Council meeting

By Zoom
Thursday, 12 May 2022 at 10.00

Public business

Standing Items
1. Attendance and introductory remarks
   Gisela Abbam
2. Declarations of interest – public items
   Gisela Abbam
3. Minutes of the April meeting
   Minutes of the public session on 14 April 2022 – for approval
   Gisela Abbam
4. Actions and matters arising
   Gisela Abbam
5. Workshop summary – April meeting
   For noting
   Gisela Abbam

Regulatory functions
6. Revising education and training requirements for pharmacist independent prescribers
   For approval
   Mark Voce
7. Remote hearings – consultation analysis
   For noting
   Paul Cummins
8. Remote hearings – proposed changes to our procedural Rules
   For noting
   Paul Cummins

Governance, finance and organisational management
9. Council remuneration
   For approval
   Rob Goward
10. Review of risk policy
    For approval
    Rob Jones
11. Any other business
    Gisela Abbam
Confidential business

Standing items

12. Declarations of interest – confidential items
   Gisela Abbam

13. Minutes of the April meeting
   Gisela Abbam
   Minutes of the confidential session on 14 April 2022 – for approval

Regulatory functions

14. Fitness to Practise update
   For discussion and noting
   Carole Auchterlonie
   22.05.C.09

15. Delivering the common registration assessments in 2022
   For noting
   Mark Voce
   22.05.C.10

Governance, finance and organisational management

16. Workforce Committee – draft minutes of the April meeting
    For noting
    Elizabeth Mailey
    22.05.C.11

17. Strategic risk register
    For discussion
    Rob Jones
    22.05.C.12

18. Any other business
    Gisela Abbam

Date of next meeting

Thursday 9 June 2022

---

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

   a. may be prejudicial to the effective conduct of the GPhC’s functions if discussed in public; or
   b. contains information which has been provided to the Council in confidence; or
   c. contains information whose disclosure is legally prohibited, or is covered by legal privilege; or
   d. is part of a continuing discussion or investigation and the outcome could be jeopardised by public discussion; or
   e. refers to an individual or organisation that could be prejudiced by public discussion; or
   f. relates to negotiating positions or submissions to other bodies; or
   g. could be prejudicial to the commercial interest of an organisation or individual if discussed in public session; or
   h. could be prejudicial to the free and frank provision of advice or the exchange of views for the purpose of deliberation if discussed in public; or
   i. needs to be discussed in confidence due to the external context, for example, during periods of heightened sensitivity such as during an election period.
Minutes of the Council meeting held on 14 April 2022

To be confirmed 12 May 2022

Minutes of the public items

Present:

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

Apologies:

Elizabeth Mailey

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 Fulton  Director for Scotland
1. **Attendance and introductory remarks**

1.1 The Chair welcomed those present to the meeting. Apologies had been received from Elizabeth Mailey.

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 10 March 2022 were confirmed as a true and accurate record of the meeting and signed by the Chair.

4. **Actions and matters arising**

4.1 There were no matters arising.

5. **Workshop summary**

5.1 The summary of the workshop held on 10 March 2022 was noted.

6. **Revalidation – the reflective account and Standards for pharmacy professionals (22.04.C.01)**

6.1 All registrant members declared an interest in this item.

6.2 Annette Ashley (AA) presented the paper which updated the Council on the current position on revalidation and suggested three standards on which registrants should focus their reflective accounts.

6.3 The requirement for registrants to submit their revalidation records had been suspended in March 2020 due to the pressures placed on the profession by the Covid-19 pandemic and the resulting disruption to learning events.

6.4 In June 2020, it was announced that pharmacy professionals with a registration renewal deadline between 1 September and 31 December 2020 would only need to submit a reflective account when renewing their registration. Pharmacy professionals were encouraged to reflect on their experiences during the COVID-19 pandemic when completing their reflective account.

6.5 In February 2021, it was decided to continue with this approach until 31 May 2022, when the situation would be reviewed.

6.6 Following the Government’s announcement that emergency powers put in place to help with the response to the pandemic would be removed by the end of September 2022, a decision had been made to resume full revalidation from 1 October 2022, meaning that registrants would be expected to submit all six records, when renewing their registration. This included:
• four CPD records (at least two of which must be planned)
• one peer discussion record
• one reflective account record

6.7 The paper also suggested three standards on which submissions should be based. These were:
• Standard one: Pharmacy professionals must provide person-centred care
• Standard two: Pharmacy professionals must work in partnership with others
• Standard five: Pharmacy professionals must use their professional judgement.

6.8 Pharmacy professionals would be expected to reflect on one or more of these standards when writing their reflective account.

6.9 It was agreed that the importance of equality, diversity and inclusion in pharmacy practice would be emphasized by linking standard one to the new equalities guidance for pharmacies.

6.10 It had not been possible to collect enough robust data over the previous two years to support an evaluation of the effectiveness of revalidation. However, the framework was being reviewed and evaluation would be included.

6.11 The guidance on peer discussions would be re-issued and promoted to support the process. Communication with registrants would be key. This could include examples of peer discussions.

6.12 The Council noted the update and also noted that from 1 October, pharmacy professionals with registration renewal dates on or after 14 October 2022 (and whose registration was due to expire on or after 14 December 2022) would be required to submit all six revalidation records (four CPD, one peer discussion, and one reflective account) reflecting on one or more of standards one, two and five.

7. Review of governance policies (22.04.C.02)

7.1 Janet Collins introduced the paper which covered the regular review of four governance policies of which Council had oversight:
• GPhC0025 Council Standing Orders
• GPhC0026 Standing Orders of the non-statutory committees
• GPhC0031 Arrangements for nominating deputies for the Chair and
• GPhC0032 Council member and Chair appraisals.

7.2 The changes proposed were set out in the paper and were largely updates to reflect current practice such as holding some meetings remotely and some updates to language.

7.3 The main change was to the Chair appraisal process which had been identified as needing to be strengthened and clarified. An annual appraisal for the Chair would be conducted by the chairs of the Audit and Risk, Finance and Planning and Workforce Committees. The full 360° appraisal process in a year preceding a potential re-appointment remained largely unchanged.

7.4 This led to a discussion about whether the Council should have a senior member/senior independent director and it was agreed that this should be explored. It was also agreed that independent members of the non-statutory committees should also be subject to an appraisal process similar to that for Council members and that a policy should be drafted accordingly.
7.5 One small edit was suggested to the Council Standing Orders and agreed.

7.6 The Council approved the updated policies with the minor amendment to the Council Standing Orders.

8. Responding to external consultations (22.04.C.03)

8.1 Annette Ashely introduced the paper which set out the policy and procedure for responding to external consultations.

8.2 Council welcomed the paper, which gave assurance about the process. Council members agreed to support the process by flagging consultations that came to their attention to the executive, to help minimise the risk of the organisation missing a key consultation.

8.3 The Council noted the approach to responding to external consultations.


9.1 Laura McClintock presented the paper which updated Council on recent public inquiries and reports in the wider healthcare regulatory context which had relevance to the work of the GPhC.

9.2 The Council noted the update.

10. Any other business

10.1 There was no other business
## Council action log – May 2022

<table>
<thead>
<tr>
<th>No.</th>
<th>Status</th>
<th>Minutes</th>
<th>Action</th>
<th>Lead</th>
<th>Update</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Open</td>
<td>April</td>
<td>Council to consider the question of whether to have a senior member/senior independent director</td>
<td>LM</td>
<td>Initial consideration at the June workshop</td>
<td>June meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>para 7.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Open</td>
<td>April</td>
<td>Appraisal policy for independent members of non-statutory committees to be drafted</td>
<td>JC</td>
<td>In progress</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>para 7.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
22.05.C.02

Council workshop summary

Meeting paper for Council on 12 May 2022

Public

Purpose

To provide an outline of the discussions at the Council workshop on 14 April 2022.

Recommendations

The Council is asked to note the discussions from the April 2022 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 April 2022 workshop

Remote hearings

2.1 Jonathan Bennetts presented a session on remote hearings giving Council the opportunity to explore any issues around the proposal that the GPhC should have the power to hold hearings made permanent, before it was asked to formally approve Rules at the May meeting. The session built on the one held at the previous meeting.

2.2 Getting the Rules in place would give the GPhC the power but the policy could still be developed further before the Rules came into effect, which was expected to be in October 2022.
2.3 The discussion covered the criteria for deciding when remote hearings would be appropriate and quality assurance measures, including outcomes that could be measured. These included:

- legality of outcome;
- fairness;
- participation;
- the implications for equality, diversity and inclusion; and
- efficiency, cost and sustainability.

**Accommodation strategy – decision making and policy parameters**

2.4 Stuart Heaney presented a two-part session on the accommodation strategy. The first session was focused on decision-making, including the need to identify key decision points for Council, the committees, the Senior Leadership Group (SLG) and others. A number of decision stages were needed to ‘narrow the funnel’ to choose and deliver new office accommodation.

2.5 The aim was to deliver new accommodation by May 2023. The SLG was working with a consultancy study on capacity and market research, including site visits for reference. This research would be used to develop evidence-based options for consideration by the Council.

2.6 The second part of the session focused on setting parameters for the search. These would include location and cost, accessibility, capacity, the type of accommodation (unfurnished, furnished or serviced) and the length and type of lease.

2.7 It was suggested that a small working group of members could be established to give Council assurance about the decisions taken on these issues. Council would make the final decision based on recommendations.

**Gisela Abbam – introductory session**

2.8 Gisela Abbam, who took up her role as Chair in March 2022, led a session on her developing priorities for her term as Chair in three main areas:

- innovation and raising the profile of pharmacy and pharmacy professionals;
- education and training for pharmacy professionals; and
- regulation and regulatory reform

2.9 The Council discussed a number of ideas under these themes.

3. **Recommendations**

The Council is asked to note the discussions from the April 2022 workshop.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

06/04/2022
Revising education and training requirements for pharmacist independent prescribers

Meeting paper for Council on 12 May 2022

Public business

Purpose

To discuss and agree changes to the standards for the education and training of pharmacist independent prescribers

Recommendations

Council is asked to agree the following changes to the requirements for entry to an accredited independent prescribing course:

- “Applicants must have relevant experience in a pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training”
- “For the purposes of developing their independent prescribing practice applicants must identify an area of clinical or therapeutic practice on which to base their learning”

Council is also asked to agree that:

- Guidance (to be agreed by Council) is developed to further define the requirements in advance of the changes being introduced; and
- The post-registration assurance of practice group considers any further requirements as part of its initial work

These changes would replace the current requirement for pharmacists to spend at least two years on the register before enrolling on a course and for them to have previous experience in a specified clinical or therapeutic area.

1. Introduction

1.1 It is a strategic aim of the national health services in Great Britain to increase the number of pharmacist independent prescribers and to expand the range of services offered by them. Pharmacists cannot prescribe on initial registration and, currently, must train to become independent prescribers by studying on a free-standing university course. From 2025-2026 Independent Prescribing (IP) will be embedded in the five years of initial education and training (IET) for pharmacists, meaning that all students registering from then onwards will be able to prescribe on initial registration. Free-standing courses will continue to be
available to pharmacists wishing to train as IPs, meaning that there will be two routes to annotation but with the same learning outcomes for both.

1.2 In 2021 the GPhC consulted on changes to the education and training of pharmacist independent prescribers. The proposed changes are described and discussed in the following section.

1.3 At its March 2022 meeting, Council discussed the consultation outcomes and members raised points for further consideration, including by the IETP Advisory Group, chaired by Council members Rose Marie Parr and Arun Midha. The Advisory Group has now met and their views have informed the proposed way forward.

2. Key considerations

2.1 This section summarises the consultation questions, a brief summary of the responses, and how we propose to address the concerns raised taking account also of discussions at the IETP Advisory Group.

Consultation questions and responses

Q1. Should the two-year time requirement for entry to free-standing pharmacist independent prescribing training be removed?

2.2 The overwhelming majority of stakeholder organisations, including the Chief Pharmaceutical Officers, the Royal Pharmaceutical Society and the statutory education bodies, were in favour of removing the requirement. They highlighted that a specific two-year period was not in itself a robust indication of whether an individual was ready to become a prescriber. They also highlighted that the rapidly developing roles in the profession meant more pharmacists were likely to gain the necessary experience more quickly than in the past. A smaller number of organisations and a larger minority of individuals were opposed, citing that a specific two-year period gave pharmacists the time they needed to develop experience and confidence before being ready to enrol on a course.

2.3 It is important to note that the proposed changes relate to enrolling on an accredited independent prescribing course. They do not mean that pharmacists could automatically prescribe as soon as they are registered. And they must meet the learning outcomes specified in the accredited course before they can be annotated as a prescriber.

2.4 We are clear that appropriate experience is necessary before people can embark on a course leading to IP. Patient safety is enshrined both in the requirement to have relevant experience before enrolling and on successful completion of the course which is evidenced before annotation. There is broad agreement on this. The question is whether having a specific two-year requirement is a necessary mechanism, without which patient safety is potentially compromised. Or whether patient safety is enhanced by a different approach which provides greater flexibility and focus on individual learning, experience and readiness. It is illustrative that other regulators have moved away from having time-based requirements (e.g., NMC, HCPC, GoC). While analogies are not exact given the different structures of education and training in different professions, it supports a general approach that requirements should be based more on individual learning and experience with the competence of the individual being prioritised over the length of time served.

2.5 In practice, the proposed changes may lead to some pharmacists being ready in advance of two years – particularly if they have worked in certain settings or had a high degree of
exposure to patients. This helps the wider strategic aims of increasing the number of independent prescribers more quickly. For others, it may take two years or longer, depending on their individual readiness. As pharmacy changes rapidly with increasing clinical roles and exposure, we would expect more and more pharmacists to be developing their readiness and competence to prescribe more quickly. Preventing people from applying for a course simply because they have not done their time-served – even if they have developed the necessary experience – is more difficult to defend.

2.6 On balance, we believe the most effective assurance for patient safety comes from a requirement for pharmacists to have gained relevant experience in a pharmacy setting and their ability to recognise, understand and articulate the skills and attributes required by a prescriber. The IETP Advisory Group highlighted this with the concept of ‘readiness’. This, aligned with the continued requirement for people to complete the prescribing course successfully before they can be annotated, provides a more effective approach than relying on a specific time period which does not reflect an individual’s own readiness.

Q2. Should the requirement to have relevant experience in a specific clinical or therapeutic area be removed and replaced with the requirement to have relevant experience in appropriate clinical setting(s)?

2.7 There was a clear view from most stakeholders and individual respondents that the current requirement to have relevant experience in a specific clinical or therapeutic area before enrolling on a course was not necessary, especially for pharmacists wanting to train and practise as generalist prescribers. In further discussions with the Advisory Group, the proposed change was strongly supported, although there was recognition that guidance from the GPhC would be advisable to ensure that individual registrants understand the experience they need to develop and demonstrate. It would also support education providers to operate their admission requirements consistently – something that will be checked through accreditation. We agree this is necessary and recognise that, by broadening the evidence base, there may be a need for course providers to make more nuanced admissions decisions.

2.8 We therefore propose to work with education providers to develop this guidance which we will also discuss with the Advisory Group before being signed off by Council.

Q3. Should we retain the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning?

2.9 There was clear support from the consultation responses, and from the Advisory Group, for retaining this requirement. This was based primarily on the need for pharmacists to focus on a particular area to develop their skills initially (which can include common clinical conditions as an area of specialism). Once confident in that area, it would then be possible to expand the scope of their practice subsequently.

2.10 Therefore, we intend to retain this requirement and will consider how the elements of courses can inform future development of IETP standards.
3. The wider prescribing context

Pharmacist IP supervision

3.1 An issue linking the first three consultation questions is supervisory capacity, which is likely to become more acute as free-standing courses expand and IP is introduced into IET. There are resource challenges around the number of designated prescribing practitioners (DPPs) required for supervision on free-standing IP courses. An additional challenge will be supervising IET students as well, as the sector heads towards 2025-2026 and the full integration of IP into IET.

3.2 Supervisory capacity is not entirely dependent on pharmacist IPs, although the pharmacist perspective on IP is undoubtedly a valuable one. Supervisors do not have to be pharmacists and, currently, the majority on free-standing courses are medics. Also, supervision does not have to be based on an exclusive 1--1 relationship. Students can be supervised and supported by members of wider multi-disciplinary teams and could have multiple supervisors (conversely, tutors could have multiple IP students). The recent and ongoing experience of Covid-19 has demonstrated the benefits of these different approaches. Taken together, the opportunities of multidisciplinary supervision both face-to-face and at a distance and the expansion of pharmacist IP capacity do present opportunities for innovative supervisory models, which we intend to explore with the statutory education bodies (SEBs) and other stakeholders.

3.3 The SEBs (Health Education England/Health Education and Improvement Wales and NHS Education Scotland) have begun to address pharmacist IP capacity by analysing the additional supervision capacity needed in each country and are commissioning additional training places. As part of the commissioning process, course providers must explain how they would manage supervision requirements for additional/enlarged cohorts of students.

3.4 Additionally, schools of pharmacy are considering how to build IP and IP-related activities into MPharm degrees and the implications of that for supervision in an academic context. It will take several years for capacity to build, which is the reason why we have set out that full implementation of the new initial education and training standards is implemented by 2025-2026 rather than earlier.

3.5 This issue will be the subject of a specific discussion at the Advisory Group to provide assurance to Council as the new standards are implemented. Also, there will be a clear focus on supervisory capacity across the four years of the course when we reaccredit MPharm degrees to the new IET standards and we have developed an accreditation methodology for foundation programmes being developed by the SEBs. This is an important external check on the feasibility of foundation programmes, specifically, in this context, the programmes’ ability to deliver adequate IP supervision.

Post-annotation support for IPs

3.6 Post-annotation support for IPs was raised in response to several of the consultation questions and the Advisory Group discussed it at length. The consensus view was that while post-annotation support for IPs was a significant issue, it was linked to but separate from the proposals in the consultation and should be built into wider post-registration education, training and support discussions. The GPhC is committed to post-registration/post-annotation development and has convened a stakeholder group – the new Post-Registration
Assurance of Practice Advisory Group - to take this work forward. This will need to consider the support, oversight, governance and revalidation for independent prescribers.

**Diagnostic skills**

3.7 Clarity on precisely what an independent prescribing annotation enables a pharmacist to do has also featured as part of the discussions. In November 2019, we published our prescribing guidance which set out that prescribing will be applied in different ways and in different contexts but at its core will be the following: “**the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis, and the clinical management required as well as the responsibility for prescribing and the appropriateness of any prescribing**” (National Prescribing Centre, 2005)

3.8 The guidance also included key features such as taking responsibility for prescribing safely; keeping up to date and prescribing within your level of competence; working in partnership with other healthcare professionals and people seeking care; prescribing considerations and clinical judgement; and raising concerns. The guidance also highlighted other sources of information such as guidance from the General Medical Council and the Royal Pharmaceutical Society (‘a competency framework for all prescribers’ and ‘a practical guide to support pharmacist independent prescribers’). We expect all pharmacist independent prescribers to be aware of and follow the relevant guidance.

3.9 In relation to diagnostic skills, the learning outcomes for becoming an independent prescriber include the requirement to ‘demonstrate clinical and diagnostic skills in clinical settings appropriate to their scope of practice’. Our published guidance highlights that prescribing can take place in different ways. It may involve the pharmacist prescriber making an independent decision, after a diagnosis, to supply or refuse to supply a prescription-only medicine or medical device on prescription. It may also include giving advice and information on the person’s medicines. This could happen across all settings, but usually the prescribing process is complex and is about more than just writing a prescription. However, a PIP is responsible for and accountable for the clinical assessment and management of people (with diagnosed or undiagnosed conditions), without needing to consult another prescriber. They are also responsible for the prescribing decisions they make. With more pharmacist independent prescribers, we would expect an increasing exchange of information on diagnosis across multidisciplinary teams.

4. **Equality and diversity implications**

4.1 Virtually all respondents agreed that there would be no negative impact on individuals or groups with protected characteristics, or that impact would be positive. Equality, diversity and inclusion will be a central theme when we reaccredit IP courses.

5. **Communications**

5.1 If the changes are agreed, we will engage directly with all IP course providers: first, to inform them of the changes and, second, to be clear when the changes come into effect. We will also engage with providers and the Advisory Group on the development of guidance.

5.2 More generally, we will promote the changes through social media, a press release and our website.
6. **Resource implications**

6.1 IP supervision capacity in education does need to be increased if the IP workforce is to grow. This involves commissioning additional IP training places and building IP capacity in schools of pharmacy and foundation training programmes. We will monitor this through the IETPAG and through accreditation activity.

6.2 From a GPhC perspective, the main resource implication is capacity in the accreditation team, given that accreditation is a key QA activity for IP courses and, in the not-too-distant future, foundation training programmes. We have appointed to two vacant posts and are now confident that we can manage what will be a high volume of accreditations in the next two to three years.

7. **Risk implications**

7.1 The key risk is whether the changes would reduce patient safety. For the reasons set out above, we believe the requirement to have relevant experience in a pharmacy setting, accompanied by guidance to ensure a consistent approach, alongside the continued need to meet the learning outcomes in the course provide a robust basis for ensuring patient safety. This will be supplemented by the future work on post-registration assurance of practice.

7.2 The other significant risk is that there are insufficient DPPs to support the roll out of IP in IET in 2025-2026 and increased numbers of places on free-standing IP courses generally. We have outlined the work being carried out by statutory education bodies and universities to address this and it will continue to be discussed at the initial education and training standard Advisory Group.

7.3 If the changes are not introduced, there is likely to be concern from the Chief Pharmaceutical Officers and many stakeholders that we are maintaining an unnecessary barrier to the development of pharmacists at a time of rapid changes in healthcare which may undermine the role pharmacists can play.

8. **Monitoring and review**

8.1 Monitoring the changes on an ongoing basis will be through our IETPAG and our new Post-Registration Assurance of Practice Advisory Group.

8.2 Monitoring and reviewing IET standards, training standards for IPs and foundation programmes will take place through accreditation on a cyclical basis.

8.3 The majority of those on the register currently have been there for more than two years. These proposed changes would therefore primarily affect those who have recently registered and those registering between now and 205-26 when the new IETP standards are implemented in full. For the latter cohorts, the statutory education bodies are developing post-registration courses directed at the experience needed. Through accreditation, we can place particular emphasis on assessing how education providers are admitting people to courses in line with our proposed guidance.

9. **Recommendations**

9.1 Council is asked to agree the following changes to the requirements for entry to an accredited independent prescribing course:
• “Applicants must have relevant experience in a pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training”
• “For the purposes of developing their independent prescribing practice applicants must identify an area of clinical or therapeutic practice on which to base their learning”

Council is also asked to agree that:

• Guidance (to be agreed by Council) is developed to further define the requirements in advance of the changes being introduced; and
• The post-registration assurance of practice group considers any further requirements as part of its initial work

These changes would replace the current requirement for pharmacists to spend at least two years on the register before enrolling on a course and for them to have previous experience in a specified clinical or therapeutic area.

Mark Voce, Director of Education and Standards
Damian Day, Head of Education

GPhC

04/05/2022
Consultation on remote hearings: analysis report

Meeting paper for Council on 12 May 2022

Public business

Purpose

To present to Council the analysis report from the consultation on remote hearings which took place between 16 November 2021 and 8 February 2022.

Recommendations

Council is asked to:

1) Note the analysis report of the consultation on remote hearings (Appendix 1) – this analysis report is also relevant to the next item on the agenda relating to our powers to hold remote hearings.

1. Introduction

1.1 Between 16 November 2021 and 8 February 2022, we consulted on a proposal to make a permanent change to our procedural rules to give us the express legal power to hold hearings and meetings remotely.

1.2 The consultation survey received 481 responses, comprising 460 from individuals and 21 on behalf of an organisation. We also received two responses from organisations writing more generally about their views, bringing the total number of responses to 483.

1.3 Whilst the consultation survey was open to the public the majority of responses came from pharmacy professionals. We also therefore carried out a survey of our online public panel members to ensure public and patient views were captured. This was open from 11 January to 8 February 2022 and received a total of 148 responses.

1.4 This paper presents a detailed report analysing the responses to the consultation.

2. Background

2.1 Before March 2020 all our committee hearings took place in person at our hearing centre in Canary Wharf.

2.2 As a result of the national Covid-19 lockdown and restrictions, first imposed in March 2020, we had to stop holding any in-person committee meetings and hearings and start holding them remotely by videolink. Before holding any hearing remotely, we first asked the
individual registrant or their representative for their consent. If we did not get consent, then the hearing was postponed however consent was given in most cases.

2.3 As restrictions changed in August 2020, we were able to hold some hearings in-person and thereafter operated a mixture of in-person and remote hearings from that date save for a period from December 2020 to May 2021 when the Covid-19 infection rate increased.

2.4 The feedback received from participants in remote hearings has been mostly positive throughout the period which, in common with other regulators, persuaded us to seek a permanent change to the rules to enable a committee meeting or hearing to take place either in-person or remotely.

2.5 As this would be a significant change in the way hearings would be delivered we decided that an extensive 12-week public consultation was necessary both to establish whether there was support to making a permanent change to our rules and to seek views on the positive and negative implications of holding a hearing remotely particularly for different groups, including people who share legally protected characteristics.

3. Overview of Consultation Responses

Advantages and Disadvantages

3.1 The proposal to continue remote hearings has received wide support with 78% of survey responses in agreement. Around 12% of responses disagreed with the proposal that we should continue to hold remote hearings. Support for continuing remote hearings was even stronger in the responses from our public panel with 91% in support of continuing to hold remote hearings. Further 75% responded that they had the same level of confidence in a remote hearing as they would have in a hearing held in-person.

3.2 Responses supportive of continuing to hold remote hearings cited a number of advantages with remote hearings. Many responses highlighted the cost-effectiveness of remote hearings in terms of saving on travel costs for registrants and the GPhC, and also saving on time travelling to London for hearings. Remote hearings were also seen as more efficient enabling cases to be listed and therefore resolved quicker thereby maintaining public and patient trust in the profession and fitness to practise process.

3.3 Those who were supportive of continuing remote hearings noted remote hearings were more flexible and accessible for participants in terms of scheduling dates to attend remotely. It was felt this would increase rates of attendance at hearings. Remote hearings were also seen to reduce the risk of Covid-19 and could enable fitness to practise hearings to continue if any future Covid-19 restrictions were imposed. Many responses also felt there were benefits of participants being able to attend remotely in a familial environment. It was further noted that there were environmental benefits to remote hearings as participants would not need to travel.

3.4 The main disadvantage cited by those who were not supportive of continuing remote hearings was the risk of technological problems with remote hearings, such as poor Wi-Fi connection, lack of access to equipment and poor technical competency of participants to effectively operate the IT. Responses also cited the loss of body language and non-verbal communication when on camera compared to in-person hearings. Further, many responses amongst those not supportive suggested remote hearings can feel impersonal and isolating to participants and could impede effective communications generally.
3.5 Some responses felt remote hearings could be perceived as less rigorous and provide less assurance than an in-person hearing for the public and participants. It was also suggested by some that remote hearings offer less support for witnesses and poorer quality support for registrants with representatives who were no in person.

Circumstances of remote hearings

3.6 About half of the responses to the survey felt there were circumstances when a remote hearing would not be suitable. The main concern highlighted in responses was that the participants’ preference on whether a hearing is held remotely, or in-person, should be considered. Responses also suggested the level of seriousness and complexity of a case should be key considerations. Some responses noted that remote hearings are not always practical or favoured by those with certain disabilities, such as hearing or visual impairment and that this should be considered on a case-by-case basis. Around 77% of the public panel agreed that when holding a hearing remotely the person who raised the concern should be consulted on whether the hearing should be held remotely or in-person.

Impact of remote hearings on patients, the public and pharmacy professionals

3.7 A third of responses felt that continuing to hold some hearings remotely would have a positive impact on patients and the public with 42% feeling there would be a positive impact on pharmacy professionals. When giving reasons for their response a large proportion cited remote hearings would tend to speed up the fitness to practise process allowing outcomes to be heard quicker, thereby better ensuring public and patient safety and the pharmacy professional receiving a decision on their case quicker. It was also suggested that for pharmacy professionals, remote hearings would be more cost effective, saving on travel and making it easier to arrange cover at work.

3.8 Some responses felt there would be both a positive and negative effect. The split 32% thinking there would be both a positive and negative effect on pharmacy professionals compared to 22% for patients and the public. The reasons suggested in responses were that participants might feel remote hearings were less rigorous than an in-person hearing however on the plus side it was recognised remote hearings would result in increased attendance due to the lack of requirement to travel. It was also noted in some responses that a remote hearing can be less stressful and intimidating for participants and that the preference of participants should therefore be taken into account, when determining how a hearing was held.

3.9 Responses from the public panel had 56% stating that remote hearings would have a positive impact on patients and the public. A quarter of the public panel thought there would be both positive and negative impacts with the remaining 12% of responses suggesting the impact on patients and the public would be only negative.

3.10 There was similar weighting in the responses for the impact on pharmacy professionals with just over half feeling remote hearings would have a positive impact only. A quarter of responses felt there would be both a positive and negative impact on pharmacy professionals with 22% feeling the impact would only be negative.

Impact on people sharing protected characteristics

3.11 Most responses felt there would not be an impact of continuing to hold hearings remotely for people sharing protected characteristics except for age, disability and pregnancy/maternity. Around 37% of responses suggested there would be a positive impact
for people with a disability with the main reason cited as being improved accessibility. Further, 45% felt those who were pregnant or on maternity leave would be impacted positively due to the removal of the requirement to travel and easier arrangements for childcare.

3.12 Over a quarter of responses felt older people could be impacted both positively and negatively. It was felt the impact would much depend on the physical ability of the person so the impact might be positive in removing the need to travel but negative for individuals with dexterity problems or sight/hearing impairment. It was suggested that each participant’s needs should be considered and assessed on a case-by-case basis.

4. Equality and diversity implications

4.1 The equality and diversity implications are contained in the analysis report at Appendix 1.

4.2 An equality impact assessment has been carried out and is attached as part of a separate report on proposed changes to our procedural rules giving an explicit power to hold a committee meeting or hearing remotely.

5. Communications

5.1 We will publish an update on our website ahead of the Council meeting to include this paper and the consultation analysis report so that members of the public and interested individuals and organisations may access the reports.

6. Resource implications

6.1 The consultation and analysis has been completed and this paper does not raise any specific resources issues at this stage.

7. Risk implications

7.1 A full 12-week public consultation was undertaken to alleviate the risk of not being fully informed of any issues relating to remote hearings prior to a decision being made to seek a permanent rule change.

8. Monitoring and review

8.1 We will be reviewing our existing guidance on remote hearings in the light of the consultation analysis with a view to bringing a further report to Council to agree a Policy and guidance document on Remote Hearings in September 2022.

8.2 We will also continue to monitor Government and public health guidance and review our approach to holding hearings generally and update our guidance where necessary. We will also keep in touch with the other healthcare regulators and share and exchange recommendations for best practice. We will also monitor any further guidance the Professional Standards Authority (PSA), other regulators and HM Court and Tribunal Service may publish regarding remote hearings.
9. **Recommendations**

Council is asked to

1. Note the analysis report of the consultation on remote hearings (Appendix 1) – this analysis report is also relevant to the next item on the agenda relating to our powers to hold remote hearings.

Paul Cummins, Head of Adjudication Services
General Pharmaceutical Council

05/05/2022
Consultation on remote hearings: analysis report
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary</td>
<td>1</td>
</tr>
<tr>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td>Key issues raised in responses</td>
<td>1</td>
</tr>
<tr>
<td>Impact of the proposed changes</td>
<td>2</td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>4</td>
</tr>
<tr>
<td>Policy background</td>
<td>4</td>
</tr>
<tr>
<td>Our reasons for wanting permanent changes to our rules</td>
<td>5</td>
</tr>
<tr>
<td>Decision to undertake a 12-week public consultation</td>
<td>5</td>
</tr>
<tr>
<td>Analysis of consultation responses and engagement activities</td>
<td>6</td>
</tr>
<tr>
<td>1. Continuing remote hearings</td>
<td>6</td>
</tr>
<tr>
<td>2. Advantages of remote hearings</td>
<td>7</td>
</tr>
<tr>
<td>3. Disadvantages of remote hearings</td>
<td>9</td>
</tr>
<tr>
<td>4. Views of online public panel on remote hearings and level of assurance</td>
<td>13</td>
</tr>
<tr>
<td>5. Circumstances when not to hold remote hearings</td>
<td>14</td>
</tr>
<tr>
<td>6. Views of online public panel on circumstances</td>
<td>16</td>
</tr>
<tr>
<td>7. Impact on patients and the public and pharmacy professionals</td>
<td>16</td>
</tr>
<tr>
<td>8. Views of online public panel on impact</td>
<td>19</td>
</tr>
<tr>
<td>9. Impact on people sharing protected characteristics</td>
<td>20</td>
</tr>
<tr>
<td><strong>Appendix 1: Summary of our proposals</strong></td>
<td>24</td>
</tr>
<tr>
<td><strong>Appendix 2: About the consultation</strong></td>
<td>25</td>
</tr>
<tr>
<td>Overview</td>
<td>25</td>
</tr>
<tr>
<td>Survey</td>
<td>25</td>
</tr>
<tr>
<td>Online public panel survey</td>
<td>25</td>
</tr>
<tr>
<td>Social media</td>
<td>25</td>
</tr>
<tr>
<td><strong>Appendix 3: Our approach to analysis and reporting</strong></td>
<td>26</td>
</tr>
<tr>
<td>Overview</td>
<td>26</td>
</tr>
<tr>
<td>Quantitative analysis</td>
<td>26</td>
</tr>
</tbody>
</table>
Executive summary

Background

Between 16 November 2021 and 8 February 2022, we consulted on a proposal to continue to hold remote hearings where it is fair and practical to do so.

We delivered this consultation through a consultation survey which received 481 responses: 460 from individuals and 21 on behalf of an organisation. We also received 2 responses from organisations writing more generally about their views, bringing the total number of respondents to 483.

We also carried out a survey of our online public panel members. This was open from 11 January to 8 February 2022 and received a total of 148 responses.

Key issues raised in responses

Continuing remote hearings

Our proposal to continue remote hearings was met with a high level of agreement with around three quarters of respondents (78%) supporting this recommendation. Disagreement to continue remote hearings was lower at around a tenth of respondents (12%) either disagreeing or strongly disagreeing.

The vast majority of online public panel respondents were in favour of the proposal with 91% agreeing with the proposal to continue remote hearings and 75% having the same level of confidence in a remote hearing as they would have in a hearing held in-person.

Advantages of remote hearings

Most respondents to this question were supportive of the GPhC’s proposal to continue to hold remote hearings. Setting out their reasons, many respondents highlighted the cost-effectiveness of remote hearings in terms of saving both money and time on travel into the London office for a face-to-face hearing. Some saw remote hearings as a more efficient process enabling cases to be solved quicker, therefore maintaining public and patient trust in the profession and fitness to practise process. Those who favoured remote hearings noted remote hearings are easier and more flexible for participants in terms of scheduling dates and being able to attend remotely. Similarly, many respondents agreed remote hearings allow improved accessibility for participants and would also increase attendance. Remote hearings were seen to reduce the risk of COVID-19 as well as accommodate current and future COVID-19 restrictions so the fitness to practise process can continue if restrictions were changed. Respondents felt there were many benefits of participants attending a hearing remotely in a familial environment as well as having less environmental impact than face-to-face hearings.

Disadvantages of remote hearings

Respondents to this question felt the main risk of remote hearings was the risk of technological problems such as poor Wi-Fi connection which could impact the hearing. Many respondents reported the loss of body language and non-verbal signs when on camera as opposed to face-to-face hearings which could cause disadvantages particularly to certain groups. Many respondents highlighted remote hearings can feel impersonal and isolating to participants and could impede effective communication in
the hearing in general. We heard that online connection is not accessible for all as not all participants will have access to the required equipment and remote technology, they may also lack the required technical competency which could cause disadvantage. Some respondents took issue with participants not having an appropriate home setting to attend a remote hearing.

We heard remote hearings can be perceived as less rigorous and provide less assurance both to the public and participants in terms of the process not being as robust as it may be in a face-to-face hearing.

We also heard some respondents felt remote hearings offer less support for witnesses or poorer quality support for registrants as the representatives are not in person it may feel the support is lacking over video call.

**Circumstances of remote hearings**

Around half of respondents to this question felt there were circumstances when a hearing should not be held remotely. Expanding on this, the primary concern highlighted by many respondents was that participants’ preference on whether a hearing is remote or face-to-face should be considered. This included both the registrant and witnesses. Respondents also identified the level of seriousness and the complexity of the case as being key considerations arguing that the more complex and serious cases should not be held remotely. We heard that remote hearings are not always practical or favoured by those with certain disabilities (such as hearing or visual impairments) or accessibility issues and that this should be considered on a case-by-case basis.

Just over three quarters (77%) of our online public panel respondents agreed that when we are considering holding a hearing remotely, the person who raised the concern should be asked for their view on whether that hearing should be held remotely or in-person.

**Impact of the proposed changes**

**Impact on patients and the public and pharmacy professionals**

Respondents assessed the impact the proposals would have on patients and the public and pharmacy professionals. A third of respondents (30%) felt the proposals would have a positive impact on patients and the public and 42% felt they would have a positive impact of pharmacy professionals. Many respondents said the proposals would have a positive and negative impact on pharmacy professionals (32%) compared to 22% who felt this way regarding patients and the public.

When discussing the impact of remote hearings on patients and the public and on pharmacy professionals, respondents echoed many of the themes identified in the sections above. A large proportion of respondents agreed remote hearings tend to speed up the fitness to practise process allowing outcomes to be heard quicker which can benefit the public in terms of ensuring public and patients’ safety as well as benefitting pharmacy professionals who receive an outcome to the case quicker. We heard that remote hearings can be cost effective to registrants’ and it may be easier to arrange cover at work due to the time saved on travelling to and from the hearing. However, some respondents felt remote hearings may be less rigorous and provide less assurance to participants than a face-to-face hearing. Many respondents recognised remote hearings may offer increased flexibility for participants and increased attendance due to the lack of requirement to travel into London and more manageable scheduling of dates and times for hearings. Similarly, we heard remote hearings can be less intimidating and stressful for participants and that the preference of participants should be taken into consideration when determining how the hearing is held.
Respondents to our online public panel survey were more positive with over half (56%) stating that remote hearings would have a positive impact on patients and the public. A further 26% said the impact would be both positive and negative and only around a tenth (12%) felt there would only be a negative impact on patients and the public.

Over half of online public panel respondents (51%) also felt holding some hearings remotely would have a positive impact on pharmacists and pharmacy technicians. Almost a quarter of respondents (24%) felt this would have both a positive and negative impact but just over a fifth of respondents (22%) felt the impact on pharmacists and pharmacy technicians would only be negative.

**Impact on people sharing protected characteristics**

Many respondents felt the GPhC’s proposal would not have an impact on people sharing protected characteristics, with the exception of age, disability, and pregnancy/maternity. Over a third of respondents felt remote hearings would positively benefit disabled people (37%) and we heard this could be due to the improvement of accessibility. Nearly a third of respondents (45%) felt those pregnant or on maternity leave would be impacted positively, we heard this could be due to the removal of the requirement to travel into London, more flexibility and easier arrangement of childcare. Over a quarter of respondents (29%) felt older people may be both advantaged and disadvantaged and this could depend on both their physical ability and their technical skills. Respondents highlighted some participants, such as those with dexterity problems, or sight/hearing impairments, may experience accessibility issues in relation to remote hearings and therefore each participants’ needs should be considered and assessed on a case-by-case basis.
Introduction

Policy background

In our role as the regulator of pharmacy professions and pharmacy premises, one of our jobs is to investigate concerns about pharmacists and pharmacy technicians:

- who may pose a risk of harm to patient safety, or
- whose actions could undermine public confidence in the pharmacy professions and the delivery of pharmacy services

If we investigate a concern and decide there is evidence to show that a pharmacy professional’s fitness to practise may be impaired, the case may need to be referred for a hearing before a committee.

Before March 2020, all our committees heard cases in person at our hearing centre in London. As a result of the national COVID-19 lockdown – with restrictions first imposed in March 2020 – we had to immediately close our offices and hearing centre. We therefore stopped holding ‘in-person’ hearings and started holding hearings remotely by video link.

Before holding any hearing in this way we asked the individual concerned or their representative for their consent. If we did not get this consent, the hearing was postponed. While some hearings were postponed, consent was given in most cases, which meant we could hold those hearings by video link.

Early feedback from participants involved in these hearings was mostly positive.

In August 2020, as national restrictions were eased, we were able to hold a number of in-person hearings at our hearing centre. So from August 2020, we had a mixture of in-person hearings and ones held by video link, with most hearings taking place by video link.

In December 2020, following an increase in the COVID-19 infection rate, we decided to stop holding in-person hearings. So from December 2020, all our hearings were held by video link. That remained the case until May 2021 when we began holding in-person hearings again. Since May 2021, we have again had a mixture of in-person hearings and ones held by video link.

Emergency rules and draft rules

To help us respond to the challenges brought about by the COVID-19 pandemic, we were granted – along with other regulators – changes to our procedural rules. These gave us greater flexibility to perform our statutory roles.

One of the rule changes allowed us to hold hearings remotely. This was a temporary provision which ended on 1 May 2021. You can find details of our procedural rules on the ‘legislation’ page in the ‘About us’ section of our website.

We have been talking to the Department of Health and Social Care about further draft changes to our procedural rules which would allow us to carry on holding hearings by video link (as well as in person). They have not yet had final approval before being laid in the Westminster and Scottish parliaments.
Our reasons for wanting permanent changes to our rules

Since March 2020 we have held most of our hearings by video link and this has proved to be successful in a number of ways. For example, we found that registrants seem more likely to attend a hearing that is held remotely than they are to attend one in person.

Feedback we have received from participants has mostly been positive and supported the idea of remote hearings. We have heard from other regulators that they have had similar experiences in holding hearings remotely.

Not all hearings are suitable for being held remotely and there can be many benefits in holding a hearing in person. The proposed draft rules would allow the chair of the hearing to decide whether to hold a remote or an in-person hearing. To make sure we were consistent in making these decisions we will provide new policy and guidance on what to consider when making them. For example, the chair should take into account any potential impact a remote hearing would have on the hearing’s participants.

To enable consistency of decision-making, when holding remote hearings during the lockdown period, we produced and published interim guidance. This sets out criteria for deciding whether a hearing is suitable to be held remotely. Two examples of this are:

- how complex are the allegations and evidence in the case?
- do the parties have access to technology that will allow them to take part effectively in a remote hearing?

You can see this interim guidance in the hearings section of our website.

We have also produced and published separate guidance explaining the procedure at remote hearings. This guidance supports people attending a remote hearing under the emergency rules. We propose to update this guidance if the proposed rule changes are approved.

Decision to undertake a 12-week public consultation

Prior to undertaking a 12-week public consultation, we had already received some very useful initial feedback from key pharmacy and patient-focused stakeholders on whether there should be a change to our rules to allow us the flexibility to deliver remote hearings. In planning our longer-term approach to remote hearings we decided it was necessary to undertake a 12-week public consultation to get feedback from all stakeholders and the wider public. We were particularly interested in hearing views on the impact remote hearings have upon people who share protected characteristics, as defined in the Equality Act 2010.

For more detail on the changes we are proposing, see Appendix 1: Summary of our proposals.
Analysis of consultation responses and engagement activities

In this section of the report, the tables show the level of agreement/disagreement of survey respondents to our proposed changes, or the aspects respondents felt we should modify. In each column, the number of respondents (‘N’) and their percentage (‘%’) is shown. The last column in each table captures the views of all survey respondents (‘Total N and %’). The responses of individuals and organisations are also shown separately to enable any trends to be identified.

NB. See Appendix 2: About the consultation for details of the consultation survey and the number of responses we received, Appendix 3: Our approach to analysis and reporting for full details of the methods used, Appendix 4: Respondent profile for a breakdown of who we heard from, and Appendix 5: Organisations for a list of organisations who responded. Appendix 6: Consultation questions contains a full list of the questions asked in the consultation survey.

1. Continuing remote hearings

Table 1: Views on continuing remote hearings when it is practical to do so (Base: All respondents)

<table>
<thead>
<tr>
<th>Q1. Do you agree or disagree that hearings should continue to be held remotely when it is fair and practical to do so?</th>
<th>N and % individuals</th>
<th>N and % organisations</th>
<th>N and % Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>169 (37%)</td>
<td>5 (24%)</td>
<td>174 (36%)</td>
</tr>
<tr>
<td>Agree</td>
<td>191 (42%)</td>
<td>13 (62%)</td>
<td>204 (42%)</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>35 (8%)</td>
<td>1 (5%)</td>
<td>36 (7%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>25 (5%)</td>
<td>1 (5%)</td>
<td>26 (5%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>36 (8%)</td>
<td>(0%)</td>
<td>36 (7%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1 (1%)</td>
<td>1 (5%)</td>
<td>5 (1%)</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>460 (100%)</strong></td>
<td><strong>21 (100%)</strong></td>
<td><strong>481 (100%)</strong></td>
</tr>
</tbody>
</table>

Overall, a large majority of respondents (78%) agreed that hearings should continue to be held remotely when it is practical and fair to do so. When broken down further, table 1 shows that agreement amongst organisations (86%) was marginally higher than amongst individuals (79%). A higher proportion of individuals (13%) disagreed that hearings should continue to be held remotely in comparison to organisations (5%). A small minority of respondents (1%) indicated that they did not know either way whether hearings should continue to be held remotely.
2. Advantages of remote hearings

Respondents were asked to identify the advantages of remote hearings. Around three quarters of respondents left explanatory comments. An analysis of the themes found in their responses is presented below.

2.1. Summary of themes

Acknowledging the reasons highlighted in the consultation document for continuing to hold remote hearings, respondents to this question were largely in favour. Many respondents felt that this approach was the most cost-effective method to adopt for both the GPhC and for registered pharmacy professionals and that it would speed-up the hearings process. Many respondents felt this approach would make the hearing process more flexible for participants as well as less intimidating and stressful.

The analysis below presents the themes that emerged from the responses, in order of prevalence, as listed here:

- Reduced costs and time saved on travel
- Increased efficiency of fitness to practise processes
- Remote hearings allow flexibility and are easier for participants
- Remote hearing process is less stressful for participants
- Remote hearings help increase attendance
- Positive environmental impact
- Improved accessibility
- Reduced risk of COVID-19 + Accommodate current/future COVID-19 restrictions
- Benefits of the home setting

2.2. Reduced costs and time saved on travel

The most common theme to emerge from the consultation responses was that remote hearings save money for registrants, witnesses and the GPhC, with many respondents citing this as the main benefit. Remote hearings remove the need for travel, saving both time and money, and do not require overnight stays or lengthy periods of time away from work. The GPhC would save money by not needing to reimburse travel and hotel expenses for panellists and witnesses.

2.3. Increased efficiency of fitness to practise processes

Many respondents felt remote hearings enable continuation of the judicial process in a more time efficient manner allowing hearings to be expedited. They argued that arranging face-to-face hearings can take longer and be more prone to delays as availability for all parties needs to be considered. For example, it can be more problematic to put into place arrangements that would allow individuals to travel into London such as work cover or childcare.

This theme was more prevalent amongst organisations than individual respondents. We heard from one organisation that the timeliness of processing fitness to practice cases was a concern amongst their members. The organisation reported that remote hearings could help to overcome this by speeding up the process and therefore having a positive impact.
2.4. Remote hearings allow flexibility and are easier for participants

There was strong support for remote hearings as they are perceived to be easier and more flexible for participants. For example, the parties involved can join from their home or a place of their choice which was said to be easier and more convenient. Remote hearings also enable a more convenient and flexible option for participants in terms of scheduling the timings and dates of hearings as there is no need to travel to a specific location and less problems in terms of arranging suitable cover for the workplace. We also heard that remote hearings offer more flexibility to experts who would be able to attend for several hours in between seeing patients which they would be unable to do at a face-to-face hearing.

2.5. Remote hearing process is less stressful for participants

Of those who agreed remote hearings should continue, many respondents felt participants may find the hearing process less stressful as they have not had to travel into London and are able to attend the hearing from their own home or somewhere of their choice. Some respondents recognised participants may feel less intimidated at a remote hearing as they are not in the same room as the panel and other participants. Respondents reported that attending the GPhC Head Office could be nerve-wracking and intimidating and added to the stress of going through a fitness to practise proceeding. This theme was more prevalent amongst organisations than individual respondents.

2.6. Remote hearings help increase attendance

Many respondents thought that remote hearings would increase attendance rates for registrants and witnesses involved. This theme was more prevalent amongst organisations than individuals. The reasons given followed on from the benefits already outlined above. We heard that many respondents felt remote hearings would increase the attendance rates of participants due to the cost and time saved on travelling to and from the face-to-face hearing in London. Some respondents speculated remote hearings would allow certain groups to attend, such as those with children or those who live further out of London. Many organisations felt registrants and witnesses may be better able to engage in a remote process where they may have otherwise struggled to attend a face-to-face hearing for example due to being unable to take a full day out of work. Reducing the stress for participants would also make it more likely for people to engage in the process.

2.7. Positive environmental impact

For those who agreed with the proposal to continue to hold remote hearings, some cited an advantage being reducing carbon emissions and a greener solution due to not being required to travel into London. This would be a particular benefit for any overseas or distant participants who are required to attend a hearing.

2.8. Improved accessibility

Of those who felt remote hearings improved accessibility, the majority felt witnesses and registrants with disabilities may be benefited by remote hearings due to the lack of requirement to travel into the office in London. We heard how remote hearings can also make hearings more accessible for the older generation along with those who are pregnant or on maternity leave.

2.9. Reduced risk of transmitting COVID-19 and ease of accommodating future COVID-19 restrictions

Some respondents spoke about the benefits of remote hearings in terms of reducing the risk of COVID-19 transmissions as well as accommodating future COVID-19 restrictions if they were to come into
effect. We heard remote hearings remove the risk of catching COVID whilst travelling into London to attend a face-to-face hearing or whilst in the hearing and therefore reducing transmission of the virus. One individual highlighted remote hearings remove the requirement to wear a face mask which can enable body language to be read more effectively. Expanding on this further, respondents recognised remote hearings would enable cases to continue to take place if future COVID-19 restrictions came back into place, therefore not delaying the fitness to practise process and mitigating the risk to public and patient safety.

2.10. Benefits of the home setting

Many respondents remarked that remote hearings allow the participants to attend the hearing in a familiar and comfortable environment which could help them to feel more at ease and likely to communicate openly. They argued that this could lead to a more effective hearing. We heard how being able to attend a remote hearing in the participants’ own home may make them more likely to engage in the process and attend as they are not in surroundings which are unfamiliar or foreign to them which can help to lessen any anxiety associated with a fitness to practise hearing. Attending a remote hearing from home can mean participants are more supported by friends or family during the process and this could potentially lessen the emotional distress.

3. Disadvantages of remote hearings

Respondents were asked to identify the disadvantages of remote hearings. Around two-thirds of respondents left explanatory comments. An analysis of the themes found in their responses is presented below.

3.1. Summary of themes

The most frequent reasons given by respondents was the risk of technical problems and the loss of body language and non-verbal signs. Those who provided more detail for the disadvantages of remote hearings felt that connectivity and information technology issues could potentially hamper the case by causing delays. Many respondents felt internet technology directly brings potential disadvantages to particular groups. Some respondents highlighted remote hearings may be perceived as less rigorous as well as impersonal and isolating. We also heard that support for witnesses and registrants at a remote hearing may not be as robust.

- Risk of technical problems
- Loss of body language and/or non-verbal signs during remote hearing
- Isolating and impersonal experience
- Remote hearings impede effective communication
- Lack of access to required equipment
- Disadvantages of the home setting
- Remote hearings may be less rigorous and provide less assurance to the public
- Participants may lack technical skills
- Remote hearings could result in poorer legal representation for registrants
- Risk of abuse of procedures
• Reduced accessibility
• Remote hearings will provide less support to witnesses
• Negative impact on people with disabilities
• Other comments

3.2. Risk of technical problems

The most common theme identified in responses was the limits and risks of technological problems involved in remote hearings. Many respondents cited a poor internet connection could disadvantage those involved in a remote hearing. Expanding on this, some respondents felt if the connection is lost during the hearing it could lead to delays in the process and therefore delays to the outcomes of the case which could have several knock-on effects. Many respondents highlighted the importance of a strong and stable internet connection to ensure the hearing runs smoothly, which is not always possible, particularly for those who live in more rural areas.

3.3. Loss of body language and/or non-verbal signs during remote hearing

Many of those respondents who felt remote hearings should not continue, felt that body language and non-verbal signs may be missed at remote hearings which can lead to opportunity of miscommunication and misinterpretation. Of those who disagreed with the continuation of remote hearings, some cited an individual may be unable to demonstrate true remorse on video compared to in person which may impact the case outcome. We heard from some respondents that emotions are not fully displayed on a camera as they may be in person.

3.4. Isolating and impersonal experience

Many respondents thought that remote hearings can feel isolating and uncaring for the participants in particular registrants or witnesses. Respondents went onto say not being able to talk to someone face-to-face can cause feelings of isolation and lead to an increase in risk of miscommunication and misunderstanding.

Expanding on this, one organisation highlighted registrants who are not familiar with spending a prolonged period of time on remote technology may find the process more isolating as it may be an online world with which they are unfamiliar. Continuing, if the registrant does not have support at home in a remote hearing, they may feel more isolated unlike a face-to-face hearing where they are more likely to know who they can ask for support.

One individual highlighted they felt the registrant should have the right to see those pursuing the case and the panel members making the decision to the outcome of the case in person to prevent the registrant feeling uncared for.

3.5. Remote hearings impede effective communication

A concern raised by some respondents was that remote hearings may have a negative impact on the effective communication throughout the hearing. Many of these respondents felt communication can be more difficult in an online setting for both registrants and witnesses, which could have an impact on the overall case. They went onto say the audio in the hearing may not always be clear to all participants on the hearing if there are distractions such as connection issues or background noises which are out of control. We heard how some respondents felt certain participants, such as those who are able to
portray themselves better in person may respond better in a face-to-face setting where communication
is less likely to be misunderstood or misinterpreted.

3.6. Lack of access to required equipment

The next most common area of concern cited by respondents was that remote hearings can
disadvantage those who lack access to the required equipment to attend the hearing remotely.
Expanding on this point further, some respondents felt registrants without adequate technology such as
a computer with a camera facility could be disadvantaged and this may cause distress.

3.7. Disadvantages of the home setting

This theme was more prevalent amongst organisations. Some respondents felt those who do not have
an appropriate home setting to attend a remote hearing would be disadvantaged. A small number of
respondents speculated not all registrants have access to a quiet and private space to attend the
hearing which could cause distress and anxiety which could go onto affect the case and how the
registrant is able to portray themselves. A few respondents felt remote hearings may be carried out in
spaces more liable to distractions such as with family or children in the background which is not always
avoidable. We also heard the home setting for a remote hearing can compromise the confidentiality of
the hearing, particularly if there are other family members in the home setting at the time of the
hearing.

3.8. Remote hearings may be less rigorous and provide less assurance to the public

Some respondents who felt remote hearings should not continue, felt remote hearings are a less
rigorous process than face/to-face hearings. A small number of these respondents cited remote
hearings do not necessarily demonstrate the importance or seriousness of the case which can lead to a
lack of public confidence in the profession. Respondents also mentioned remote hearings may lead to a
potential weaker oversight of both governance and fitness to practise matters. This theme was also
identified under impact - see section 5.3.

3.9. Participants may lack technical skills

Some respondents talked about the impact poor technical competency can have on remote hearings
with many citing that different parties involved in the hearing may have different levels of technical
skills which could either benefit or disadvantage them. A small number of these respondents felt some
may find the remote hearing process intimidating and more stressful due to the lack of technical ability.

3.10. Remote hearings could result in poorer legal representation for registrants

Several respondents felt remote hearings offer poorer quality support and legal representation for
registrants, with a few highlighting the fairness and transparency of the hearing could be affected
negatively by poor quality support. Some respondents reported remote hearings may lead to difficulty
in communication between the registrant and their legal representation.

One organisation felt the lack of physical presence of the legal representation may cause the registrant
anxiety and a lack of assurance. This theme was more prevalent amongst organisations.

3.11. Risk of abuse of procedures

We heard that some respondents felt remote hearings can be more prone to risk of abuse, in terms of
witnesses being influenced by others in the room during the hearing and the possibility of being
coerced. We also heard that there is a potential for the remote hearing to be recorded without the GPhC’s knowledge or permission which could cause issues.

3.12. Reduced accessibility

In commenting on the question on disadvantages, some respondents felt particular groups of people may have poorer access to remote hearings, for example those with sight and/or hearing problems or those with limited dexterity. This theme was more prevalent amongst organisations. This theme was also identified under section 3.13.

3.13. Remote hearings will provide less support to witnesses

Some respondents felt remote hearings offer less support for witnesses and they may not receive as much assistance and help on a remote hearing. Expanding on this was the need to inform witnesses of the process in more detail for a remote hearing in advance so they are aware of the process and procedure and can ask questions beforehand if they require clarification. This theme was more prevalent amongst organisations.

3.14. Negative impact on people with disabilities

A concern raised by a few respondents was those with disabilities may be disadvantaged by remote hearings. Many respondents highlighted there are different disabilities to consider such as hearing and visual impairments as well as physical disabilities which can all be impacted differently. Those with a hearing disability may not be able to lipread on a remote hearing as well as they may in a face-to-face hearing which could disadvantage them and lead to misinterpretation and impede communication. This theme was more prevalent amongst individual respondents.

3.15. Other comments

We heard from a small number of respondents who felt registrants should have a right to a face-to-face hearing if they would like one and this should be considered when establishing whether a hearing is held remotely or face-to-face. A small minority of respondents highlighted the level of both complexity and seriousness of the case should also be considered when establishing if remote hearings could disadvantage a case.
4. Views of online public panel on remote hearings and level of assurance

**Figure 1:** Views of public panel (N=148) on continuing remote hearings when it is practical to do so (Base: All respondents to online public poll)

The chart above shows the majority of online public panel respondents (91%) felt hearings should continue to be held remotely when it is fair and practical to do so. A small minority (6%) of respondents felt hearings should not continue to be held remotely and a few respondents (3%) did not know.

**Figure 2:** Views of public panel (N=148) on level of confidence in remote hearings (Base: All respondents to online public poll)

The pie chart shows the majority of online public panel respondents (75%) have the same level of confidence in a remote hearing as they do in a face-to-face hearing. Around a fifth of participants (20%) said they do not have the same level of confidence in remote hearings as they would in face-to-face hearings, and a small minority (5%) did not know.
5. Circumstances when not to hold remote hearings

Table 2: Views on when a hearing should not be held remotely (Base: All respondents)

<table>
<thead>
<tr>
<th>Q2. Do you think there are any circumstances when a hearing should not be held remotely?</th>
<th>N and % individuals</th>
<th>N and % organisations</th>
<th>N and % Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>254 (55%)</td>
<td>16 (76%)</td>
<td>270 (56%)</td>
</tr>
<tr>
<td>No</td>
<td>84 (18%)</td>
<td>2 (10%)</td>
<td>86 (18%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>122 (27%)</td>
<td>3 (14%)</td>
<td>125 (26%)</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>460 (100%)</td>
<td>21 (100%)</td>
<td>481 (100%)</td>
</tr>
</tbody>
</table>

Respondents were asked if they think there are any circumstances when a hearing should not be held remotely. Table 2 shows around half of all respondents (56%) felt there were circumstances when a hearing should be held face-to-face, followed by those who were unsure (26%) and those who felt there were not (18%). When broken down further, table 2 shows that agreement amongst organisations (76%) was higher in comparison to individuals (55%). Only a small majority of organisations indicated they did not feel there were circumstances when a hearing should not be held remotely (10%).

Just over half of respondents left comments explaining their responses to these questions. An analysis of the themes found in their responses is presented below.

5.1 Summary of themes

The most frequent reason given by respondents was the preference of a remote hearing or face-to-face hearing by the participants should always be considered. The level of seriousness along with the level of complexity of the case should also be taken into consideration when determining the format of the hearing. Some respondents felt disability and health is a factor which could impact the circumstances of remote hearings along with accessibility issues.

- At request of participants
- Level of seriousness
- Level of complexity
- Where disability/health prevents remote hearing
- Where access to requirements is not available
- Other comments

5.2 At request of participants

The most common theme identified in responses was that remote hearings should not take place if participants requested or would prefer a face-to-face hearing. Of these respondents, many cited that the choice of a remote hearing or a face-to-face hearing should be offered to all participants involved. Some respondents remarked registrants may request for the hearing to be held remotely if they have
issues that they feel might disadvantage them, for example poor information technology equipment or broadband connection. This theme was more prevalent amongst organisations.

5.3 Level of seriousness

Many respondents cited the level of seriousness of a case should be considered. Many respondents felt a remote hearing would not be suitable for a case where there is the potential of a registrant being removed from the GPhC’s register or the potential of criminal proceedings. Expanding on this point further, a few respondents felt that remote hearings would not be as suitable for more serious cases, as it could be difficult to pick up on the body language of the registrant and witnesses. This theme was more prevalent amongst individuals.

5.4 Level of complexity

Many respondents felt the level of complexity of each individual case should be considered when determining whether a hearing should be held remotely or face-to-face. Of these respondents, many cited complex cases such as those with a large amount of evidence, cases with many witnesses or those involving multiple allegations should be held face-to-face as it may be more difficult to conduct these cases via a remote hearing.

5.5 Where disability/health prevents remote hearing

A common theme to this question was that respondents felt disability may a barrier to the registrant’s ability and wish to attend the hearing remotely. Expanding on this point further, a few respondents felt that both mental and physical health could have an impact. Those with mental health issues may require the support offered in a face-to-face setting, and those with hearing or sight impairments may wish to attend a face-to-face hearing as there is increased opportunity for important communication signs to be missed or misinterpreted on video.

5.6 Where access to requirements is not available

A concern raised by a few respondents was that not all registrants and witnesses have access to remote technology and for this reason a remote hearing could cause a disadvantage to those. A few respondents speculated that not all parties involved will have the adequate skills or equipment to partake in a remote hearing. This theme was more prevalent amongst organisations.

5.7 Other comments

We heard from a small number of respondents who felt registrants should have a right to a face-to-face hearing if they would like one and this should be considered when establishing whether a hearing is held remotely or face-to-face. A small minority of respondents highlighted the loss of body language and non-verbal signs with remote hearings.
6. Views of online public panel on circumstances

Figure 3: Views of public panel (N=148) on considering views of person raising concern (Base: All respondents to online public poll)

The chart above shows the vast majority of online public panel respondents (77%) felt when considering holding a hearing remotely the person who raised the concern should be asked for their view on whether that hearing should be held remotely or face-to-face. Around a fifth of respondents (22%) felt this should not be the case and a very small minority (1%) did not know.

7. Impact on patients and the public and pharmacy professionals

Figure 4: Views of all respondents (N = 481) on whether our proposals positively or negatively impact on patients/the public and pharmacy professionals

Figure 4 shows that a third of respondents (30%) felt the proposal would have a positive impact on patients and the public, and two-fifths (42%) said there would be a positive impact on pharmacy professionals. Almost a third of respondents (30%) felt the proposal would have no impact on patients and the public and around a tenth of respondents (8%) felt the proposal would have no impact on pharmacy professionals.

Many respondents also felt the proposals would have both a positive and negative impact on pharmacy professionals (32%) compared to around a quarter (22%) who felt the patients and public would be
affected both positively and negatively. Between 7% and 9% of respondents did not know what impact the proposals would have on any of the groups.

A full breakdown of individual and organisational responses to this question is available in Appendix 7.

Just over half of respondents left comments explaining their responses to these questions. An analysis of the themes found in their responses is presented below.

7.1 Summary of themes

Many of the themes emerging for this question echoed those outlined under advantages and disadvantages. Respondents added how these advantages or disadvantages would either benefit the groups identified or could be detrimental to these groups.

The most frequent reason given by respondents was remote hearings can speed up the hearing process leading to cases being solved quicker. Those who provided more details for the impact of remote hearings felt remote hearings can be cost effective as well as easier and more flexible for participants to attend. Some respondents highlighted remote hearings can be less stressful and intimidating for participants. On the contrary, we heard that some respondents felt remote hearings can be perceived as less rigorous and provide less assurance than face-to-face hearings.

- Increased efficiency of fitness to practise processes
- Reduced costs and time saved on travel
- Remote hearings may be less rigorous and provide less assurance to the public
- Remote hearings allow flexibility and are easier for participants
- Remote hearing process is less stressful for participants
- At request of participants
- Improved accessibility
- Other comments

7.2 Increased efficiency of fitness to practise processes

In responding to this question, many respondents felt remote hearings can lead to a more efficient process allowing cases to be solved quicker. We heard it can be easier to schedule remote hearings due to participants having more availability to attend remotely which can be more convenient. Those who shared this view felt this would impact registrants positively as well as the public and patients who receive an outcome to the case quicker.

7.3 Reduced costs and time saved on travel

Many respondents felt remote hearings are a cost and time effective method, with savings being made on time spent travelling to and from the hearing in London as well as the actual cost of the travel and other arrangements required. This theme was more prevalent amongst individuals.

7.4 Remote hearings may be less rigorous and provides less assurance to the public

This theme was more prevalent amongst individuals. In responding to this question, many respondents felt remote hearings may lead to patients and the public perceiving the fitness to practise process as more trivial as it may be viewed as a more informal process compared to that of face-to-face hearings.
Those who shared this view felt it could lead to a lack of patient and public trust in an open and transparent process.

A few of these respondents discussed that registrants may be less intimated of the fitness to practise process if the hearing is held remotely and that it could lead to the public and patients being less likely to raise a concern to the regulator.

### 7.5 Remote hearings allow flexibility and are easier for participants

Many respondents felt remote hearings have a positive impact on participants in terms of being more flexible and easier to participate in. Most of the respondents who felt this way discussed the fact remote hearings may be easier to arrange due to there being no requirement to travel into London and there being more ease of access to registrants and the public remotely.

One organisation felt patients and the public generally do not like attending hearings face-to-face, therefore the option of a remote hearing is positive and welcomed. Most of the organisations felt remote hearings allow registrants more scope to attend the hearing as it is not as much of a challenge to arrange the relevant work cover as face-to-face hearings where travel arrangements and travel time need to be considered. This theme was more prevalent amongst organisations.

### 7.6 Remote hearing process is less stressful for participants

In commenting on this question, many respondents felt remote hearings can be less intimidating and stressful for participants, in particular witnesses who may be more willing to provide evidence remotely than at a face-to-face hearing which may be more daunting for them. This theme was more prevalent amongst organisations. A small number of these respondents discussed the swifter the process of a remote hearing, the more reduction of stress for participants involved.

A small number of respondents felt this issue varied on a case-by-case basis as not all participants will find face-to-face hearings stressful or intimidating and may prefer them.

### 7.7 At request of participants

When considering the impact, many respondents felt individuals should be given the option to attend the hearing in a remote or face-to-face setting, as it is very much down to individual circumstances and preferences of the parties involved. One organisation commented that giving individuals the choice would benefit them and it should not be for the panel to decide how the hearing is held but agreement should be reached based on all participants’ preference.

### 7.8 Improved accessibility

Some respondents said remote hearings allow increased accessibility for disabled registrants who would welcome this option due to the option to attend from their own home and not be required to travel into London which could be problematic.

### 7.9 Other comments

We heard from some respondents who felt remote hearings would have no impact either way on pharmacy professionals or patients and the public. We heard from a small number of respondents who felt registrants should have a right to a face-to-face hearing if they would like one and this should be considered when establishing whether a hearing is held remotely or face-to-face. A small minority of respondents highlighted the loss of body language and non-verbal signs with remote hearings.
8. Views of online public panel on impact

Figure 5: Views of public panel (N=148) on impact of remote hearings on patients and the public (Base: All respondents to online public poll)

The pie chart above highlights over half of online public panel respondents (56%) felt holding some remote hearings remotely in the future would have a positive impact on patients and the public, while around a quarter of respondents (26%) said this would have both a positive and negative impact on patients and the public. Around a tenth (12%) of respondents felt holding some remote hearings remotely in the future would have a negative impact, and a small minority (5%) felt it would have no impact.

Figure 6: Views of public panel on impact on pharmacists and pharmacy technicians (Base: All respondents to online public poll)

Do you think holding some hearings remotely in the future will have a positive or negative impact on pharmacists and pharmacy technicians?

Positive impact
Both positive and negative impact
Negative impact
No impact

51%
22%
24%
5%
The chart above highlights over half of online public panel respondents (51%) felt holding some hearings remotely in the future would have a positive impact on pharmacists and pharmacy technicians. Almost a quarter of respondents (24%) felt this would have both a positive and negative impact. Just over a fifth of respondents (22%) felt holding some remote hearings in the future would have a negative impact on pharmacists and pharmacy technicians. A small minority (2%) felt there would be no impact and less than 1% did not know.

9. Impact on people sharing protected characteristics

Figure 7: Views of all respondents (N = 478)\(^1\) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

Figure 7 shows that, a majority of respondents (40-49%) felt the proposal would have no impact on people sharing any of the protected characteristics, with the exception of disability, age and pregnancy and maternity. A small minority of respondents (14-20%) identified a positive impact of the proposals on each of the protected characteristics, with the exception of disability (37%) and pregnancy and maternity (45%) which saw a larger number of respondents deeming these as having a positive impact.

Figure 7 also shows around a quarter of respondents (20-27%) did not know if the proposal would impact on people sharing any of the protected characteristics with the exception of age, disability and pregnancy maternity which had lower rates.

A full breakdown of individual and organisational responses to this question is available in Appendix 8.

Two fifths of respondents left explanatory comments. The following is an analysis of the themes found in these comments.

---

\(^1\) Three organisations submitting their response by email did not identify the impact on each of the protected characteristics so their feedback has been captured in the qualitative analysis only.
9.1 Summary of themes

The most frequent reason given by respondents was remote hearings can offer improved accessibility for those with protected characteristics. Those who provided more details for the impact of remote hearings on people sharing protected characteristics felt remote hearings could benefit older people, disabled people along with those who are pregnant or on maternity leave. However, we heard from respondents that remote hearings could potentially have a negative impact on those who have poor technical skills and those who may experience accessibility issues.

- Improved accessibility
- Positive impact on people with disabilities
- Participants may lack the technical skills
- Negative impact on age/older people
- Positive impact on pregnant women and those on maternity leave
- Negative impact on people with disabilities
- Positive impact on age/older people
- Impact on other protected characteristics
- Reduced accessibility
- At request of participants
- Remote hearings will provide less support for witnesses
- Requirement for further guidance
- Other comments

9.2 Improved accessibility

In commenting on this theme, many respondents, including a higher proportion of individuals than organisations, felt remote hearings could improve accessibility for those with disabilities, or those who would find travelling to a face-to-face hearing more challenging. A few of these respondents highlighted remote hearings would be beneficial for those with family commitments such as childcare. We heard older people may benefit from remote hearings due to not being required to travel into London, however they may also be disadvantaged if they do not have the technical ability and skills to attend a remote hearing (see section 9.4).

9.3 Positive impact on people with disabilities

One of the most frequently cited issues was remote hearings can benefit disabled participants as remote hearings could work more effectively for this group. Many of these respondents referenced the fact that participants would not be required to travel into London as being particularly beneficial to disabled people. Broken down further, those who felt remote hearings could have both a positive and negative impact emphasised that it is dependent on the individual’s type of disability. Those who shared this view suggested those with disabilities that effect their mobility may prefer remote hearings whereas those with visual or hearing impairments may benefit from a face-to-face hearing.
9.4 Participants may lack technical skills

Many respondents felt that participants with poor technical skills could be negatively impacted by the move to remote hearings. Respondents particularly highlighted older people as falling into this category. The older participants may not have as much experience with remote technology and therefore may find the process daunting and stressful due to the lack of familiarity. Some respondents felt participants with certain disabilities may require assistance in setting up the technology for the remote hearing and throughout the hearing process.

9.5 Positive impact on pregnant women and those on maternity leave

A common issue raised by respondents was in relation to remote hearings benefiting those pregnant or on maternity leave. Those who shared this view highlighted not being required to travel to the hearing would be beneficial and could allow for childcare to be arranged more easily for those with this commitment. A few respondents highlighted the benefits of remote hearings for those suffering with morning sickness or any other pregnancy related symptoms who would struggle to travel to London and therefore impact attendance at the hearing.

9.6 Positive impact on age/older people

Many respondents felt remote hearings could have a positive impact on older people by removing the requirement to travel into London. However, some respondents highlighted that older people may be disadvantaged by not having the required technical skills or equipment to take part in a remote hearing which could cause distress and anxiety (see section 9.4 above).

9.7 Impact on other protected characteristics

A handful of respondents, including a higher proportion of organisations than individuals, highlighted the impact of the proposals on those who shared other protected characteristics. For example, those for whom English is not their first language may struggle more with communication on remote hearings and may benefit from face-to-face hearings. We heard that some ethnic minority groups cohabit in extended families, which may mean remote hearings are not appropriate due to the lack of privacy and a quiet setting.

9.8 Reduced accessibility

A small number of respondents, mostly organisations, highlighted remote hearings are not always accessible for all participants and therefore this should be reviewed on a case-by-case basis taking into consideration the circumstances of each individual.

One organisation felt it would be essential that the GPhC completes an assessment of need to ensure that neither the registrant at the centre of the concern or any other stakeholders are disadvantaged by a remote hearing.

We heard from an organisation who highlighted they had been in contact with registrants who have Autism who have reported finding it difficult and overwhelming to cope with many faces on a screen, which would impact the effectiveness of the hearing if it were to be held remotely, as it may disadvantage them. We also heard from one organisation who reported registrants who are dyslexic are more likely to struggle with reading large evidence bundles whilst on screen.
9.9 At request of participants

Some respondents stated that the preference of the participants of the hearing should be considered when establishing whether a hearing will be held remotely or face-to-face and specific consideration should be given to those who feel they would be disadvantaged by a remote hearing. This theme was more prevalent amongst organisations.

9.10 Remote hearings will provide less support for witnesses

Some respondents felt witnesses sharing certain protected characteristics would be negatively impacted as remote hearings may mean less support for witnesses. This could be particularly problematic for those who do not have support at home. Expanding on this further, a small number of organisations talked about how remote hearings may mean less technological support for witnesses who may need assistance with a remote hearing if they are not familiar with the process to ensure they are not disadvantaged in any way. This theme was more prevalent amongst organisations.

9.11 Requirement for further guidance

A small number of organisations felt that clear guidance would be key to ensure groups are shielded from negative impacts of remote hearings and an assessment of needs should be provided with provisions made to meet the stated need of the participants on a case-by-case basis.

9.12 Other comments

We heard from a small minority of respondents who felt remote hearings may impede effective communication in general for those with protected characteristics. Similarly, a small minority felt the benefits of attending a remote hearing at home or in a familial environment may impact those with protected characteristics.
Appendix 1: Summary of our proposals

We propose to amend our legislative rules to permit greater flexibility in how we hold meetings and hearings. During the Covid-19 pandemic lockdown and restrictions, many meetings and hearings had to be held remotely. This proved to be successful in many ways, for example, increased engagement and attendance from registrants. It therefore persuaded us to seek a permanent rule change to enable flexibility in how a meeting or hearing is held. For some cases, a meeting or hearing would be suitable to be held remotely and in other cases it would be suitable for a meeting or hearing to be held in-person. The Chair of each meeting or hearing will make the decision whether the meeting or hearing should be held remotely or in-person.

The suitability of each case for how a meeting or hearing is held will depend on many factors. The public consultation was undertaken to better understand the views of the public and the profession on what factors are important when making that decision. We propose to publish guidance on what factors are taken into consideration when making a decision on whether a meeting or hearing should be held remotely or in-person.
Appendix 2: About the consultation

Overview

The consultation was open for 12 weeks, beginning on 16 November 2021 and ending on 8 February 2022. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses
- we created a toolkit of materials for organisations to disseminate information about the consultation to their members, including pre-written newsletter and social media content and presentation slides
- we promoted the consultation through direct emails to stakeholders, press release to the pharmacy trade media and via our social media
- we carried out an online survey with our online public panel members\(^2\). The survey was open from 11 January to 8 February 2022.

Survey

We received a total of 483 written responses to our consultation. 460 of these respondents identified themselves as individuals and 23 responded on behalf of an organisation.

Of these responses, 481 had responded to the consultation survey (460 individuals and 21 organisations). The vast majority of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.

Alongside these, we received two responses from organisations writing more generally about their views.

Online public panel survey

We received a total 148 responses to the survey of our online public panel. The survey was designed as quick poll with five questions each with a yes/no or rating scale response option.

Social media

We monitored social media activity during the consultation period and collated the feedback for inclusion in our consultation analysis.

---

\(^2\) Our online public panel helps us find out what people think about pharmacy services and our work. There are currently 200 people on our online public panel from across England, Scotland, and Wales. Panel members take part in online focus groups and surveys and their feedback helps us to shape our work.
Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period and social media activity has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing.

The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.

The term ‘respondents’ used throughout the analysis refers to those who completed the consultation survey. It includes both individuals and organisations.

Full details of the profile of respondents to the online survey is given in Appendix 4.

For transparency, Appendix 5 provides a list of the organisations that have engaged in the consultation through the online survey and email responses.

The consultation questions are provided in Appendix 6.

Quantitative analysis

The survey contained quantitative questions such as yes/no questions and rating scales. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report, to help identify whether there were any substantial differences between these categories of respondents.

A small number (less than 4) of multiple responses were received from the same individuals. These were identified by matching on email address and name. In these cases, the individual respondent’s most recent response was included in the quantitative analysis, and all qualitative responses were analysed.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%.
All questions were mandatory, and respondents had the option of selecting ‘don’t know’. Routing was used where appropriate to enable respondents to skip questions that weren’t relevant. Skipped responses are not included in the tables for those questions.

Cells with no data are marked with a dash.

**Qualitative analysis**

This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email and postal responses and social media activity.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of written responses and analysis of feedback from stakeholder events using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes within each section presented in order of prevalence. The use of terms also indicates the frequency of views, for example ‘many’/’a large number’ represent the views with the most support amongst respondents. ‘Some’/’several’ indicate views shared by a smaller number of respondents and ‘few’/’a small number’ indicate issues raised by only a limited number of respondents. Terms such as ‘the majority’/’most’ are used if more than half of respondents held the same views. NB. This list of terms is not exhaustive and other similar terms are used in the narrative.

**The consultation survey structure**

The consultation survey was structured in such a way that open-ended questions followed each closed question or series of closed questions on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation proposals. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.
Appendix 4: Respondent profile: who we heard from

A series of introductory questions sought information on individuals’ general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify whether they were pharmacists, pharmacy technicians or pharmacy owners, and in what setting they usually worked. For organisational respondents, there were questions about the type of organisation that they worked for. The tables below present the breakdown of their responses.

Category of respondents

<table>
<thead>
<tr>
<th>Are you responding:</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>As an individual</td>
<td>460</td>
<td>96%</td>
</tr>
<tr>
<td>On behalf of an organisation</td>
<td>21</td>
<td>4%</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>481</td>
<td>100%</td>
</tr>
</tbody>
</table>

Profile of individual respondents

<table>
<thead>
<tr>
<th>Where do you live?</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>391</td>
<td>85%</td>
</tr>
<tr>
<td>Scotland</td>
<td>41</td>
<td>9%</td>
</tr>
<tr>
<td>Wales</td>
<td>20</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>460</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you responding as:</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>A pharmacist</td>
<td>340</td>
<td>74%</td>
</tr>
<tr>
<td>A pharmacy technician</td>
<td>102</td>
<td>22%</td>
</tr>
<tr>
<td>A member of the public</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>2%</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>460</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Table 6: Main area of work (Base: individuals excluding members of the public)

<table>
<thead>
<tr>
<th>Area</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community pharmacy</td>
<td>195</td>
<td>43%</td>
</tr>
<tr>
<td>Hospital pharmacy</td>
<td>109</td>
<td>24%</td>
</tr>
<tr>
<td>Prison pharmacy</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>Primary care organisation</td>
<td>24</td>
<td>5%</td>
</tr>
<tr>
<td>GP practice</td>
<td>29</td>
<td>6%</td>
</tr>
<tr>
<td>Care home</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmaceutical industry</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>Research, education or training</td>
<td>31</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>51</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>452</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Table 7: Size of community pharmacy (Base: individuals working in community pharmacy)

<table>
<thead>
<tr>
<th>Size</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent pharmacy (1 pharmacy)</td>
<td>32</td>
<td>16%</td>
</tr>
<tr>
<td>Independent pharmacy chain (2-5 pharmacies)</td>
<td>28</td>
<td>14%</td>
</tr>
<tr>
<td>Small multiple pharmacy chain (6-25 pharmacies)</td>
<td>14</td>
<td>7%</td>
</tr>
<tr>
<td>Medium multiple pharmacy chain (26-100 pharmacies)</td>
<td>15</td>
<td>8%</td>
</tr>
<tr>
<td>Large multiple pharmacy chain (Over 100 pharmacies)</td>
<td>104</td>
<td>53%</td>
</tr>
<tr>
<td>Online-only pharmacy</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>195</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Table 8: Respondent type (Base: individual pharmacists and pharmacy technicians)

<table>
<thead>
<tr>
<th>Respondent type</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70</td>
<td>15%</td>
</tr>
<tr>
<td>No</td>
<td>360</td>
<td>78%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>18</td>
<td>4%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>12</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>460</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Profile of organisational respondents

Table 9: Type of organisation (Base: all organisations)

<table>
<thead>
<tr>
<th>Organisation type</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered pharmacy</td>
<td>7</td>
<td>33%</td>
</tr>
<tr>
<td>Organisation representing pharmacy professionals or the pharmacy sector</td>
<td>6</td>
<td>29%</td>
</tr>
<tr>
<td>Organisation representing patients or the public</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>NHS organisation or group</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Regulatory body</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>21</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 10: Type of organisation (Base: registered pharmacy organisations)

<table>
<thead>
<tr>
<th>Community pharmacy you work in (or own):</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent pharmacy (1 pharmacy)</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>Independent pharmacy chain (2-5 pharmacies)</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>Medium multiple pharmacy chain (26-100 pharmacies)</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>Large multiple pharmacy chain (over 100 pharmacies)</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>7</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Monitoring questions

Data was also collected on respondents’ protected characteristics, as defined within the Equality Act 2010. The GPhC’s equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross-section of the population had been included in the consultation exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.
Appendix 5: Organisations

The following organisations responded to our consultation on remote hearings:
ASDA Pharmacy
BLM
Broughton Park Pharmacy Ltd
Community Health Voice
Community Pharmacy Wales
Company Chemists’ Association
Guild of Healthcare Pharmacists
Heald Green Pharmacy
Healthcare Improvement Scotland
Healthwatch Cambridgeshire and Peterborough
Heatherlands
Humankind
Lindsay Gilmour Pharmacy
Moseleycare Limited
National Pharmacy Association
Nursing and Midwifery Council
Pharmacist Support
Pharmacy Law & Ethics Association
Professional Standards Authority
Rowlands Pharmacy
Royal Pharmaceutical Society
Temple Bright LLP
The Pharmacists’ Defence Association
Appendix 6: Consultation questions

Continuing remote hearings

Q1: Do you agree or disagree that hearings should continue to be held remotely when it is fair and practical to do so?

Advantages of remote hearings

Q2: What do you think the advantages would be (if any) of remote hearings?

Disadvantages of remote hearings

Q3: What do you think the disadvantages would be (if any) of remote hearings?

Circumstances of remote hearings

Q4: Do you think there are any circumstances when a hearing should not be held remotely?

Q5: If ‘yes’, please describe the circumstances

Equality and impact questions

We want to know if our proposals will have a positive or negative impact on patients and the public and on the pharmacy professionals we regulate.

Q6: Do you think our proposals will have a positive or negative impact on each of these groups?
   - Patients and the public
   - Pharmacy professionals

Q7: Please give comments explaining your answer. Please describe the individuals or groups concerned and the impact you think our proposals would have.

We also want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010:
   - Age
   - Disability
   - Gender reassignment
   - Marriage and civil partnership
   - Pregnancy and maternity
   - Race
   - Religion or belief
   - Sex
   - Sexual orientation

Q8: Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

Q9: Please give comments explaining your answer. Please describe the individuals or groups concerned and the impact you think our proposals would have.
Appendix 7: The impact of the proposed changes on patients/the public and pharmacy professionals

Individual responses

Figure 8: Views of individual respondents (N = 460) on whether our proposals positively or negatively impact patients/the public and pharmacy professionals

| Do you think our proposals will have a positive or negative impact on each of the following groups? (Individual respondents) |
|---|---|---|---|---|---|---|
| Patients and the public | Positive Impact | 29% | Positive and negative impact | 21% | Negative impact | 10% | No impact | 31% | Don't know | 8% |
| Pharmacy professionals | Positive Impact | 42% | Positive and negative impact | 32% | Negative impact | 11% | No impact | 8% | Don't know | 7% |

Figure 8 shows that almost half of individuals (42%) felt that our proposals would have a positive impact on pharmacy professionals. Many respondents (32%) stated they felt it would have both a positive and negative impact on this group. Roughly the same proportion of individuals felt that they did not know the impact on this group (7%) as well as having no impact (8%).

Nearly a third of individuals (29%) felt that patients and the public would be positively impacted or that the impact would be both positive and negative (21%). More individuals felt there would be no impact (31%) on patients and the public if our proposals would have an impact on this group.

NB. Please see section 7 in the main body of the report for the chart showing the overall responses and further analysis.
Organisational responses

Figure 9: Views of organisations (N = 21) on whether our proposals positively or negatively impact patients/the public and pharmacy professionals

Figure 9 shows that nearly half of organisations (48%) felt the proposals would have both a positive and negative impact on pharmacy professionals. Almost two-fifths (38%) of organisations felt the proposals would have a positive impact on pharmacy professionals.

Many organisations also felt the proposals would have both a positive and negative impact on patients and the public (43%). Almost two-fifths (38%) of organisations felt the proposals would have a positive impact on patients and the public. Between 0% and 10% of organisations did not know what impact the proposals would have on any of the groups or felt there would be no impact.

NB. Please see section 7 in the main body of the report for the chart showing the overall responses and further analysis.
Appendix 8: The impact of the proposed changes on people sharing particular protected characteristics

Individual responses

Figure 10: Views of individual respondents (N = 460) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Impact</th>
<th>Positive and negative impact</th>
<th>Negative impact</th>
<th>No impact</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20%</td>
<td>28%</td>
<td>19%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>Disability</td>
<td>38%</td>
<td>27%</td>
<td>13%</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>16%</td>
<td>12%</td>
<td>5%</td>
<td>40%</td>
<td>27%</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>15%</td>
<td>11%</td>
<td>6%</td>
<td>48%</td>
<td>20%</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>45%</td>
<td>16%</td>
<td>7%</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td>Race</td>
<td>16%</td>
<td>12%</td>
<td>8%</td>
<td>42%</td>
<td>22%</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>15%</td>
<td>10%</td>
<td>6%</td>
<td>46%</td>
<td>22%</td>
</tr>
<tr>
<td>Sex</td>
<td>15%</td>
<td>12%</td>
<td>5%</td>
<td>49%</td>
<td>20%</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>14%</td>
<td>10%</td>
<td>5%</td>
<td>48%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Figure 10 shows that approximately almost half of respondents (45%) of individuals felt the proposals would have a positive impact on pregnancy and maternity and disability (38%). Most individuals felt that the proposals would not have an impact on any of the people sharing protected characteristics, with the exception of age and disability. Around a quarter (19%) of individuals viewed our proposals as having a negative impact on age (19%) as a protected characteristic, followed by disability (13%).

NB. Please see section 9 in the main body of the report for the chart showing the overall responses and further analysis.
Figure 11 shows that most organisations felt that the proposals would either have no impact or did not know what impact it would have on people sharing protected characteristics, with the exception of age, disability and pregnancy/maternity. Over a third of organisations felt the proposals would positively impact pregnancy and those on maternity leave (39%) compared to (45%) of individuals. Around half of organisations (50%) felt that the proposals would have a positive and negative impact on the protected characteristics of age and 56% said there would be a positive and negative impact on disability.

NB. Please see section 9 in the main body of the report for the chart showing the overall responses and further analysis.

---

3 Three organisations submitting their response by email did not identify the impact on each of the protected characteristics so their feedback has been captured in the qualitative analysis only.
Remote hearings: proposed changes to our procedural rules

Meeting paper for Council on 12 May 2022

Public business

Purpose

Council is invited to agree the measures set out below and to make the General Pharmaceutical Council (Amendment) Rules Order of Council 2022 which will provide the GPhC with an express legal power to conduct meetings or hearings by teleconference or video link (virtual hearings).

Recommendations

Council is invited to:

1) Note the remote hearing consultation analysis (see previous agenda item)

2) Note the Equality Impact Assessment (Appendix 1)

3) In accordance with the powers set out in the Pharmacy Order 2010 and subject to any minor drafting changes required by the Privy Council, to make the General Pharmaceutical Council (Amendment) Rules Order of Council 2022 (Appendix 2)

4) Agree to affix the corporate seal and to lodge the rules with the Privy Council

5) The Chair and Registrar are each invited to sign the rules electronically to enable them to be lodged with the Privy Council

1. Introduction and background

1.1 During the Covid-19 pandemic and Government-imposed lockdowns and restrictions which first occurred in March 2020, many of our committee meetings and hearings that formed part of our fitness to practise process were held remotely by videolink out of necessity. This was essential due to the legal requirements set out within the Fitness to Practise Rules requiring certain orders imposed by the Fitness to Practise Committee to be reviewed by the Committee within a fixed time period.

1.2 Between April and June 2020, we liaised with legal and policy advisors at the Department of Health and Social Care (DHSC) in the drafting of a new Statutory Instrument amending our procedural rules in order that we could operate with greater flexibility in performing our statutory functions, in response to the challenges brought about by the pandemic.
1.3 Council supported the amendments to our procedural rules and agreed to make the new rules at a meeting on 8 January 2021. The rules were subsequently laid simultaneously in the Westminster and Scottish Parliaments on 14 January 2021 and came into force on 4 March 2021. The amendments to our rules were only intended to operate temporarily and ceased to have effect on 1 May 2021, save for the provisions relating to electronic service of documents which were a permanent change.

1.4 The success of and positive feedback received about remote hearings since March 2020 has persuaded us to seek permanent amendments to our rules to enable a committee meeting or hearing to be held either in-person or remotely when it is fair and appropriate to do so. This approach has been in line with the other health regulators, many of whom now already have permanent changes to their respective rules to allow them to hold meetings and hearings remotely.

1.5 We liaised with representatives from DHSC in relation to further amendments to our rules which, if supported by Council, will provide the GPhC with an express permanent legal power to conduct meetings or hearings remotely. A copy of the draft Statutory Instrument amending our rules is annexed to this report as Appendix 2.

1.6 In line with our duty to consult before making any changes to our rules, under article 66 of the Pharmacy Order, we conducted a 12-week public consultation between 16 November 2021 and 8 February 2022. An extensive analysis report of the consultation findings is presented to Council on the same agenda as this report. An Equality Impact Assessment is attached at Appendix 1 having regard to the consultation findings and other analysis of the impact on groups with shared characteristics.

1.7 Council is invited to make the rules which will then go to the Privy Council for approval and be laid simultaneously in the Westminster and Scottish Parliaments on 23 June 2022. The rule changes are expected to come into force on 1 October 2022.

2. Summary of changes

The effect of the amendments will be as follows:

- The GPhC will have an express legal power to conduct meetings or hearings by teleconference or videolink. This means a committee meeting or hearing can take place either in-person or remotely.
- The Chair of the meeting or hearing will make the decision on whether the meeting or hearing takes place in-person or remotely.
- The Notice of Hearing must provide details of how to access any hearing which is being held remotely.

3. Next Steps

3.1 This paper focuses on our ability to conduct remote hearings and the changes to our procedural rules that are required to enable that to happen.

3.2 If the proposed rule changes are made the next step will be to review our existing guidance relating to remote hearings in the light of the remote hearing consultation analysis.

3.3 Separately, and in addition, remote hearings policy and guidance documents will then be brought to Council for consideration at the September 2022 Council Meeting. The new policy and guidance will set out our approach to how we will use the new legal power, which
will include ascertaining the views of the person concerned and/or their defence representative, the person who raised the concern and any witnesses. It will also take account of the feedback that we have heard about practical implementation.

3.4 Until the rules and new policy and guidance come into force we will continue to only hold remote hearings with the consent of the person concerned and/or their legal representative.

4. **Equality and diversity implications**

4.1 We are committed to ensuring that any changes to our legal framework and rules are compatible with our core values of equality, diversity and inclusion. We sought feedback and views about how the proposed changes to our rules may impact upon these issues.

4.2 We completed an analysis of the effects on equality consistent with our responsibilities as set out in the Equalities Act 2010 (see Appendix 1). This includes an overview of the work we have completed to inform our understanding of the equality and diversity dimensions of the proposed changes; to identify any trends or issues that apply to people who share protected characteristics; and, to consider the potential impact on this range of equality groups.

5. **Communications**

5.1 We will publish an update on our website ahead of the Council meeting to include this paper and the appendices so that members of the public and interested individuals and organisations may access the draft Statutory Instrument and the summary of the amendments to our rules it is intended to bring about.

6. **Resource implications**

6.1 Remote hearings have resulted in savings to GPhC due to removing the need to pay travel and hotel accommodation costs for committee members. The costs of hearings would likewise increase if it was decided to revert to the pre-Covid 19 position of all hearings being in-person. Further there are the additional costs of reception and security staff for in-person hearings. Removing the need to travel to hearings saves time and costs for all participants.

7. **Risk implications**

7.1 The proposed changes to our rules will give us the power to be more flexible in how hearings are held. If the amendments to the rules are not approved and enacted there is the risk of not realising the advantages attributed to holding some of our hearings remotely as mentioned in many of the responses to our consultation, for example, increased accessibility, increased attendance of hearing participants, efficiency savings and reducing the environmental impact of travel.

7.2 If the amendments to the rules are not approved and enacted, we could potentially face a legal challenge predicated on the absence of a legal power to hold remote hearings if we wanted to hold remote hearings long term.

8. **Monitoring and review**

8.1 As mentioned above, we will be reviewing our existing guidance on remote hearings in the light of the changes to our rules and the consultation analysis, with a view to bringing a further report to Council to agree a comprehensive policy and guidance document on Remote Hearings in September 2022.
8.2 We will continue to monitor Government and public health guidance and review our approach to holding hearings generally and update our guidance where necessary. We will also keep in touch with the other healthcare regulators and share and exchange recommendations for best practice. We will monitor any further guidance the Professional Standards Authority (PSA), other regulators and HM Court and Tribunal Service may publish regarding remote hearings.

9. **Recommendations**

Council is invited to:

6) Note the remote hearing consultation analysis (see previous agenda item)

7) Note the Equality Impact Assessment (Appendix 1)

8) In accordance with the powers set out in the Pharmacy Order 2010 and subject to any minor drafting changes required by the Privy Council, to make the General Pharmaceutical Council (Amendment) Rules Order of Council 2022 (Appendix 2)

9) Agree to affix the corporate seal and to lodge the rules with the Privy Council

10) The Chair and Registrar are each invited to sign the rules electronically to enable them to be lodged with the Privy Council

Paul Cummins, Head of Adjudication Services
General Pharmaceutical Council

05/05/2022
Analysis of the effects on equality

Remote hearings consultation and proposed changes to our procedural rules

1. Aims and purpose of the project or policy

1.1 As a result of the Covid-19 national lockdown and restrictions from March 2020, the GPhC commenced holding hearings remotely by videolink. Cases would only be dealt with remotely if consent was first obtained from the registrant or their legal representative. As restrictions began to be eased the GPhC was able to offer registrants either an in-person or remote hearing with most opting to have their case held remotely.

1.2 In February 2021 the GPhC’s rules were changed, on an emergency basis to explicitly permit a hearing to be held remotely, however the emergency powers ceased in May 2021. The effectiveness and largely positive feedback received from participants of remote hearings has persuaded the GPhC to seek a permanent change to its procedural rules to permit a hearing to take place either in-person or remotely. This is similar, to powers, already, obtained by most of the other health regulators. The draft legislation provides that the final decision on whether a hearing is heard in-person or remotely is for the Chair of the hearing.

2. Review of available information

2.1 Assessing the equality, diversity and inclusion impact of our work is about being proactive in facilitating opportunities for people with the widest possible range of experiences and perspectives to engage with and influence our values, our culture, our strategy and the work we do. We aim to take an inclusive approach to working with stakeholders and people affected in any way by our policy decisions.
2.2 We have completed an analysis of the effects on equality consistent with our responsibilities as set out in the Equalities Act 2010. This includes an overview of the work we have completed to inform our understanding of the equality and diversity dimensions of the proposed changes; to identify any trends or issues that apply to people who share protected characteristics; and, to consider the potential impact on this range of equality groups.

2.3 This has been informed by our quantitative and qualitative analysis of responses to the consultation (see below for more information); the available data and/or evidence relating to groups by reference to protected characteristics; and, our engagement with stakeholders, including our online patient panel.

2.4 Where relevant, we have also considered external resources and insights to help inform our assessment of the potential equality impacts. This is also set out in more detail below.

About GPhC hearings

2.5 The GPhC currently holds a hearing, either in-person or remote, on average every working day of the year and so a significant number of individuals will be affected when a change is made to how hearings are held. It is expected that if the permanent rule change is approved then hearings will be held both in-person and remotely. The decision by the Chair as to whether the hearing is to be held in-person, or remotely, will be made, on the basis of suitability. Suitability will be assessed on a case by case basis considering issues, such as, complexity of the case and the wishes and needs of the participants.

2.6 There are a number of differences, between holding an in-person hearing at the GPhC hearing centre and a remote hearing by videolink. These will need to be considered when assessing the impact on certain groups of holding some hearings remotely longer term.

In-person Hearings

2.7 To attend an in-person hearing a participant need to physically attend at the GPhC hearing centre in Canary Wharf, London. This requires travel to London and may require stays in overnight accommodation in London depending on the length of hearing and distance from the participants home address to Canary Wharf, London. The participant needs to arrange any work and domestic cover arrangements while they are away at the hearing. Participants also need to ensure they have arranged their meals while they are attending the hearing as food is not available in the hearing centre. These considerations apply to all participants whether parties in the case, witnesses, GPhC staff and committee members.

2.8 The hearing itself takes place in a hearing room arranged for a tribunal with a hearing panel of three, secretary, case presenter, registrant representative (if represented) and other witnesses and attendees as required. Printed case papers are used in the hearing although a few participants have case papers on a laptop. The decision in the case will be presented orally at the conclusion of the hearing and later followed up in writing.

Remote hearings

2.9 A remote hearing is held using a videolink on the zoom or similar platform. All participants need to have the necessary IT equipment, either home computer or laptop and internet connection to join.
the remote hearing. They also need to have a comfortable and quiet space, at home or at work where they will not be disturbed whilst attending the remote hearing. GPhC hearing staff test the link with participants in advance of the remote hearing to make sure there are no connectivity problems, and the participant understands how the remote hearing will work. Hearing papers are despatched electronically, so participants need to view case papers on screen unless they have printed these off on their own printer.

2.10 All participants are on screen on separate tiles across the screen. Participants use the Zoom platform functions, such as, microphone on/off to interact with the hearing. Most hearings last for a day and each participant needs to be on screen potentially for the whole of the hearing. Any work and home cover arrangements need to be made so the participant can attend the remote hearing effectively. At the conclusion of the case the Chair of the hearing reads out the decision on screen and this is followed up in writing. Participants then exit the video call once the remote hearing has finished.

3. Additional information relevant to equality and diversity issues

3.1 This table shows if this project or policy has any relevance to the equality and diversity issues below. If it is relevant to any of these issues, a full equality impact analysis will need to be carried out.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Relevant?</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Disability</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Sex</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Marriage or Civil Partnership</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Pregnancy/Maternity</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Race</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Welsh Language Scheme</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Other identified groups</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

4. Decision on impact

4.1 Based on the answers above, does this project or policy require a full impact analysis? This decision takes into account whether this policy or project would result in a substantial change or overall impact for pharmacy.

Yes ☒ No ☐
4.2 We marked ‘Yes’ against categories in the screening table where we believe there may be impacts on those who share protected characteristics.

4.3 The potential impact of these changes, from an equality and diversity perspective, has been included in the full impact assessment below.

5. Consultation and involvement

5.1 There is now a substantial body of data to assist in assessing the impact of remote hearings on individual groups. A number of expedited consultations took place with stakeholder groups when the GPhC had sought to make emergency changes to the rules during the covid-19 lockdown period. The Equality Impact Assessments produced as a result of those earlier consultations were also considered and fed into this Equality Impact Assessment.

5.2 Once the GPhC decided to seek a permanent rule change a full 12-week public consultation took place between 16 November and 8 February 2022. There were 481 responses (460 from individuals and 21 on behalf of organisations) to that consultation and in addition a further 148 responses from the GPhC online public panel.

5.3 The public consultation specifically sought feedback on the impact of remote hearings on groups sharing protected characteristics. The table below gives an overview of those responses.

<table>
<thead>
<tr>
<th>Do you think our proposals (remote hearings) will have a positive or negative impact on individuals or groups who share any of the protected characteristics? (All respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td><strong>Disability</strong></td>
</tr>
<tr>
<td><strong>Gender reassignment</strong></td>
</tr>
<tr>
<td><strong>Marriage and civil partnership</strong></td>
</tr>
<tr>
<td><strong>Pregnancy and maternity</strong></td>
</tr>
<tr>
<td><strong>Race</strong></td>
</tr>
<tr>
<td><strong>Religion or belief</strong></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
</tr>
</tbody>
</table>

5.4 The table shows that, a majority of respondents (40-49%) felt the proposal would have no impact on people sharing any of the protected characteristics, with the exception of disability, age and pregnancy and maternity. A small minority of respondents (14-20%) identified a positive impact of the proposals on each of the protected characteristics, with the exception of disability (37%) and pregnancy and maternity (45%) which saw a larger number of respondents deeming these as having a positive impact.
5.5 The table also shows around a quarter of respondents (20-27%) did not know if the proposal would impact on people sharing any of the protected characteristics with the exception of age, disability and pregnancy maternity which had lower rates.

6. Full impact analysis

Age

6.1 One of the main themes to come out of the consultation work that has been undertaken has been the positive impact on accessibility of remote hearings. This would have a positive impact on many older people by removing the requirement to travel into London. A current, added dimension to this would be to remove the need to travel, most likely on public transport, against the back-drop of ongoing Covid-19 infections.

6.2 Older people are a more vulnerable group in terms of having more serious illness as a result of Covid-19. Further as well as reducing the physical implications of catching Covid-19 holding a hearing remotely would help manage any anxiety that may be caused by travelling.

6.3 Through our consultation, we heard that some older people may be disadvantaged by remote hearings if they do not have the required technical skills or equipment to take part in a remote hearing which could cause distress and anxiety. This would be mitigated by making contact with participants in advance of a remote hearing to ensure they have suitable equipment and connectivity to access a remote hearing effectively.

6.4 Guidance for the Chair making the decision on whether a hearing is suitable to be held remotely would take this into consideration both the potential positive and negative impacts for older people.

Disability

6.5 The consultation responses relating to disability highlighted many positive aspects for people with physical disabilities. The removal of the requirement to travel to and within London was viewed as a positive impact for holding a hearing remotely. It is important that no assumptions are made in each case as a person with physical disabilities would be fully supported in attending an in-person hearing.

6.6 It was also felt that a remote hearing taking place in more familiar surroundings to a participant might be less intimidating for an individual and not impact negatively on their mental health to the same degree as an in-person hearing. Further, support networks for a person with physical or mental health issues might be more accessible when attending a remote hearing. A contrary view put forward was that a remote hearing might be more isolating for a participant.

6.7 Indeed, whether remote hearings impacted positively or negatively would depend on the type of disability as well as the individual. Some consultation responses suggested people with hearing or visual impairment might struggle with viewing or participating in remote hearing on a computer screen.

6.8 Again, liaising with the participant in advance of the hearing would help mitigate any issues and whether technical adjustments could be made to eradicate any disadvantage. As above the
guidance will take into account the positive and negative impacts so that the suitability of how the hearing is held is properly assessed and adverse impacts eradicated or minimised.

6.9 As mentioned in our earlier impact assessment, we noted the interim findings of the Equalities and Human Rights Commission (EHRC) in light of the increased expansion of video and phone hearings by the Ministry of Justice in response to the pandemic. This report highlighted that any new approaches should not accentuate the difficulties that already exist for disabled people in accessing justice and sets out and highlighted how to mitigate the risks that technologies pose to disabled people.

6.10 In particular, the report included evidence about the impact video technology has on identifying impairments and on participation, and the adjustments required.

6.11 We will continue to monitor relevant advice in the external context and take this into account when developing our new policy and approach. This will include how we identify people for whom video or audio conferencing hearings would be unsuitable as well as supporting and facilitating adjustments, where appropriate.

Gender (Sex)

6.12 No specific impacts were identified relating to gender save that the option of holding a hearing remotely would have more general advantages in saving on travel time, travel cost and reduce time away from work and home life.

Gender reassignment

6.13 No specific impacts were identified relating to gender reassignment save that the option of holding a hearing remotely would have more general advantages in saving on travel time, travel cost and reduce time away from work and home life.

Marriage or Civil Partnership

6.14 No specific impacts were identified relating to marriage or civil partnership save that the option of holding a hearing remotely would have more general advantages in saving on travel time, travel cost and reduce time away from work and home life.

Pregnancy/maternity

6.15 A positive impact of remote hearings for participants who are pregnant or on maternity leave again related to the removal of the requirement to travel and therefore the increased accessibility. It was highlighted that it might be difficult for a pregnant person to travel who has ongoing morning sickness or other pregnancy related symptoms. A further positive impact for this group but which would apply to anyone with caring responsibilities was that remote hearings would enable childcare to be arranged much more easily.

6.16 There have not been any specific negative impacts mentioned for people who are pregnant/on maternity leave.

6.17 We have noted that any new guidance needs to ensure the positive impacts of remote hearings for participants who are pregnant/on maternity leave are taken into account when assessing the suitability of the case for being held remotely.

Race

6.18 There were few impacts identified relating to race.
6.19 One negative impact suggested was that people for whom English is not a first language might find it more difficult to understand or be understood in a remote hearing as compared to an in-person hearing.

6.20 Such impact could be mitigated by contacting participants in advance to establish any issues and whichever forum is chosen for the hearing that other participants and particularly the committee panel are aware that the person may have some difficulty understanding or being understood in the hearing.

**Religion or belief**

6.21 No specific impacts were identified relating to religion or belief save that the option of holding a hearing remotely would have more general advantages in saving on travel time, travel cost and reduce time away from work and home life.

6.22 As mentioned in our earlier impact assessment, we have taken account of external guidance on how the HM Courts and Tribunals Service use telephone and video technology during Covid-19, which includes information about taking oaths or making affirmations as part of a remote hearing. This includes specific guidance on taking an oath on a sacred object in the context of a remote hearing, as well as guidance on how participants can choose to take an oath without a sacred object if they consider it will still be binding on them. We will consider this as we develop our supporting guidance.

6.23 It is also important to note that we have facilities such as prayer rooms available for those attending hearings as and when needed.

**Sexual orientation**

6.24 No specific impacts were identified relating to sexual orientation save that the option of holding a hearing remotely would have more general advantages in saving on travel time, travel cost and reduce time away from work and home life.

**Welsh language scheme**

6.25 There were few impacts identified relating to Welsh language.

6.26 One negative impact suggested was that people for whom English is not a first language might find it more difficult to understand or be understood in a remote hearing as compared to an in-person hearing. Such impact could be mitigated by contacting participants in advance to establish any issues and whichever forum is chosen for the hearing that other participants and particularly the committee panel are aware that the person may have some difficulty understanding or being understood in the hearing.

6.27 Our current scheme (as published on our website [here](#)) sets out how we support and facilitate the needs of members of the public who prefer to communicate in Welsh.

**Other identified groups**

6.28 No specific impacts were identified relating to other groups save that the option of holding a hearing remotely would have more general advantages in saving on travel time, travel cost and reduce time away from work and home life.
7. Other impacts and issues

Learnings from the wider Courts and Tribunals service

7.1 As part of this analysis, we have also considered relevant research and findings from the external sector, including those relating to inclusive justice and fairness.

7.2 The Covid-19 pandemic resulted in a radical and swift transition to the widespread use of remote hearings in other Courts and Tribunals – where some or all participants attend by video or audio rather than in-person to ensure justice continued to be served.

7.3 In December 2021, HM Courts and Tribunals Service published an evaluation of remote hearings during the COVID-19 pandemic. This reports on the experience of public users, the judiciary, legal representatives, HMCTS staff, and support professionals and their attitudes towards remote hearings.

7.4 For example, the report found that public users attending remotely were slightly more likely to be satisfied with the overall experience of their hearing than in-person users (benefits included greater convenience, reduced costs and removing the anxiety of being in a room with another participant, who they may be in conflict with).

7.5 The evaluation also looked at the support for people with disabilities, to make sure they can access HMCTS without any barriers. This included examples of the most common types of adjustments requested, including the need for a carer or support worker, or for an interpreter. The report also discussed the need for adjustments requests to be dealt with early and in a reasonable time ahead of the hearing.

7.6 Interviews also highlighted that certain requests were easier to manage in remote hearings. For example, where parties require screens in court, it was felt that they can be more effectively protected in a remote hearing by switching cameras off. Also, for parties with certain health conditions it may be challenging for them to travel to court and remote hearings can make attendance at a hearing more straightforward.

7.7 The evaluation also recommended more support for vulnerable users and increasing awareness of the support available to public users when attending a remote hearing.

7.8 Although these findings relate to other Courts and Tribunals, the learnings are very relevant to our own work and we will consider the recommendations and examples carefully, as we develop our new policy and approach going forward.

8. Action needed as a result of the analysis

8.1 Mitigation identified above will be undertaken with a key action being to ensure that the guidance for Chairs making the decision on the suitability of a hearing to be heard remotely will take into account the impacts identified in relation to particular groups.
9. Monitoring and review

9.1 As stated above, the information and feedback gathered through this consultation and analysis will be used to support the development of new policy and guidance on how we will use the new power in practice.

9.2 Our equality impact assessment will also continue to be updated as we develop the new policy and approach.

10. Summary of the analysis of the effects on equality

This section sets out what action will be taken as a result of the analysis.

| No impact identified: no change to the policy or project | ☐ |
| Equality impact identified: continue the policy | ☒ |
| Equality and/or Welsh language impact identified: adjust the policy and continue | ☐ |
| Equality and/or Welsh language impact identified: stop and remove the policy | ☐ |

The reasons for this decision are:

10.1 We have carefully considered the feedback through the consultation relating to the potential impact of our proposals on individuals or groups who share protected characteristics and any other impacted individuals or groups.

10.2 There is evidence that the impact of the proposed changes may be greater on some individuals or groups, for example, disabled people for whom video or audio conferencing hearings would be unsuitable, or those who may be digitally excluded.

10.3 We have also identified a number of positive impacts. For example, having the option to attend hearings remotely may also have a positive impact on those that would find travel to the hearing a significant barrier.

10.4 Ultimately, it is our responsibility to ensure a process is fair, and it is therefore vital that relevant vulnerabilities of any participants are identified, so the Committee Chair can make appropriate decisions and introduce necessary measures to ensure someone can participate effectively and fairly.

10.5 Overall, we do not anticipate that the proposed changes will give rise to significant or disproportionate impacts on those sharing certain protected characteristics. And, we consider that the proposed changes are a justified and a proportionate means of achieving the legitimate aim of protecting the general public, by enabling us to perform our statutory functions and progress hearings without delay.

10.6 Where some possible negative impacts have been identified, we consider that this can be mitigated through adjustments based on individual needs and circumstances.

10.7 We are satisfied that these potential impacts can be mitigated through the development and implementation of new policy and guidance, to explain how we’ll use the new power in practice and in appropriate cases. This will take account of the important feedback received through the
consultation, as well as the guidance produced by other regulators with similar emergency powers and the Courts, to help ensure consistency in approach, where possible.

10.8 Any new guidance will also be published on our website in due course for full transparency.
The General Pharmaceutical Council has made the General Pharmaceutical Council (Amendment) Rules 2022, which are set out in the Schedule to this Order, in exercise of the powers conferred by articles 61(1), (2)(a) and (6)(b) and 66(1) of the Pharmacy Order 2010(a).

In accordance with article 66(3) of that Order, the General Pharmaceutical Council has consulted such persons or organisations, as it considered appropriate.

In accordance with article 66(4) of that Order, the Rules shall not come into force until approved by Order of the Privy Council.

Citation and commencement

1. This Order may be cited as the General Pharmaceutical Council (Amendment) Rules Order of Council 2022 and comes into force on [*******] 2022.

Privy Council Approval

2. Their Lordships, having taken the Rules as set out in the Schedule to this Order into consideration, are pleased to, and do, approve them.

Name
Clerk of the Privy Council

(a) S.I. 2010/231, to which there are amendments not relevant to this Order.
SCHEDULE

The General Pharmaceutical Council (Amendment) Rules 2022

The General Pharmaceutical Council makes these Rules in exercise of the powers conferred by articles 61(1), (2)(a) and (6)(b) and 66(1) of the Pharmacy Order 2010(a).

In accordance with article 66(3) of that Order the Pharmaceutical General Council has consulted such persons or organisations as it considered appropriate.

Citation and commencement

1. These Rules may be cited as the General Pharmaceutical Council (Amendment) Rules 2022 and come into force on [***] 2022.

Amendment of the General Pharmaceutical Council (Appeals Committee Rules) Order of Council 2010

2.—(1) The General Pharmaceutical Council (Appeals Committee Rules) Order of Council 2010(b) are amended as follows.
(2) In rule 2 (interpretation)—
   (a) after the definition of “appellant” insert—
       ““attend” means—
       (a) to be physically present at a meeting or hearing, or,
       (b) to be present at a meeting or hearing by teleconference or video link;”.
   (b) after the definition of “parties” insert—
       ““present” includes being in a meeting or hearing by teleconference or video link and
“presence” is to be construed accordingly.”.
(3) After rule 2 insert—

“Virtual meetings and hearings

2A. At the discretion of the chair meetings or hearings of the Committee arranged under these Rules may be conducted by teleconference or video link.”.
(4) In rule 6 (notice of hearing) for subparagraph (a) substitute—
   “(a) state—
   (i) the date, time and venue of the hearing, or
   (ii) if the hearing is to be conducted by teleconference or video link, the date and
time of the hearing and instructions on how to access the hearing;”. 
(5) After rule 16(4) (attendance of the public at hearings), insert—
   “(5) Reference to a hearing under this rule includes hearings conducted by teleconference
or video link.”.

(a) S.I. 2010/231, to which there are amendments not relevant to this Order.
(b) Rules as contained in the Schedule to the General Pharmaceutical Council (Appeals Committee Rules) Order of Council 2010 (S.I. 2010/1614).
Amendment to the General Pharmaceutical Council (Fitness to Practise and Disqualification etc Rules) Order of Council 2010

3.—(1) The General Pharmaceutical Council (Fitness to Practise and Disqualification etc Rules) Order of Council 2010(a) are amended as follows.

(2) In rule 2 (interpretation)—

(a) after the definition of “applicant concerned” insert—

““attend” means—

(a) to be physically present at a meeting or hearing, or,

(b) to be present at a meeting or hearing by teleconference or video link;”.

(b) after the definition of “prescribed fee” insert—

““present” includes being present at a meeting or hearing by teleconference or video link, except in the phrase “present their case”, and “presence” is to be construed accordingly.”.

(3) After rule 2 (interpretation) insert—

“Virtual meetings and hearings

2A. At the discretion of the chair meetings and hearings of the Committee arranged under these rules may be conducted by teleconference or video link.”.

(4) In rule 16 (notices of hearing other than interim order hearings), for subparagraph 2(a) substitute—

“(a) state—

(i) the date, time and venue of the hearing, or

(ii) if the hearing is to be conducted by teleconference or video link the date and time of the hearing and instructions on how to access the hearing;”.

(5) In rule 17 (interim order notices and court referrals), for subparagraph 2(a) substitute—

“(a) state—

(i) the date, time and venue of the hearing, or

(ii) if the hearing is to be conducted by teleconference or video link, the date and time of the hearing and instructions on how to access the hearing;”.

(6) After rule 39(4) (attendance of the public at hearings), insert—

“(5) Reference to a hearing under this rule includes hearings conducted by teleconference or video link.”.

Given under the common seal of the General Pharmaceutical Council this [**] day of [**] 2022.

Gisela Abbam
Chair of the Council

Duncan Rudkin
Chief Executive and Registrar

(a) Rules as contained in the Schedule to the General Pharmaceutical Council (Fitness to Practise and Disqualification etc Rules) Order of Council 2010 (S.I. 2010/1615).
EXPLANATORY NOTE

(This note is not part of the Order)

This Order amends the General Pharmaceutical (Appeals Committee) Rules 2010 (as contained in the Schedule to the General Pharmaceutical Council (Appeals Committee Rules) Order of Council 2010 (S.I. 2010/1614)) (the ‘Appeals Committee Rules’) and the General Pharmaceutical Council (Fitness to Practise and Disqualification etc.) Rules 2010 (as contained in the Schedule to the General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010 (S.I. 2010/1615)) (the ‘Fitness to Practise Rules’).

Rule 2 of the Schedule amends the Appeals Committee Rules and Rule 3 amends the Fitness to Practise Rules by:

-providing that the words “attend” and “present” may mean by teleconference or video link,

-inserting a new rule so the chair may decide to conduct meetings or hearings by teleconference or video link,

-ensuring that a Notice of Hearing must provide details of how to access any hearing which is being held using teleconference or video link, and,

-providing that the rules for private hearings apply to and include hearings by teleconference or video link.

A full impact assessment of the effect that this instrument will have on costs of business, the voluntary sector and the public sector is available from [***].
Council remuneration

Meeting paper for Council on 12 May 2022
Confidential

Purpose
To set out the results of the review into Council remuneration and proposals for Council remuneration for 2022/23

Recommendations
The Council is asked to consider the information provided and the committee’s recommendation that member remuneration be set at £15000 per annum with effect from 1 April 2022.

1. Introduction
1.1 The Workforce Committee’s remit includes advising Council on remuneration for Council members and the Chair. A paper setting out the information provided here was discussed by the Committee at its April meeting.

1.2 Council remuneration is currently set at £12500 per annum (p.a.) with the Chairs of committees receiving an additional £2500 p.a. in recognition of their additional responsibilities.

1.3 Council remuneration has been at its current level since April 2018, although it has been reviewed annually to take account of the remuneration paid to Council members of the other health and social care regulatory bodies.

1.4 Expenses such as travel, accommodation and subsistence are paid at cost in line with the agreed expenses policy.

2. A broader review
2.1 In line with its remit, the Workforce Committee took the decision not to recommend an increase in member remuneration for 2021. However, it also suggested a broader review should be conducted when the next decision was due in 2022, to benchmark against a wider range of organisations.

2.2 We recruited QCG (a Reward and Employee Experience consultancy) to produce a full benchmarking analysis and report, to include healthcare regulators and non-healthcare regulators. This was timed to enable the external company to present the analysis and report in detail to the Workforce Committee at its workshop on 21 January 2022. To clarify, any changes to remuneration usually take effect from 1 April in the relevant review year.
2.3 The report looked at remuneration for members, Chairs and chairs of committees and considered time requirements and average amounts of time dedicated to board meetings, other meetings and training. Details of the methodology are included in the report, which is attached for reference as **Appendix 1**.

2.4 The report includes a list of the organisations against which GPhC member remuneration was benchmarked, including a number of non-healthcare regulators such as the Bar Standards Board, the Competition and Markets Authority, the National Audit Office and Ofgem.

2.5 The report uses ‘C/R’ findings. The C/R figure is the comparison ratio between the GPhC remuneration and the median remuneration of the organisations surveyed. For example, a C/R value of 114% means that the GPhC is paying 14% above the median, whereas a C/R value of 85% means that the GPhC is paying 15% below the median. The report gives overall comparisons, comparisons with other healthcare regulators (hereafter referred to as HCRs) and comparisons with non-healthcare regulators (hereafter referred to as ‘others’).

2.6 In summary, the findings were as follows:

- the majority of organisations remunerate at an annual rather than a day rate;
- the stated time commitment for GPhC members (36 days) is higher than many others;
- the Chair’s remuneration (reviewed in 2021) appears sufficient at £60000 with a C/R of 114%;
- the members’ remuneration shows a C/R of 85% overall (104% compared to HCRs and 67% compared to others);
- additional remuneration for committee chairs shows a C/R of 93% but there was insufficient data to make detailed comparisons as not enough organisations offer these payments;
- most organisations pay expenses at cost;

**Remuneration at other healthcare regulators**

2.7 As part of the QCG review, they looked in detail at the remuneration paid by some of the other healthcare regulators. While it was key to the review to look at a wider range of organisations, these are still our most direct comparators. The table below shows current remuneration for Council members of the regulators listed, together with their income and their number of registrants.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical Council</td>
<td>£112.5m</td>
<td>335694</td>
<td>No</td>
<td>£18000</td>
</tr>
<tr>
<td>Nursing and Midwifery Council</td>
<td>£92m</td>
<td>732522</td>
<td>No</td>
<td>£14724</td>
</tr>
</tbody>
</table>

---

**Table 1**
2.8 On consideration, it appears that the remuneration of GPhC members needs to be re-based and a more considered approach to review introduced for the future.

2.9 The pandemic has provided a clear example of how pharmacy is developing as a profession and the increased clinical responsibility placed on pharmacy professionals is likely to continue and to develop further. This increases the profile of both the profession and the regulator, as well as the attendant risks. We have therefore taken this review as a re-basing exercise for remuneration to ensure that it remains appropriate for members’ responsibilities and that we can continue to attract the calibre of members required.

3. Remuneration policy

3.1 At the same time as the review was being conducted, we thought that it would be helpful to develop a policy for Council remuneration, setting out the principles which should be taken into consideration when conducting annual reviews and the plan for reviews going forward.

3.2 The Committee supported the idea. However, the draft policy will need to be updated to take account of today’s decision and will be brought back to Council for approval when that has been done.

4. Remuneration proposals

4.1 The findings show that GPhC remuneration is currently lower than the median figure for the wider pool of regulators.

4.2 Table 2 below shows four options for an increase including amount, percentage increase, cost to the GPhC in 2022/23 and the C/R for HCRs and others. The cost shown is for 13 members as Chair remuneration has already been increased.

Table 2

<table>
<thead>
<tr>
<th>Increase</th>
<th>% increase</th>
<th>Remuneration</th>
<th>Cost</th>
<th>C/R HCRs</th>
<th>C/R all</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1,000 p.a.</td>
<td>8%</td>
<td>£13500</td>
<td>£13000</td>
<td>112%</td>
<td>91.7%</td>
</tr>
<tr>
<td>£1,500 p.a.</td>
<td>12%</td>
<td>£14000</td>
<td>£19500</td>
<td>116%</td>
<td>95%</td>
</tr>
<tr>
<td>Increase</td>
<td>% increase</td>
<td>Remuneration</td>
<td>Cost</td>
<td>C/R HCRs</td>
<td>C/R all</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>--------------</td>
<td>--------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>£2,000 p.a</td>
<td>16%</td>
<td>£14500</td>
<td>£26000</td>
<td>120%</td>
<td>98.5%</td>
</tr>
<tr>
<td>£2,500 p.a</td>
<td>20%</td>
<td>£15000</td>
<td>£32500</td>
<td>125%</td>
<td>102%</td>
</tr>
</tbody>
</table>

4.3 As can be seen from Table 1, the General Dental Council pays its member £15k p.a. Given the roles of the professions regulated by each organisation, they would appear to be a useful comparator as the difference in registrant numbers is counter-balanced by the fact that the GPhC also has responsibility for registered pharmacy premises.

4.4 The committee is therefore recommending that Council remuneration is increased to £15000 p.a. It is important that this is recognised as a re-basing increase rather than an accumulation of incremental increases for the period from 2019.

4.5 We recognise that an increase of this size is significant in percentage terms. However, as outlined in paragraph 2.9 above the recommendation is not based on an increment approach, but with a wider view on ‘market’ positioning, scope and level of responsibility, and with a degree of future proofing in mind also.

4.6 It is not proposed to increase the additional remuneration paid to committee chairs in light of the findings from the report.

5. **Equality and diversity implications**

a. The external EDI context

5.1 This is a complex area for remuneration. All members are paid at the same rate regardless of the statutorily protected characteristics which they share or other broader characteristics.

5.2 On this subject, there are some useful learnings in the wider sector to consider. For example, in March 2021 the Commissioner for Public Appointments published a thematic review of pay rates for public appointments made by UK and Welsh Governments in 2019 – 2020, showing remuneration is inconsistent and variable, with over half of public appointments receiving no remuneration at all. The report highlighted potential risks to not considering pay and time commitments, and the need for more research, not least into the views of appointees and potential candidates.

5.3 Although based on a relatively small sample (291 competitions, which constituted 76% of all competitions in 2019-20, across 162 public bodies and 17 departments and Welsh Government), the report highlighted some interesting statistics from the wider sector. There were 10,451 applicants to these roles and 731 successful appointees. Key findings included that:

- just under 51% of roles were unpaid;
- the average expected time commitment for all unpaid roles was 30 days per year, but the range was from 4 days up to 52 days;
- women are less likely to apply to roles with higher time commitments;
- appointees declaring disabilities work on average the most hours; and
- the impact of remuneration and time commitment on application rates is not even across all protected groups. For example, the report indicated that there is limited
evidence for time commitment or remuneration impacting the rates of applications from those of ethnic minority backgrounds or people with disabilities in any significant way. However, there is some evidence that some particular interventions may be of interest to departments looking to target particular groups.

- the move to online and remote working, ushered in by the Covid-19 pandemic, presents the greatest opportunity to open up appointments to more people.

5.4 The report concluded by saying that diversity in public appointments has improved in recent years across some groups but not all, and progress on diversity in Chair roles has stalled. It highlighted that public bodies should consider all avenues in encouraging and supporting candidates, on a practical level, to put themselves forward for roles, so they can make an important contribution to public life.

5.5 Similarly, the Commissioner mentioned work undertaken by their counterpart in Scotland - the Ethical Standards Commissioner – who was concerned about the impact of remuneration and reward on diversity and conducted research into this in late 2020, with the subsequent report published in February 2021. In total, 288 entries were made to the survey covering a range of public body types and mainly from members, but also representing other positions on Boards.

5.6 The survey showed that not all appointees thought that current levels of time commitment and remuneration may be precluding applications from, and appointments to, currently under-represented groups, as the Commissioner had suggested. But, there were other comments from respondents speaking candidly about the impact they felt on pay and on other matters such as undervaluing younger people’s experiences and trying to balance caring responsibilities.

5.7 Respondents were asked whether remuneration was important to them at the time of applying for the position. Only 37% confirmed that it was. However, when asked whether (for those who did receive remuneration) they considered it to be appropriate to the role and attendant responsibilities, only 38% considered that it was. The research also uncovered limitations on claiming expenses which left appointees out of pocket. Only 56% of respondents stated that they claimed for expenses related to the role and some comments to the Commissioner indicated a possible culture where individuals feel that they may be ostracised for making a claim.

b. Our EDI context and approach

5.8 In relation to Council member recruitment, after every recruitment campaign we speak to the consultants who supported the exercise to see whether there was any indication from those who expressed an interest but did not pursue an application that remuneration was a factor. To date, we have no direct evidence or feedback that this is the case, but we will continue to monitor it and we recognise that we have no evidence in relation to people that may look at an advertisement but decide not to make an application.

5.9 We have also increased the diversity of our Council in recent rounds, supported by detailed Diversity Action Plans, which have helped us to identify the practical steps and actions that we can take, to attract a broad, diverse range of suitably qualified candidates, and reflects learnings, insights and feedback from the previous appointments round as well as recent reports in the external context that are relevant to our work. We have identified and applied
actions across all phases of our appointments work, including planning and development, procurement, advertising and attraction, and within our interview and selection processes.

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

5.11 The review has helped us to identify one broader action that we would like to take regarding the published time commitment for the role, to ensure that our processes are not creating any unnecessary barriers for potential candidates.

5.12 To clarify, Council member remuneration is not calculated on a day rate and this is supported by our external consultants as being consistent with widespread practice in comparable organisations. The remuneration is designed to reflect the role and attendant responsibilities. That being said, the published GPhC time requirement appears high at 36 days and does not appear to be an accurate reflection of the time commitment for the role. We propose to review this, to ensure that future campaigns give a more accurate and realistic reflection of the time required to those who may be interested. Whilst it is important to describe the likely time commitment in the most accurate way, in the light of experience, on the basis that remuneration levels are not pegged to predicted time commitments any reduction (or indeed increase) in the published expected time commitment would not impact on remuneration levels. This will be reviewed prior to the next planned recruitment round in 2023/24.

6. **Communications**

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

7. **Resource implications**

7.1 The resource implications are shown in Table 2 above.

8. **Risk implications**

8.1 The risks for the GPhC in setting its remuneration policy are those of continuing to attract and retain high quality membership of the Council and its committees and advisory groups, while ensuring value for money.

9. **Monitoring and review**

9.1 Member and Chair remuneration has been reviewed annually by the Remuneration Committee (now Workforce Committee). The proposal going forward – and set out in the draft policy – is for the Workforce Committee to conduct its usual review next year and to have a fuller external review every other year.

10. **Recommendations**

10.1 The Council is asked to consider the information provided and agree that Council that member remuneration be set at £15000 per annum.
Introduction

QCG conducted an exercise to explore how other organisations manage remuneration arrangements for equivalent roles to the GPhC’s Council Chair, Members and Non-Statutory Committee Chairs.

The aim of this exercise was to allow the GPhC to understand its current positioning compared to organisations operating in similar recruitment pools, and to provide guidance on how to manage remuneration arrangements in the future.

To that end, QCG worked with the GPhC to compile a survey consisting of questions covering elements including remuneration arrangements, the principles behind those arrangements, time requirements and any future changes being made. The information captured by the survey was supplemented by data provided by the GPhC from their contacts within healthcare regulators.

The survey captured information for equivalent roles within organisations in the regulatory sector. Results are broken down into healthcare regulators and non-healthcare regulators where significant differences are found and sample sizes are sufficient.

This report presents:

- Detailed results of the exercise, with a commentary provided where relevant; and
- An appendix outlining:
  - Comparator organisations who participated in the exercise; and
  - Full results outlining time requirements for each role.
Methodology

QCG worked with the GPhC project team to design a survey relating to remuneration for Council Chairs, members and Committee Chairs, covering the following topics:

• Remuneration arrangements;
• Remuneration principles;
• Time arrangements;
• Other arrangements; and
• Any changes – including if they are being made as a result of remote working.

The survey was sent to organisations in QCG’s regulatory and inspection related bodies sector network for organisations to complete – with QCG following up with respondents on any queries arising from the data submitted. GPhC also provided information on remuneration from healthcare regulators to supplement the data.

A total of 23 organisations in the regulatory sector responded to the survey – of which 8 organisations relate to healthcare. Data from those 23 organisations has been analysed and reported on (although only 14 organisations provided data relating to Committee Chairs).

The GPhC response to the survey has been used to compare results – but has been excluded from the sample from which results have been drawn.

Where data has been provided, a minimum of 4 organisations are required to respond for QCG to provide median results, and 5 to provide quartiles – to protect the confidentiality of participants and ensure the sample is robust enough to provide meaningful insights.
Results
Time requirements
Core time requirements

The most common responses in terms of contracted hours, and in terms of time set and dedicated to the relevant roles, are shown in the tables below:

**Contracted hours**

<table>
<thead>
<tr>
<th></th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Per month</strong></td>
<td>5 days or more</td>
<td>1 day</td>
<td>1 day</td>
</tr>
<tr>
<td><strong>Per year</strong></td>
<td>More than 30 days</td>
<td>11-15 days</td>
<td>26-30 days</td>
</tr>
</tbody>
</table>

**Minimum time period set**

<table>
<thead>
<tr>
<th></th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Board meetings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Per month</strong></td>
<td>No minimum</td>
<td>No minimum</td>
<td>1 day</td>
</tr>
<tr>
<td><strong>Per year</strong></td>
<td>6-10 days</td>
<td>1-5 days</td>
<td>6-10 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meetings of other committees</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Per month</strong></td>
<td>No minimum</td>
<td>No minimum</td>
<td>1 day</td>
</tr>
<tr>
<td><strong>Per year</strong></td>
<td>6-10 days</td>
<td>6-10 days</td>
<td>1-5 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training activities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Per month</strong></td>
<td>No minimum</td>
<td>No minimum</td>
<td>No minimum</td>
</tr>
<tr>
<td><strong>Per year</strong></td>
<td>1-5 days</td>
<td>1-5 days</td>
<td>1-5 days</td>
</tr>
</tbody>
</table>

Results were provided either per month or per year. Broadly speaking, the highest number of days is for board/committee meetings, whilst the lowest number of days is for training activities (both requirements and time dedications).

GPhC are generally aligned to the time requirements of comparator organisations. A full set of results for this section of the survey is in the appendix.
Additional time requirements

Organisations provided a wide range of responses in terms of managing any additional time requirements for the roles:

- 8 organisations stated they do not provide any additional fees for extra time required for incumbents as part of their role or for ad-hoc activities;
- 2 organisations provided additional fees, charged at the relevant day rates on a pro-rated basis;
- 1 organisation responded that any additional time spent is rounded to the nearest half day, then claimed through expenses at the relevant day rate; and
- 1 organisation stated they only consider additional payments if more than 15 additional days’ worth of time has been spent on activities.

‘Other’ activities indicated in this section of the survey included meeting stakeholders, taking part in working groups, or other ambassadorial duties.

The GPhC are aligned to comparator organisations in not providing any additional fees for time requirements over and above those set out to perform the role.
Remuneration arrangements
How are roles remunerated?

Out of the organisations who responded to the survey, the vast majority remunerate their equivalent roles on an annual basis. Therefore, the GPhC are in line with typical practice in the way roles are remunerated.
Remuneration rates – results

The tables below show the current GPhC arrangements compared to the benchmarking sample. The “comparatio” (C/R) is the ratio between the GPhC salary and the market median for that role.

### All regulators

<table>
<thead>
<tr>
<th>Role</th>
<th>GPhC rate</th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
<th>C/R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairs</td>
<td>£60,000</td>
<td>£30,188</td>
<td>£52,500</td>
<td>£79,500</td>
<td>114%</td>
</tr>
<tr>
<td>Members</td>
<td>£12,500</td>
<td>£8,000</td>
<td>£14,724</td>
<td>£20,000</td>
<td>85%</td>
</tr>
<tr>
<td>Committee Chairs</td>
<td>£15,000</td>
<td>£9,260</td>
<td>£16,204</td>
<td>£21,000</td>
<td>93%</td>
</tr>
</tbody>
</table>

### Healthcare regulators

<table>
<thead>
<tr>
<th>Role</th>
<th>GPhC rate</th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
<th>C/R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairs</td>
<td>£60,000</td>
<td>£40,500</td>
<td>£55,000</td>
<td>£68,250</td>
<td>109%</td>
</tr>
<tr>
<td>Members</td>
<td>£12,500</td>
<td>£7,692</td>
<td>£12,000</td>
<td>£14,343</td>
<td>104%</td>
</tr>
<tr>
<td>Committee Chairs*</td>
<td>£15,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Non-healthcare regulators

<table>
<thead>
<tr>
<th>Role</th>
<th>GPhC rate</th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
<th>C/R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairs</td>
<td>£60,000</td>
<td>£30,750</td>
<td>£50,000</td>
<td>£90,000</td>
<td>120%</td>
</tr>
<tr>
<td>Members</td>
<td>£12,500</td>
<td>£8,150</td>
<td>£18,704</td>
<td>£22,473</td>
<td>67%</td>
</tr>
<tr>
<td>Committee Chairs*</td>
<td>£15,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Insufficient data was provided to be able to split results by type of regulator.
Remuneration rates – commentary

**Chair**

Generally speaking, the GPhC are positioned between the median and upper quartile for remuneration of the Chair. This is the case across all types of regulator captured in the data sample.

**Members**

However, the alignment of GPhC members differs from that of the Chair.

Remuneration of GPhC members compared with the external market depends on the type of regulator – with the GPhC positioned just above the median compared to healthcare regulators, and between the median and lower quartile for non-healthcare regulators.

**Committee Chairs**

The GPhC are aligned closely to (albeit slightly above) the median for Committee Chairs, where not enough data was provided to understand the positioning by type of regulator.

**Conclusion**

Generally speaking, there is a greater degree of variation in rates across non-healthcare regulators, largely depending on organisational size.

If market alignment is a strong desire of the GPhC, we see adjustments to members’ remuneration as the greatest priority – although the current positioning is 4% above the market median for healthcare regulators, which represent the closest comparator organisations to that of the GPhC.
The majority of organisations do not pay additional fees for Chairs, nor members, chairing other committees:

Of those who indicated they pay additional fees, approaches varied:

- The majority of responses (8 in total) paid an additional fee as a percentage of the annual remuneration rate of the role, with the fee not varying significantly between Chairs and members.
  - This fee paid ranged from 3% to 30% of the annual fee a role is paid, with a median of 14%.
- One organisation paid any additional fees at the same day rate that members are remunerated for their typical role.

In paying additional fees for roles chairing other committees, GPhC have a more generous provision than the majority of comparator organisations. The fee paid by GPhC of c.20% is within the range provided by organisations who do offer additional fees – 6% above the median reported.
Remuneration principles
Factors impacting remuneration arrangements

<table>
<thead>
<tr>
<th>Chair</th>
<th>No impact</th>
<th>Moderate impact</th>
<th>Strong impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>External market practice</td>
<td>36%</td>
<td>43%</td>
<td>21%</td>
</tr>
<tr>
<td>Economic factors (e.g. inflation, government guidance)</td>
<td>36%</td>
<td>36%</td>
<td>29%</td>
</tr>
<tr>
<td>Organisation results</td>
<td>71%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Background of individual</td>
<td>64%</td>
<td>21%</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Members</th>
<th>No impact</th>
<th>Moderate impact</th>
<th>Strong impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>External market practice</td>
<td>40%</td>
<td>47%</td>
<td>13%</td>
</tr>
<tr>
<td>Economic factors (e.g. inflation, government guidance)</td>
<td>40%</td>
<td>33%</td>
<td>27%</td>
</tr>
<tr>
<td>Organisation results</td>
<td>67%</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td>Background of individual</td>
<td>73%</td>
<td>20%</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee Chairs</th>
<th>No impact</th>
<th>Moderate impact</th>
<th>Strong impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>External market practice</td>
<td>50%</td>
<td>42%</td>
<td>8%</td>
</tr>
<tr>
<td>Economic factors (e.g. inflation, government guidance)</td>
<td>42%</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>Organisation results</td>
<td>67%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>Background of individual</td>
<td>67%</td>
<td>17%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Which factors have the most impact?

Numerous factors appear to have an impact on remuneration arrangements.

External market practice and economic factors (e.g. inflation, government guidance) had the most impact – i.e. either strong or moderate – across all types of role.

Two organisations indicated they took their company size into account when comparing to the external market.

Devolved nations

The survey also captured whether remuneration differs by devolved nation (if applicable).

No organisations indicated this was the case.
Other arrangements
### How are arrangements managed?

<table>
<thead>
<tr>
<th></th>
<th>Allowance</th>
<th>Reimbursement via expenses</th>
<th>Other</th>
<th>Not provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>0%</td>
<td>75%</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>Accommodation</td>
<td>0%</td>
<td>69%</td>
<td>25%</td>
<td>6%</td>
</tr>
<tr>
<td>Subsistence</td>
<td>0%</td>
<td>80%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>0%</td>
<td>76%</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>Accommodation</td>
<td>0%</td>
<td>71%</td>
<td>24%</td>
<td>6%</td>
</tr>
<tr>
<td>Subsistence</td>
<td>0%</td>
<td>75%</td>
<td>6%</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Committee Chairs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>0%</td>
<td>73%</td>
<td>27%</td>
<td>0%</td>
</tr>
<tr>
<td>Accommodation</td>
<td>0%</td>
<td>73%</td>
<td>27%</td>
<td>0%</td>
</tr>
<tr>
<td>Subsistence</td>
<td>0%</td>
<td>82%</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

The vast majority of responses outlined that travel, accommodation, and/or subsistence payments were managed from reimbursements through expenses – in line with the GPhC’s current approach.

Organisations who indicated ‘other’ methods of managing arrangements did so by directly booking and paying any travel, accommodation or subsistence required for their members.
Monthly support provided

The tables below show median and quartile rates for typical monthly support provided to each role – representing times when roles would physically travel in for meetings, rather than meet virtually:

### Chairs

<table>
<thead>
<tr>
<th>Role</th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>£70</td>
<td>£100</td>
<td>£200</td>
</tr>
<tr>
<td>Accommodation</td>
<td>£100</td>
<td>£100</td>
<td>£733</td>
</tr>
<tr>
<td>Subsistence</td>
<td>£25</td>
<td>£100</td>
<td>£227</td>
</tr>
</tbody>
</table>

### Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>£65</td>
<td>£175</td>
<td>£667</td>
</tr>
<tr>
<td>Accommodation</td>
<td>£100</td>
<td>£160</td>
<td>£833</td>
</tr>
<tr>
<td>Subsistence</td>
<td>£44</td>
<td>£206</td>
<td>£453</td>
</tr>
</tbody>
</table>

### Committee Chairs

<table>
<thead>
<tr>
<th>Role</th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>£125</td>
<td>£200</td>
<td>£200</td>
</tr>
<tr>
<td>Accommodation*</td>
<td>-</td>
<td>£130</td>
<td>-</td>
</tr>
<tr>
<td>Subsistence*</td>
<td>-</td>
<td>£38</td>
<td>-</td>
</tr>
</tbody>
</table>

Organisations outlined a wide variety of support provided – usually in line with travel tickets, hotel prices etc.

One organisation provides one budgeted amount for all elements of subsistence; whilst another includes meals as part of this provision.

More recent support is typically lower than the figures indicated, due to the virtual nature of board and committee meetings – although organisations have indicated a desire from members to go back to meeting in person where possible.

*Fewer than 5 responses were provided, therefore no quartile data has been reported.*
Additional arrangements

92% of organisations do not pay for unexpected additional time spent at meetings for any roles. Of those who do, remuneration is provided via day rates for members.

When asked if members receive anything else as a requirement to perform the job, results are provided in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>54%</td>
<td>54%</td>
<td>38%</td>
</tr>
<tr>
<td>No</td>
<td>46%</td>
<td>46%</td>
<td>63%</td>
</tr>
</tbody>
</table>

Of those who do provide members with something:

- 5 organisations provide a laptop;
- 1 provides either a laptop or an iPad;
- 1 provides a keyboard, mouse, monitor and printer in addition to a laptop; and
- 1 provides a laptop and a mobile phone.

In not paying for additional time spent at meetings, the GPhC are in line with comparator organisations. Some organisations provide a laptop or equivalent to help members do the job – but this is likely to come with a degree of scrutiny to justify any spend.
Wider considerations

Recruitment

Organisations outlined a number of factors outside of remuneration when recruiting for a Chair or Board position – the majority of which consider aspects of an individual and their expected contribution:

- 4 organisations focus on a combination of knowledge, skills and experience of the candidate (although it can be assumed that this would be a factor for all organisations);
- 2 specifically consider the reputation/profile of the individual;
- 2 consider the diversity of skills and/or backgrounds of the individual; and
- 1 organisation specified they consider the impact of the business on society, adjusting rates accordingly.

Diversity and inclusion

A wide range of activities were indicated to ensure a diverse and inclusive recruitment process:

- 4 organisations focused specifically on advertising the role through different networks – including under-represented demographics, diverse job boards, and multiple channels (including social media).
  - It was suggested that targeted advertising is an important aspect of improving diversity.
- 3 organisations ensured an independent panel either through diversity training, compiling a panel that was itself diverse, inviting an independent assessor to sit on the panel.
- 2 organisations focused specifically on building a diverse shortlist of candidates.

We have observed the importance of not making the assumption that under-represented groups will apply for jobs through typical recruitment channels – organisations need to be proactive in reaching out to various recruitment networks to ensure a greater likelihood of diverse candidates.
Future changes
The majority of organisations are not making any changes, particularly concerning the Chair.

### Changes relating to Chairs

Planned changes relate to the recruitment of a new Chair, changing from day to annual remuneration rates, reviewing remuneration itself and introducing a new code of conduct.

### Changes relating to Members/Committee Chairs

A number of organisations outlined they were recruiting new members as part of a natural cycle.

Organisations also indicated they were in the process of reviewing remuneration rates, whilst one was reviewing the structure and interaction of the Board and Executive groups.

Those who indicated terms of references were changing were doing so as a result of the pandemic.

## Planned changes

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>Remuneration</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>Terms of reference</td>
<td>13%</td>
<td>88%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Members</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>Remuneration</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>Terms of reference</td>
<td>24%</td>
<td>76%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Committee Chairs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>Remuneration</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>Terms of reference</td>
<td>17%</td>
<td>83%</td>
</tr>
</tbody>
</table>
## Changes as a result of remote working

<table>
<thead>
<tr>
<th>Chair</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time commitments</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Remuneration</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Other</td>
<td>29%</td>
<td>71%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Members</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Remuneration</td>
<td>29%</td>
<td>71%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee Chairs</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Remuneration</td>
<td>20%</td>
<td>80%</td>
</tr>
</tbody>
</table>

The vast majority of organisations are not making any changes as a result of remote working.

All planned changes relate to the introduction of hybrid working, with the intention of having at least some meetings remotely and/or with some members meeting in person and others virtually (similar to what the GPhC have indicated).
Appendix 1

Participating organisations
### Participants

A total of 23 organisations participated in the exercise:

<table>
<thead>
<tr>
<th>Healthcare regulators (data provided by GPhC)</th>
<th>Non-healthcare regulators (data captured by QCG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- General Chiropractic Council</td>
<td>- Architects Registration Board</td>
</tr>
<tr>
<td>- General Medical Council</td>
<td>- Audit Scotland</td>
</tr>
<tr>
<td>- General Optical Council</td>
<td>- Bar Standards Board</td>
</tr>
<tr>
<td>- General Osteopathic Council</td>
<td>- Competition and Markets Authority</td>
</tr>
<tr>
<td>- Health Care Professions Council</td>
<td>- Council for Licensed Conveyancers</td>
</tr>
<tr>
<td>- Nursing and Midwifery Council</td>
<td>- Financial Conduct Authority</td>
</tr>
<tr>
<td>- Health Research Authority</td>
<td>- Fundraising Regulator</td>
</tr>
<tr>
<td></td>
<td>- Information Commissioner’s Office</td>
</tr>
<tr>
<td></td>
<td>- National Audit Office</td>
</tr>
<tr>
<td></td>
<td>- Office for Students</td>
</tr>
<tr>
<td></td>
<td>- Office of Rail and Road</td>
</tr>
<tr>
<td></td>
<td>- Ofgem</td>
</tr>
<tr>
<td></td>
<td>- Phone-paid Services Authority</td>
</tr>
<tr>
<td></td>
<td>- The Institute of Chartered Accountants of Scotland</td>
</tr>
<tr>
<td></td>
<td>- The Office of the Immigration Services Commissioner</td>
</tr>
</tbody>
</table>

---

**Note:** The list above includes organisations that were involved in the exercise. The data was sourced from different databases, as indicated by the labels “data provided by GPhC” and “data captured by QCG.”
Appendix 2

Time requirements results
Days per time period the board are contracted to work

### Days per month

<table>
<thead>
<tr>
<th>Days per month</th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>6%</td>
<td>31%</td>
<td>40%</td>
</tr>
<tr>
<td>2 days</td>
<td>0%</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>3 days</td>
<td>0%</td>
<td>23%</td>
<td>40%</td>
</tr>
<tr>
<td>4 days</td>
<td>6%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>5 days or more</td>
<td>67%</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time requirement</td>
<td>22%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Days per year

<table>
<thead>
<tr>
<th>Days per year</th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 days</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
</tr>
<tr>
<td>6-10 days</td>
<td>0%</td>
<td>12%</td>
<td>0%</td>
</tr>
<tr>
<td>11-15 days</td>
<td>0%</td>
<td>24%</td>
<td>29%</td>
</tr>
<tr>
<td>16-20 days</td>
<td>0%</td>
<td>12%</td>
<td>0%</td>
</tr>
<tr>
<td>21-25 days</td>
<td>0%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>26-30 days</td>
<td>7%</td>
<td>24%</td>
<td>43%</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>79%</td>
<td>18%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time requirement</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Minimum time period set out for: board meetings

<table>
<thead>
<tr>
<th></th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days per month</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 day</td>
<td>40%</td>
<td>22%</td>
<td>57%</td>
</tr>
<tr>
<td>2 days</td>
<td>0%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>3 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5 days or more</td>
<td>10%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time</td>
<td>50%</td>
<td>56%</td>
<td>29%</td>
</tr>
<tr>
<td><strong>Days per year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 days</td>
<td>30%</td>
<td>22%</td>
<td>14%</td>
</tr>
<tr>
<td>6-10 days</td>
<td>40%</td>
<td>22%</td>
<td>57%</td>
</tr>
<tr>
<td>11-15 days</td>
<td>20%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>16-20 days</td>
<td>0%</td>
<td>22%</td>
<td>14%</td>
</tr>
<tr>
<td>21-25 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>26-30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time</td>
<td>10%</td>
<td>22%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Minimum time period set out for: meetings of other committees

<table>
<thead>
<tr>
<th></th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days per month</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 day</td>
<td>43%</td>
<td>29%</td>
<td>75%</td>
</tr>
<tr>
<td>2 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5 days or more</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time</td>
<td>57%</td>
<td>71%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Days per year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 days</td>
<td>38%</td>
<td>25%</td>
<td>38%</td>
</tr>
<tr>
<td>6-10 days</td>
<td>50%</td>
<td>38%</td>
<td>38%</td>
</tr>
<tr>
<td>11-15 days</td>
<td>0%</td>
<td>13%</td>
<td>25%</td>
</tr>
<tr>
<td>16-20 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>21-25 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>26-30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time</td>
<td>13%</td>
<td>25%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Minimum time period set out for: training activities

<table>
<thead>
<tr>
<th>Days per month</th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5 days or more</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time requirement</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Days per year</th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 days</td>
<td>63%</td>
<td>50%</td>
<td>71%</td>
</tr>
<tr>
<td>6-10 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>11-15 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>16-20 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>21-25 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>26-30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time requirement</td>
<td>38%</td>
<td>50%</td>
<td>29%</td>
</tr>
</tbody>
</table>
### Average time dedicated by roles to: board meetings

<table>
<thead>
<tr>
<th></th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days per month</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 day</td>
<td>83%</td>
<td>67%</td>
<td>50%</td>
</tr>
<tr>
<td>2 days</td>
<td>0%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>3 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5 days or more</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time requirement</td>
<td>17%</td>
<td>17%</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Days per year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 days</td>
<td>15%</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>6-10 days</td>
<td>54%</td>
<td>57%</td>
<td>55%</td>
</tr>
<tr>
<td>11-15 days</td>
<td>31%</td>
<td>14%</td>
<td>18%</td>
</tr>
<tr>
<td>16-20 days</td>
<td>0%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>21-25 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>26-30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time requirement</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
# Average time dedicated by roles to : meetings of other committees

<table>
<thead>
<tr>
<th>Days per month</th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>80%</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>2 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5 days or more</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time requirement</td>
<td>20%</td>
<td>20%</td>
<td>40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Days per year</th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 days</td>
<td>36%</td>
<td>42%</td>
<td>40%</td>
</tr>
<tr>
<td>6-10 days</td>
<td>36%</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>11-15 days</td>
<td>27%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>16-20 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>21-25 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>26-30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time requirement</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Average time dedicated by roles to training activities

<table>
<thead>
<tr>
<th>Days per month</th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>33%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>2 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5 days or more</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time</td>
<td>67%</td>
<td>67%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Days per year</th>
<th>Chairs</th>
<th>Members</th>
<th>Committee Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 days</td>
<td>88%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>6-10 days</td>
<td>0%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>11-15 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>16-20 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>21-25 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>26-30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No minimum time</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Appendix 3

About QCG
QCG is a **Reward and Employee Experience consultancy** founded in 2000 and based in London.

We provide expert and friendly consultancy support to help you deliver fair pay, engaging benefits, effective recognition and a great employee experience – all without having to break the bank.

We have a **longstanding track record** of working successfully with a variety of private and public sector clients, ranging from large multinationals to SMEs, government departments, Arms’ Length Bodies and not-for-profit organisations.

---

**Do right by your employees and they will do their best for the business**
Business as usual review of risk management policy

Meeting paper for Council on 12 May 2022

Confidential

Purpose

For the Council to review the updated risk management policy at Appendix 1.

Recommendations

Council is asked to approve business as usual amendments to the risk management policy.

1. Introduction

1.1 The Risk Management policy as approved by Council on 22 April 2021, requires an annual business as usual review by Council. Audit and Risk Committee (ARC) and Senior Leadership Group (SLG) have considered the proposed amendments.

1.2 The revised policy is attached as Appendix 1.

2. Key considerations

2.1 The changes to the policy are largely administrative, with updated references job titles and some minor changes to language. Both SLG and ARC were asked to reaffirm the use of the definitions within HM Treasury’s Orange Book as opposed to a move more in line with ISO or other risk management models. SLG and ARC agreed the recommendation of this principle.

2.2 Risk appetite is due to be reviewed in full in April/May 2024, though Council is asked to reaffirm its commitment to the existing risk appetite statement.

3. Equality and diversity implications

3.1 There are no direct equality, diversity or inclusion (EDI) implications, although EDI is a strand running through a number of the risks identified in the strategic risk register and as an acute risk relating to the delivery of our EDI strategy in the corporate operational risk register.

4. Communications

4.1 We will communicate any changes to the policy via Sharepoint.

5. Resource implications

5.1 Risk management activity is resourced within existing resources.
6.  **Risk implications**

6.1  Discussed within the paper.

7.  **Recommendations**

Council is asked to approve business as usual amendments to the risk management policy.

Rob Jones, Head of Risk Management and Audit
General Pharmaceutical Council

05 May 2022
Risk Management Policy

GPhC0054 Version 1.1

This policy sets out the risk management process at the General Pharmaceutical Council.
## Policy details

<table>
<thead>
<tr>
<th>Policy reference</th>
<th>GPhC0054</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version</strong></td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Policy author</strong></td>
<td>Rob Jones, Head of Risk Management and Audit</td>
</tr>
<tr>
<td><strong>Approved for issue by</strong></td>
<td>[Approved by], [Approved date]</td>
</tr>
<tr>
<td><strong>Effective from</strong></td>
<td>22 April 2021</td>
</tr>
<tr>
<td><strong>Next review</strong></td>
<td>22 April 2022</td>
</tr>
</tbody>
</table>
Contents

1. Introduction ........................................................................................................... 4
2. Purpose .................................................................................................................. 4
3. Scope ..................................................................................................................... 5
4. Exclusions .............................................................................................................. 5
5. Definitions ............................................................................................................. 5
6. Responsibilities ...................................................................................................... 5
7. Policy ..................................................................................................................... 8
8. Training requirements .......................................................................................... 11
9. Monitoring and compliance ................................................................................. 11
10. References ........................................................................................................... 11
11. Associated documentation ................................................................................... 11
12. Appendices .......................................................................................................... 12
1. **Introduction**

1.1 Every organisation must take, and is exposed to risks, in pursuit of achieving its objectives. Being risk aware means approaching this proactively to manage down the threats we face and make the most of the opportunities. The price of getting this wrong is high: not using our resources efficiently and a failure to deliver our objectives, which may ultimately lead to patient safety being compromised, reputational damage and a loss of confidence in the organisation’s ability to deliver its core functions.

1.2 That is why it is essential we understand and manage our risks well across the organisation, whether they are driven by external events or by our own activities. We need an approach that ensures we address the right risks at the right time, with the right people involved. Whilst we recognise it is important that each team manages its own risks at an operational level and feel supported in doing so, we want to ensure that we identify and where appropriate, mitigate those risks that affect the organisation as a whole, which might not be easily managed within existing resources and which need a strategic response.

1.3 The Council and the Senior Leadership Group (SLG) will make risk management central to all our decision making. The Council has overall responsibility for the leadership of the risk management policy, for ensuring that its risk appetite is set and communicated to the SLG, and that an appropriate risk culture exists within the organisation.

1.4 Risk management should not be a remote, ‘box-ticking’ activity undertaken exclusively in SLG and Council meetings. We want good risk conversations to be a natural part of how we manage our business, at every level of the organisation. Each of us commits to using risk-based decision making in our everyday work, and to support those we work with to do the same. There is already a proportionate, effective risk management process and culture in place. This document is part of helping to embed it, to spread it further, and to ensure that the Council sets the strategy and leads by example.

1.5 This document should be read in conjunction with the Incident Management Policy document.

2. **Purpose**

2.1 The Council Risk Management Policy aims to:

- provide a consistent and standardised approach to the identification, management and mitigation of risk by which future problems can be prevented or at least addressed;
- support the Council to focus on those risks which might compromise the achievement of the GPhC’s strategic objectives;
- support ongoing compliance with statutory requirements;
- support decision making on the future provision and development of services and enabling the challenges of different delivery models (e.g. collaboration) to be systematically assessed and controlled;
- assist staff in knowing when to escalate risks to the Senior Leadership Group, Audit and Risk Committee, and Council; and
- encourage the sharing of good practice and learning lessons across the organisation.
3. **Scope**

3.1 This policy covers all risk management activity within the GPhC.

4. **Exclusions**

4.1 Not applicable.

5. **Definitions**

5.1 **Risk** - HM Treasury’s Orange Book (2019) defines risk as “an UNCERTAIN future event, which if it occurs will have positive or negative effects on the delivery of corporate objectives.”

5.2 **Risk appetite** - the phrase used to describe how much risk, and the different categories of risk, an organisation is willing to accept.

5.3 **Risk tolerance** - the potential impact of a risk that the organisation can literally cope with.

5.4 **Strategic risk register** – the risk register logging and detailing the organisation’s risks at a strategic level, owned by Council.

5.5 **Corporate operational risk register** – the highest level risk register looking at operational matters within the organisation.

5.6 **Departmental risk register** – a risk register owned by a department, looking at risks directly facing that department on a more granular level.

5.7 **Project risk register** – the risk register used to log and manage risk associated with a project or particular piece of work.

6. **Responsibilities**

i. **Council**

6.2 The Council has overall responsibility for risk management and more specifically for:

- leading by example by supporting a positive risk culture, focussed on learning from mistakes and not seeking to attribute blame, and encouraging openness and discussion of real business issues in a realistic manner;
- setting the risk appetite and risk management policy for the organisation; and
- agreeing and reviewing the Strategic Risk Register.

6.3 The Strategic Risk Register is routinely reviewed by the Council twice yearly. At each Council meeting (where the full Risk Register is not being reviewed), an update on key risk movements, ‘Never Events’ and newly added risks will be reported to the Council if appropriate. Key risks will be addressed in each paper presented to the Council to ensure that the management of risk associated with Council decisions is not considered to be remote to the decision itself.

ii. **Audit and Risk Committee**

6.4 The Council is the governing body of the GPhC and determines the governance policy and framework for the organisation. The Audit and Risk Committee (ARC) supports the Council by reviewing and advising the Council on the operation and effectiveness of the arrangements which
are in place across the whole of the Council’s activities that support the achievement of the Council’s objectives. With regard to risk management, ARC will review the adequacy of:

- All risk and control related disclosure statements, together with any accompanying internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Council; and
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

6.5 ARC will have sight of the strategic risk register and corporate operational risk register at each meeting, but alternate between the two in terms of detailed focus. ARC will have a duty to provide advice to the Council where significant concerns about risk assurance arise. In reviewing risk management arrangements, ARC should draw attention to areas where:

- risk is being appropriately managed, and controls are adequate (no action needed)
- risk is inadequately controlled (action needed to improve control)
- risk is over-controlled (resource being wasted which could be diverted to another use)
- there is a lack of evidence to support a conclusion (if this concerns areas which are material to the organisation’s functions, more audit &/or assurance work will be required).

iii. Chief Executive Officer

6.6 The Chief Executive, supported by the ARC, should:

- take overall responsibility for establishing the organisation’s overall approach to risk management and defining its risk profile;
- periodically assess whether the organisational values, leadership style, opportunities for debate and learning, and human resource policies support the desired risk culture;
- ensure that expected values and behaviours are communicated and embedded at all levels to support the appropriate risk culture;
- designate an individual to be responsible for leading the organisation’s overall approach to risk management, who should be of sufficient seniority and should report to a level within the organisation that allows them to influence effective decision-making; and
- ensure the allocation of appropriate resources for risk management, which can include, but is not limited to people, skills, experience and competence.

iv. Director of Finance

6.7 The Director of Finance, supported by the ARC, should:

- work on behalf of the Chief Executive to establish the organisation’s overall approach to risk management; and overall risk profile; and
- demonstrate leadership and articulate their continual commitment to and the value of risk management through developing and communicating a policy or statement to the organisation and other stakeholders, which should be periodically reviewed.
v. Head of Risk Management and Audit

6.8 The day-to-day oversight of and reporting on risk management is dealt with by the Head of Risk Management and Audit, whose responsibilities are:

- establish risk management activities that cover all categories of risk and processes that are applied at different organisational levels;
- ensure the design and systematic implementation of policies, procedures and practices for risk identification, assessment, treatment, monitoring and reporting;
- to report to the ARC on risk management activity within the organisation;
- to provide strategic direction on the risk management of the GPhC;
- to keep an up to date register of risk registers held within the organisation (Appendix 3);
- to ensure the strategic and corporate operational risk registers are updated at least quarterly;
- to review the strategic and corporate operational risk register with the SLG on a routine basis, and at least quarterly;
- to lead and encourage proportionate risk management practices, consistent with the principles set out in this policy;
- to ensure that the SLG support a positive risk culture, focussed on learning from mistakes, not seeking to attribute blame;
- to encourage openness and discussion of real business issues in a realistic manner; and
- to identify, assess and manage the risks faced by the organisation, keeping the important risks visible and recognising when risks are changing, and taking the appropriate action.

vi. Senior Leadership Group

6.9 The day-to-day management of the risks identified within each respective directorate is led by the SLG, whose responsibilities are:

- to understand the Council’s risk appetite and to ensure that matters within their remit are being managed with this in mind;
- to work with the Chief Executive, Director of Finance, and Head of Risk Management and Audit to ensure that proportionate risk management practices, consistent with the principles set out in this policy, are in operation within their directorates;
- to support a positive risk culture, focussed on learning from mistakes, not seeking to attribute blame; and
- to encourage openness and discussion of real business issues in a realistic manner.

vii. Project boards

6.10 Project boards will be responsible for:

- providing SLG and Council with assurance that the risks associated with the project it oversees is managed appropriately and within Council’s risk appetite; and
- providing strategic direction to the project team in the management of risk within the project.
6.11 For guidance on the process for the formulation of policy, please see the guidance here.

viii. Risk owners

6.12 Risk owners (including project teams) will be identified within risk registers. They are responsible for:

- coordinating activities related to the identified risk, including working with control owners and owners of planned actions to ensure progress;
- ensuring that action plans for the risks that they own are reflected in the annual business plan if appropriate;
- working with the Head of Risk Management and Audit to ensure that the record of the risk is up to date within the risk register;
- ensuring that the target risk score is aligned with Council’s stated risk appetite;
- to escalate to SLG (or the project board if applicable) when a risk cannot be managed to within Council’s stated risk appetite.

i. GPhC Staff Members, associates and partners

6.13 Are required:

- to be aware that everyone has a role to play in risk management;
- to apply risk management in carrying out day-to-day processes and procedures;
- to identify and report to the SLG, the head of department and/or the Head of Risk Management and Audit new or changing risks facing the organisation;
- to report incidents in line with the GPhC’s incident management policy;
- to work together as an organisation to monitor, manage and reduce the GPhC’s risk where appropriate; and
- to take responsibility for mistakes and to learn from them with the support of the SLG and Head of Risk Management and Audit.

7. Policy

i. What is risk?

7.1 Risk is an inevitable consequence of making decisions, taking action or failing to do either. It is a part of everything we do and increases proportionately in volatile, uncertain, complex and ambiguous circumstances, where we have less direct control, or work at the edge of our knowledge and experience. Risk is inevitably higher during periods of change or when delivering new projects and initiatives.

7.2 HM Treasury’s Orange Book (2019) defines risk as “an UNCERTAIN future event, which if it occurs will have positive or negative effects on the delivery of corporate objectives.”

7.3 In contrast, an issue is defined as a relevant event which has happened or is happening and has resulted in a consequence, was not planned, and requires immediate management action. In this regard, it differs from a risk, which is defined as a future event which has yet to happen.
7.4 Risk Management is the co-ordinated activities designed and operated to manage risk and exercise internal control within the organisation.

7.5 For the purposes of this policy, strategic risk are risks that affect or are created by the organisation’s business strategy and strategic objectives.

7.6 Tactical risks are risks associated with the means of delivering change, i.e. projects.

7.7 Operational risks are major risks that affect the organisation's ability to execute its strategic plan.

7.8 A ‘risk owner’ is an accountable point of contact for a risk, who coordinates efforts to mitigate and manage the risk with various individuals who own parts of the risk. The individuals who own parts of the risk and mitigating controls, are known as ‘control owners’.

ii. Risk appetite

7.9 ‘Risk appetite’ is the phrase used to describe how much risk, and the different categories of risk, an organisation is willing to accept. Where a risk exceeds the risk appetite something will usually need to be done to reduce the risk. Risk appetite may vary for different risks, for example, the organisation may be more willing to cope with uncertainty around future funding levels but have a very low appetite risk which may result in the organisation not complying with the law.

7.10 The GPhC acknowledges that risk management involves judgement about situations and actions, and that the GPhC's risk profile is constantly changing. The Council’s risk appetite will vary according to the nature of the risk and cannot be defined by one statement which applies to all of the GPhC’s activities.

7.11 ‘Risk tolerance’ is the potential impact of a risk that the organisation can literally cope with. The GPhC’s risk appetite statement can be seen at Appendix 1.

7.12 The target score within the risk register will be determined by Council’s stated risk appetite in the category of risk that the identified risk best fits. It is the responsibility of risk owners to ensure that when they identify risks, they assess the current risk score against Council’s stated risk appetite and escalate the matter to SLG if they consider that the risk cannot be managed appropriately within existing resource. Project boards will be responsible for overseeing the risk management activities specific to the project that they oversee and ensuring that the project team are managing risk in line with Council’s stated risk appetite.

7.13 For further guidance on how to assess the risk against Council’s stated risk appetite, please contact the Head of Risk Management and Audit.

iii. Risk management plan

7.14 Identification and Assessment of Risk

7.15 The GPhC has two main risk registers, which record and track risks faced by the GPhC. These are the strategic risk register, which considers matters which may affect or are created by the organisation’s business strategy and strategic objectives. The corporate operational risk register considers the broad operational risks that the organisation faces at the highest level. The risk register template (Appendix 2) is a key tool within the GPhC’s Risk Management framework. A Risk Owner/Controller is specified.

7.16 The strategic and corporate operational risk registers are reviewed at least quarterly at SLG meetings. New risks are added and consideration is given initially to the causes and effects of the
risk. The Council should be notified of any new risks added to the Strategic Risk Register at the earliest opportunity so that full consideration of the matter and the proposed scoring can be undertaken.

7.17 There are two elements:

- Likelihood is generally considered to be a combination of the probability and frequency of a risk occurring.
- Significance is considered to be the magnitude of the impact of the risk being realised.

7.18 The risk score is applied using a formula: x (likelihood) multiplied by y (significance). The controls and mitigation already in place are then added.

7.19 Scores are calculated for the ‘inherent risk’, ‘current risk’ and ‘target risk’, by defining a ‘likelihood’ and ‘significance’ for each.

7.20 The risk appetite is then defined by the Council, using one of the five gradings set out in the risk appetite document (‘low’, ‘low/medium’, ‘medium’, ‘medium/high’ and ‘high’).

7.21 Once the current risk score is calculated, if it is higher than the target score (which will be determined by Council’s risk appetite), additional actions should be identified to mitigate the risk, in an attempt to lower the risk to within Council’s risk appetite.

7.22 **Monitoring and control of identified risks**

7.23 Having assessed the risk and identified controls and any additional mitigating actions, the risk is then managed on a day-to-day basis. The Head of Risk Management and Audit is responsible for monitoring the progress of the actions and controls identified, and where a change to a plan is necessary, ensuring that risk owners can provide justification for this. Progress on managing the risk is reviewed at SLG meetings and each risk is subject to review. It is sometimes appropriate, dependent upon the risk identified, for the risk to be the subject of Committee or Council discussions and deliberations, and detailed scrutiny by the ARC into specific aspects may be appropriate.

7.24 **Departmental risk registers**

7.25 Whilst we encourage cross directorate working and shared ownership of key operational risks, it may be appropriate at times to develop departmental and project risk registers linked to specific risks, corporate objectives, projects, core processes or key dependencies. It is the responsibility of the risk register owner to inform the Head of Risk Management and Audit that the register has been created so that it can be logged within the Register of Risk Registers (Appendix 3).

7.26 **Review process and escalation**

7.27 It is only the Strategic Risk Register that will routinely be reviewed by the Council, with other matters being reported by exception or if the SLG or ARC consider that a particular risk cannot be managed within the Council’s stated risk appetite.

7.28 It is accepted that in some cases, despite robust actions and controls being put in place, some risks cannot be reduced to within the Council’s stated risk appetite. The SLG will seek to reduce the risk to a level that is as low as is reasonably practicable and report back to the Council where it is not possible, within existing resources, to bring the risk within the Council’s risk appetite. The Council
will need to consider whether it is appropriate to undertake further action, which may require additional resource, or to reconsider their risk appetite.

7.29 The risks will also be considered when the GPhC is setting priorities and agreeing the annual Business Plan and budget, to ensure that the GPhC’s resources are correctly targeted to risk.

7.30 A flow chart for the GPhC’s risk life cycle process is set out at Appendix 4.

7.31 **Internal Audit**

7.32 An internal audit programme agreed between management and the ARC also forms a strong part of the GPhC’s management of risk. The programme provides assurance on the internal controls and on specific areas of risk which arise through the GPhC’s operations. Reviews are undertaken and reported both to SLG and the ARC, and where appropriate a timetable for improvement is agreed and then monitored. The work plan is drawn up based on the risks, priorities and opportunities faced by the GPhC.

7.33 An internal audit of the GPhC’s risk management structure will be undertaken at least every three years.

8. **Training requirements**

8.1 Workshops focussing on risk identification for different teams, and roles and responsibilities should take place at least every three years, as part of the wider review cycle of the risk management process.

9. **Monitoring and compliance**

9.1 This Risk Management Policy outlines the GPhC’s policy on managing risk. To be effective, managing risk must be understood and accepted as an important area of the GPhC’s responsibilities, ensuring that the GPhC considers and responds to risk in an effective way. The following review cycles will take place:

- The Risk Management Policy will be reviewed by the Council once a year, following advice from ARC;
- Council will review the strategic risk register twice yearly;
- ARC will review the strategic risk register and corporate operational risk register at each meeting, alternating its primary focus;
- SLG will review the strategic risk register and corporate operational risk register on a quarterly basis; and
- Requirements for reporting on incidents are set out within the Incident Management Policy.

10. **References**

10.1 The Incident Management Policy referenced at paragraphs 1.5 and 9.1 can be seen here.

10.2 The Register of Risk Registers, referenced at paragraphs 6.8 and 7.25, can be seen (WORK IN PROGRESS).

11. **Associated documentation**

11.1 Incident Management Policy
11.2 Strategic Risk Register
11.3 Corporate Operational Risk Register
11.4 Register of Risk Registers

12. Appendices
12.1 Appendix 1 is the risk appetite statement.
12.2 Appendix 2 is the risk register template and scoring matrix.
12.3 Appendix 3 is the template for the register of risk registers.
12.4 Appendix 4 is a flow chart for the risk life cycle process.
Appendix 1
Risk appetite statement

The General Pharmaceutical Council’s (GPhC) Risk Appetite Statement forms part of our risk management policy. It articulates the level and type of risk the Council will accept in the strategic positioning and day-to-day running of the organisation. This statement is the result of a careful evaluation of how risks affect our ability to achieve our objectives and Vision 2030 and may be amended by the Council as required.

‘Risk appetite’ is the phrase used to describe how much risk, and the different categories of risk, an organisation is willing to accept. Where a risk exceeds the risk appetite something will usually need to be done to reduce the risk. Risk appetite may vary for different risks, for example, the organisation may be more willing to cope with uncertainty around future funding levels but have very little appetite for risks which could damage the organisation’s reputation or for not complying with the law.

The GPhC acknowledges that risk management involves judgement about situations and actions, and that the GPhC’s risk profile is constantly changing. The Council’s risk appetite will vary according to the nature of the risk and cannot be defined by one statement which applies to all of the GPhC’s activities.

‘Risk tolerance’ is the potential impact of a risk that the organisation can literally cope with.

As a statutory body, with protecting patients and the public as its fundamental purpose, the GPhC is naturally risk-averse and its risk tolerance is relatively low due to its statutory duties and the level of available resources. The GPhC generally therefore works to minimise and control risk, by taking an appropriate and proportionate approach to risk.

However, the GPhC acknowledges that being risk-averse also has its costs, in terms of measures put in place to control and mitigate risk. Being too risk averse may also mean that opportunities are missed or that the costs of mitigation outweigh the benefits. Some risks cannot be controlled and managed, and the GPhC must take decisions to accept that some risks will remain, whilst ensuring that appropriate controls and actions are in place. Our approach is not intended to stifle innovation or initiative, which help to achieve our strategic aims.

An explanation of the categories of risk the GPhC is exposed to is included in the risk appetite statement, with the agreed appetite relating to each recorded. This should form the basis for decision making at all levels. It should also act as a vehicle for the escalation of risks which exceed the Council’s appetite, but which cannot be managed within existing resources. This should be taken as an aid to decision making and guide as to when to escalate to a colleague of appropriate authority rather than an absolute doctrine directing every decision we make.

With regards the strategic risk register, risk appetite is considered against individual risks on an ongoing basis, and the risk appetite agreed by the Council. The Council must be satisfied that the current risk falls within the agreed risk appetite, and if not, identify further actions to try and mitigate the risk further (or review whether the risk appetite level is indeed appropriate).

There are also certain risks, classed as ‘Never Events’. The organisation’s risk appetite in respect to these specific events is extremely low and regular updates will be given to ARC and Council as to how well these risks are being managed. These are not defined in this document.

Levels of risk
The definitions of the different levels of risk the Council is prepared to accept in specific areas is set out below (please see the Risk Management Policy for method calculating risk score).

<table>
<thead>
<tr>
<th>Appetite</th>
<th>Descriptions</th>
<th>Indicative target score*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Avoidance of risk and uncertainty is a key organisational objective.</td>
<td>6 or below</td>
</tr>
<tr>
<td>Low-medium</td>
<td>Preference for safe options that have a low degree of inherent risk, <strong>but may</strong> only have a potential for limited reward.</td>
<td>6 to 9</td>
</tr>
<tr>
<td>Medium</td>
<td>Preference for safe options that have a low degree of risk, but prepared to explore more progressive solutions.</td>
<td>9 to 12</td>
</tr>
<tr>
<td>Medium-high</td>
<td>Willing to consider all options, provided reasonable and rational plans can be put in place to manage to associated risks. Risks with a significant impact, which cannot be mitigated significantly, will still usually be avoided.</td>
<td>12 to 15</td>
</tr>
<tr>
<td>High</td>
<td>Eager to be innovative and to choose options offering potentially higher business rewards, regardless of potential greater risk.</td>
<td>15 and above</td>
</tr>
</tbody>
</table>

*where the ‘impact’ of a risk remains ‘catastrophic’ (rated 5) regardless of mitigation put in place, tolerance of that risk where the ‘likelihood’ is above ‘2’ must be signed off by the Chief Executive and flagged to the Audit and Risk Assurance Committee (ARC).

In addition, any risk with a current risk score of ‘5’ must be kept under review even where the ‘likelihood’ reaches ‘1’.

**Categories of risk**

As well as setting a risk appetite for specific strategic risks, the Council has defined its risk appetite for the different categories of risk at a project and operational level. The seven broad areas of risk that statements will be set for are:

- Patient and public safety
- Regulatory standards and quality
- Health, standards of safety, and wellbeing
- Financial health
- Productivity and efficiency
- People resourcing, deployment and development
• Compliance and legal

Each category will be nuanced and there will be variations to Council’s risk appetite for different types of risk within each risk category.

This risk appetite will form the basis for the approach taken to individual risks identified by the management team on project and operational risk registers. Project and operational risks that cannot be managed within the Council’s risk appetite will be escalated to the SLG, and if necessary, the ARC and/or Council.

Reputational risk is not included as a separate category of risk. The reason for this is that we consider that reputational damage is a consequence of actions or events in these other areas of risk, rather than a category of risk in its own right. We do however define and seek to mitigate reputational risk through our organisation risk register and our wider approach to communications and stakeholder engagement.

Patient and public safety

Council has a low appetite for risk relating to patient or public safety, and this shapes our approach to managing information that may indicate a registrant or premises poses a potential threat in this respect. Council also has a low risk appetite for anything that may impact the accuracy or integrity of the register, as it is this document which helps guide the public in the decisions they make when seeking treatment and employers.

We do however recognise the need to be proportionate and that investigations must be undertaken promptly so as not to impact premises, the lives of registrants and patients and families going through the process any more than is necessary. As such, we have a duty to manage risks associated with externally driven delays to investigations (such as enquiries or investigations by other bodies) as far as we possibly can, whilst recognising that we must not sacrifice patient safety to achieve this. Delays caused by performance or capacity issues are covered in the section on ‘Productivity and Efficiency’.

Regulatory standards and quality

Alongside the approach we take with patient safety matters and the integrity of the register, we recognise that we must keep pace with technological developments and society more generally. This may mean there will be times where action must be taken to modernise the service we deliver, sometimes to reduce existing or emerging risks, and we must accept risks in delivering these changes. Where this is the case, careful consideration will be given by Council to the importance of the change, the risks that exist and our confidence in managing these risks down to a reasonable level. We accept that we may not be able to eliminate risk entirely from technological transformation of services, but that at times we will need to act regardless, particularly where the risk of not acting is significant.

The standards we set and how we quality assure those are vitally important to effective regulation in the longer term, and in building a regulatory model which is proactive rather than reactive. However, we must accept a greater degree of risk in maintaining and updating these standards, as to be too risk averse, or conservative, in setting standards could become counter-productive and mean we fail to deliver a regulatory model that meets society’s and pharmacy’s needs. Similarly, with regards our quality assurance tools for education standards and our inspection regime, we must accept that the resource available to conduct these activities is finite. This means being innovative in creating models
which provide assurance that standards are being met by the highest number of institutions and premises, with the resource that we have available. We must therefore accept a greater degree of risk in pursuing associated objectives.

Standards of health and safety, and wellbeing

Council has a low risk appetite for pursuing opportunities or managing hazards relating to the safety standards, wherever our people are working, and the health of members, staff, associates, partners and visitors. We recognise that there is a distinction between health and wellbeing and that whilst health and safety standards are largely quantifiable, that the wellbeing needs of staff vary greatly and are highly individualised.

We will endeavour to manage risks associated with staff wellbeing down wherever practicable and reasonable, whilst recognising that it is an infinitely complex subject.

Financial Health

We have a medium risk appetite around the setting of fees and expenditure. An overly conservative approach to our financial management may result in an even greater risk materialising of not being able to afford to regulate in a way that is fit for purpose and therefore fails to protect patients and the public. It is also imperative that the organisation remains financially secure and sustainable for the long term. We therefore need to ensure that our approach to managing our assets and income enable these goals to be delivered. Therefore, a more pragmatic cautious to balance approach had been adopted for the management of our cash balances over a long-term investment horizon to mitigate the risk of capital loss, provide protection against inflation and generate a modest level of income to support funding our activities. Because of the reliance on fee income to fund the cost of regulation and the large lag time between adjusting fee levels, we have increased our appetite around fees to a more proactive and managed approach. We do however, recognise the need to seek best value in the services and products we procure, to ensure that confidence remains that the fee we set is proportionate and that we are managing the revenue it generates responsibly.

We maintain a low risk appetite for deficiencies in financial stewardship, internal controls and meeting external obligatory financial reporting requirements.

Productivity and efficiency

In line with our Vision 2030 to be a good quality regulator, with a strategic aim to deliver effective consistent and fair regulation, we are committed to delivering a performance and reporting framework which provides a balance and transparency between productivity, efficiency and effectiveness. In doing so this creates the right culture to ensure our priority is on securing the right regulatory outcomes, supporting continuous improvement and encouraging innovation in our own services. This also enables us to flex in an ever-changing environment to ensure we remain fit for purpose as a regulator. As such we have a medium risk appetite for risks that may affect productivity, as we recognise that at times to achieve our aims, we may need to risk short term disruption to our operations. This includes being prepared to update our systems to control risks associated with single points of failure when processing
regulatory activities, cyber security and other key areas, even where short to mid-term disruption is a potential consequence.

**People resourcing, deployment and development**

We recognise that to develop and maintain an effective and productive organisational culture, we need to be innovative and open to opportunity. We accept a medium/high level of risk in delivering a dynamic approach to resourcing, deploying and developing our people. We see this level of appetite as consistent with our vision to operate as a professional and lean organisation, to enable a flexible and high skilled, specialist and dynamic workforce. We do however consider that some posts, particularly where there is an associated single point of failure, require more caution and will seek to manage these risks down to a low-medium level, as proportionate to the organisation’s available resource. We are also mindful of creating a culture where bullying and harassment is dealt with swiftly and robustly and that success must not come at the expense of colleagues’ dignity. We therefore have a low tolerance for bullying and harassment.

We have a medium tolerance for risks associated with delivering our diversity and inclusion responsibilities. This means that we are prepared to consider progressive solutions and pursue opportunities, despite risks to delivery or productivity that may remain. We accept that as a result, we will not always get it right, but commit to tackling issues positively and with the intention of delivering our equality, diversity and inclusion strategy.

Equality, as distinct from diversity and inclusion, carries with it legal and compliance implications and as such, we will have a low tolerance for risks that may impact on our ability to meet our obligations with regards equality.

**Compliance and legal risks**

Whilst we recognise that there is little upside presented by deviating from corporate governance codes or information governance/cyber security standards, managing these areas to the lowest possible level would be extremely costly and prevent us from making the right decisions quickly, in times of critical urgency. We will however commit to be mindful of our size and status, and the type of organisation we are, when managing compliance related activities, and resourcing this activity. As such, we will do our best to manage all risks relating to legal compliance, including compliance with information governance and equality legislation to the lowest possible level. We will strive to use our existing resource as effectively as we can to manage these risks down to the lowest possible level, which will mean that our approach will often be conservative and innovation may not be prioritised, except where the magnitude of the decision we are expected to make requires urgent action for good reason.

We have a medium/high appetite for legal challenge to our regulatory decision-making. Our strategic vision, Vision 2030, commits us to responding robustly to concerns about patient safety, wherever they arise, and with this comes a need to be prepared to face legal challenge. We will place a strong emphasis on ensuring our approach to making regulatory decisions of all kinds is fair, transparent, proportionate and compliant with the law and our own policies. Where we are confident that we have worked to these principles, we will do what we consider to be the right thing, notwithstanding the potential for legal challenge.
## Appendix 2

### Risk register template and scoring matrix

<table>
<thead>
<tr>
<th>Risk/Control Owner</th>
<th>Cause</th>
<th>Effect</th>
<th>Likelihood (x)</th>
<th>Significance (y)</th>
<th>Total Inherent Risk (x*y)</th>
<th>Current Mitigation/key controls and owners</th>
<th>Current Risk</th>
<th>Total Current Risk (x*y)</th>
<th>Risk Appetite</th>
<th>Planned Actions</th>
<th>Time Frames and Action Owners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Event Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Formula:** \((X\times Y) = \text{Likelihood} \times \text{Significance}\)

### Likelihood

- 1. Remote
- 2. Unlikely
- 3. Possible
- 4. Probable
- 5. Highly Probable

### Significance

- 1. Insignificant
- 2. Minor
- 3. Moderate
- 4. Major
- 5. Catastrophic/Never Event

<table>
<thead>
<tr>
<th>Risk Event Description</th>
<th>Insignificant</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Catastrophic/ Never Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood (x)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Significance (y)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
## Appendix 3

### Register of Risk Registers

<table>
<thead>
<tr>
<th>Register</th>
<th>Owner</th>
<th>Last review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic/Corporate Level</strong></td>
<td>Council and Chief Executive and Registrar</td>
<td>03.05.2022</td>
</tr>
<tr>
<td>Strategic Risk Register</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate Operational Risk Register</td>
<td>Chief Executive and Registrar</td>
<td>03.05.2022</td>
</tr>
<tr>
<td><strong>Project</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renewal programme risk register</td>
<td>Stuart Heaney</td>
<td>21.09.2021</td>
</tr>
<tr>
<td>Website project risk register</td>
<td>Julia Smith</td>
<td>07.04.2022</td>
</tr>
<tr>
<td>Online Registration Assessment project risk register</td>
<td>Viv Cox</td>
<td>TBC</td>
</tr>
<tr>
<td><strong>Operational</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Event Register</td>
<td>SLG</td>
<td>22.03.2022</td>
</tr>
<tr>
<td>IT Risk Register</td>
<td>Stuart Heaney</td>
<td>29.03.2022</td>
</tr>
<tr>
<td>Hearings risk register</td>
<td>Paul Cummins</td>
<td>TBC</td>
</tr>
<tr>
<td>Rebalancing risk register</td>
<td>Annette Ashley</td>
<td>24.03.2022</td>
</tr>
<tr>
<td>Registration assessment operational risk register</td>
<td>Lisa Smith</td>
<td>TBC</td>
</tr>
</tbody>
</table>
Appendix 4 - Risk life cycle flow chart

**Identify Risk**
- Group Discussion
- Analysis of Objectives and Most Likely Causes of Failure
- Assign an Owner

**Identify Causes and Impacts**
- Group Discussion
- 5 Whys Root Cause Analysis Tool
- Discussion of Scenarios

**Rate Risk**
- Group Discussion
- Discuss Severity of Risk Without Controls (Inherent Risk)
- Discuss Existing Controls
- Use Matrix to Score Risk (Likelihood x Impact)

**Monitor Risk**
- Group Discussion
- Consider Actions Required to Maintain
- Consider Bowtie Analysis
- Internal Audit to Test Controls?

**Plan Action**
- Agree Planned Actions, An Owner and Timeframe
- Is It Achievable Within Exitinting Resource?

**Check Progress**
- Reevaluate Risk
- Has Action Taken Risk Score to Within Risk Appetite?

**Analyse the Risk**
- Group Discussion
- Is the Risk Rating Within Council’s Risk Appetite?

**Escalate to SLG**
- Make Decision as to Action Required
- Inform ARC
- Consider Updating Council