Council meeting

25 Canada Square
Thursday, 14 July 2022

Public meeting at 1.30 p.m.

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

Regulatory functions
6. Registration assessment  Mark Voce
7. Update on minimising and dealing with the risk of potential biases in Fitness to Practise decision making
   For discussion  Carole Auchterlonie

Governance, finance and organisational management
8. Appraisal for external members of non-statutory committees
   For approval  Janet Collins
9. Audit and Risk Committee minutes – public items from the May 2022 meeting
   For noting  Neil Buckley
10. Any other business  Gisela Abbam
Confidential business

Standing items

11. Declarations of interest – confidential items
   Gisela Abbam

12. Minutes of the June meeting
    Minutes of the confidential session – for approval
    Gisela Abbam

13. Minutes of the additional meeting on 1 July 2022
    For approval
    Gisela Abbam

Regulatory functions

14. Update on the FtP improvement programme
    For noting
    Carole Auchterlonie

Governance, finance and organisational management

15. Audit and Risk Committee minutes – confidential items from the
    May 2022 meeting
    For noting
    Neil Buckley

16. Awayday discussion
    All

17. Any other business
    Gisela Abbam

Date of next meeting

Thursday 8 September 2022

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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 9 June 2022

To be confirmed 14 July 2022

Minutes of the public items

Present:

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

Apologies:

Elizabeth Mailey
Arun Midha
Selina Ullah

In attendance:

Duncan Rudkin          Chief Executive and Registrar
Carole Auchterlonie    Director of Fitness to Practise
Jonathan Bennetts     Director of Adjudication and Financial Services
Claire-Bryce Smith    Director for Insight, Intelligence and Inspection
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
Standing items

1. Attendance and introductory remarks
1.1 The Chair welcomed those present to the meeting. Apologies had been received from Elizabeth Mailey, Arun Midha and Selina Ullah.

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

3. Minutes of the last meeting
3.1 The minutes of the public session held on 12 May 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 12 May 2022 was noted.

Regulatory functions

6. Post-registration and training advisory group
6.1 Mark Voce gave an update. Ann Jacklin and Aamer Safdar would be serving as co-Chairs of the group. The first meeting was due to be held on 23 June. Key stakeholders had been identified and invitations to the meeting sent out. Rose Marie Parr and Arun Midha would be attending in their capacity as co-Chairs of the pre-registration group.
7. Finance update, annual plan progress report and performance monitoring report for Q4 2021/22 (22.06.C.04)

Duncan Rudkin introduced the paper, which included several regular reports to Council. In response to feedback, work was underway to develop reporting further along the lines of a board assurance framework. There would be further engagement with Council as the development work progressed.

Finance update

Vanessa Clarke presented the finance update. The operating surplus at the end of Q4 was £2.2m, an increase of £0.8m on the forecast operating surplus of £1.3m. This was mainly due to a 2.7% (£0.6m) reduction in expenditure over the quarter, largely in employee and legal costs. However, the fall in employee costs was not structural but rather the result of difficulties in recruitment and so costs were expected to rise again when vacant posts were filled, which had started to happen.

Council expenditure could be divided into people, premises and other. There were a number of significant strands which would affect income and expenditure in the next few years, including accommodation, several significant strategies and changes to the pharmacy profession which would affect the work of the GPhC.

Annual plan progress report

Heather Walker presented the annual plan progress report and year-end summary. Progress in Q4 had been positive with all but five of the expected outcomes under each of the five strategic aims achieved. Progress had been made in the remaining five areas but had been impacted by capacity issues both within the GPhC and the external organisations it was working with. All delayed activities had been incorporated into the 2022/23 workplans and would continue to be monitored in respect of priority, resource and capacity.

There had also been a number of workstreams undertaken on additional activities which had arisen during the year and therefore were not included in the annual plan, including the permanent rule change to allow remote hearings and accelerated progress on the accommodation strategy resulting from Citi’s plans to re-develop 25 Canada Square.

Performance monitoring report

Customer Contact Centre and Registration

Sarah Stein introduced the above sections. Performance in both had remained positive at a time when the Contact Centre had been dealing with a high volume of queries in relation to the registration assessment and the registration process.

The Council was pleased to note the continued high performance and asked for its thanks to be passed to the teams involved.

Fitness to Practise

Carole Auchterlonie introduced this section. Alicia Marsh and Hannah Fellows were also present. In response to a query, CA clarified that the strategic plan included the aim of meeting all the PSA’s standards by 2025 but that progress was expected to be seen before then. Standard 16 in relation to the timeliness of case progression was expected to take the longest time to achieve. Milestones would be included in future so that progress would be more visible.
7.9 Performance in Q4 had been impacted by reduced capacity at the triage stage and the implementation of some changes to the FtP process. The triage KPI was relatively stable and the time taken to triage a concern was down from 7.8 days to 6.9 days. Improvements were expected from Q3 of 2022/23 onwards.

7.10 There had been an increase in productivity at the Investigating and FtP Committee stages, but there were still challenges with the age and complexity of the caseload.

7.11 In discussion, it was noted that the GPhC did not ‘stop the clock’ on cases which involved delays with third parties. However, these cases were contributing significantly to the age profile of cases when the GPhC was not in a position to move them on and so it might be better to pause them.

7.12 It would be helpful for Council to understand the scale of the increase in concerns received, investigations opened etc. This would be done for the next update.

7.13 Where time was being spent on clearing older cases, it would be important to continue to progress new ones which could be dealt with quickly in order to stop them adding to the numbers of older cases. The older and more complex cases were being allocated to more experienced staff but investment was also being made in progressing newer cases.

**Inspection**

7.14 Claire Bryce-Smith introduced this section. Performance had remained good in Q4 with both performance standards met. The team had begun a trial of a routine sample approach to see whether it would give adequate assurance that standards were being met.

**Corporate complaints**

7.15 Laura McClintock introduced this section. Numbers of corporate complaints had remained low in Q4. The performance rating (which had gone from green to amber) had been impacted by one complaint which had missed the stage two deadline because the GPhC had been waiting for information from a third party. Other than that, performance remained good. No complaints had been upheld in Q4.

**Information Governance**

7.16 Carole Gorman introduced this section. Performance remained positive and all performance standards had been met. There had been no reportable breaches. While numbers of requests had been relatively low, a number of those received had been long and complex.

**Human Resources**

7.17 Gary Sharp introduced this section. Overall performance remained green, although the absence rate had increased and there had been more leavers.

7.18 Council queried whether performance should be green with the rate of turnover, as it was concerned that one in five staff being expected to leave was too high. The KPI should be reduced.

7.19 **At the end of the discussion, the Council noted:**
i. the key areas of performance highlighted in the cover paper including the year-end summary of progress towards achieving the 2021/22 annual plan;
ii. the finance update;
iii. the report on progress against the 2021/22 annual plan; and
iv. the operational performance information.

8. Annual report, Fitness to practise report and accounts 2021/22 (22.06.C.05)

8.1 Duncan Rudkin introduced this item. This was the final stage in a thorough assurance process for these documents.

8.2 The Council:
   i. approved the combined annual accounts, annual report and fitness to practise report for 2021/22;
   ii. noted the report of the external auditors; and
   iii. authorised the Chair of Council to sign the letter of representation as required by the external auditors.

9. Communications and engagement report (22.06.C.06)

9.1 Rachael Gould presented the report. The Chair noted her thanks to the Communications team for the programme of stakeholder meetings and other engagement which they had developed for her. There had been a delay with the development of the new website due to issues with the provider and it was now due to be launched in the autumn of 2022.

9.2 The Council noted the communications and engagement update.

10 Audit and Risk Committee (ARC) annual report to Council (22.06.C.07)

10.1 Neil Buckley, the Chair of ARC, presented the report and thanked the members of the committee and the staff involved with it for their hard work during the year.

10.2 The Committee was pleased with the substantial assurance provided by the audits which had been undertaken. It would now be moving on to look at different areas of the GPhC’s work.

10.3 There were no proposed changes to the Committee’s terms of reference.

10.4 The Council noted the ARC’s annual report.

11 Finance and Planning Committee (FPC) annual report to Council (22.06.C.08)

11.1 Mark Hammond, the Chair of the FPC, presented the report and also noted his gratitude for the support of the members and staff.

11.2 The Committee had continued to work with Goldman Sachs on the investment strategy and would be looking at the effectiveness of the investments which had been made.

11.3 There were no proposed changes to the Committee’s terms of reference.

11.4 The Council noted the FPC’s annual report.
12 Workforce Committee (WfC) annual report to Council (22.06.C.09)

12.1 Jo Kember presented the report on behalf of the WfC Chair, Elizabeth Mailey, who could not be present. The main focus of the Committee’s work had been on renewal, fee reviews, remuneration, employee wellbeing and gender and ethnicity pay gap reporting.

12.2 There were no proposed changes to the Committee’s terms of reference.

12.3 The Council noted the WfC’s annual report.

13 Any other business

13.1 There was not other public business.
# Council action log – July 2022

<table>
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<tr>
<th>No.</th>
<th>Status</th>
<th>Minutes</th>
<th>Action</th>
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<td>1</td>
<td>Open</td>
<td>April para 7.4</td>
<td>Council to consider the question of whether to have a senior member/senior independent director</td>
<td>LM</td>
<td>Discussed at the June workshop</td>
<td>Complete</td>
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<td>Open</td>
<td>April para 7.4</td>
<td>Appraisal policy for independent members of non-statutory committees to be drafted</td>
<td>JC</td>
<td>On the agenda for this meeting</td>
<td>July</td>
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<tr>
<td>3</td>
<td>Open</td>
<td>May para 4.3</td>
<td>Case anonymisation in FtP – paper to be put to July Council</td>
<td>CA</td>
<td>On the agenda for this meeting</td>
<td>July</td>
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Council workshop summary

Meeting paper for Council on 14 July 2022

Public

Purpose

To provide an outline of the discussions at the Council workshop on 9 June 2022.

Recommendations

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

Exploring the concept of a Senior Independent Director

2.1 Laura McClintock led an exploratory discussion on the concept of a Senior Independent Director (SID), following a suggestion by the Council at a previous meeting. Council members noted the materials circulated in advance of the workshop, including the relevant extracts and provisions from the Financial Reporting Council (FRC) UK Corporate Governance Code (2018), FRC Guidance on Board Effectiveness (2018) and a selection of example role descriptions from different types of external organisations.

2.2 The session focused on the legal requirements relating to Council composition as set out in the Pharmacy Order 2010 and the associated Constitution Order 2010; the history, development and application of the SID role in the external context since the Higgs Review
in 2003; the potential benefits and disadvantages of the role and its appropriateness for the GPhC context; and the potential impact of the regulatory reform agenda.

2.3 The workshop explored how the SID role operates externally, including in the different context of publicly listed companies, subject to FRC requirements and how the traditional SID role interacts with Chair, Chief Executive and other Non-Executive Director roles. The session also considered how some other organisations have adopted similar roles within their governance structures as well as the existing responsibilities of the chairs of the non-statutory committees at the GPhC (who already have additional and intermediary responsibilities similar to those of a SID).

2.4 Overall, and having explored the concept fully, the members were content that a formal paper and recommendation for any change would not be necessary at this point in time and the introduction of a SID role would not add to the effectiveness of our current governance arrangements. This may be explored again in the future, linked to any wider governance changes resulting from regulatory reform, for example, with the introduction of unitary boards. In the meantime, the governance team will consider the existing policies and procedures, to ensure that the additional and intermediary responsibilities of the non-statutory committee chairs are expressed as clearly as possible.

**Session with the Appointments and Assurance Committee (AAC)**

2.5 Elisabeth Davies, Chair of the AAC, led a workshop session along with three AAC members - Neelam Sharma, Karen Hong and Ahmed Aboo. The session covered the work of the AAC, including its key roles in the appointment of FtP panel members and assuring the quality of FtP decisions.

2.5 ED explained that the AAC had five major workstreams:

- Recruitment (bringing high calibre and diverse individuals to the panels);
- Training and Development (providing panel members with the necessary skills and support);
- Quality Performance (assessing and understanding whether the required standards were being reached);
- Quality Assurance (monitoring processes and outcomes to ensure that they were up to the expected standards, with particular focus on learning and continuous improvement); and
- Communication (ensuring that feedback and information was actively shared with panel members).

2.6 ED explained that the independence of the AAC was vital, although it did provide a bridge between the GPhC and the Statutory Committee members.

2.7 It was agreed that the AAC and Council would have more regular sessions in future.

**Regulatory reform**

2.8 Duncan Rudkin have a brief update on the various regulatory reforms which were in progress.
3. **Recommendations**

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

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

14/06/2022
Update on minimising and dealing with the risk of potential biases in our Fitness to Practise decision-making

Meeting paper for Council on 14 July 2022

Public

Purpose

To provide Council with an update on what we have done, what we are doing and what we plan to do to minimise and deal with the risk of potential biases in our decision-making when managing concerns about pharmacy professionals.

Recommendations

The Council is asked to note the completed and planned equality, diversity and inclusion improvement initiatives linked to our fitness to practise work and provide any comments on the paper to help inform our plans.

1. Introduction

1.1 Equality, diversity and inclusion (EDI) is central to everything that we do and is woven into our Vision 2030 and Strategic Plan 2020-2025, which set out our roadmap for the future of pharmacy regulation. Furthermore, it is a key part of our Managing concerns about pharmacy professionals strategy, which Council approved at its meeting in June 2021. We have also recently published our equality, diversity and inclusion strategy (November 2021).

1.2 These strategies are interconnected. They each have a clear focus on a) how we will minimise and deal with the risk of potential biases in our decision-making and b) what we will do to better understand the factors that might be driving the higher number of concerns we receive about pharmacy professionals from black, Asian and minority ethnic backgrounds than we ought to expect statistically.

1.3 At the end of 2021/22, the register held ethnicity information for 91.3% of pharmacists and 96.9% of pharmacy technicians. Please see the table in appendix A for the current breakdown of the professionals on our register.

1.4 We received 3,080 concerns in 2021/22. Of these concerns, 838 (27.2%) relate to individuals where we have ethnicity information. For the vast majority of concerns we conclude at triage there is no professional identified and therefore no associated ethnicity information. The 838 concerns relate to 771 unique registrants where one or multiple concerns have
been received. From the total of 771 unique registrants, we have 677 pharmacists (87.8%) and 94 (12.2%) pharmacy technicians. Of that total of 677 unique pharmacists:

- Asian or Asian British professionals account for 55.1% of concerns received (they make up 39.3% of the register)
- Black or Black British professionals account for 10.5% of concerns received (they make up 7.3% of the register), and
- White professionals account for 26.1% of concerns received (they make up 40.3% of the register).

1.5 There is overrepresentation of professionals from black, Asian and minority ethnic backgrounds in disciplinary processes in many sectors. Our data indicates disproportionality in the concerns we received in 2021/22 compared to the profile of the register. We want to understand the underlying issues and contributory factors that result in the disproportionate concerns we receive, and to identify what we can do about this and where we can work with others to make a difference.

1.6 This is a complex area and no single action will address these issues. The work we have completed so far and the further actions we have planned in line with our strategy are set out in this paper. We invite Council to note this work and would welcome any comments to help inform the development of our plans.

2. **What we have done so far**

2.1 In October 2021 we introduced extra checks at the initial assessment stage to help minimise and deal with the risk of potential biases in our decision-making as follows:

   a) **whether the professional named in the concern has been referred to us before by the referrer** (i.e. the person raising the concern) to establish whether there are any potential issues around discriminatory behaviour on behalf of the referrer. This will inform any action we will take in relation to the concern. There have been no multiple referrals identified since its introduction.

   b) **whether the professional has raised a concern internally in the period prior to being referred to the GPhC**. This helps us to establish whether a referral is being used as a retaliatory measure. This will inform any action we will take in relation to the concern. There have been none identified since its introduction.

   c) **at the Oversight Review stage we check for details of any other indication of potential discriminatory behaviour against the professional**. This review is by a senior lawyer who decides, after we have completed initial assessment enquiries, whether the concern should be referred for investigation. Their review includes a check for any discrimination in relation to the referral or any underlying discrimination within the concern that requires action. The purpose is to consider the context in which the concern was made as well as the specific facts of the case so that we can assess what is being said against what else might be going on. If any issues are identified, this will inform any action we take. There have been no issues identified since its introduction.

2.2 We engaged the Antisemitism Policy Trust, a nationally recognised organisation, to deliver bespoke training sessions on antisemitism for decision-makers, including statutory
committee members and relevant GPhC staff. This was arranged following the PSA’s successful Section 29 appeal to the High Court in the case of Nazim Ali; it also reflected our commitment in the EDI strategy to "Support people to make non-discriminatory regulatory decisions, across all parts of our organisation, by having a new programme of equalities-related training sessions, including tailored sessions on different types of prejudice and discrimination". The programme of antisemitism training was developed with the following outcomes in mind: to increase understanding of the Jewish community in the UK; to increase understanding of what antisemitism is, its scale and reach; to improve knowledge about how antisemitism manifests in contemporary society and how to identify this; and, how it appears online, its impact and pervasiveness. We also invited an external stakeholder with unique knowledge of the pharmacy sector, the legal sector and the Jewish community to attend the training as an independent observer.

2.3 We reviewed work undertaken by other regulators, including learning from related reports; for example, the Fair to refer report published by the GMC and the NMC’s Ambitious for change report. We identified key learning points that have informed the introduction of the checks mentioned above at Oversight Review and will inform the development of materials for employers and any future research activity. We will continue to work with other organisations facing similar challenges, learn from them and adopt best practices for dealing with overrepresentation, both when concerns are raised and throughout the process.

3. What we plan to do

Data collection, analysis and publication

3.1 We will collect more information about the sources of concerns, the role and setting of the professionals in question and the nature of these concerns. This will help us identify any further action we need to take in relation to the higher number of concerns we receive about pharmacy professionals from black, Asian and minority ethnic backgrounds than we ought to expect statistically. It will also help us identify where we can work with others to make a difference.

3.2 We also need to do more to improve the way we collect, use and share diversity data about both the professionals involved in a concern and the people who refer concerns to us. This will allow us to monitor the impact of any policy or procedural initiatives more effectively and plan anti-discrimination initiatives across our organisation, internally and externally.

3.3 As of June 2022, and in line with our EDI strategy commitment, we have begun to publish routine diversity datasets for our register (all nations), as well as specific datasets for the three countries that we regulate. We have also published new supporting narrative and key messages to recognise and celebrate the diversity of the pharmacy professions on our registers and the benefits that this brings. We will publish future reports to update this information, along with further analysis and trends as we start to develop our data.

3.4 Our next priority is to begin routine publication of diversity data in relation to stages of the concerns process. Over the course of the strategy implementation, and in addition to the completed actions, we will:

- work with Data and Insight and EDI colleagues to routinely publish diversity data relating to each part of our managing concerns process to support transparency, visibility and intelligence sharing, including data from those who raise concerns
• use our diversity data to identify and monitor any disproportionate impacts on different groups, and to take steps to understand and address potentially discriminatory outcomes.

3.5 We and other health and social care regulators are also working with the PSA, as part of its programme of work in relation to its approach to equality, diversity and inclusion. We will be sharing data about the protected characteristics of professionals who are the subject of fitness to practise decisions. This will help the PSA analyse its own decision-making in its section 29 work and whether this suggests that further work is needed in respect of training or other actions.

Decision-making guidance and training

3.6 We will revise our hearings and outcomes guidance for decision-makers to include information on taking account of cultural factors when panels are deciding on an outcome. The revised guidance will also include additional information on the consideration of concerns that have discrimination as a key aspect, including the role of insight and remediation in such cases. We will engage with stakeholders on these changes in a discussion paper in the autumn.

3.7 As part of our programme of equalities-related training, we plan to run a training session for statutory committee members and relevant staff on Islamophobia, following on from the earlier sessions on antisemitism.

3.8 We are also developing new operational guidelines for staff on “Dealing with concerns about antisemitism and Islamophobia: the use of working definitions and other resources in our investigations”. These operational guidelines are for all staff involved in investigating concerns about pharmacy professionals. It sets out the relevant external contexts, the existing definitions of antisemitism and Islamophobia, how both are treated under the criminal law, and what resources should be considered when investigating concerns or allegations of this nature. It also highlights how such definitions and resources are used by other relevant bodies such as the Crown Prosecution Service in the context of parallel criminal investigations.

Anonymisation of information that may identify the ethnicity of a professional

3.9 Many respondents to our recent equality, diversity and inclusion strategy consultation were supportive of initiatives to mitigate the risk of bias such as anonymous decision-making.

3.10 We have already committed to carrying out an anonymisation project with the Investigating Committee (IC), starting in October 2022, to see if there is a way to minimise unconscious bias in our decision-making. The IC meets to consider whether to refer a concern to the Fitness to Practise Committee (FtPC) for a hearing. The IC meeting is a paper exercise where the Committee only considers what has been submitted in writing. It therefore lends itself well to a process of anonymisation of data through redaction of case papers.

3.11 The project will redact only information relating to ethnicity, including a person’s name, place of birth, religion and University studied at, all of which could inform panellists of the likely ethnicity of the professional.

3.12 The Adjudication Services Team are committing significant resources to this project building redaction into their processes. The IC considers around 70 cases a year and each case can involve hundreds and sometimes thousands of pages of documentation. There has been
engagement with the independent IC panellists who are supportive of the project and further engagement work will take place with the IC around sharing the final redaction criteria and project framework before the project goes live in October 2022. Its impact will be assessed on a monthly basis with a more comprehensive review after 6 months.

3.13 Many respondents to the EDI strategy consultation wanted to see specific proposals for anonymisation at other key decision-making stages. This was also raised at the Council meeting on 12 May. We have started looking at the benefits, risks and feasibility of going beyond the commitments we have already made to consider the introduction of anonymisation at the earlier stages of the process.

3.14 We close over 80% of the concerns we receive at initial assessment so it would seem proportionate to focus any change of approach on concerns not being closed at that stage but being considered for an investigation. This is the Oversight Review stage referred to in paragraph 2.1. Currently the senior lawyers review a summary form and as well as the evidence in the case file before making a decision. As mentioned earlier, they also check for any indication of discrimination.

3.15 If we removed ethnicity information from the evidence being assessed at this stage, the reviewers would lose the ability to make this check; some of the context which could be important to the decision would have been removed. However, anonymisation could provide additional assurance to those involved in the process that we are taking steps to minimise bias.

3.16 Anonymisation at this stage would require the creation of a bundle of evidence to be reviewed by the decision-maker. In 2021/22 289 concerns were referred for investigation although more cases in total were considered at Oversight Review. So before introducing this additional change, we will need to carry out a more detailed assessment of the practicalities and risks, including the impact on timeliness, any additional resource requirements and any impact on current priorities.

3.17 This can be done as part of the scope of the end-to-end review of the FtP process planned this year as we will be exploring how we can ensure the decisions we make at each stage of the process are free from discrimination or bias. Anonymisation of decision-making at Oversight Review will be included as part of this work. We will also use the learning from the IC anonymisation project to inform our plans for the earlier stages of the process.

3.18 We will monitor and review the effectiveness of our planned work as it progresses and consider whether other actions are needed.

4. **Equality and diversity implications**

4.1 This paper sets out the actions we propose to take to better understand some of the wider systemic issues and to tackle any discrimination, bias and lack of equality in our fitness to practise process. An Equality Impact Assessment will be carried out for all policy initiatives that stem from the strategy as and when appropriate and required.

4.2 The main driver of this work is ensuring that all parties are able to easily engage and interact with our concerns processes, feeling fully supported and that our approach is person-centred and free from bias.
5. **Communications**

5.1 There are no communications considerations at this point.

6. **Resource implications**

6.1 The resource implications for the planned work have been accounted for in existing budgets and will be factored into future years’ budgets across the implementation period. We will carry out a more detailed assessment of the work involved to determine the level of additional resource required to introduce anonymisation of decision-making at Oversight Review.

7. **Risk implications**

7.1 Failure to deliver the managing concerns strategy will impact on our ability to deliver parts of our Vision 2030. The managing concerns strategy is closely aligned with our Vision 2030 and Strategic Plan 2020-25. There are risks if we are unable to achieve our strategic aims successfully. Failure to do so could create reputational risks for the organisation.

8. **Monitoring and review**

8.1 We will periodically report to Council as the work progresses.

9. **Recommendations**

The Council is asked to note the completed and planned equality, diversity and inclusion improvement initiatives linked to our fitness to practise work and provide any comments on the paper to help inform our plans.

Carole Auchterlonie, Director of Fitness to Practise
General Pharmaceutical Council

Jerome Mallon, Senior Policy and Planning Manager
General Pharmaceutical Council

06/07/2022
Appraisal for external members of non-statutory committees

Meeting paper for Council on 14 July 2022

Public

Purpose

To propose an appraisal policy for the external members of non-statutory committees, similar to that which is in place for Council members

Recommendations

The Council is asked to approve the appraisal policy for external members of non-statutory committees.

1. Introduction

1.1 The Council currently has three non-statutory committees: the Audit and Risk Committee (ARC), the Finance and Planning Committee (FPC) and the Workforce Committee (WfC). Each of these is chaired by a Council member and each has at least one external member.

1.2 The role of the external members of the non-statutory committees (hereafter referred to as ‘external members’) is to provide expertise in the committee’s given area. External members are recruited through open competition, usually for a term of three years and can be re-appointed for a second term. Currently, re-appointment is subject to satisfactory feedback but there is no formal appraisal mechanism for external members.

1.3 In April 2022, Council considered a number of governance policies, including the appraisal policy for Council members. In the covering paper, it was noted that the current lack of an appraisal process for external members had been identified as a gap. It was proposed that appraisal for external members should be introduced and that it should be similar to that for Council members, as they work together on the Council’s committees. It was suggested that appraisals would be conducted by the Chair of the relevant committee.

1.4 The Council agreed that external members should be subject to annual appraisal similar to that for Council members and that a policy should be drafted accordingly. This paper sets out that policy.

2. Appraisal policy for external members

2.1 The draft policy is attached as Appendix 1. For reasons of simplicity and fairness it closely reflects the appraisal policy for Council members, an updated version of which was agreed at
the meeting in April 2022. The main difference is that, as noted in paragraph 1.3 above, the appraisal meeting will be conducted by the Chair of the relevant committee rather than by the Chair of Council.

3. **Equality and diversity implications**

3.1 There are no specific implications in the policy for external members who share protected characteristics. However, should an individual require any reasonable adjustments to the policy or the way that it is implemented based on their characteristics, these will be considered in discussion with the Chair of the relevant committee who will conduct the appraisal.

4. **Communications**

4.1 We have sought feedback on the proposal from the committee chairs and from the external members and the feedback we have received has been positive.

5. **Resource implications**

5.1 There are no specific resource implications attached to this policy.

6. **Risk implications**

6.1 While we are not aware of any problems in this area, the current lack of an appraisal process for external members means that we are at risk of any poor performance which did arise not being dealt with, which could reduce the effectiveness the committees. Having a clear appraisal process in place and using it effectively mitigates that risk.

7. **Recommendations**

The Council is asked to approve the appraisal policy for external members of non-statutory committees.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council
Appraisal for external members of non-statutory committees

GPhC0068 Version 1

This policy sets out the process for the annual appraisal of external members of the GPhC’s non-statutory committees.
# Policy details

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<tr>
<td>Policy author</td>
<td>Janet Collins, Senior Governance Manager</td>
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## Version control tracker

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Introduction

1.1 This policy sets out the process for the annual appraisal of external members of the Council’s non-statutory committees (‘external members’).

Purpose

2.1 This policy is in place so that there is a clear and consistent process and approach for the annual appraisal of external members which is closely aligned to that for Council members.

2.2 Appraisal focuses on performance against the corporate and personal behaviours required for each role, taken from the Council’s behavioural framework, and against the objectives set in a previous appraisal (where relevant). It is both an assessment of performance and a constructive discussion of development, encouraging self-reflection and personal accountability for development. The emphasis is on discussing performance, development and objectives as an integrated part of performance management and doing so regularly and frequently. This is a core responsibility for both reviewers and reviewees; effective appraisal is a key part of the reviewer’s own performance.

Scope

3.1 The policy applies to the external members of the Audit and Risk Committee (ARC), the Finance and Planning Committee (FPC) and the Workforce Committee (WfC). It also applies to any other non-statutory committees which may be established and which include external members.

3.2 While this policy is closely aligned to that for Council members, it does not cover their appraisal. Council member and Chair appraisal is dealt with in the ‘Council member and Chair appraisal processes’ (reference GPhC0032).

Appraisal process for the external members of non-statutory committees

4.1 External members will be appraised annually, as Council members are. Appraisal meetings will be arranged by the Executive Office and conducted by the Chair of the relevant committee (‘the Chair’).

4.2 At least two weeks before their meeting, external members will receive a copy of the appraisal form and be asked to complete the self-assessment section. The form will be closely aligned to that used for Council members, with any necessary changes to reflect that the external member’s role is restricted to the committee that they sit on. The self-assessment must be completed and returned in such time that it can be sent to the Chair of the committee at least one week before the meeting, to allow the Chair time to review it.

3.3 The Chair may seek feedback from the other members of the relevant committee should they think it helpful.

3.4 The Chair may also seek feedback from the Chief Executive & Registrar and other senior staff involved with the relevant committee. This should be based on examples of the external member’s behaviour and input to the work of the committee and is disclosable to the member on request.

3.6 The member will have an appraisal meeting with the Chair, including constructive specific feedback from the Chair to the member and from the member to the Chair. Objectives and
learning and development needs will be reviewed, identified and recorded through the self-assessment and the appraisal meeting.

3.7 The Chair will complete the remainder of the appraisal form with an overall assessment of the member’s performance and send it to the member, asking them to agree it as a fair reflection of their discussion.

3.8 If the member is not satisfied with the completed form, the Chair will discuss the comments with the member in further detail. In the unlikely event that the member and Chair remain unable to agree on the comments, this will be recorded on the form.
Minutes of the Audit and Risk Committee meeting held on 26 May 2022

Minutes of the public items

Present:  Apologies:

Neil Buckley (Chair)  Ann Jacklin
Helen Dearden
Aamer Safdar
Jayne Salt
Yousaf Ahmad

In attendance:

Duncan Rudkin  Chief Executive and Registrar
Carole Auchterlonie  Director of Fitness to Practise
Jonathan Bennetts  Director of Adjudication and Financial Services
Mark Voce  Director of Education and Standards
Laura McClintock  Chief of Staff and Associate Director of Corporate Affairs
Rob Jones  Head of Risk Management and Audit
Shugafta Akram  Head of Continuous Improvement (FtP)
Janet Collins  Senior Governance Manager
Saleem Akuji  Financial Controller
Suzannah Nobbs  Corporate Communications Manager
Ashley Norman  TIAA
Kelly Reid  TIAA
Tim Redwood  Crowe
1. **Attendance and introductory remarks**

1.1 The Chair welcomed those present to the meeting. Apologies had been received from Ann Jacklin.

2. **Declarations of interest**

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

3. **Minutes of previous meetings – 17 February 2022 (22.05.ARC.01)**

3.1 The minutes of the public items considered at the meetings 17 February 2021 were approved.

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

4.1 The committee noted the action log. In relation to action 1, the Data and Insight team was preparing a schedule of all data and insight reporting. The schedule and some of the data would be available at the September meeting.

5. **Item 8 – Internal audit (22.05.ARC.06)**

5.1 Ashley Norman introduced this item. Progress against the 2022/23 plan was good with all audits being planned. All would be held on-site.

   *New enforcement Rules (Inspection)*

5.2 Kelly Reid introduced the findings of this compliance audit. The overall assessment was green (substantial assurance). An up-to-date suite of policies and procedures was in place. Sample testing against the Enforcement Policy had confirmed a high level of compliance. Inspection and enforcement records and files were stored and shared centrally on Sharepoint and a generally consistent approach was taken to filing. The website was easy to navigate and contained detailed information and guidance relating to inspection and enforcement activities.

5.3 There were two routine recommendations relating to the completion of risk assessments and summary details, both of which had been accepted and were being implemented.

5.4 The Committee noted the positive outcome of the compliance audit on the new enforcement rules.

   *Assurance review of online registration assessment – lessons learned*

5.5 Ashley Norman (AN) introduced the findings of this assurance review into the lessons learned from the March, July and November 2021 sittings of the registration assessment. The overall assessment was green (substantial assurance).

5.6 Mark Voce was in attendance and provided a detailed update on the issues which had occurred on 19 May when bookings for the June 2022 sitting had opened and then had to be closed, and the reasons for the problem (see the confidential minutes for more information). Booking had
re-opened on 20 May. Approximately 2900 candidates had successfully booked and there were still places available for those who had not yet done so.

5.7 The Committee noted the positive outcome of the assurance review.

Internal audit annual report

5.6 AN introduced TIAA’s annual report. Six reviews had been carried out during 2021/22 and all had received a green rating (substantial assurance). For the areas reviewed, TIAA was satisfied that the GPhC had substantial and effective risk management, control and governance processes in place.

5.7 The Committee was pleased with this outcome and thanked all the staff who had taken part. However, there was some concern as to whether audits were directed to the right areas. It was important that the Committee could understand and deal with risks even if the assurance levels were lower. The Committee made clear that it wanted all audits in 2022/23 to be carried out in person, with the necessary staff present in the office.

5.8 The plan for 2022/23 was robust but could be flexible if necessary. There was a suggestion that a checklist could be useful in ensuring that all audits covered the important areas. It was important that staff involved in an audit raised any issues that they were aware of.

5.9 The Committee noted the internal audit annual report.

6. Item 10 – Fitness to Practise action plan update (22.05.ARC.08)

6.1 Shugafta Akram joined the meeting to present this item. The paper was similar to that which had gone to Council on 14 May and was presented here to give the Committee the opportunity to discuss it in more detail.

6.2 An end-to-end review of the FtP process was being scoped, covering all stages from receipt of a concern to its resolution, including decision and monitoring processes and identifying quick efficiency wins. The aim was to make the FtP process more streamlined and agile.

6.3 Ann Jacklin had asked how this was different from the work which had already been carried out. Although some changes had been made to parts of the process, it had been done in a piecemeal and reactive way. The idea of the review was that it would look at every part of the process in a structured and staged way.

6.4 There was a question as to whether the PSA standards were likely to be met before the completion of the review. The standard in relation to timeliness was likely to take the longest to regain. The PSA was aware of this and of the plans for improvement. However, other improvements should begin to show results as any changes which were possible to implement before the review was complete would be introduced.

6.5 CA explained that, while anonymisation in the FtP process was not part of the improvement work identified by the PSA, it was part of the FtP workplan. The annual plan included introducing anonymisation at the Investigating Committee stage. Following a discussion at Council in May, the team was exploring also introducing anonymisation at triage and would go back to Council on this
in July. There were resource implications to redaction and possible negative impacts on the registrant if the removal of identifiers meant that any cultural aspects to the complaint were no longer able to be considered.

6.6 Five new case officers had recently started work and approval had been given for an additional paralegal and a new Professionals Regulation Manager. High caseloads led to a decrease in productivity and the new resources would help to reduce individual caseloads once they were embedded in the team.

6.7 **The committee noted the progress made on the FtP improvement plans to address the outcome of the PSA 2020/21 performance review.**

7. **Item 11 – Review of the Annual Report and accounts 2021/22 (22.05.ARC.09)**

7.1 Suzannah Nobbs joined the meeting for this item. The Committee thanked her for her work in putting the annual report and accounts together.

7.2 Tim Redwood of Crowe reported that the work on the accounts was almost complete. Crowe had been happy with all the information provided.

7.3 Jonathan Bennetts drew the Committee’s attention to the section on dilapidations. As no agreement had yet been signed with Citi in relation to leaving the current premises, it was possible that the accounts would need to be amended if this was done, which would require the accounts to be paused.

8. **Item 12 – Audit and Risk Committee’s annual report to Council 2021/22**

8.1 The committee discussed the draft of its annual report to Council, which had been drafted with the Chair.

8.2 No changes to the committee’s terms of reference were proposed – the only edits were changes to job titles.

8.3 **The committee approved the annual report to Council for 2021/22 and the terms of reference.**

9. **Item 13 – Never events and serious incident updates**

9.1 There were no never events or serious incidents to report.

10. **Any other business**

10.1 The papers for future meetings would divide items into those for decision, those for discussion and those for noting.

10.2 The next meeting on **22 September** would be held in person at 25 Canada Square.

10.3 There was no other business.