to be separate, post-graduate training programmes. Part of the transition work is focused on addressing challenges arising from this change. We will continue to monitor this work as it progresses.

### Registration assessment

We received considerable feedback about changes to the GPhC's registration assessment and issues that arose when candidates tried to book their sitting. The GPhC cancelled its 2020 sittings of the assessment because of the pandemic and brought forward existing plans to introduce an online format. Prior to the first sitting in March 2021, various issues arose, including with insufficient test centre capacity, particularly in Scotland. The GPhC took steps to rectify the issues promptly and carried out a lessons learned review before the next sittings in July 2021. We considered the feedback we received about the registration assessment and the issues that arose under a number of Standards. They did not lead to any Standards not being met.

### The GPhC's response to our 2018/19 performance review

The GPhC is implementing a wide-ranging action plan to address concerns we reported in 2018/19 about timeliness, customer service and the transparency and fairness of a number of fitness to practise processes, together with a new fitness to practise strategy. The pandemic delayed both pieces of work but the GPhC has now completed almost all activities in its action plan and it launched its new strategy in July 2021 after a public consultation.

We have seen evidence of some improvements, including the introduction of new documents and guidance to aid transparency about voluntary agreements and IC warnings. We have also seen more information being provided to parties at the initial

stages of an investigation. We welcome these improvements, which suggest a positive direction of travel.

The GPhC is working to improve its risk assessments. However, our audit this year did not find significant improvements. At triage, very few risk assessments were recorded. During investigations, risk assessments were not always completed when they should have been and they did not always identify or analyse the risks arising. We are concerned that the improvement work is taking so long to progress, given that it directly relates to how risks are identified and managed.

We still have concerns about the transparency of certain processes, in particular triage decision-making. Our audit this year found that most triage outcomes were reasonable but we could not always see what factors had been considered because they were not usually recorded. We continue to be concerned about the transparency of the process and whether it ensures consistency in decision-making.

We also found that parties were still not routinely updated on the investigation and, in some cases, were not notified of the outcome of their case. Timeliness has deteriorated further since last year. We know the pandemic will have contributed to this but some median timeframes have increased significantly. We therefore concluded that Standards 15, 16 and 18 were not met.

The GPhC acknowledges that further improvement is needed and continues to work towards this. For some of the changes, it will take time to see evidence of their impact. We will continue to closely monitor the evidence as it becomes available.

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# How the General Pharmaceutical Council has performed against the Standards of Good Regulation

## The GPhC's registration assessment

A large number of individuals raised concerns with us about the GMC's handling of its registration assessment in 2020. The matter potentially affected our assessment of several Standards, so we have looked at the event as a whole here. We will assess how these matters affect the individual Standards in our discussion of the relevant Standards.

Before the pandemic, the GPhC held two in-person, paper-based sittings of the registration assessment<sup>2</sup> each year:

- one in June held across six or seven large conference venues, typically taken by around 3,000 candidates
- one in September held across a smaller number of usually the same venues, typically taken by around 1,000 candidates.

The dates of the assessments were confirmed around 12 months in advance.

After the announcement of the national lockdown in March 2020, the GPhC consulted with stakeholders then cancelled both 2020 sittings of the registration assessment and explored alternative options. In the interim, it introduced provisional registration<sup>3</sup> to allow trainees to start working while waiting to sit the rescheduled assessment.

The GPhC identified four key principles to take into account when considering changes to pre-registration training and the registration assessment:

- maintain standards and protect patient safety
- support NHS and community pharmacy
- safeguard students and trainees
- minimise blockages or gaps for qualified new registrants to join the profession.

The GPhC initially planned to introduce an online assessment that candidates could sit remotely. However, it later chose a hybrid approach, with candidates sitting at a test centre unless there was a medical or other reason for them to sit remotely. This enabled the GPhC to secure increased capacity and reduce the risk of candidates being affected by unreliable internet connectivity at home. The GPhC's chosen supplier, Pearson VUE, had 164 test centres across Great Britain. It also had test centres either owned directly or operated through third parties in all the countries where overseas candidates were based.

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<sup>2</sup> The registration assessment is an exam that all trainees must pass after completing their qualification and training in order to register with the GPhC.

<sup>3</sup> The provisional register initially ran from 1 July 2020 to 1 July 2021 but was later extended to 31 January 2022.



On 30 November 2020, the GPhC announced that assessments would take place on 17 and 18 March 2021.<sup>4</sup> From 5 January 2021, candidates could register for the assessment. From 25 February 2021, candidates could book their slot at a test centre. A total of 2,670 candidates sat the March 2021 assessment; 2,587 at test centres and 83 remotely.

When the system for booking a slot at a test centre went live, a number of issues arose:

- some candidates were notified later than others that booking had opened
- there was insufficient capacity at test centres for candidates in Scotland
- both sittings were in the morning but some candidates were able to book afternoon slots in error
- some candidates booked places for both sittings, which the system should have prevented.

We were contacted by people who had concerns about what happened and about the GPhC's overall management of the registration assessment. The GPhC also received concerns directly. The GPhC carried out a lessons learned review of what happened and implemented changes as a result.<sup>5</sup>

People told us they had concerns about:

- the GPhC's decision to retain the registration assessment rather than consider alternative means of assuring itself that candidates met the requirements for registration
- the GPhC making decisions without consulting or listening to stakeholders
- candidates having to travel to test centres during a pandemic, contrary to initial indications from the GPhC that the assessment would be sat remotely
- decisions about whether overseas candidates could sit the assessment remotely
- the quality and frequency of the GPhC's communications about the registration assessment
- the issues that arose when the booking system went live
- the reasonable adjustments process

### *The GPhC's approach to the registration assessment*

The four principles followed by the GPhC when making its decisions prioritised patient safety while taking account of other appropriate factors. We did not identify risks to the public arising from its approach or decisions. The GPhC consulted and considered the views of representative bodies, employers, education and training bodies, trainees, patients and members of the public. We therefore do not have concerns about the GPhC's decision to retain the registration assessment.

Although holding the assessment in test centres meant candidates had to travel during the pandemic, this approach meant more capacity could be secured and technical issues

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<sup>4</sup> In order to accommodate social distancing within venues, two sittings were arranged.

<sup>5</sup> Due to the timing of the issues that arose, the GPhC completed the lessons learned review and resulting changes after the current review period. However, we have taken account of the actions taken by the GPhC where we considered it relevant.

could be minimised. The GPhC's decision to change course from its initial plan of holding a remote assessment was reasonable in the circumstances.

### *Overseas candidates*

The GPhC made a number of incorrect assumptions about test centres and did not explore options for overseas candidates until late in the process.<sup>6</sup> This led to several changes of decision as to where and how these candidates could sit the assessment. Overseas candidates were first told they would be able to sit the assessment remotely. Candidates with a time difference of more than six hours were subsequently told they would not be able to sit the assessment.<sup>7</sup> After being contacted by candidates and stakeholders about this decision, the GPhC explored alternative options and was able to find a way for all overseas candidates to sit the assessment remotely without affecting the integrity of the assessment. Its lessons learned review identified the need to ensure arrangements for overseas candidates are confirmed much earlier in the process to allow such issues to be identified and resolved. There were no reports of similar issues arising for overseas candidates sitting the July assessment.

### *Communications*

After announcing the cancellation of the 2020 registration assessments, the GPhC issued almost monthly updates. The GPhC increased the frequency of its communications in the two months before the first sitting. However, some people thought the updates were infrequent and provided little substantial information. They did not feel fully or properly informed about the changes to the registration assessment. People told us this had an impact on their mental health during an already stressful time.

The GPhC attempted to keep people informed through regular communications but it recognised that its communications did not have the intended effect for all candidates. The GPhC explored how it could improve its communications through its lessons learned review. It committed to providing more regular updates on a clear schedule and to keeping candidates regularly informed when problems or issues arise. After the current review period, the GPhC liaised with employers and student representative bodies to improve the tone and content of communications.

### *Booking system issues*

Different factors led to the problems that arose when the booking system went live:

- some notification emails were sent later than others because the GPhC had to re-send a small proportion of data files to Pearson VUE
- the GPhC did not carry out a detailed exercise mapping candidates' addresses to test centre capacity so did not identify there was insufficient capacity for candidates in Scotland before the system went live

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<sup>6</sup> The GPhC decided to prioritise arrangements for candidates already in the UK, partly because pandemic restrictions reduced the likelihood of people being able to travel to the UK.

<sup>7</sup> The assessment is in two parts and lasts a total of five and a half hours. A time difference of six hours meant some candidates would be starting the assessment after others had finished, making it possible for details of questions to be discussed, thereby affecting the overall integrity of the assessment.

- a technical error led to candidates being able to book afternoon slots and the booking system did not have a mechanism to prevent candidates from booking places on both days.

The GPhC took prompt remedial action and within a week, it had secured more places in Scotland and rebooked all candidates who had booked an afternoon slot in error. It also tried to re-allocate candidates to more convenient centres if they were booked a significant distance from home. On the exam dates, 86% of candidates sitting at test centres did so within 50 miles of their home address. The GPhC reported that most candidates had shorter distances to travel than in previous years when fewer, but larger, venues were used.

The GPhC's lessons learned review identified the need to:

- carry out a detailed mapping exercise of candidates' addresses and test centre capacity prior to the July 2021 sittings
- work with Pearson VUE to identify the best way to share data and arrange a more effective booking process so candidates have a more equal opportunity to book the test centre of their choice.

We did not identify any reports of booking issues arising for the July 2021 sittings.

### *Reasonable adjustment process*

The communications issued by the GPhC about the reasonable adjustment process included guidance on its website and direct emails to candidates the process for booking for candidates requiring adjustments. Candidates could apply for adjustments to the process between 18 December 2020 and 11 January 2021. They were allowed a further five working days to provide additional information if their application was incomplete. The GPhC's lessons learned review did not identify any improvements related specifically to the booking process for reasonable adjustments but identified more generally that communications could be provided more regularly and on a clear schedule. We consider that the GPhC's reasonable adjustment process was appropriate.

The issues mentioned above, and the GPhC's response, are relevant to our assessment of several of our Standards. We have mentioned them under Standards 1, 3, 4 and 9.

Overall, however, we considered that:

- The pandemic and lockdown created an unprecedented and unforeseen situation which affected all organisations. We do not criticise the GPhC for being unprepared for it
- The GPhC's response to the pandemic took account of the right principles, but did not fully consider the implications of its approach for all of those affected and led to several unnecessary unforeseen consequences which caused avoidable concern for candidates
- The GPhC responded quickly and flexibly to the concerns raised and, ultimately, we had no evidence of candidates being disadvantaged
- The GPhC appropriately instituted a 'lessons learned' exercise and we considered that its findings were appropriate and transparent.

# General Standards

**Standard 1: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.**

- 1.1 The GPhC uses various channels to provide information about its work, including its website, social media and emails.
- 1.2 The GPhC made several changes and adaptations in response to the Covid-19 pandemic:
  - it launched a dedicated Covid-19 webpage that it frequently updated with statements, guidance, Frequently Asked Questions (FAQs) and signposting to resources and information published by other organisations
  - no inspection reports were published between mid-March and mid-June 2020<sup>8</sup> but the GPhC continued to collate, publish and publicise examples of notable practice identified through its inspection activities
  - stakeholder events, such as forums and focus groups, continued but were held virtually.

## Customer Contact Centre

- 1.3 The GPhC sought to remain accessible by telephone and email throughout the pandemic. However, the pandemic created unprecedented challenges, particularly in the earlier stages. Staff had to adapt to home-working without access to their usual facilities. The complexity of queries increased, leading to an increase in the average call length. Unsurprisingly, there was a decline in the GPhC's performance against its Key Performance Indicators (KPIs) for answering calls and responding to emails. Performance subsequently improved and the GPhC met its KPIs in the last financial quarter of 2020/21.
- 1.4 Making allowances for the pandemic, we decided the temporary decline in performance did not adversely affect our assessment of the GPhC's performance against this Standard.

## What we heard from stakeholders

- 1.5 We received positive feedback about the communications issued by the GPhC during the pandemic. However, some people were critical of the quality and frequency of the GPhC's communications about the registration assessment. The GPhC took this feedback on board and identified ways to improve its communications.

## Conclusion against this Standard

- 1.6 The feedback we received shows the GPhC's communications about the registration assessment could have been better. The GPhC recognised this and we welcome the steps it took as a result to improve the information it provides.

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<sup>8</sup> The GPhC placed routine inspections on hold during lockdowns.

- 1.7 However, we have also received positive feedback about the GPhC's communications in other areas. We saw it provide information about its work through its usual channels, particularly its website and social media. Frequent communications were issued throughout the pandemic and engagement activities which would have usually been held in person were not cancelled but were instead conducted remotely.
- 1.8 We concluded that, overall, the information provided by the GPhC across all of its work and functions was accurate and accessible and that this Standard is met.

**Standard 2: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.**

- 2.1 This year, the GPhC:
- set its strategic plan for 2020-2025 and set out its vision for the next ten years in its Vision 2030. Both documents are centred around the purpose of ensuring 'safe and effective pharmacy care at the heart of healthier communities'
  - continued to carry out activities in line with its statutory objectives. It had to change how some activities were done because of the pandemic, for example holding meetings and hearings remotely rather than in person
  - shared information across its functions to identify learning or where action needed to be taken, particularly in response to pandemic-related issues.

**What we heard from stakeholders**

- 2.2 We received feedback that questioned the GPhC's clarity of purpose because of statements it published on:
- profiteering
  - rapid antibody testing kits.
- 2.3 In March 2020, the GPhC issued a statement on profiteering<sup>9</sup> in response to reports of raised prices and locum rates during the pandemic. We received feedback arguing that a regulator should not comment on registrants' hourly rates. However, the GPhC's statement was about profiteering and how this can impact public confidence in the profession, which is clearly within the GPhC's remit. We therefore did not consider the statement suggested any lack of clarity about the GPhC's role.
- 2.4 In July 2020, the GPhC wrote to all pharmacy owners and superintendent pharmacists and issued a statement on Covid-19 rapid antibody tests.<sup>10</sup> Based on the public health advice at the time, the GPhC's position was that it was not appropriate for these tests to be sold in community pharmacies or recommended by pharmacy professionals.<sup>11</sup> Again, some groups argued that the GPhC should not seek to limit the products sold by its registrants. We considered that the statement

<sup>9</sup> <https://www.pharmacyregulation.org/news/profiteering-difficult-times>

<sup>10</sup> <https://www.pharmacyregulation.org/news/gphc-position-COVID-19-rapid-antibody-tests>

<sup>11</sup> When the public health advice later changed, the GPhC updated its position to reflect this.

<https://www.pharmacyregulation.org/standards/guidance/qa-coronavirus/COVID-19-supply-tests-pharmacies>

was entirely appropriate. The GPhC was following the guidance at the time which was directly relevant to its role in protecting the public.

### Conclusion against this Standard

- 2.5 The GPhC continued to discharge its statutory objectives this year, albeit with some changes to how it did so because of the pandemic. We were satisfied that the statements which caused concern were within its remit and focused on public protection. We are satisfied that this Standard is met.

### Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

- 3.1 The GPhC progressed various pieces of work relating to Equality, Diversity and Inclusion (EDI):
- **EDI Strategy:** the GPhC continued to develop its EDI Strategy, which is aimed at embedding equality, diversity and inclusion in its work as a regulator and an employer. As evidence relating to EDI within the specific context of Covid-19 began emerging, the GPhC incorporated this into its strategy and EDI activities. It launched a public consultation on the strategy shortly after the current review period and the final version was launched in November 2021
  - **EDI requirements in new *Standards for the initial education and training of pharmacists*:** the new Standards were launched in January 2021 and include strengthened EDI requirements for course providers
  - **Council member diversity:** the GPhC updated its Diversity Action Plan, which is aimed at further diversifying Council membership, as well as updating its approach to appointments and reappointments for Council members to ensure a clear and positive emphasis on EDI.
- 3.2 In addition to the above, the GPhC is:
- exploring the need for equality guidance for pharmacy owners to help them meet their obligations under the Equality Act and the Human Rights Act
  - carrying out a pilot of anonymous decision-making by the Investigating Committee<sup>12</sup>
  - improving equality monitoring data for staff and Council members.

### What we heard from stakeholders

- 3.3 We heard from a representative body that questioned what action the GPhC is taking to:
- ensure and demonstrate its fitness to practise processes are free from bias

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<sup>12</sup> The pilot was delayed because the pandemic led to the diversion of resources towards remote hearings and ensuring the safe resumption of in-person hearings. In addition, further preparatory work was identified and the GPhC also carried out further work to refine the scope of the pilot. It will start in 2022 and the GPhC will evaluate it on a monthly basis with a more comprehensive evaluation after six months.



- address:
  - differential attainment in the registration assessment
  - overrepresentation of BAME registrants in fitness to practise
  - the lack of diversity in panels.

3.4 We know there is still work to be done in these areas. However, we are satisfied that the GPhC recognises this and has demonstrated a commitment to addressing them by the work it is doing to identify, pilot and implement new approaches and mechanisms. We will continue to monitor the work it is doing and its impact.

3.5 We considered the feedback we received about the registration assessment under this Standard, particularly the concerns about the booking process, the reasonable adjustments process and the decisions relating to overseas candidates.

3.6 The overall process for agreeing to reasonable adjustments process appeared to us to work appropriately. However, we were concerned about the issue with test centre capacity in Scotland and the late reversal of decisions about overseas candidates because these issues were potentially preventable and had an impact on the affected candidates. The GPhC rectified the issues and identified the causes through its lessons learned review. It implemented changes after that review and there were no reports of similar issues arising for the July 2021 sittings of the assessment.

### Conclusion against this Standard

3.7 The GPhC collects and analyses EDI data about its registrants and other people that interact with it. It is using this data to improve its processes and it has launched an EDI Strategy. It is progressing work that is aimed at ensuring its processes do not impose inappropriate barriers or otherwise disadvantage people who share protected characteristics.

3.8 The issues that arose with the registration assessment meant that some candidates were initially disadvantaged. It is clear from the feedback we received that these issues had an impact on the candidates affected, although we have not seen evidence that people with protected characteristics were specifically disadvantaged.

3.9 We balanced the issues that arose on the registration assessment with the following factors:

- the GPhC was introducing a new format for the registration assessment and making decisions during the unprecedented and rapidly changing circumstances created by the pandemic
- the GPhC took prompt corrective action to reduce the impact for candidates sitting the March 2021 assessments
- the GPhC implemented measures to avoid similar issues arising for the July 2021 sittings which appear to have been effective
- the issues arose in one discrete area of the GPhC's work and there is wider, positive work it is doing on EDI.

3.10 In the light of these considerations, we are satisfied that this Standard is met.

#### **Standard 4: The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.**

- 4.1 We have no concerns about the way the GPhC reports on its performance. It continues to do this regularly in a variety of ways, including its annual report and through operational updates at public Council meetings.
- 4.2 The GPhC considered and acted on public inquiries and other events in the healthcare regulatory landscape, including:
- Brexit
  - the Cumberlege report
  - the Paterson inquiry.
- 4.3 The GPhC also carried out a significant amount of Covid-19-related activity in response to external events or emerging issues. For example, it:
- asked employers to review their risk assessments in light of Public Health England's (PHE's) report on *Disparities in the risk and outcomes of COVID-19*
  - worked with Hestia, a charity running the UK SAYS NO MORE campaign, to encourage pharmacies to participate in the 'Safe Spaces' initiative.<sup>13</sup>

##### **Corporate complaints**

- 4.4 The GPhC reports on and analyses data on corporate complaints it receives. It identifies and shares learning through an established process.
- 4.5 In response to the pandemic, the GPhC changed its approach to managing Stream 1 fitness to practise cases.<sup>14</sup> Its new approach means Stream 1 cases are logged and closed. In anticipation that this would lead to an increase in corporate complaints about closed Stream 1 cases, the GPhC decided to streamline its approach to considering such complaints. The complaints are still logged by the Governance team and passed to the fitness to practise directorate for review and response. However, the review stage is carried out by a more junior member of the fitness to practise team.<sup>15</sup>
- 4.6 The new approach to corporate complaints about Stream 1 cases was not used during the review period because no corporate complaints of this type were received. We therefore cannot assess its impact.

##### **Registration assessment**

- 4.7 When the GPhC became aware of the concerns about the registration assessment process, it acted promptly to address these and carried out a lessons learned review to identify any other improvements it could implement for future sittings. The GPhC convened an additional Council meeting in June 2021 to publicly report the

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<sup>13</sup> <https://uksaysnomore.org/>

<sup>14</sup> The GPhC's new approach is discussed further under the fitness to practise Standards.

<sup>15</sup> Prior to the pandemic, the review was carried out by the Head of Function or Manager but under the new process, the review is carried out by a senior member of the triage team.



findings from its lessons learned review. There were no reports of similar issues arising for the July 2021 sittings.

### Conclusion against this Standard

- 4.8 During a year where the pandemic presented significant challenges for the regulators, the GPhC continued reporting on its performance, took action in response to public inquiries and other reports on healthcare regulatory issues and identified learning to address concerns about it.
- 4.9 The GPhC's response to the issues that arose with the registration assessment is a clear example of it identifying and addressing concerns. We are satisfied that the GPhC learned from the issues that arose and took effective steps to rectify the concerns. We are satisfied that this Standard is met.

## Standard 5: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

### Consultations

- 5.1 The GPhC consulted on:
- increasing registration fees for pharmacy premises
  - proposals to expand the types of evidence it will accept for English language competence
  - its new fitness to practise strategy: *Managing concerns about pharmacy professionals: Our strategy for change*.
- 5.2 After each consultation, the GPhC reported on the responses received and how the responses were taken into account.

### *Fitness to practise strategy*

- 5.3 The GPhC's consultation proposed a number of changes to its approach. We responded, expressing concerns about the transparency and effectiveness of some of the proposals.
- 5.4 The GPhC's consultation report acknowledged the feedback it received. It has now launched its new strategy. We will be monitoring its implementation and impact.

### *Changes to the GPhC's procedure rules*

- 5.5 The GPhC also carried out an expedited consultation exercise on changes to its procedure rules for its fitness to practise hearings to take account of the restrictions in place because of Covid-19. All the changes were temporary, with the exception of the changes allowing electronic service of documents.
- 5.6 The changes were in effect for two months and expired on 1 May 2021. We recognise that, in the emergency, the consultation needed to be expedited. The GPhC recently launched a public consultation on remote hearings, which includes proposals for a permanent change to its procedure rules to enable remote hearings. We will monitor the consultation and its outcome.

### Working with stakeholders

- 5.7 The GPhC continued working closely with the PSNI on the new *Standards for the initial education and training of pharmacists* and the introduction of a joint four-country registration assessment. To finalise the *Standards for the initial education and training of pharmacists*, the GPhC re-convened a working group with education and training organisations in each country, professional and student representative bodies, trade unions and employers.
- 5.8 The pandemic led to increased engagement and collaboration amongst the regulators and their stakeholders. The GPhC:
- met regularly with:
    - the other health and social care regulators to discuss matters arising, provide information about changes or challenges and exchange learning
    - primary care clinical stakeholders
    - national pharmacy stakeholders
  - issued joint statements with a range of stakeholders on topics involving potential risks to the public in respect of its registrants, such as:
    - the sale of rapid antibody tests and the advice at the time that they may have an adverse impact on wider public health
    - the introduction of the test and trace system and the impact this might have on business continuity in the event a whole pharmacy team, or large part of it, had to self-isolate.

### Conclusion against this Standard

- 5.9 The GPhC continued to consult and work with stakeholders during the pandemic. We are satisfied that this Standard is met.

## Guidance and Standards

**Standard 6: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.**

- 6.1 The GPhC aims to review documents a year after publication and then between three and five years after publication.
- 6.2 The *Standards for pharmacy professionals* were introduced in May 2017 so now fall within the three to five year window for review.
- 6.3 The GPhC did not amend the *Standards for pharmacy professionals* in response to the pandemic. It published a joint statement with the other health and social care regulators explaining that the existing regulatory standards are designed to be flexible and provide a framework for decision-making in a wide range of situations. The regulators highlighted the key principles that should be followed.

- 6.4 We received no information to suggest that the *Standards for pharmacy professionals* were not flexible enough to apply appropriately to the unprecedented circumstances of the pandemic. We will monitor any work to review these standards but have no concerns about their suitability at present.
- 6.5 We are satisfied that this Standard is met.

**Standard 7: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.**

- 7.1 Last year the GPhC began exploring the need for new guidance on the use of Multi-compartment Compliance Aids. This work was delayed by the pandemic but has now resumed and we will continue to monitor it.
- 7.2 In response to the pandemic, the GPhC published additional guidance and statements to help registrants understand how the *Standards for pharmacy professionals* applied in the circumstances. The GPhC identified emerging areas of risk on the basis of reports it was receiving. Guidance and statements were published about:
- the GPhC's approach to regulation, fitness to practise (including hearings) and inspections during the pandemic
  - profiteering and pricing during the pandemic
  - the sale of rapid antibody tests
  - the temporary register, including guidance for employers and the GPhC's approach to concerns about temporary registrants
  - operating pharmacies in emergency situations
  - the use of NHS volunteers to deliver medicines
  - new legislation relating to controlled drugs
  - business continuity plans following the rollout of test and trace
  - review of employer risk assessments in light of report findings on the impact of Covid-19 on BAME groups
  - provisional registration, including guidance for employers and provisional registrants
  - reports of employers under-reporting exposure to Covid-19 in community pharmacies.
- 7.3 The GPhC also continued to publish examples of notable practice on its inspections website. Covid-19-related examples were included and the search function of the inspections website was updated to enable users to search for examples related to Covid-19.
- 7.4 We consider that the GPhC responded very strongly to the pandemic and provided relevant and suitable guidance for its registrants. We are satisfied that this Standard is met.

## Education and Training

**Standard 8: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.**

- 8.1 In recent years, the GPhC has been updating its standards of education and training for the pharmacy team.
- 8.2 This year the GPhC launched its new *Standards for the initial education and training of pharmacists* in January 2021,<sup>16</sup> replacing the previous standards from 2011. We have not identified any concerns about the new standards in terms of patient care and safety. The new standards incorporate training on independent prescribing (which was previously covered by post-graduate training programmes) and enable pharmacists to independently prescribe from the point of registration.
- 8.3 The GPhC is developing an evidence framework to accompany the new standards. In the meantime, it published FAQs on its website with other supporting resources to explain the changes that are being made.
- 8.4 The new standards will be implemented in phases. The GPhC has formed an Advisory Group to develop an implementation transition plan. The Advisory Group's work will address a number of challenges that have been identified, particularly those arising from the incorporation of independent prescribing training.
- 8.5 We received feedback that raised concerns about:
  - the speed at which the new standards were being introduced and the risks arising from this, especially around prescribing
  - whether the previous education and training standards were fit for purpose and whether the requirement to pass a standardised national registration assessment was outdated.
- 8.6 We are satisfied that the GPhC has given consideration to these points. It has identified potential areas of future risk arising from the implementation of the new standards and is working to address them. The work done by the GPhC to review and update its standards is aimed at ensuring they are up-to-date, fit for purpose and forward-looking.
- 8.7 The GPhC has worked throughout the year with stakeholders to ensure the standards reflect current practice and are forward-looking, and we note the work done with the Royal Pharmaceutical Society to ensure the learning outcomes are aligned with post-graduate training as far as possible.
- 8.8 We will continue to monitor the GPhC's work as it progresses. The GPhC continues to work with relevant stakeholders and has identified potential areas of future risk which it is working to address.

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<sup>16</sup> The launch followed a public consultation and engagement work with a range of stakeholders which we reported on last year.

- 8.9 We have not identified any concerns about the work done to date. We are satisfied that this Standard is met.

**Standard 9: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.**

- 9.1 As a result of the pandemic, the GPhC:
- changed the way it conducted accreditation visits
  - cancelled its 2020 sittings of the registration assessment and brought forward plans to introduce an online assessment
  - introduced provisional registration.

#### Accreditation visits

- 9.2 The GPhC took different approaches to accreditation visits during the pandemic; some visits went ahead remotely, some were postponed and in some cases, accreditation was extended for one year.
- 9.3 When deciding which approach to take, the GPhC took account of the type of course<sup>17</sup> due for accreditation and the type of visit<sup>18</sup> due. It also considered the risks arising from extending accreditation without carrying out a visit. The GPhC mitigated the risks by asking all accredited course providers to submit information about any temporary changes made to their courses during the pandemic, together with assurance of how teaching and assessment would continue to address all the learning outcomes. These appeared to us to be relevant considerations.
- 9.4 This approach enabled it to obtain a level of assurance that the programs and providers it oversees continued to meet its standards, within the constraints of the national restrictions.

#### Registration assessment

- 9.5 We considered the events connected to, and the feedback we received about, the GPhC's registration assessment under this Standard.
- 9.6 We are concerned by the issues that arose when the booking system went live. However, we were satisfied that the GPhC took account of appropriate factors and stakeholders' views in deciding to retain the registration assessment. We were also satisfied that its decision to change from remote sittings to a hybrid approach was reasonable in the circumstances.

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<sup>17</sup> The GPhC accredits different types of course, including MPharm, independent prescribing and pharmacy technician courses. Teaching and assessment methods vary according to the type of course.

<sup>18</sup> The GPhC carries out different types of accreditation visits, including full accreditation visits and interim monitoring visits.

### Provisional registration

- 9.7 When the GPhC cancelled the 2020 sittings of the registration assessment, it introduced provisional registration so that eligible trainee pharmacists could start practising while waiting to sit the rescheduled registration assessment. We discuss the provisional register in more detail under Standards 10 and 11.

### Conclusion against this Standard

- 9.8 We do not have concerns about the GPhC's accreditation activities during the pandemic, because it adapted them in a reasonable and proportionate way. We have also not identified any concerns about the GPhC's approach to provisional registration.
- 9.9 We are concerned by the issues that arose with the registration assessment. It is clear from the feedback we received that the issues had an impact on candidates during an already stressful time. Some of the issues were avoidable and public protection could have been affected if the issues had resulted in fewer registered pharmacists. However, we saw no evidence that this happened and, as with the other Standards, we took account of the action the GPhC took to resolve the problems and of the fact that the pandemic had created an unprecedented situation.
- 9.10 We therefore do not think the issues that arose with the registration assessment are serious enough to suggest that the GPhC did not meet this Standard. We are satisfied that this Standard is met.

## Registration

### Standard 10: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

- 10.1 In response to the pandemic, the GPhC set up two new registers:
- a temporary register so that eligible<sup>19</sup> former registrants could join the workforce during the emergency situation created by the pandemic
  - a provisional register so that eligible trainee pharmacists could start practising while waiting to sit the rescheduled registration assessment.

### Provisional register

- 10.2 The provisional register was initially open from 1 July 2020 to 1 July 2021 but was later extended to 31 January 2022.
- 10.3 The GPhC set eligibility criteria for provisional registration.<sup>20</sup> We were contacted by people who had concerns about the criteria set by the GPhC and these are discussed further under Standard 11.

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<sup>19</sup> Pharmacy professionals who had left the register in the last three years without fitness to practise issues were eligible for temporary registration.

<sup>20</sup> The GPhC published criteria for provisional registration in May 2020.

<https://www.pharmacyregulation.org/sites/default/files/document/initial-education-and-training-standards-for-pharmacists-criteria-for-registering-provisionally-june-2021.pdf>



- 10.4 The GPhC recognised the risks of allowing individuals to practise before they had demonstrated that they meet the standards for registration by passing the registration assessment. To mitigate these risks, the GPhC required provisional registrants to practise under the guidance and direction of a senior pharmacist and prevented them from working as locums, Superintendent Pharmacists or Chief Pharmacists.
- 10.5 The GPhC conducted a survey of provisional registrants and used the responses to identify concerns about employers' risk assessments or registrants' access to clinical guidance and support. The GPhC contacted employers to ensure steps were taken to address these concerns and, where necessary, its inspection team followed up with the pharmacies concerned.

### Accuracy of the registers

- 10.6 We saw no evidence of inaccuracies in the main register or the provisional register. One person was added to the temporary register in error because the exclusion parameters used to identify non-eligible registrants did not capture their circumstances. The error was identified when the GPhC received a query from the person concerned. The GPhC removed them from the register and updated their exclusion parameters.
- 10.7 The GPhC acted promptly and effectively to meet the workforce needs created by the pandemic. We had no concerns about this Standard and are satisfied that it is met.

## **Standard 11: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.**

- 11.1 The GPhC has not made any significant changes to its registration processes for pharmacy professionals or pharmacy premises.
- 11.2 It continues to process applications for registration efficiently. The median processing time:<sup>21</sup>
- for normal registration was less than one week
  - for provisional registration was two days.
- 11.3 We received feedback about the GPhC's criteria for provisional registration, in particular the decisions to:
- exclude those who had completed their training prior to 2020 or who had failed the registration assessment from eligibility for provisional registration
  - restrict provisional registrants from being able to locum.
- 11.4 People were concerned about the impact these restrictions would have on candidates' abilities to obtain employment and progress their careers.
- 11.5 Under Standard 9, we have listed the key principles the GPhC followed when making decisions about the registration assessment and provisional registration.

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<sup>21</sup> The data reflects the median time taken from receipt of completed application to approval decision in 2020/21.

The GPhC balanced its aim of minimising delays for newly qualified registrants to join the profession with the need to maintain standards. The GPhC published its Equality Impact Assessment (EIA) on provisional registration which recognised that the policy may impact those with protected characteristics and identified actions to mitigate those impacts. The EIA also addressed concerns raised by stakeholders<sup>22</sup> about other groups that may be affected by the GPhC's approach to provisional registration, including resitters and those who needed flexibility in their work patterns.

- 11.6 We recognise that some groups disagreed with the decisions made by the GPhC because of the impact on them. However, we are satisfied that, before making its final decision, the GPhC:
- engaged with a range of stakeholders, including those impacted by the criteria
  - took account of appropriate factors
  - considered the potential impacts of the process it was implementing and how they could be mitigated.
- 11.7 The criteria set by the GPhC appeared to balance these considerations appropriately.
- 11.8 We are satisfied that this Standard is met.

**Standard 12: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.**

- 12.1 The GPhC has not changed its approach to managing risks related to non-registrants using a protected title. We have been satisfied with these in previous years and have no reason to believe that it needs to change.
- 12.2 In July 2018, the GPhC was given powers to use general surveillance and covert (directed) surveillance in its investigations providing certain statutory tests are met. Last year we reported it was developing a governance framework for the use of its new powers. We said we would monitor this work and the use of its powers.
- 12.3 The GPhC has not yet used its new surveillance powers and intends to use them in very limited cases. It made some minor updates to its policy and procedures to reflect good practice advice it received from the Investigatory Powers Commissioner's Office (IPCO). The IPCO inspected the GPhC remotely this year and was satisfied the governance framework is compliant with law and the GPhC was demonstrating good practice in a number of areas.
- 12.4 We are satisfied that this Standard is met.

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<sup>22</sup> The EIA includes appendices with information about the different stakeholder engagement events carried out by the GPhC and the stakeholders which engaged, including the RPS, NPA, PDA, BPSA, Pharmacy Schools Council, Patients Association and the Black Pharmacists' Association.



## **Standard 13: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.**

### **Revalidation for pharmacists and pharmacy technicians**

- 13.1 To revalidate, registrants are normally required to submit records of their CPD, peer discussion and a reflective account when they renew their registration each year.
- 13.2 In recognition of the impact of the pandemic, the GPhC reduced its revalidation requirements. Registrants are currently only required to submit a reflective account. The GPhC intends to resume full revalidation once the emergency powers for the pandemic introduced by the Secretary of State for Health and Social Care are removed, but will keep its position under active review. The GPhC may wish to consider whether the change in the requirement has any adverse impacts on registrants' performance or competence and, in the light of that, consider how the process should work in the future.

### **Premises inspections**

- 13.3 The GPhC's inspections activity was significantly impacted by the pandemic. Intelligence-led inspections continued throughout but routine inspections were paused during national lockdowns. Inspectors were deployed in a supportive capacity, contacting pharmacies to provide advice and support. The GPhC also provided indemnity cover for inspectors who returned to practise as pharmacists during the pandemic.
- 13.4 The GPhC gathered examples of good practice in the context of the pandemic and shared them on its knowledge hub, publicising them through its social media channels. It also publicised enforcement action taken against pharmacies as a result of its inspection activity.

### **Conclusion against this Standard**

- 13.5 The GPhC's usual activities were constrained by the pandemic this year but we saw it adapt its methods of gathering information, prioritise activity where potential risks had been identified and take action where necessary.
- 13.6 In the circumstances of the pandemic, where the GPhC's registrants were working as part of the front-line response, the approach taken by the GPhC was proportionate.
- 13.7 We are satisfied that this Standard is met.

## **Fitness to Practise**

## **Standard 14: The regulator enables anyone to raise a concern about a registrant.**

- 14.1 Last year, we reported having significant queries about the robustness of the GPhC's triage process. This year, we carried out a targeted review, with an audit, of this Standard because we wanted to understand:

- if the high proportion of cases closed at triage and low proportion of decisions made by the Investigating Committee (IC) indicated that cases were being closed sooner in the process than appropriate<sup>23</sup>
- the GPhC's new approach to managing its Stream 1<sup>24</sup> cases.

### Triage processes and guidance

- 14.2 In 2018/19, we reported concerns about the GPhC deviating from its guidance when making triage decisions. The guidance required an assessment of whether the complaint was within the GPhC's remit based on four criteria. We found that the GPhC was considering additional criteria when making triage decisions. We were concerned about the transparency of this.
- 14.3 The GPhC is redesigning its triage function, moving towards undertaking more preliminary enquiries which enable a more holistic assessment. The Concerns Oversight Panel (OP)<sup>25</sup> and Closure Review Forum (CRF),<sup>26</sup> which were introduced as pilots in December 2018 and December 2019 respectively, will remain a part of the process for now. The GPhC also plans to introduce Case Examiners.
- 14.4 The GPhC updated its triage guidance to include:
- new sections explaining the roles of the OP and CRF
  - factors to consider when deciding whether a voluntary agreement is appropriate
  - examples of the types of further enquiries that can be conducted at triage
  - changes to the process for cases relating to mental health so it is the same as the process for cases relating to physical health
  - changes in some terminology.
- 14.5 The GPhC has not changed the remit assessment criteria so we remain concerned that there is a discrepancy between the criteria in the guidance and the criteria considered in practice. The OP, which is making triage decisions, has its own Terms of Reference. The test applied by the OP involves asking whether there are potential grounds for investigation. The inconsistencies between the guidance, the factors considered in practice and the OP's Terms of Reference means that different thresholds may be applied to triage decisions. This is not transparent and does not appear to support a consistent understanding of what factors can or should be considered when making triage decisions.

<sup>23</sup> The proportion of cases closed at triage this year is comparable to last year so there has not been a significant change in the data, but it remains relatively high.

<sup>24</sup> One of two investigation routes used by the GPhC if a fitness to practise concern progresses past triage. Cases which are assessed as unlikely to meet the threshold criteria after further investigation are investigated via Stream 1, which is managed by the GPhC's inspectorate team.

<sup>25</sup> A panel of senior members of the fitness to practise directorate which considers cases that have been recommended for a Stream 2 investigation and decides whether Stream 2, or another outcome, is appropriate.

<sup>26</sup> A forum that considers cases that have been recommended for closure and decides whether closure, or another outcome, is appropriate. The forum consists of the full Monitoring and Concerns team and a case officer from the Professionals Regulation team.

### New approach to Stream 1 cases

- 14.6 Before the pandemic, cases referred to Stream 1 of the GPhC's investigation process were managed and investigated by its inspectorate team. From 26 March 2020, the GPhC stopped allocating Stream 1 cases to the inspectorate so that inspection-related activity could be prioritised.
- 14.7 Cases that were identified as Stream 1 at triage were closed but passed to the inspectorate for an additional risk assessment and review. An inspector reviews the case to decide which of the following actions is necessary:
- no further action
  - prioritise future inspection when programme of inspections resumes
  - contact Superintendent Pharmacist/owner or visit pharmacy to discuss concern and seek assurance
  - telephone call or visit to the pharmacy (as part of the 'pandemic support' calls/visits being undertaken)
  - partial intelligence-led inspection to review specific systems and procedures (as a minimum, a partial intelligence-led inspection will always involve an assessment against the six key standards that drive performance)
  - full intelligence-led inspection.
- 14.8 Inspectors can challenge the triage decision if they think the case should have been referred to Stream 2 for investigation. This happened in four cases during the review period, which is comparable to the seven cases that were cross-referred from Stream 1 to Stream 2 in 2019/20.
- 14.9 Between 26 May 2020 and 31 March 2021, the GPhC closed 864 concerns at triage under its new Stream 1 approach. The GPhC carried out a full or partial intelligence-led inspection in response to 30 of those concerns.
- 14.10 The GPhC monitored its new approach, carrying out three internal audits and implementing improvements as a result. Our audit sample included nine cases closed under the new approach.

### Audit findings

- 14.11 We audited 69 cases closed by the GPhC during the review period. All of the cases had a triage decision made on them, although 19 of the triage decisions were made before the review period. Our main audit findings at triage were:
- **Record-keeping:** reasons for decisions were not always recorded. We noticed an improvement in the recording of decisions during the review period compared to decisions made before the review period. However, reasons were still not recorded in 40% of the triage decisions we looked at that were made during the review period. In some cases, there was no record that they had been considered by the OP or CRF

- **Decision-making:** some decisions were based on flawed reasoning<sup>27</sup> but this did not necessarily lead to inappropriate outcomes. We disagreed with the closure decision in four cases because the concerns were minimised or not fully explored and, as a result, it was not clear that closure was the appropriate decision. However, most of the outcomes we saw were reasonable
- **Customer service:** parties were not always notified of the outcome of the case or there was a delay in providing updates
- **Risk assessment:** very few cases had a risk assessment recorded at triage
- **Cases closed under the GPhC's new approach to Stream 1 cases:**
  - the triage decision was reasonable in all cases, although the reasons were not always recorded
  - most of the outcomes identified by inspectors were reasonable and sufficient for public protection
  - most of the cases were progressed and reviewed by an inspector without avoidable or unexplained delays.

14.12 The record-keeping made it difficult for us to assess decision-making at triage because we could not see what factors had been considered or how they were balanced. It also meant we could not see whether the GPhC's triage guidance had been correctly and consistently applied. However, in each case we were still able to form a view on the outcome itself.

14.13 Most of the triage outcomes we saw were reasonable, even in cases where the reasoning was flawed. Where we disagreed with the closure decision, we could not always be certain that the outcome was sufficient for public protection because the concerns had not been fully explored before the case was closed. However, this was in a small number of cases and we saw no evidence to suggest wider concerns about the system. We also saw no evidence of cases being inappropriately closed under the GPhC's new approach to Stream 1 cases. Based on our audit findings and the low number of Stream 1 cases that led to inspections, we were also reasonably confident that high risk cases were not being inappropriately referred to Stream 1.

### Conclusion against this Standard

14.14 We do not have concerns about the GPhC's triage process but we remain concerned about the transparency and clarity of the GPhC's triage guidance because it does not properly reflect all of the criteria that are considered.

14.15 The record-keeping at triage meant that we could not assure ourselves of the quality of the GPhC's decision-making. This includes decisions made by the OP and CRF, which are supposed to act as control mechanisms to ensure appropriate triage decisions are being made. It is therefore difficult for us to be assured that this additional scrutiny is having the intended effect.

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<sup>27</sup> For example, they did not accurately reflect the concerns raised, were unclear or did not take account of relevant factors such as previous fitness to practise history.

- 14.16 However, we cannot say these factors are leading to cases being closed inappropriately because most of the triage outcomes we saw were reasonable. The GPhC's triage function is going through a period of flux as new processes are being implemented. This may explain some of our audit findings.
- 14.17 Our audit also allayed our potential concerns about the high proportion of cases being closed at triage because most of the triage outcomes were reasonable. We did not see evidence to suggest that the GPhC is routinely closing cases inappropriately at triage. We will continue to monitor the data.
- 14.18 On balance, we are satisfied that this Standard is met. We will be closely monitoring triage and the changes that are being made, in particular to the guidance.

**Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.**

- 15.1 We looked at three areas of the GPhC's work:
- its progress towards completing its action plan to address our concerns from 2018/19
  - the changes it made in response to the pandemic
  - timeliness of case progression, including the impact of the pandemic and how the GPhC planned to manage this.
- 15.2 We took account of our audit findings where relevant.

### **The GPhC's action plan**

- 15.3 The GPhC has been implementing a wide-ranging action plan to address the following concerns, which we reported in 2018/19:
- **The triage process:** the process being operated deviated from the GPhC's internal guidance for staff because it took account of factors that were not set out in the guidance
  - **The pre-IC undertakings process:** there was no guidance in place on the circumstances in which it would be appropriate to offer pre-IC undertakings to registrants
  - **The process for health cases:** outcomes were being used that were not described in the guidance and registrants were asked to provide further health information or agree to pre-IC undertakings without being provided with full and transparent information about this request
  - **The 'informal guidance' process:** the GPhC issued 'informal guidance' to registrants without telling them it was such and without explaining what the future consequences might be

- **The process for IC warnings:** registrants were not provided with full and transparent information when invited to comment on or accept a warning issued by the IC.
- 15.4 The GPhC had to re-prioritise and adapt its plans because of the pandemic but has managed to complete almost all of its planned actions.
- 15.5 Last year, we reported that the GPhC introduced new guidance on voluntary agreements (formerly known as pre-IC undertakings) in December 2019. The guidance explains the purpose of these agreements and when their use may be appropriate. We are satisfied that this addresses our concerns about pre-IC undertakings.
- 15.6 The GPhC has also taken steps to address our concerns about the process for IC warnings by introducing a new process, guidance and templates in August 2020. The information provided to registrants is clearer and it is made clear that the IC should draft the wording for warnings. Further templates to support the new process were introduced in February 2021. The changes took effect in months eight and 12 of the review period so they do not impact the full year.
- 15.7 We remain concerned about the other elements of the process and whether they are operating in a fair way because:
  - as detailed under Standard 14, the GPhC has not updated the assessment criteria described in its triage guidance
  - while the GPhC's guidance does not mention proportionality as a factor to consider, our audit found that triage decisions on health cases routinely take account of proportionality. This is not inappropriate, but it gives rise to concerns about transparency. Importantly, almost all of the closure decisions we saw in health cases were reasonable. We also no longer saw outcomes being used that are not described in the guidance.
- 15.8 In addition, the GPhC's internal guidance has not been updated in relation to the issuing of 'informal guidance'. After our review, the GPhC confirmed that in March 2020 it updated its outcome letter template to include clearer information about the impact of informal guidance on registration and how the GPhC may take it into account if further concerns are raised. The GPhC also provided training to staff in February and July 2020. We did not see evidence of the impact of these changes in the cases we audited so we will continue to monitor this area for evidence of improvements. We will also monitor the impact of work completed by the GPhC shortly after this review period, including further training and the introduction of an informal guidance bank in April 2021.

### Changes made in response to the pandemic

- 15.9 The pandemic and associated restrictions had an impact on the GPhC's fitness to practise processes in a number of ways:
  - **Investigations:** as mentioned under Standard 14, the GPhC changed the way it managed Stream 1 cases because of the pandemic. Other investigations proceeded as normal although the GPhC advised that progress may be delayed because of the pandemic
  - **Committee meetings and hearings:**



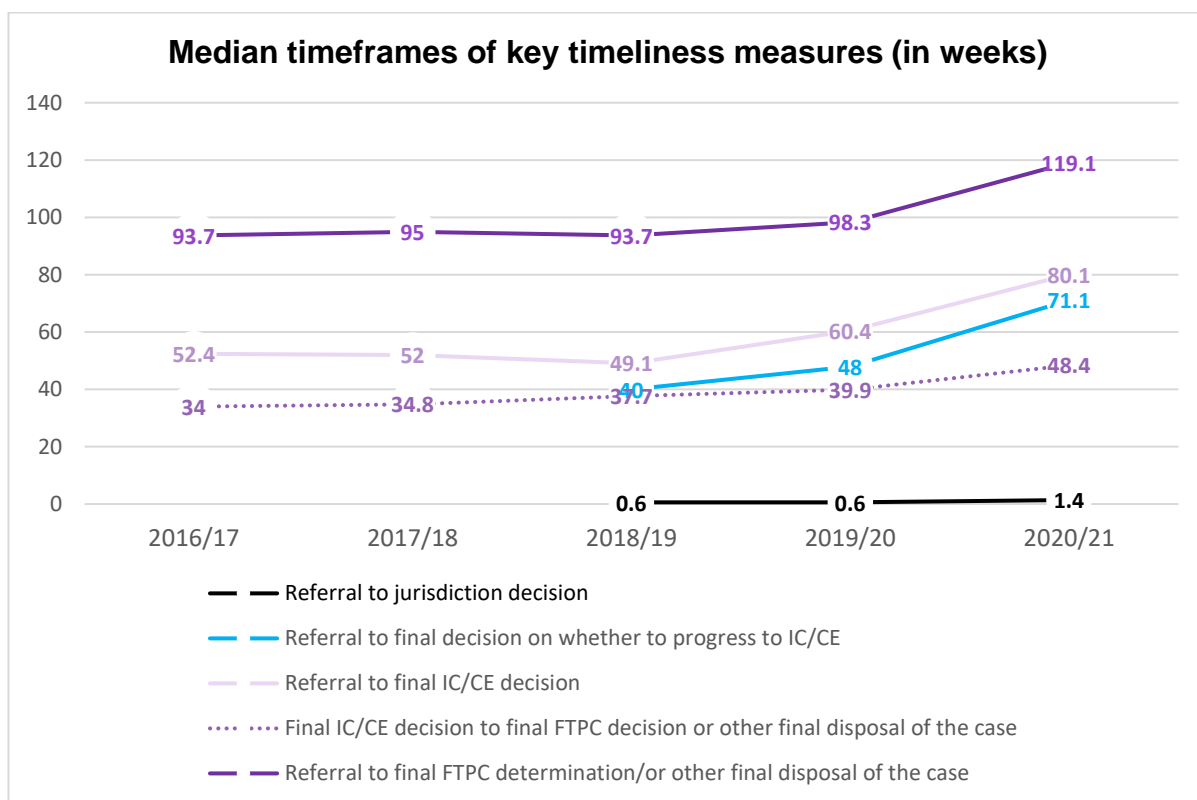
- Investigating Committee meetings continued remotely
  - interim order applications, interim order reviews and principal reviews were prioritised and considered on the papers, where parties consented
  - listed principal hearings were initially postponed but subsequently resumed remotely
  - **Procedure rules:** the GPhC was granted temporary changes to its procedure rules to facilitate remote hearings and electronic service of hearing notices and documents
  - **Temporary register:** the GPhC developed a separate risk-based approach to managing concerns about temporary registrants, based on the grounds on which an interim order can be sought
  - **Provisional register:** the GPhC applied its usual fitness to practise processes and policies to consider concerns raised about provisional registrants.
- 15.10 We did not identify any significant concerns about the changes made by the GPhC in response to the pandemic. In November 2021 it launched a public consultation on proposed permanent changes to its procedural rules. We will be monitoring any permanent changes it introduces.

### Timeliness of case progression

- 15.11 The time taken for the GPhC to progress cases was deteriorating before the pandemic. Part of the GPhC's action plan was aimed at addressing this. The chart below shows that timeliness declined again in 2020/21.<sup>28</sup>

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<sup>28</sup> Before 2018/19 we did not collect data on the median timeframe from referral to jurisdiction decision or referral to final decision on whether to progress to IC/CE.



- 15.12 The pandemic affected the GPhC's resources, logistics and ability to obtain information from third parties and hold hearings. These challenges contributed to the deterioration in timeliness this year, but we cannot quantify the extent of this. We do not know whether we would have seen improvements in timeliness had it not been for the pandemic.
- 15.13 Nonetheless, the deterioration in timeliness is significant as all of the median timeframes have increased, three of them by nearly 20 weeks or more.
- 15.14 The GPhC acknowledges that its timeliness needs to be improved. In addition to the actions it was already taking, it has identified further improvement measures, including:
- embedding its updated case review processes and ensuring more regular case reviews of cases over ten months old
  - launching a new Investigation Report Form (IRF)
  - securing additional support with the taking of evidence, providing case direction, undertaking advocacy and report writing
  - creating a new administrative role to assist case officers in progressing cases and ensuring good customer care.
- 15.15 We will monitor the implementation and impact of these measures.

### Conclusion against this Standard

- 15.16 The GPhC made significant progress with its action plan this year whilst also responding to the challenges of the pandemic. Our concerns about the processes for pre-IC undertakings and IC warnings have been addressed, although the latter was only addressed in the last quarter of the review period.



- 15.17 We still have concerns about the transparency and clarity of certain elements of the fitness to practise process and the GPhC's decision-making. In addition, timeliness was poor last year and has significantly deteriorated this year. We have taken account of the pandemic and the improvements implemented by GPhC. However, our concerns have led us to conclude that this Standard is not met.

**Standard 16: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.**

- 16.1 The GPhC has four main decision-making points in its fitness to practise process:
- triage
  - threshold criteria stage
  - Investigating Committee
  - Fitness to Practise Committee.
- 16.2 Last year, we had no significant concerns about decisions made by the Investigating and Fitness to Practise Committees. However, we remained concerned that the processes underlying triage and threshold criteria decisions did not ensure that those decisions are made in accordance with the GPhC's processes and are consistent and fair. In considering the Standard this year, we took account of our audit findings where relevant.

### **Triage processes and guidance**

- 16.3 The GPhC is redesigning its triage function and will be implementing new guidance to accompany its new approach. We have referred to our concerns about the lack of transparency in its guidance and inconsistencies in threshold in our discussion Standard 14. As mentioned there, our audit found that reasons for triage decisions were not always recorded. In these cases, we could not properly assess the decision-making because we could not see if decisions were based on the GPhC's processes and guidance or whether the various criteria were considered in a fair and consistent way.

### **Threshold criteria decisions**

- 16.4 Our audit sample included 12 cases where threshold criteria decisions were made. In just over half of the cases, we found the reasons for the decision were not always fully and accurately recorded or they were flawed in some way. For example, in some cases it was recorded that there was a lack of evidence when there was a conflict of evidence. We had no concerns about decisions in the remainder of the cases.
- 16.5 The GPhC delivered training in 2020 which included:
- sessions on 'giving good reasons' in July and August, with a refresher in April 2021
  - specific training on the threshold criteria in September 2020.

- 16.6 There was no marked difference between the threshold criteria decisions we saw that were made before and after the training. However, we saw a relatively small number of decisions made after the training was delivered so have not drawn any firm conclusions from this.
- 16.7 The GPhC carried out its own internal review of threshold criteria decisions. It found that 'decisions generally contained clear and detailed assessment of the available evidence, identified conflicts in the evidence and evidential weaknesses' but that there was a need to 'review the structure of decisions to include clearer analysis of risks and behaviours and highlight the most serious issues in order to reflect the weight of evidence and risk.'
- 16.8 These findings provide evidence of improvements in the quality of threshold criteria decisions. However, our audit findings suggest our concerns have not yet been fully addressed.

### Conclusion against this Standard

- 16.9 We continue to have concerns about decisions at the triage and threshold criteria stages. While we have not seen inappropriate or unsafe decisions being made, the GPhC's poor record-keeping made it difficult to properly assess its decision-making and meant we could not always see the link between the reasoning and the decision. In these circumstances, we cannot be assured that the processes in place are ensuring good decision-making.
- 16.10 We welcome the evidence of improvements so far. This suggests the direction of travel is positive. However, there is still work to be done to fully address our concerns and we have therefore concluded that the Standard is not met.

## Standard 17: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

- 17.1 Last year, this Standard was met but we said we would monitor three areas of the GPhC's work:
- cases placed on hold
  - interim orders
  - risk assessments.
- 17.2 This year, we carried out a targeted review, with an audit, of this Standard because we wanted to better understand how the GPhC assesses and manages risks.

### Cases placed on hold

- 17.3 Last year, the GPhC carried out a review of all on-hold cases<sup>29</sup> which found that further work was needed to embed its *Undertaking parallel investigations* guidance. A repeat review was planned but was delayed due to the pandemic and did not take place during the review period.

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<sup>29</sup> These are cases where the GPhC pauses its investigation in certain circumstances, for example to avoid prejudicing an ongoing police investigation.

- 17.4 Our audit sample included seven cases that were placed on hold at some stage of the investigation. We did not identify any concerns about the reasons these cases were placed on hold and found that investigations were resumed promptly when it was appropriate to do so.

### Interim orders

- 17.5 We identified some concerns about how the GPhC manages interim order cases because:
- the GPhC reported<sup>30</sup> issues on four cases:
    - there was a delay in applying for an IO in one case because the recommendation for an application was missed
    - an IO lapsed because it was not reviewed in time
    - the High Court refused an application to extend the IO on two linked cases
  - the number of applications to the High Court for IO extensions has increased in recent years.
- 17.6 We sought further information from the GPhC about the four cases where it reported issues. We were satisfied that the GPhC reviewed what happened in each case to identify the cause(s) and put measures in place to prevent further recurrences. The GPhC also provided evidence that the measures were effective.
- 17.7 Our audit sample included seven IO cases. Due to the nature of IO cases, most of the activity we saw on these cases occurred before the review period. However, we were concerned by what we saw because we found:
- avoidable or unexplained case progression delays in four cases
  - avoidable delays in applying for an IO in two cases.
- 17.8 Since the delays we identified in these cases, the GPhC has changed its IO process to ensure IO applications are made promptly. It has also implemented a range of measures to improve timeliness of case progression. As mentioned under Standard 15, the GPhC's timeliness of case progression has deteriorated this year.<sup>31</sup> However, the chart below shows that during the review period there was a significant improvement in the time taken to apply for an IO from receipt of the referral. This suggests the changes to the GPhC's IO process have improved the timeliness of IO applications.

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<sup>30</sup> The information was reported to Council in the GPhC's performance monitoring reports.

<sup>31</sup> We do not collect separate data on the progression of IO cases so cannot separate them from the overall timeliness data.



### Risk assessments

- 17.9 Last year, we said we were concerned because the GPhC had not yet addressed the points we raised in 2018/19 about its approach to documenting risk assessments. They were not documented at triage and at investigation stage they were documented on Yes/No checklists with little, if any, accompanying explanation.
- 17.10 The GPhC told us its approach to documenting risk assessments 'is an ongoing and progressing area of activity' but some of its planned work was delayed by the pandemic. It continues to use Yes/No checklists during investigations but now documents risk assessments at triage. An internal review by the GPhC found 'significant improvements in the consistency with which risk assessments are recorded' at that stage.
- 17.11 However, our audit did not find significant improvements in the risk assessments carried out by the GPhC during the review period. We found:
- at triage, very few risk assessments were recorded
  - during investigations, risk assessments:
    - were not always completed when they should have been
    - did not always identify or analyse the risks arising.
- 17.12 The GPhC accepted that its recording of risks and frequency of risk assessments can be improved. It is working to improve various aspects of its risk assessments and we accept that the pandemic has caused delays in this work. However, we are concerned that this work is taking so long to progress, given that it directly relates to how risks are identified and managed.

### Conclusion against this Standard

- 17.13 We reported concerns about the GPhC's risk assessments in our last two performance reviews and have seen no significant change in performance this year.
- 17.14 The GPhC accepts its risk assessments need to improve and has a number of actions in progress aimed at addressing this. We did not see evidence of the GPhC

failing to identify the need for an IO or failing to apply for an IO when it should have. We also note that the time taken from referral to Interim Order Committee decision has improved.

17.15 We are satisfied that this Standard is met this year. However, we will be seeking evidence of improvement in the GPhC's risk assessments next year.

### **Standard 18: All parties to a complaint are supported to participate effectively in the process.**

18.1 In 2018/19, our audit found that:

- parties were not kept updated on their cases
- processes were not being clearly explained
- outcomes were not always sent
- there were avoidable or unexplained delays on a significant number of cases
- parties were given short response deadlines.

18.2 This Standard was not met last year as we were not assured that the GPhC had addressed the concerns identified from our 2018/19 audit. The GPhC is addressing these concerns through two pieces of work:

- a new Fitness to Practise strategy: *Managing concerns about pharmacy professionals*
- its Communications Forum action plan.

18.3 The pandemic delayed this work but most of it has now been completed, albeit that some was completed after the current review period.

18.4 The GPhC's new Fitness to Practise strategy was launched in July 2021, after a public consultation. During the review period, the GPhC progressed elements that were not dependent on the consultation and are aimed at being more person-centred. For example, it launched a new witness page on its website and delivered workshops for staff on being more person-centred.

18.5 The Communications Forum action plan has four main elements:

- **Service promises:** these were introduced after the review period as part of the new Fitness to Practise strategy
- **Glossary of terms:** these were introduced after the review period, in March 2021
- **FAQs:** these were introduced after the review period, in March 2021
- **Review of template documents:** revised templates were introduced during and after the review period and this piece of work is ongoing.

18.6 This Standard was not subject to audit this year. However, some of our audit findings are relevant to this Standard. Our audit found improvements in the information provided to participants:

- the acknowledgement template includes information about next steps, anticipated timeframes and signposts complainants to independent sources of support
- when registrants were contacted, they were routinely signposted to Pharmacist Support.

18.7 However, we also found that:

- participants were not routinely provided with regular case updates
- in some cases, participants were not notified of the outcome.

18.8 The GPhC's own internal reviews looked at outcome correspondence sent after decisions made by the Closure Review Forum. Approximately two thirds of the correspondence reviewed addressed the complainant's concerns, had clear reasons, was person-centred and displayed sensitivity. We would expect to see good quality correspondence on a higher proportion of cases. The GPhC also acknowledged that more work is needed at the investigation stage of its process to embed person-centred communications. It told us about the following future activity it has planned, which we will monitor:

- a new online concerns form
- updated information leaflets for witnesses
- exploring other forms of support for witnesses, which will be informed by asking witnesses for their views.

### Conclusion against this Standard

18.9 Although the pandemic delayed some of the GPhC's plans, most of the improvement work has now been completed. Our audit found evidence of some improvements but they relate only to the initial stages of the fitness to practise process. There is still work to be done to ensure parties are supported to participate throughout the process.

18.10 We recognise the progress made by the GPhC this year, particularly in the circumstances of the pandemic. While we have seen improvements, we still have some concerns that were not addressed within the review period, which means we have concluded that this Standard is not met.

## Useful information/links

The nature of our work means that we often use acronyms and abbreviations. We also use technical language and terminology related to legislation or regulatory processes. We have compiled a glossary, spelling out abbreviations, but also adding some explanations. [You can find it on our website.](#)

You will also find some helpful links below where you can find out more about our work with the 10 health and care regulators.

## Useful links

Find out more about:

- [the 10 regulators we oversee](#)
- [the evidence framework we use as part of our performance review process](#)
- [the most recent performance review reports published](#)
- [our scrutiny of the regulators' fitness to practise processes, including latest appeals](#)

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# Minutes of the Audit and Risk Committee meeting held on 03 August 2021

## Minutes of the public items

### Present:

Neil Buckley (Chair)

Yousaf Ahmad

Helen Dearden

Ann Jacklin

Aamer Safdar

### Apologies:

Jayne Salt

### In attendance:

Duncan Rudkin	Chief Executive and Registrar
Jonathan Bennetts	Director of Finance
Rob Jones	Risk and Audit Manager
Laura McClintock	Chief of Staff and Associate Director of Corporate Affairs
Mark Voce	Director of Education and Standards
Sarah Stein	Head of Registration

#### 1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting. Apologies had been received from 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. Minutes of the last meeting – public items from 25 May 2021**

3.1 The minutes of the public items discussed at the meeting on 25 May 2021 were approved.

### **4. Actions and matters arising – public items**

4.1 Actions due for this meeting were included on the agenda. There were no matters arising.

The remainder of the agenda items were confidential.

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

Tuesday 21 September 2021

# Minutes of the Audit and Risk Committee meeting held on 21 October 2021

## Minutes of the public items

### Present:

Neil Buckley (Chair)

Yousaf Ahmad

Helen Dearden

Ann Jacklin

Aamer Safdar

Jayne Salt

### In attendance:

Nigel Clarke	GPhC Chair
Duncan Rudkin	Chief Executive and Registrar
Jonathan Bennetts	Director of Finance
Clair Bryce – Smith	Director of Insight, Intelligence and Inspection
Mark Voce	Director of Education and Standards
Gary Sharp	Associate Director of Human Resources
Rob Jones	Head of Risk and Audit
Vanessa Clarke	Head of Finance and Procurement
David Hajduk	Head of IT
Sarah Stein	Head of Registration
Saleem Akuji	Financial Controller
Michael Compton	Governance Manager
Ashley Norman	TIAA
Tim Redwood	Crowe Clark Whitehouse
Samantha Bache	General Dental Council Head of Finance and Procurement

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

- 1.1 The Chair welcomed those present to the meeting. No apologies had been received.

## **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. Minutes of the last meeting – public items from 03 August 2021**

- 3.1 Due to a full agenda, it was decided that the minutes of the public items discussed at the meeting on 03 August 2021 would be circulated in advance of the next meeting.

## **4. Actions and matters arising – public items**

- 4.1 There were no matters arising. NB requested that an action log be developed.

**Action: MC to produce an action log for the next meeting**

## **5. Item 6 - Impact of the pandemic on pharmacy**

- 5.1 CBS introduced presentation 21.10.ARC.02 and summarised the key headlines. The pandemic had not had a material impact on pharmacy patient safety or macro-supply chains. The perceived value of pharmacy had increased with both the public and wider healthcare system recognising the contribution of pharmacy through the pandemic.
- 5.2 The GPhC had a strong understanding of the pharmacy landscape but needed to continue to monitor improvement in targeted pharmacies. Despite the challenges, the pandemic had accelerated some of the work needed to achieve the Vision 2030.
- 5.3 Colleagues asked about market information sources and pharmacy workforce issues. While the GPhC had links with the PSNC and LCGs, data was not complete from these sources. Staff shortages in pharmacies were multifactorial, but the related risks had not been realised thus far.
- 5.4 Capacity to deliver additional or new services was a potential pharmacy workforce risk. As many of the new services were being rolled out in response to the pandemic and wider healthcare pressure, it was vital that the appropriate standards were in place to minimise associated risks.
- 5.5 Colleagues considered the pharmacy market data gaps and agreed that a Council workshop in this area would be beneficial. The scope of future reports to ARC was to be finalised by NB, RJ and CBS.

**Action: NB, RJ & CBS to finalise the scope of reports**

- 5.6      **The committee noted the presentation on the impact of the pandemic on pharmacy**

## **6. Item 8 - Internal Audit update**

### **ICT Review of Upgrading CRM and Migrating to Cloud**

- 6.1      AN provided a summary, with robust controls around the project management having provided substantial assurance. The committee welcomed the details provided.

### **Review Treasury Management**

- 6.2      AN provided a summary and noted that policy compliance was strong with reporting well-articulated within the organisation. Substantial assurance was given due to the overall compliance with GPhC's investment policy and operational procedures. The committee welcomed the details provided.

### **Summary of Internal Controls Assurance (SICA) Report and Recommendation tracker**

- 6.3      AN provided a summary focussing on the revised progress dates and accompanying commentary.
- 6.4      The committee requested further clarification regarding the date changes. While no approval system was required, dates changes should be communicated for consideration from a risk standpoint. Arrangements to do this in real time would be helpful to the committee in considering associated risks. Further qualitative discussions in planning work would also be beneficial.

**Action: RJ to develop governance arrangements in reporting date changes as recorded in the TIAA recommendation tracker.**

- 6.5      **The committee noted the internal audit update.**

## **7. Item 9 - Update on corporate quality pilot (integrity of the Register)**

- 7.1      This work had resulted from the never event in relation to the register. RJ summarised the quality management approach and emphasised that data security and EDI implications must both be considered.
- 7.2      There was a need to understand whether the register controls were performing in line with the specification, given the statutory obligations that governed the register. There would need to be a clear definition of success.
- 7.3      Manual processes would always be more prone to errors than automated ones and the committee felt that it would be beneficial to understand how other regulators managed their registers, in efforts to build intelligence, and thus build further assurance.
- 7.4      **The committee noted the update.**

## **8. Item 11 - Incident management policy**

- 8.1 RJ provided a summary of 21.10.ARC.07.
- 8.2 The committee noted that some of the damage levels relating to key risk indicators would need to be revised. RJ agreed to review and bring the policy back for the December meeting.

**Action: RJ**

- 8.3 **The committee noted the papers and need for amendments**

## **9. Any other business**

- 9.1 NB informed colleagues that 7 December would no longer be suitable for the next meeting. A replacement date in December would be arranged.

**Action: MC to seek an alternative meeting time.**