

Council meeting

**25 Canada Square
Thursday, 14 April 2022**

Public session – 13.00

Public business

- | | |
|---|--------------------------------|
| 1. Attendance and introductory remarks | Gisela Abbam |
| 2. Declarations of interest – public items | Gisela Abbam |
| 3. Minutes of the March meeting
<i>Minutes of the public session on 10 March 2022</i> | Gisela Abbam |
| 4. Actions and matters arising | Gisela Abbam |
| 5. Revalidation – the reflective account and Standards for pharmacy professionals
<i>For noting</i> | 22.04.C.01
Annette Ashley |
| 6. Governance policy review
<i>For approval</i> | 22.04.C.02
Janet Collins |
| 7. Responding to external consultations
<i>For noting</i> | 22.04.C.03
Annette Ashley |
| 8. Public inquiries and reports update
<i>For noting</i> | 22.02.C.04
Laura McClintock |
| 9. Any other business | Gisela Abbam |

Confidential items

- | | |
|---|--------------|
| 10. Minutes of the March meeting
<i>Minutes of the confidential session on 10 March 2022</i> | Gisela Abbam |
| 11. Minutes of the Finance and Planning Committee
<i>Minutes of the meeting held on 24 January 2022</i> | Mark Hammond |
| 12. Any other confidential business | Gisela Abbam |

Date of next meeting

Thursday 12 May 2022

Minutes of the Council meeting held on 10 March 2022

To be confirmed 14 April 2022

Minutes of the public items

Present:

Nigel Clarke (Chair)	Elizabeth Mailey
Yousaf Ahmad	Rima Makarem
Neil Buckley	Rose Marie Parr
Mark Hammond	Aamer Safdar
Ann Jacklin	Jayne Salt
Jo Kember	Selina Ullah

Apologies:

Penny Mee-Bishop and Arun Midha

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Carole Auchterlonie	Director of Fitness to Practise
Jonathan Bennetts	Director of Adjudication and Financial Services
Claire-Bryce Smith	Director for Insight, Intelligence and Inspection
Laura McClintock	Chief of Staff and Associate Director of Corporate Affairs
Gary Sharp	Associate Director of HR
Mark Voce	Director of Education and Standards
Liam Anstey	Director for Wales
Laura Fraser	Director for Scotland
Janet Collins	Senior Governance Manager

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting. Apologies had been received from Penny Mee-Bishop and Arun Midha.
- 1.2 The Chair made the following remarks:
“We meet at a most worrying time as the terrible events in Ukraine continue. We know that our organisation is keeping in close contact with staff to support those affected. And of course, our thoughts are above all with those suffering on the ground in Ukraine and as refugees. Indeed, all our best wishes go to those who are directly delivering pharmacy and health services in such challenging settings. There are regulatory questions for us around registration and medicines and we will be working closely on these with other stakeholders over the coming weeks and months”.

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 February 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 February 2022 was noted.

6. Independent prescribing consultation report (22.03.C.01)

- 6.1 Mark Voce presented the paper which updated the Council on the analysis of the responses to the recent consultation on independent prescribing (IP) standards for pharmacists. The main points of consultation were proposals to remove the requirement for registered pharmacists to have two years of clinical practice and relevant experience in a specific clinical or therapeutic area before they could enrol on an accredited IP course. Views were also sought on retaining the requirements for participants to identify an area of clinical or therapeutic practice as the basis of their learning and in which to develop their practice. Course providers would still be required to assess the quality of the applicant’s previous experience.
- 6.2 There were 1,211 responses to the consultation, 1,164 from individuals and 47 from organisations. The quality of responses, as well as the number, had been good. 55% of the respondents agreed that the two-year entry requirement should be removed, as time served was not in itself the most effective determinant of relevant experience. It was also felt that

maintaining the requirement could be unfair on existing registrants given that pharmacy graduates qualifying from 2025/6 would be eligible to be IPs at the point of registration.

- 6.3 54% of respondents agreed with retaining the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning. However, there was a substantial difference on this question between support from organisations (81%) and that from individuals (53%).
- 6.4 Issues raised during the discussion included the need to support those in the profession who do not have an IP qualification; the role of education providers and employers in assessing competence; the need to ensure that IPs were practising safely; how suitable therapeutic areas would be defined; and the importance of prescribing pharmacists having access to patient records.
- 6.5 It was noted that it can be hard for those who obtain an IP qualification to find a Designated Prescribing Practitioner. The Advisory Group would be seeking more detail on this from educational providers.
- 6.6 The points highlighted in the consultation responses would be worked through with the Advisory Group for initial education and training standards for pharmacists.
- 6.7 **The Council noted the analysis and the next steps.**

7. Equalities guidance for pharmacy owners (22.03.C.02)

- 7.1 Laura McClintock introduced the paper. The strategy for delivering equality, improving diversity and fostering inclusion ('the EDI strategy') included the development of comprehensive equality guidance for pharmacy owners.
- 7.2 The draft guidance was designed to help support pharmacy owners in understanding and meeting the Standards for registered pharmacies and was being put to Council for approval for consultation. The idea of producing the guidance had been well received but it had been suggested that examples would help. These had been added, taken from the Knowledge Hub. The draft guidance covered areas mentioned in the consultation on the EDI strategy. It was baseline guidance and would be built on over time.
- 7.3 The consultation on the draft would run for eight weeks from 31 March to 26 May with the aim of sense-checking the draft and making it as useful as possible for pharmacy owners.
- 7.4 The Council discussed the need for all employees to be familiar with the guidance and ways that it could be brought to life, such as slide packs for team meetings. It agreed that the examples made the guidance real and readable.
- 7.5 **The Council approved the draft equality guidance for consultation.**

8. Post-registration assurance of practice (22.03.C.03)

- 8.1 Mark Voce introduced the paper which updated the Council on the outcome of a stakeholder meeting held on 27 January and suggested how the work in this area should be taken forward.
- 8.2 Following agreement at the Council meeting in December 2021 that the Council should convene and lead a new group of key stakeholders focused on the assurance of post-registration practice a meeting was convened on 27 January, co-hosted with the PSNI and chaired by Nigel Clarke. The meeting brought together a range of stakeholders including the Chief Pharmaceutical Officers, employers, professional bodies, schools of pharmacy, statutory education bodies and commissioners of services. The meeting involved a discussion of the principles underpinning the work and the most effective way to govern the work, ensuring wide stakeholder input.
- 8.3 The following principles were broadly welcomed and agreed by the stakeholder group:
- We must focus on protection of the public and patient safety as our priority, to underpin all our work
 - The level and type of assurance must be proportionate to the risk to public protection and patient safety
 - We must use a range of the best available insights and intelligence but predominantly evidence to inform our recommendations
 - We must take account of the thoughts and opinions of patients and the public to help identify priorities and the level and type of assurance
 - We must identify the most appropriate organisation(s) to take responsibility for particular types of assurance
 - We must determine appropriate recommendations, taking into account the context and changes in healthcare both now and in the future, to deliver effective and efficient outcomes.
- 8.4 The Council expressed support for the principles and the proposed ways of working. It noted that post-registration assurance of practice was a much wider agenda than education and training; it would be important to have stakeholders who could help to deliver the aims. The work should be reported back to Council regularly.
- 8.5 **The Council noted:**
- i. **the principles underpinning the work; and**
 - ii. **the direction of travel for the governance of the work.**

9. Engagement and communications report (22.03.C.04)

- 9.1 Rachael Gould presented the report. There was a brief discussion about how the organisation measured the impact of messaging and whether there should be KPIs, or other ways of measuring impact, going forward.
- 9.2 As a number of events moved back to being in-person, it would be important for the GPhC to be represented at them, including attendance by Council members.

9.3 There was a discussion about how the organisation decided which consultations to respond to and in what way; this had previously been discussed with Council but it would be helpful to re-consider it with newer members in a workshop session. This would be added to the workshop planner.

9.4 **The Council noted the Engagement and communications report.**

10. Deputising arrangements for the Chair (22.03.C.05)

10.1 Janet Collins introduced the paper which set out the proposed arrangements for members to deputise for the Chair of Council in the short term, should she be unavailable.

10.2 The proposal was for Penny Mee-Bishop to act as deputy from 1 April 2022 to 30 September 2022 and for Rima Makarem to do so from 1 October 2022 to 31 March 2023.

10.3 **The Council noted the arrangements for the deputy Chair for 2022/23.**

11. Committee memberships 2022/23 (22.03.C.06)

11.1 Janet Collins also introduced the paper on committee memberships. The plan was to keep membership and chairing of the three non-statutory committees the same for 2022/23, as the organisation faced significant change during the period including the arrival of a new Chair. Retaining committee membership would mean that business would be conducted by members who were experienced in the work of their committee and that the Chair would have the support of that experience. Members would be given the opportunity to move committees for 2023/24 should they wish to do so.

11.2 There was a small change to the recommendation in the paper. Of eight re-appointments to Council currently going through the required process, five had been confirmed while three still awaited confirmation from the Privy Council. The recommendation therefore needed to be amended to be subject to those re-appointments being confirmed.

11.3 **The Council approved the membership and Chairs of the non-statutory committees for the period 1 April 2022 to 31 March 2023, subject to the necessary re-appointments being confirmed.**

12. Minutes of the Audit and Risk Committee (22.03.C.07)

12.1 **The Council noted the minutes of the public items considered at the Audit and Risk Committee meeting on 7 December 2021.**

13. Any other business

13.1 The Council noted its considerable thanks and very best wishes to the Chair for all his work with the organisation over the previous eight years, as this was his last meeting.

13.2 There being no further business, the meeting closed at 3.00 p.m.

Signed as a true and accurate record of the meeting,

Gisela Abbam, Chair

14 April 2022

Council workshop summary

Meeting paper for Council on 14 April 2022

Public

Purpose

To provide an outline of the discussions at the Council workshop on 10 March 2022.

Recommendations

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

Opening remarks

- 2.1 Nigel Clarke opened the session by acknowledging that, although the first in-person meeting of Council for two years should have been a day of celebration, it was overshadowed by the events happening in Ukraine. He outlined for members the steps that the GPhC was taking including putting together resources for pharmacy professionals coming to the UK, supporting staff and confirming that no Council funds were invested in Russian businesses.

Remote hearings consultation – emerging headlines and next steps

- 2.2 Jonathan Bennetts presented the emerging findings prior to full reports which would go to the Council at the May meeting providing an analysis of the findings and a proposal relating to rule changes on remote hearings.
- 2.3 Remote hearings had been introduced in March 2020 as part of the response to the Covid-19 pandemic but so far had only taken place with the consent of the registrant. Prior to that, all hearings had been held in person but some witnesses attended by videolink.
- 2.4 The change had led to increased engagement in the hearings process by registrants and empanelment of members had been easier. There had been no complaints from registrants who had attended a remote hearing.
- 2.5 A 12-week consultation had been held on making the change permanent, closing in February 2022. It had sought views on whether remote hearings should continue to be used and if so, on the EDI implications of the change. While the analysis was not yet complete, to data a high proportion of respondents agreed that remote hearings should be used when it was fair and practical to do so.
- 2.6 The most popular themes arising from the equality impact section were improved accessibility, benefits for disabled or pregnant registrant and the possible disadvantage to those with poor technical skills.

Valedictory thoughts

- 2.7 Nigel Clarke shared some reflections as he chaired his final Council meeting. He spoke about milestones in the development and regulation of the profession, including the introduction of the inspection regime for pharmacy premises; revalidation; initial education and training; and the EDI strategy. He also noted some long-running issues including the re-balancing work, supervision and the role of pharmacy technicians.
- 2.8 A number of developments were gathering momentum, including post-registration education and training; the role of pharmacy professionals in primary care; the development of clinical services in the community and access to patient records.
- 2.9 Future changes would include regulatory reform, where it would be vital that any changes served the public interest.

3. Recommendations

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

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

06/04/2022

Revalidation: The reflective account and standards for pharmacy professionals

Meeting paper for Council on 14 April 2022

Public business

Purpose

To note the criteria for registrants submitting their reflective accounts when full submission of revalidation resumes from 1 October 2022.

Recommendations

The Council is asked to note the standards below to be used for the reflective account from 1 October:

From 1 October, pharmacy professionals with registration renewal dates on or after 14 October 2022 (and whose registration is due to expire on or after 14 December 2022) will be required to submit all six revalidation records (four CPD, one peer discussion, and one reflective account). When writing their reflective account, pharmacy professionals will be expected to reflect on one or more of the following three standards:

- 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

1. Introduction

1.1 Revalidation is one of the ways that pharmacy professionals provide assurance that the trust in them is well placed. It was first proposed in 2017 following a public consultation and is intended to make sure that pharmacy professionals remain fit to practise through using, maintaining, and developing their professional knowledge, attitudes, and behaviours.

1.2 Every time a pharmacy professional renews their registration with the GPhC, they submit records to show how they have carried out and recorded revalidation activities. Registrants must submit:

- four CPD records (at least two of which must be planned)
- one peer discussion record
- one reflective account record

1.3 This paper focuses on the reflective account; specifically, the standard(s) that registrants will be required to use when reflecting on their practice.

2. The reflective account

2.1 A key aspect of revalidation is the reflective account. The reflective account is produced annually by each registrant, showing how they have met one or more of the standards for pharmacy professionals.

2.2 In 2018, Council agreed three standards for registrants to use for their first reflective account. Registrants were required to select one or more of the following three standards and give one or more examples of how they have met the standard(s) in their practice:

- Standard three – communicate effectively
- Standard six – behave in a professional manner
- Standard nine – demonstrate leadership

2.3 The number of standards selected was restricted to three initially to help provide a focus for registrants. The original plan was for Council to review and update the three standards annually. In 2019, Council decided to retain the same three standards for the following year to allow registrants to build on their first account and incorporate any feedback from the first submission.

3. The impact of the COVID-19 pandemic

3.1 As a result of the COVID-19 pandemic, in March 2020 we announced that pharmacy professionals who were due to renew their registration between 20 March and 31 August 2020 would not have to submit revalidation records (including reflective accounts), because of the challenges and pressures on pharmacy professionals. While we recognised the importance of revalidation in terms of public assurance, we also acknowledged the heavy demands placed on the pharmacy sector during the pandemic, as well as the disruption to planned learning events.

3.2 Further to this announcement, in June 2020, we announced that pharmacy professionals with a registration renewal deadline between 1 September and 31 December 2020 would only need to submit a reflective account (using the same standards as before) when renewing their registration. We also encouraged pharmacy professionals to reflect on their experiences during the COVID-19 pandemic when completing their reflective account.

3.3 In February 2021, we decided to continue with this approach until 31 May 2022, when we would again review the situation.

4. Our proposed approach

4.1 Following the Government's recent announcement that emergency powers put in place to help with the response to the pandemic will be removed by the end of September 2022, we have made the decision to resume full revalidation. This means that from 1 October 2022, registrants are expected to submit all six records (see para 1.2 above), when renewing their registration.

4.2 Registrants have been required to reflect on one or more of the same three standards (see para 2.2 above), since 2018, so a decision was taken to select three alternative standards for the resumption of full revalidation.

- 4.3 Our proposal is that from 1 October 2022 registrants should reflect on one or more of the following three standards:
- Standard one: Pharmacy professionals must provide person-centred care
 - Standard two: Pharmacy professionals must work in partnership with others
 - Standard five: Pharmacy professional must use their professional judgement
- 4.4 We have selected these because of their particular relevance during the pandemic and where many pharmacy professionals have increasingly operated as part of multi-professional teams; have been required to use their professional judgement in particularly challenging circumstances; and adapted their approach in light of the individual care and needs of patients. We will therefore be suggesting that for their reflective account, pharmacy professionals may want to reflect on their experiences during the COVID-19 pandemic, although they may choose to reflect on other areas depending on their individual experiences and learning.
- 4.5 Additional rationale for the selection of the three alternative standards is provided below.

5. Standard one: Pharmacy professionals must provide person-centred care

- 5.1 Person-centred care should be at the heart of everything that pharmacy professionals do; it is delivered when pharmacy professionals make the care of the person their first priority, this includes understanding what is important to the individual and then adapting care to meet their needs. There are several ways to meet this standard and we expect registrants to consider how they are being person-centred when reflecting on their own practice.

6. Standard two: Pharmacy professionals must work in partnership with others

- 6.1 Collaborative working is important to ensure that patients and the public receive the care they need. As pharmacy professionals move towards being more fully integrated members of healthcare teams, working effectively and in partnership with others takes on greater significance. We want pharmacy professionals to reflect on how they have worked in partnership with others such as carers, and other healthcare professionals and how this has benefited the person receiving care. A further example may be to think about how they have worked together with someone to understand their needs and to decide on the right care.

7. Standard five: Pharmacy professionals must use their professional judgement

- 7.1 Alongside their knowledge and expertise, it is important that pharmacy professionals use their professional judgement to assess any risk to the delivery of safe care. This may include balancing the needs of individuals with the needs of society, for example during the COVID-19 pandemic, but it can also include managing complex professional responsibilities. We want pharmacy professionals to reflect on how they have used their professional judgement to help deliver safe and effective care.

8. Next steps

- 8.1 With the resumption of full revalidation, the plan is to review the standards used for the reflective account, on an annual basis. To make the process easier for registrants to track, standards one, two and five will remain in place from 1 October 2022 to 31 December 2023. Any subsequent updates/changes to the three standards selected, will commence from 1 January 2024 and will be in effect for each calendar year thereafter.

8.2 The proposals in this paper are part of a wider programme of work to continue the development of our revalidation framework. This will take place as part of the work on post-registration assurance of practice under the governance Council noted at its meeting in March.

9. Equality and diversity implications

9.1 Equality and diversity implications of revalidation for pharmacy professionals have been considered throughout the development and implementation period through multiple analyses.

9.2 We will continue to assess the equality and diversity implications as the revalidation framework develops.

10. Communications

10.1 We will communicate the standards upon which reflective accounts must be based, following the Council meeting. Pharmacy professionals will be notified directly and through our newsletter Regulate, on our website, and through the network of organisations supporting registrants with revalidation for pharmacy professionals.

11. Resource implications

11.1 The resource implications of this decision were originally accounted for when planning the operational aspects of revalidation. However, we expect there to be a limited impact, as we will need our developers to update the forms on MyGPhC ahead of submission of the updated revalidation requirements.

12. Risk implications

12.1 There are limited risk implications for this decision; the selection of standards for the reflective account do not have an impact on the wider risks related to revalidation. The greatest risk is that we do not communicate any updates to registrants in a timely manner.

13. Monitoring and review

13.1 Evaluation of revalidation will allow us to review how effective our revalidation framework is as a tool to drive positive professional behaviours. Analysis of the ways in which registrants are engaging with the requirements for revalidation, will provide useful insights and information as we continue to develop our revalidation policy and process. The timing and detail of an evaluation will form part of the work on post-registration assurance of practice.

14. Recommendations

The Council is asked to note the standards below to be used for the reflective account from 1 October:

From 1 October, pharmacy professionals with registration renewal dates on or after 14 October 2022 (and whose registration is due to expire on or after 14 December 2022) will be required to submit all six revalidation records (four CPD, one peer discussion, and one reflective account). When writing their reflective account, pharmacy professionals will be expected to reflect on one or more of the following three standards:

- 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

Annette Ashley, Head of Policy and Standards
General Pharmaceutical Council

Balraj Pawar, Policy and Standards Manager
General Pharmaceutical Council

07/04/2022

Review of Governance policies

Meeting paper for Council on 14 April 2022

Public

Purpose

This paper sets out the findings of a regular review of governance policies

Recommendations

The Council is asked to approve the policies which have been reviewed and to provide feedback on the suggestion that appraisal should be introduced for the external members of non-statutory committees.

1. Introduction

1.1 As part of good governance, we have a robust and well-established process relating to all corporate policies and procedures used by the organisation and we maintain a comprehensive tracker and supporting RACI (Responsible, Accountable, Consulted, Informed) matrix. This paper covers a scheduled and routine review of a number of governance policies within the remit of the Council and suggests updates and changes where necessary. The policies covered are:

- 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.

1.2 Each policy which has been reviewed is attached as an annex and changes to substance are explained below. There are also some updates to wording which do not affect the content.

2. GPhC0026 – Council Standing Orders

2.1 The updated Standing Orders are attached as **Annex 1**. Changes to note are set out below.

2.2 A number of references to other related policies and procedures have been added for clarity and completeness, including the document reference number. This simply helps to show any reader how governance policies and procedures are inter-connected.

2.3 A new paragraph has been added to section 6 on adjournment of meetings (paragraph 6.2), clarifying the previous wording to explain that, when an adjourned meeting is resumed, only

the business which was outstanding from the adjourned meeting will be conducted. This simply reflects a tidying-up of language, rather than a substantive change in process.

- 2.4 In paragraph 8.2 we have removed the statement that the Chair will announce the reasons for holding a confidential session as we hold one at every meeting as part of normal business.
- 2.5 In paragraph 8.5 we have clarified that the Chair's power to remove anyone disrupting the meeting also applies to meetings held online.
- 2.6 Section 10 has been re-named 'format of meetings' and updated to reflect our new ways of working. However, the inclusion of a member receiving permission to attend an in-person meeting online in exceptional circumstances and by prior agreement with the Chair was already included in the previous version.
- 2.7 There are no other material changes.

3. GPhC0026 – Standing Orders of the non-statutory committees of the General Pharmaceutical Council

- 3.1 The Standing Orders for the non-statutory committees (Audit and Risk, Finance and Planning and Workforce) were reviewed and updated by the Council in 2021 and were not due for review until 2024. However, in light of the changes made to the Council Standing Orders it was decided to check that any relevant alterations read across to this document and also to regularise the review cycle so that the two are considered together in future. The updated version is attached as **Annex 2**.
- 3.2 The only significant change is the update of section 5, which has been re-named 'format of meetings' and updated in the same way as the Council SOs, as set out in paragraph 2.5 above. The remaining changes were minor updates such as replacing the reference to the Remuneration Committee with 'Workforce Committee'.

4. GPhC0031 – Arrangements for nominating deputies for the Chair

- 4.1 This procedure (attached as **Annex 3**) has been re-named from 'Appointment of Deputy Chair of the Council' to remove any potential inference that Deputy Chair is a specified role.
- 4.2 A new introduction has been added to give context and the procedure itself has been slightly revised to better reflect what we do in practice. It specifies that the order in which members are asked to act as a deputy is based on the length of time on Council and removes reference to six-month periods being allocated randomly as in practice we try to fit around members' preferences.

5. GPhC0032 – Council member and Council Chair appraisal processes

- 5.1 This procedure is attached as **Annex 4**.

Member appraisal

- 5.2 In reference to member appraisals, we have added 'any other relevant person' to those whom the Chair may consult (paragraph 3.3) to allow for situations such as this year where the former Chair will be involved in the look back over the last 12 months. The current Chair will hold the meetings with members and discuss the objectives for the coming year.

- 5.3 In paragraph 3.4 we have clarified that the committee members from whom the Chair can seek feedback include external members.

Chair's appraisal

- 5.4 We identified that the process for Chair appraisal needed to be strengthened and clarified. In taking this forward we have looked at the practices of similar bodies and also spoken to the Chief Executive & Registrar and the Chair.
- 5.5 The annual appraisal process for the Chair will be conducted by the chairs of the Workforce, Audit and Risk and Finance and Planning Committees. The process will be similar to that for members (see paragraphs 4.3-4.5 of the process). The full 360° appraisal and process in a year preceding a potential re-appointment remain largely unchanged.

External members of the Audit and Risk, Finance and Planning and Workforce committees

- 5.6 External members of the above committees do not currently have a regular appraisal which we have identified as a gap. We propose that appraisal should be introduced and should run along similar lines to the process for Council members as they work together on the committees, with the appraisals conducted by the chair of the relevant committee. We would welcome feedback on this suggestion which, if agreed, will be formalised in a process document similar to that for members.

6. Equality and diversity implications

- 6.1 There are no specific implications in these policies for members who share protected characteristics. However, should an individual member require any reasonable adjustments to the policies or the way that they are implemented based on their characteristics, these will be considered in discussion with the Chair.

7. Communications

- 7.1 These policies are published on our website and our intranet. Updated versions will replace the current versions if they are agreed.

8. Resource implications

- 8.1 There are no specific resource implications to the changes suggested. The policies are related to core business and any resource implications, such as the use of an external facilitator, will be budgeted for in the relevant year.

9. Risk implications

- 9.1 Having clear policies in place, reviewing them regularly and acting on them mitigates the risk of poor governance in the organisation. Regular review allows us to ensure that our policies are up-to-date and relevant.
- 9.2 The current lack of an appraisal process for external members of committees means that we are at risk of poor performance not being dealt with, which could reduce the effectiveness of those committees. Having a clear appraisal process in place for external members and using it effectively mitigates that risk.

10. Recommendations

The Council is asked to approve the policies which have been reviewed and to provide feedback on the suggestion that appraisal should be introduced for the external members of non-statutory committees.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

06/04/2022

Standing Orders of the General Pharmaceutical Council

GPhC0025 Version 2.1

This Standing Orders, together with the provisions of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 (together 'the Orders'), establish the basic rules about how the Council conducts its proceedings.



Procedure details

Procedure reference	GPhC0025
Version	2.1
Procedure author	Janet Collins, Senior Governance Manager
Approved for issue by	Council, 14 April 2022
Effective from	14 April 2022
Next review	01 April 2025

Version control tracker

Version	Approved date	Description of change	Amendments by
1	27 June 2014	Creation of standing orders	Matthew Hayday, Head of Governance
2	16 May 2019 by Council	Updated to new template, changed reference from GG/2014/05 to GPHC0025. Inclusion of new 10.2 (remote attendance) and update to 12.2 (dissolving a meeting)	Janet Collins, Governance Manager
2.1		Updated to new template. References to other policies mentioned added for clarity; Section 10 renamed 'Format of meetings' and updated to reflect new ways of working; Minor changes to wording for clarity	Janet Collins, Senior Governance Manager

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1. Application and interpretation

- 1.1 These Standing Orders, together with the provisions of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 (together, 'the Orders'), establish the basic rules about how the Council conducts its proceedings.
- 1.2 Unless the context otherwise requires, terms used in the Standing Orders shall have the samemeaning as in the Orders and in addition:
 - 1.2.1 'General Pharmaceutical Council' or 'GPhC' means the General Pharmaceutical Council as a body corporate;
 - 1.2.2 'Council' means the members of the General Pharmaceutical Council acting collectively as a body;
 - 1.2.3 'Chair' means the person appointed by the Privy Council to lead the Council in successfully discharging its overall accountability for the GPhC as a whole;
 - 1.2.4 'Member' means a member of the Council.
- 1.3 If a procedural point arises during a meeting of the Council which is not covered by these Standing Orders or the Orders, the common law rules concerning the conduct of meetings will apply.
- 1.4 Save as otherwise permitted by law, at any meeting of the Council, the Chair shall be the final authority on the interpretation of these Standing Orders.

2. Statutory framework

- 2.1 The General Pharmaceutical Council (GPhC) is a statutory body established under the Orders.
- 2.2 The GPhC will also be bound by such other statutes and legal provisions as govern the conduct of its affairs.

3. Composition of Council, tenure and role of members

- 3.1 In accordance with the Orders the composition of the Council shall be seven lay members and seven registrant members.
- 3.2 Parts 2 and 3 of the General Pharmaceutical council (Constitution Order) 2010 determine that the Chair and members are appointed by the Privy Council.
- 3.3 The terms of office of the Chair and members and arrangements for the termination or suspension of office of the Chair and members are governed by Parts 2 and 3 of the General Pharmaceutical Council (Constitution) Order 2010.
- 3.4 The Council will function as a corporate decision-making body. Lay and registrant members will be full and equal members. Their role as members will be to consider the key strategic and policy issues facing the GPhC in carrying out its functions in line with our Governance policy (GPHC0040).
- 3.5 All business shall be conducted in the name of the GPhC.
- 3.6 The members shall not be granted, nor shall they seek to exercise, any individual executive powers on behalf of the GPhC unless specifically authorised to do so by the Council. They may, however,

exercise collective authority when acting as members of any committee of the GPhC to which the Council has delegated powers. Delegated powers are set out in detail in our Scheme of Delegation (GPhC0048) and associated committee terms of reference (GPhC0003, GPhC005 and GPhC0035).

- 3.7 The Chair shall be responsible for the operation of the Council. The Chair must comply with the terms of appointment and with these Standing Orders, and associated governance policies and procedures.
- 3.8 The Chair shall work in close harmony with the Chief Executive & Registrar and shall ensure that appropriate issues are discussed by the Council in a timely manner with the necessary information and advice being made available to Council to inform debate and decisions.

4. Frequency of meetings

- 4.1 The Council shall meet as necessary for the transaction of its business, normally according to a schedule agreed by the Council, provided that the Council shall meet at least four times a year.
- 4.2 Additional Council meetings, outside the agreed schedule, may be convened by the Secretary upon the written request of the Chair or any six members of the Council.
- 4.3 A written request for an additional Council meeting shall include details of the business to be transacted at that meeting.
- 4.4 An additional Council meeting shall be held within such reasonable time of the Secretary receiving the request for the meeting as the Chair shall see fit.

5. Notice of meetings

- 5.1 Before each meeting of the Council, a written notice specifying the business proposed to be transacted shall be sent to every member.
- 5.2 The Secretary shall normally give members not less than seven clear days' notice of the time and place of a meeting.
- 5.3 If for any reason a meeting is convened at shorter notice, the Secretary shall give members notice of the time and place of the meeting at the time that the meeting is arranged.
- 5.4 Failure to provide such notice of a meeting to a member shall not invalidate the proceedings of that meeting.

6. Adjournment of meetings

- 6.1 The Chair may, with the consent of the Council, adjourn a meeting.
- 6.2 At the resumption of an adjourned meeting, no business shall be transacted other than the business which had not yet been disposed of when the adjournment took place.
- 6.3 If a meeting is adjourned for more than seven days (but not otherwise), notice of the meeting shall be given as if it was an additional meeting.

7. Agenda

- 7.1 The Secretary shall issue an agenda for each meeting. The Chair shall determine the content of the agenda, having consulted with the Chief Executive and Registrar.
- 7.2 Except in cases of urgency or where circumstances make it impracticable to do so, the agenda for a meeting and any accompanying papers shall be sent to members not less than seven days before the meeting.
- 7.3 Any member wishing to raise a matter at a Council meeting shall notify the Chair and Secretary not less than 14 days before the meeting.
- 7.4 No business other than that which has been included on the agenda, or of which notice has been given under paragraph 7.3 above, shall be discussed at any Council meeting, with the exception of urgent business which may be discussed with the consent of the Chair.

8. Public access to meetings

- 8.1 Members of the public may attend meetings of the Council. The public shall be excluded from any part of the meeting dealing with confidential business.
- 8.2 Before excluding the public from any part of a meeting under paragraph 8.1 above, the Chair shall announce that the meeting is moving into a confidential session.
- 8.3 Matters to be dealt with in confidential business shall be confidential to the members of the Council. Members shall not reveal or disclose outside the GPhC the contents of papers or minutes marked as confidential without the express permission of the Council. This prohibition shall apply equally to the content of any discussion during a Council meeting which may take place on such papers or minutes.
- 8.4 Electronic recording, transmission or photography of Council meetings without prior permission from the Chair is prohibited.
- 8.5 If a member of the public interrupts the proceedings at any meeting, the Chair may order that person to be removed from the meeting or may order that part of the room which is open to the public to be cleared. This also applies to virtual or online meetings.

9. Observers

- 9.1 The Council may decide what arrangements and terms and conditions it considers are appropriate to any observers invited to attend or address any of the Council's meetings and may change or vary these arrangements, terms and conditions as it sees fit.

10. Format of meetings

- 10.1 Meetings may be held in different formats, including in person or online. This will be at the discretion of the Chair.
- 10.2 If the Council meeting is being held in person, members are expected to attend in person. In exceptional circumstances only and by prior agreement with the Chair, individual members may

participate remotely in Council meetings which are being held in person (for example, using teleconference or other remote conference facilities) and this will constitute full attendance

11. Chair

11.1 The Chair shall preside at any meeting of the Council.

11.2 In these Standing Orders, references to the Chair include a member presiding at a meeting of the Council in the place of the Chair.

11.3 In the event that:

- (a) the Chair is likely to be absent for more than one meeting of the Council or to be unavailable to perform the duties of the Chair for more than one month; or
- (b) the office of Chair is vacant,

the Secretary shall notify the Council accordingly and the Council shall proceed to nominate one of its members ('deputy Chair') to serve as Chair during the absence or unavailability of the Chair or the vacancy. The Council may identify the deputy chair who would serve in advance of such circumstances arising. This procedure is set out in the Arrangements for nominating deputies for the Chair (GPCH0031).

12. Quorum

12.1 The quorum at any meeting of the Council shall be eight members. No business shall be transacted at a meeting unless at least eight members are present. Members attending In-person and online shall all count towards the quorum.

12.2 If a quorum is not present within a reasonable time after the appointed time for a meeting to commence, the meeting may be dissolved and all business which should have been transacted at that meeting held over until the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business.

12.3 If, during a meeting, it appears to the Chair that a quorum has ceased to exist, business will be suspended and the number of members present counted and if:

- (a) a quorum exists, the business will proceed;
- (b) a quorum does not exist, the meeting will be dissolved and all remaining business will be adjourned to the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business.

12.4 If a member has been disqualified from participating in a discussion of and/or voting on any matter by reason of a conflict of interest, that member shall not count towards the quorum. If a quorum is not available for the discussion of and/or voting on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting shall then proceed to the next item of business.

13. Interests of members

- 13.1 Members must ensure that no conflict arises, or could reasonably be perceived to arise, between their position as a Council member and their personal interests, financial or otherwise.
- 13.2 A member who has a personal interest in any matter under consideration at a meeting, whether or not declared in the Register of Members' Interests, shall promptly declare that interest and, unless the Chair determines otherwise, the member shall withdraw from the meeting until the Council has concluded its consideration of the matter.
- 13.3 In any case of doubt the member shall openly declare the possibility of interest.
- 13.4 All declarations of interest shall be recorded in the minutes.

14. Minutes of Council meetings

- 14.1 The Secretary shall produce minutes of each meeting which shall include a record of the members in attendance at that meeting.
- 14.2 At each meeting, the minutes of the previous meeting shall be confirmed, or confirmed as amended, by the Council.
- 14.3 No discussion shall take place on the minutes except on their accuracy or where the Chair considers discussion appropriate.
- 14.4 The confirmed minutes of a meeting shall, unless the contrary is proved, be a correct and authoritative record of the meeting.
- 14.5 Where they provide a record of a public meeting, the minutes shall be made available to the public.

15. The Secretary

- 15.1 The Chief Executive & Registrar shall be the secretary to the Council.
- 15.2 The Chief Executive & Registrar may authorise any employee of the Council to act for them as Secretary to the Council and where the Chief Executive & Registrar does so, any reference in these Standing Orders to the Secretary shall include reference to the person so authorised.

16. Conduct of Council members

- 16.1 Members shall comply with the Code of Conduct adopted by the Council and with the seven principles of public life established by the Committee on Standards in Public Life ('the Nolan Principles').
- 16.2 The Chair may order a member to withdraw from a meeting if, in the opinion of the Chair, that member has persistently disregarded the ruling of the Chair or is behaving improperly, offensively or in a manner which obstructs the business of the meeting.

- 16.3 In the event of a general disturbance which, in the opinion of the Chair, prevents the orderly conduct of business, the Chair may adjourn the meeting for such a period as the Chair considers appropriate.

17. Members' education, training and performance

- 17.1 The Council shall establish standards of attendance and performance for members, including a system of annual appraisal. These are set out in detail in our Standards of Education and Learning (GPhC0027) and Standards of Attendance (GPhC0028).
- 17.2 Members shall comply with the standards established by the Council under Standing Orders 16.1 and 17.1 and shall not, without reasonable cause, fail to undertake satisfactorily the education and training requirements or to participate in appraisal processes for members.

18. Voting and recording of votes

- 18.1 Decisions shall be taken by vote in the following circumstances:
- (a) when the Chair determines that no clear consensus has emerged;
 - (b) when a member requests a vote be taken and this is supported by at least one other member; or
 - (c) when the Chair concludes that a vote should be taken.
- 18.2 Voting shall be by a simple majority of those members present and voting, unless specified otherwise in these Standing Orders or in the Orders.
- 18.3 Voting shall be by a show of hands or by any technological equipment provided.
- 18.4 The Chair shall have a substantive vote and, in any case of an equality of votes, a second or casting vote.
- 18.5 The minutes shall record the numbers voting for and against the proposal and the number of abstentions, if any.
- 18.6 If a majority of members present so request, the voting on any question may be recorded to show how each member presented voted or did not vote.
- 18.7 Under no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

19. Suspension of a Standing Order

- 19.1 Except where this would contravene any statutory provision, the Council may suspend any one or more of these Standing Orders at any meeting, by resolution of the Council carried by not less than two-thirds of the members present and voting. The reason for the suspension shall be recorded in the minutes.
- 19.2 In proposing the suspension of one or more of the Standing Orders, the member making proposal must state the number(s) of the Standing Order(s) using the numbering in this document.

19.3 If such a proposal is agreed the suspension shall be for the duration of the item under discussion.

20. Provisional suspension of members

- 20.1 If circumstances arise which may result in a member being suspended or removed from office by the Privy Council under the Orders, the Council may resolve that the member shall be provisionally suspended from office until such a time as the Privy Council has reached a decision on whether to suspend or remove the member.
- 20.2 A member who is provisionally suspended shall not be entitled to participate in meetings of the Council or to exercise any other functions of a member.
- 20.3 This procedure is set out in detail in the Orders and in our managing complaints about Council members policy (GPHC0051).

21. The Chief Executive & Registrar, Secretary and advisers

- 21.1 The Chief Executive & Registrar and the Secretary shall be entitled to attend and address meetings of the Council.
- 21.2 Any other person advising on the business before a meeting of the Council, including advising the Chair on matters relating to governance, may attend and, with the consent of the Chair, address the meeting.

22. Committees and working groups

- 22.1 The Council may from time to time establish or dissolve committees or other informal groups composed of its own members or other persons, for such purposes as may be expedient. Nothing in this paragraph applies to any committee established by or under legislation.

23. Custody and affixing of the Corporate Seal

- 23.1 The Corporate Seal shall be kept by the Chief Executive & Registrar or another employee designated by the Chief Executive & Registrar, in a secure place.
- 23.2 The Corporate Seal shall only be affixed to a document with the consent of the Council and shall be attested by the signature of:
- (a) the Chair or a member of the Council authorised by the Chair for that purpose; and
 - (b) the Chief Executive & Registrar or an employee authorised by the Chief Executive & Registrar for that purpose.
- 23.3 The Chief Executive & Registrar or an employee designated by the Chief Executive & Registrar shall keep a record of the affixing of the Corporate Seal.



Standing Orders of Non-Statutory Committees of the General Pharmaceutical Council

GPHC0026 Version 2.2

These Standing Orders together with the provision of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 (together, 'the Orders'), establish the basic rules about how the committees conduct their proceedings.



Policy details

Policy reference	GPHC0026
Version	2.2
Policy author	Janet Collins, Senior Governance Manager
Approved for issue by	Council, 14 April 2022
Effective from	14 April 2022
Next review	01 April 2024

Version control tracker

Version	Approved date	Description of change	Amendments by
1	11/04/13	Creation	Alision Readman, Interim Head of Governance
2	16 May 2019	Reference updated from GG/2014/44 to GPHC0026, minor updates to text. Inclusion of new 5.2. (remote attendance and update to 8.2 (dissolving the meeting).	Janet Collins, Governance Manager
2.1	15 July 2021	Updated to new template. Frequency of meetings section updated to say that frequency shall be set out in Committee terms of reference	Janet Collins Senior Governance Manager
2.2	14 April 2022	Minor updates to text. Section five updated to reflect new ways of working. Reference to Remuneration Committee updated to Workforce Committee	Janet Collins, Senior Governance Manager.

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1. Application and Interpretation

- 1.1. Meetings of any non-statutory committees of the General Pharmaceutical Council are regulated in accordance with these Standing Orders which the Council shall agree from time to time. Amendments to these Standing Orders may be made only by the Council.
- 1.2. These Standing Orders, together with the provisions of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 (together, 'the Orders'), establish the basic rules about how the committee conducts its proceedings.
- 1.3. Unless the context otherwise requires, terms used in the Standing Orders have the same meaning as in the Orders.
- 1.4. If a procedural point arises during a meeting of the committee which is not covered by these Standing Orders or the Orders, the common law rules concerning the conduct of meetings will apply.
- 1.5. The Chair of the committee is the final authority as to the interpretation of these Standing Orders.

2. Frequency of Meetings

- 2.1. The frequency of meetings for each committee shall be as set out in the Terms of Reference for that committee

3. Notice of Meetings

- 3.1. The Secretary shall normally give members not less than seven clear days' notice of the time and place of a meeting.
- 3.2. If for any reason a meeting is convened at shorter notice, then the Secretary shall give members notice of the time and place of the meeting at the time that the meeting is arranged.
- 3.3. Failure to provide notice of a meeting to a member shall not invalidate the proceedings of that meeting.

4. Agenda

- 4.1. The Secretary shall issue an agenda for each meeting. The Chair shall determine the content of the agenda, having consulted with the Secretary.
- 4.2. Except in cases of urgency or where circumstances make it impracticable to do so, the agenda for a meeting and any accompanying papers shall be sent to members not less than seven days before the meeting.
- 4.3. Any member wishing to raise any matter at a committee meeting shall notify the Chair and Secretary not less than 14 days before the meeting.
- 4.4. No business other than that which has been included on the agenda, or of which notice has been given under para 4.3 above, shall be discussed at any committee meeting, with the exception of urgent business which may be discussed with the consent of the Chair.

5. Format of meetings

- 5.1. Meetings may be held in different formats, including in person or online. This will be at the discretion of the Chair.
- 5.2. If the meeting is being held in person, members are expected to attend in person. In exceptional circumstances and by prior agreement with the chair of the committee, individual members may participate remotely in meetings which are being held in person (for example using teleconference or other remote conference facilities) and this will constitute full attendance.

6. Chair

- 6.1. The Chair of the committee shall be appointed by the Council or by a person, group, body or committee to whom the Council delegates this function.
- 6.2. The Chair shall preside at any meeting of the committee.
- 6.3. If the Chair is absent from, or otherwise unable to preside at, a meeting, the members present shall nominate one of their number to serve as chair at that meeting.
- 6.4. In these Standing Orders, references to the 'Chair' include a member presiding at a meeting of the committee in place of the Chair.
- 6.5. In the event that the Chair is likely to be absent for more than one meeting of the committee or to be unavailable to perform the duties of the Chair for more than one month, the Secretary shall notify the committee accordingly and the committee shall proceed to nominate one of its members ('deputy chair') to serve as committee Chair during the absence or unavailability of the Chair.

7. Length of service on a committee

- 7.1. No member of the Committee may hold office as a member of the Committee for more than an aggregate of eight years during any period of 20 years. As with the Council there is no maximum number of terms that a member may serve; however, a member shall not be appointed to a committee for a term that exceeds their term as a Council member.
- 7.2. Other provisions regarding the composition of committees are set out in the terms of reference of each committee.

8. Quorum

- 8.1. The quorum at any meeting of the committee shall be as determined by the Council. No business shall be transacted at a meeting unless at least a quorum of members is present.
- 8.2. If a quorum is not present within a reasonable time after the time appointed for a meeting to commence, the meeting *may* be dissolved and all business which should have been transacted at that meeting held over until the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business.
- 8.3. If, during a meeting, it appears to the Chair that a quorum has ceased to exist, business will be suspended and the number of members present counted and, if;

- (a) A quorum exists, the business will proceed
 - (b) A quorum does not exist, the meeting will be dissolved and all remaining business will be adjourned to the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business.
- 8.4. If a member has been disqualified from participating in a discussion of and/or voting on any matter by reason of a conflict of interest, that member shall not count towards the quorum. If a quorum is not available for the discussion of and/or voting on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting shall then proceed to the next item of business.

9. Interests of members

- 9.1 Members must ensure that no conflict arises, or could reasonably be perceived to arise, between their position as a committee member and their personal interests, financial or otherwise.
- 9.2 All members of the committee shall complete, and keep up to date, a register of interests, gifts and hospitality. (A register of Council members' interests, gifts and hospitality is maintained separately and Council members on committees will not be asked to supply a duplicate register entry.) The Secretary of the committee shall keep the register of committee members' interests, which shall be available for Council and committee members to see on request.
- 9.3 A member who has a personal interest in any matter under consideration at a meeting, whether or not declared in the register of members' interests, shall promptly declare that interest and, unless the Chair determines otherwise, the member shall withdraw from the meeting until the committee has concluded its consideration of the matter.
- 9.4 In case of any doubt the member should openly declare the possibility of an interest.
- 9.5 All declarations of interest shall be recorded in the minutes.

10. Minutes of committee meetings

- 10.1 The Secretary shall produce minutes of each meeting which shall include a record of the members in attendance at that meeting.
- 10.2. At each meeting, the minutes of the previous meeting shall be confirmed, or confirmed as amended, by the committee.
- 10.3. The confirmed minutes of a meeting shall, unless the contrary is proved, be a correct and authoritative record of the meeting.

11. Secretary

- 11.1 The committee Secretary shall be appointed by the Chief Executive & Registrar.

12. Powers and accountability

- 12.1 The committee is accountable to the Council.
- 12.2. Subject to any statutory restrictions, the committee shall have such terms of reference and powers and shall be subject to such conditions as determined by the Council.
- 12.3. No committee may establish a sub-committee unless expressly authorised by the Council.

13. Conduct of committee members

- 13.1 Members shall comply with the seven principles of public life established by the Committee of Standards in public Life (the 'Nolan Principles').
- 13.2 The Chair may order a member to withdraw from a meeting if, in the opinion of the Chair, that member has persistently disregarded the ruling of the Chair or is behaving improperly, offensively or in a manner which is obstructing the business of the meeting.
- 13.3 In the event of a general disturbance which, in the opinion of the Chair, prevents the orderly conduct of business, the Chair may adjourn the meeting for such a period as the Chair considers appropriate.

14. Members' education, training and performance

- 14.1 Members shall not, without reasonable cause, fail to undertake satisfactorily any education or training provided for members or to participate in any appraisal processes for members.

15. Voting and recording of votes

- 15.1 Decisions shall be taken by vote in the following circumstances:
 - a) When the Chair determines that no clear consensus has emerged;
 - b) When a member requests a vote be taken and this is supported by at least one other member; or
 - c) When the Chair concludes that a vote should be taken.
- 15.2 Voting shall be by a simple majority of those members present and voting, unless specified otherwise in these Standing Orders or in the Orders.
- 15.3 Voting shall be by a show of hands or by any technological equipment provided.
- 15.4 The Chair shall have a substantive vote and, in any case of an equality of votes, a second or casting vote.
- 15.5 The minutes shall record the numbers voting for and against the proposal and the number of abstentions, if any.
- 15.6 If a majority of the members present so request, the voting on any question may be recorded to show how each member present voted or did not vote.
- 15.7 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

16. Suspension of a Standing Order

- 16.1 Except where this would contravene any statutory provision, the committee may suspend any one or more of the Standing Orders at any meeting, by resolution of the committee carried by a majority of those present and voting.
- 16.2 In the proposing the suspension of one or more of the Standing Orders, the member making the proposal must state the number(s) of the Standing Order(s) using the numbers in this document.

16.3 If such a proposal is agreed the suspension shall be for the duration of the item under discussion.

17. The Chief Executive & Registrar, Secretary and advisers

17.1 The Chief Executive & Registrar and the Secretary shall be entitled to attend and address meetings of the committee.

17.2 Any other person advising on the business before a meeting of the committee including advising the Chair on matters relating to governance, may attend and, with the consent of the Chair, address the meeting.

18. Dealing with Confidential Matters

18.1 Meetings of the committee are not open to the public.

18.2 The proceedings of the committee are confidential to the members of the committee, the Council and staff, and any observers present at the invitation of the committee.

18.3 When discussing items relating to identifiable individuals or commercial items in confidence, the Audit and Risk, Workforce, Finance and Planning and Appointments Committees will do so in confidential session, without observers present. The confidential agenda and minutes will not be circulated other than to members of the relevant committee.



Arrangements for nominating deputies for the Chair

GPhC0031 Version 2.1

This procedure sets out the steps that the Council Secretary should follow to organise the rota of deputy chairs.



Procedure details

Procedure reference	GPhC0031
Version	2.1
Procedure author	Janet Collins, Senior Governance Manager
Approved for issue by	Council, 14 April 2022
Effective from	14 April 2022
Next review	01 April 2025

Version control tracker

Version	Approved date	Description of change	Amendments by
1	27 June 2014	Creation of procedure.	Matthew Hayday, Head of Governance
2	16 May 2019 by Council	Updated procedure into new template style and changed reference from GPr/2011/17 to GPhC0031. Language updated	Janet Collins, Governance Manager
2.1	14 April 2022	New title. Updates to the procedure, to reflect practical arrangements.	Janet Collins, Governance Manager

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1. Introduction

- 1.1 In February 2010 the Council agreed to establish a rota of Council members to deputise for the Chair if required. It was agreed that a rote was more appropriate than a formal election process, given that the need for a deputy would arise only if the chair was absent or unable to perform their duties. This system would also avoid the impression that there was a 'Deputy Chair' with a different role and status from other Council members.
- 1.2 It was agreed that a rotation every six months, agreed in advance, would allow arrangements to be made quickly should the Chair be absent unexpectedly.

2. Purpose

- 2.1 This procedure sets out the steps that the Council Secretary should follow to organise the rota of deputy Chairs, in accordance with the Council's decision set out above.

3. Procedure

- 3.1 Three months before the end of the current rota the Council Secretary will invite the next members due to act as a deputy to signal their willingness to act as a rotating deputy chair to the Chair of Council. The order is allocated based on the length of time on Council.
- 3.2 When expressions of willingness have been received, the Council Secretary will ask for a preference for time slots and draw up a rota accordingly. The rota will then be circulated at the next Council meeting for noting.
- 3.3 If the Chair is unable to fulfil other functions apart from chairing Council meetings, the GPhC Executive Office will make other arrangements.

4. Application of procedure

- 4.1 The procedure applies to the Council Secretary and the members of Council.



Council member and Council Chair appraisal processes

GPhC0032 Version 3

This procedure sets out the processes for the annual appraisal of Council members and the Chair of Council.



Procedure details

Procedure reference	GPhC0032
Version	3
Procedure author	Janet Collins, Senior Governance Manager
Approved for issue by	Council, 14 April 2022
Effective from	14 April 2022
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Version control tracker

Version	Approved date	Description of change	Amendments by
1	April 2016		Matthew Hayday, Head of Governance
2	May 2019	Updated to new template. Changed reference from GPr/2016/135 to GPhC0032. Updates to language	Janet Collins, Governance Manager
3	April 2022	Updated to new template. Wording changes to procedure for members. Procedure for Chair expanded to make clear that appraisal is annual but a full 360 review only takes place prior to a potential re-appointment	Janet Collins, Senior Governance Manager

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Introduction

- 1.1 This procedure sets out the process for annual appraisal of Council members and the Chair of Council.

Purpose

- 2.1 This procedure is in place so that there is a clear and consistent process for the annual appraisal of Council members and the Chair of Council.
- 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. 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.

3. For Council members

- 3.1 Council members will be appraised annually. Appraisal meetings will be arranged by the Executive Office.
- 3.2 At least two weeks before their meeting, members will receive a copy of the appraisal form and be asked to complete the self-assessment section. The self-assessment must be completed and returned in such time that it can be sent to the Chair at least one week before the meeting to allow the Chair time to review it.
- 3.3 The Chair may seek written input from the chair of any committee or working group on which the member has served during the period covered by the appraisal; from the person currently designated to act as the deputy Chair of Council if they have been called on to act as Chair during the relevant period; and any other relevant person.
- 3.4 If the member has chaired a committee during the period covered by the appraisal, the Chair may seek written input from the members of that committee, including external members.
- 3.5 The Chair may also seek written input from the Chief Executive & Registrar which should be based on examples of the member's behaviour 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.
- 3.9 Council members also have a mid-year review with the Chair to assess progress against objectives. This is documented but does not follow the full appraisal process.

4. For the Chair

- 4.1 The Chair will have an annual appraisal led by the Chairs of the Workforce, Audit and Risk and Finance and Planning Committees.
- 4.2 Up to five people will be selected to provide feedback on the Chair's performance, including the Chief Executive & Registrar. Others may be selected from Council and the executive team. The process will be similar to that for Council member appraisal.
- 4.3 The Chair will complete a self-assessment and the appraisal discussion will be based on this and the feedback received.
- 4.4 The Chair will have an appraisal meeting with the Chairs of the Workforce and Audit and Risk Committees, including constructive specific feedback. Objectives and learning and development needs will be reviewed, identified and recorded through the self-assessment and the appraisal meeting.
- 4.5 The Chairs of the Workforce and Audit and Risk committees will complete the remainder of the appraisal form with an overall assessment of the Chair's performance and send it to the Chair, asking them to agree it as a fair reflection of their discussion.
- 4.6 In a year preceding a potential re-appointment process for the Chair, a 360° appraisal will be carried out, facilitated by an external provider. The persons to provide feedback will be agreed with the external provider but should include the Chief Executive & Registrar, the chairs of relevant committees and external stakeholders. The Chair will also complete a self-assessment.
- 4.7 The collated feedback and the Chair's self-assessment will be used to inform an appraisal meeting with two Council members who have confirmed that they do not intend to seek re-appointment. The meeting will be facilitated by an external provider.
- 4.8 Objectives and learning and development needs will be reviewed, identified and recorded through the self-assessment and the appraisal meeting. Following the meeting, the two Council members will produce a report consisting of the collated feedback on the Chair, the Chair's self-assessment and a summary of the appraisal meeting. This will be sent to the Chair for sign-off and may form part of any re-appointment process.



Appendix A: List of policies and procedures within our Governance Handbook

GPHC0003 Audit and Risk Committee Terms of Reference

GPHC0005 Workforce Committee Terms of Reference

GPHC0021 Appointment of members to non-statutory committees

GPHC0023 Anti-bribery policy

GPHC0025 Standing Orders of the Council

GPHC0026 Standing Orders of the non-statutory Committees

GPHC0027 Standards of Education

GPHC0028 Standards of Attendance

GPHC0031 Deputy Chair process

GPHC0032 Arrangements for nominating the deputy for the Chair

GPHC0033 Council members expenses policy

GPHC0035 Finance and Planning Committee

GPHC0038 Conflicts of interest policy

GPHC0039 Gifts and Hospitality

GPHC0040 Governance policy

GPHC0041 Council values, conduct and behaviours

GPHC0048 Scheme of Delegation

GPHC0050 Council member appointments and reappointments

GPHC0051 Managing complaints about Council members

GPHC0054 Risk Management Policy

GPHC0055 Standing Financial Instructions

GPHC0057 Investment Policy

GPHC0058 Role of the non-statutory committee chairs

GPHC0061 Approach to Council and Committee business during Covid-19

Responding to external consultations

Meeting paper for Council on 14 April 2022

Public

Purpose

To set out the policy and procedure for responding to external consultations at the GPhC

Recommendations

Council is asked to note our approach to responding to external consultations.

1. Introduction

- 1.1 Consultation is a formal process for seeking the views of stakeholders, as part of a decision-making process. Consultations are distinguished from public inquiries or independent reports, which request evidence to aid a formal investigation. The GPhC maintains a separate inquiries tracker as they require a different type of response, usually led by the Governance team.
- 1.2 The Policy and Standards team is responsible for the initial assessment and allocation of incoming consultations.
- 1.3 To monitor consultations and the responses we submit, the Policy and Standards team and Communications team maintain a consultation grid. This includes a list of all identified consultations, the lead author of the response, and the response status. The consultations grid is submitted to Council on a quarterly basis.
- 1.4 The GPhC responds to consultations which relate to pharmacy and healthcare more widely, and specifically when there is a potential impact on some or all of the following:
 - patients and the public who use pharmacy services
 - registrants and pharmacy owners
 - the provision of pharmacy services
 - pharmacy education and training
 - regulatory activities.

These are often consultations carried out by governments or arms-length bodies, by pharmacy organisations and other regulators. We maintain a list of the organisations we

regularly monitor for consultations; we also engage with consultations from other organisations ad hoc, as required.

2. Process

- 2.1 There are several methods used to monitor the release of consultations by external organisations including:
- (a) weekly horizon scanning using a list of 30 external organisations
 - (b) updates from Randall's political monitoring service
 - (c) the daily News Update circulated by the Communications team
 - (d) colleagues circulating information from their team specific contacts.
- 2.2 Each consultation is assessed criteria, including consideration of whether a GPhC response might be helpful, and what value any response could bring to both the GPhC's work and wider health and care system.
- 2.3 A range of criteria is used when deciding whether to respond to a consultation, this includes (but is not limited to):
- Do the topic, content, context, or terms of reference relate directly to our role and core functions?
 - Do the proposals have the potential to impact upon our strategic or corporate plans?
 - Is the subject of the consultation within our remit?
 - Given our organisational priorities, resources, and capacity, is a formal response the most appropriate method of response?
 - Would a GPhC response provide a useful opportunity to promote awareness and understanding of the Council's vision, values, and strategy, and of our regulatory work?
- 2.4 The GPhC will not normally respond to a consultation from another independent statutory health professional regulator, typically because we may ourselves need to consult on similar matters, and we do not want to anticipate the GPhC's own consultations. Although we do not respond formally, we may contribute to a discussion or workshop; we also ask to be kept informed of the outcomes of these consultations, which may inform the GPhC's own policy development. In some cases, the GPhC may respond to a consultation from another regulator, for example if the proposals have a potential impact on the GPhC's work or its registrants.
- 2.5 When a consultation is identified, it is sent to the head of the appropriate team, who decides whether to write a response, based on the criteria outlined in 2.2 and 2.3 above. If there is any uncertainty, including possible wider policy implications, the decision may be referred to the relevant Director.
- 2.6 If a decision to respond is made, the consultation response will be developed by a relevant member of staff, who will seek input as needed. If a decision is made not to respond, the reason will be noted in the consultation grid.

- 2.7 Our responses are informed by the Council's Vision 2030, relevant material in the strategic plan and other approved policies; we use these to shape responses on behalf of the GPhC so that these are consistent with, and promote, the Council's values, strategic aims, and policies.
- 2.8 Once written, the response is signed off by the Head of function and the relevant director(s). In some circumstances, depending on the source, scale, or potential impact of the consultation, it may be appropriate to seek further sign-off from the Chief Executive, or to engage with Council. In a small number of cases consultation responses are considered in draft by Council itself and approved in that way; this would be the exception rather than the norm, and would be relevant, for example, in the case of a government consultation on major reform to the regulatory landscape itself.
- 2.9 The response is then submitted, usually by email or online, and noted as completed in the consultations grid.
- 2.10 Usually, GPhC consultation responses are published on our website after they have been submitted to the consulting organisation. Exceptions are made for informal responses, confidential submissions to public or parliamentary inquiries, or when the consulting organisation has specifically requested that the response is not made public.

3. Equality and diversity implications

- 3.1 In all stages of the development of this process we have considered whether there are any significant equality implications, either positive or negative, for GPhC staff or external stakeholders, including members of the public. This is also considered when a consultation response is written.
- 3.2 We have not identified any significant negative equality or diversity implications and expect there to be a positive benefit for the organisation, external stakeholders, and for patients and the public by taking a consistent approach when responding to external consultations.

4. Communications

- 4.1 The approach is shared internally for staff and management awareness.
- 4.2 We will also communicate with staff through the regular channels to inform them of the approach.
- 4.3 All staff undertaking a response to consultations can seek support from the Policy and Standards team or the Comms team.

5. Resource implications

- 5.1 There are no additional resource implications.

6. Risk implications

- 6.1 We need to make sure that this approach is used consistently to make sure that we do not miss the opportunity to respond to relevant consultations.

7. Monitoring and review

- 7.1 The effectiveness of the policy will be measured by the quality of the consultation responses and the quarterly consultation update.

7.2 The Policy and Standards team is responsible for:

- Producing the consultation grid to Council on a quarterly basis
- Regular review of the approach.

Recommendations

Council is asked to note our approach to responding to external consultations.

Annette Ashley, Head of Policy and Standards
General Pharmaceutical Council

06/04/2022

Public inquiries and reports: update paper (including the Independent Maternity Review)

Meeting paper for Council on 14 April 2022

Public

Purpose

To update Council on recent public inquiries and reports in the wider healthcare regulatory context that have relevance to our work.

Recommendations

Council is asked to note the update.

1. Introduction

- 1.1 As an organisation, we regularly monitor and consider public inquiries and other reports in the wider healthcare regulatory context, even if these do not raise specific pharmacy or pharmacy professional issues or make recommendations for the GPhC. We do this because we want to apply any lessons learned to our own work (where appropriate) and identify any regulatory action that we may need to take, to improve patient safety.
- 1.2 This work also helps us to demonstrate how we are meeting the Standards of Good Regulation set by the Professional Standards Authority (PSA) and used to assess our performance. Standard 4 requires that *“the regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues”*.

2. About public inquiries and reports

- 2.1 Public inquiries are investigations which deal with matters of public concern and they play a prominent part in public life in the UK. Whatever the focus of the inquiry, the purpose remains the same – to establish the facts, find out what happened, why it happened, who may be accountable, and to learn lessons to prevent a recurrence of the events. An inquiry can take place on a statutory or non-statutory basis.¹ The status of the inquiry impacts on

¹ Inquiries commissioned under the Inquiries Act 2005 are known as statutory inquiries. Under the Act, the UK Government has the power to establish an inquiry covering any part (or the whole) of the UK, and/or to establish an inquiry jointly with the devolved administrations. It can also establish an inquiry on behalf of more than one UK Government Minister. An inquiry set up by a devolved administration has more constrained powers.

the powers that the inquiry will have, for example, its ability to compel witnesses to give evidence or produce documents. In some cases, a non-statutory inquiry may be converted into a statutory inquiry.

- 2.2 Terms of reference are sometimes subject to public consultation, which can provide an opportunity for organisations and other interested parties to comment on the proposed breadth and scope of the inquiry.
- 2.3 The identity of the chair is arguably the most significant decision to be made after the decision to hold an inquiry is taken. A judge or retired judge is often appointed to chair a public inquiry. Judicial chairs are generally recognised as a good fit, being independent, and having experience of listening to witnesses and dealing with procedural complexities. However, different kinds of expertise may be preferable. There is no legal obligation for an inquiry to be chaired by a judge and other kinds of expertise may be preferable.
- 2.4 Public inquiries are inquisitorial rather than adversarial, and those tasked with leading them cannot make decisions or findings about a person's or organisation's civil or criminal liability. This means that the right to a fair trial under Article 6 of the European Convention on Human Rights does not apply to public inquiries. However, in certain circumstances the findings of the inquiry could subsequently lead to criminal or civil liability being established through separate legal proceedings.
- 2.5 At the conclusion of the process, the inquiry's recommendations are not legally binding and ultimately, it is a matter for the government or other relevant bodies to implement any recommendations. There is no formal process under which the findings of an inquiry can become law.
- 2.6 Alongside public inquiries (statutory and non-statutory) as described above, we also monitor and consider other independent reports or policy reviews relating to healthcare regulatory matters that have relevance to our work.

3. Our approach

- 3.1 We have a well-established process for considering public inquiries and reports involving healthcare regulatory issues and reporting these to the Council.
- 3.2 Operationally, all inquiries and reports are handled by the Executive Office with input from senior colleagues, including the Chief Executive. Updates are reported to Council as and when appropriate.
- 3.3 In deciding whether or not to consider and/or respond to the inquiry or report, we apply similar criteria to that set out in our approach to external consultations. The questions we ask include:
 - a. Is the subject of the inquiry or report within our remit?
 - b. Do the terms of reference, subject, content or context of the inquiry or report relate directly to our role and core functions, or do they have relevance to our work?
 - c. Does the inquiry or report have the potential to impact upon our strategic or corporate plans?
 - d. Does the inquiry or report present an opportunity to promote awareness and understanding of the Council's vision, values and strategy, and of our regulatory work?

- 3.4 For public inquiries and reports, we also consider these additional questions:
- e. Are the recommendations or learnings from the inquiry or report specifically directed at the GPhC *or* are they likely to have relevance to our work? (For example, a formal recommendation directed at another regulator may still have relevance for us and may therefore be considered)
 - f. Does this support us to meet Standard 4 of the Standards of Good Regulation? (the requirement to consider “*public inquiries and other relevant reports about healthcare regulatory issues*”)
 - g. Are we under any statutory obligation to respond or provide information or evidence to assist the inquiry or review team? (Please note that if we are asked to provide information, we will always seek to co-operate so far as possible).
- 3.5 The above list is not exhaustive and there may be other policy or reputational issues to be considered. It is important that we maintain flexibility in our approach to reviewing and responding to public inquiries and reports, as they can be wide-reaching in terms of status, content and sensitivity. In every case, we will make a judgement call on the best approach, taking account of the questions listed above as well our experience of handling previous high-profile or sensitive inquiries or reports.

4. Summary of past and current public inquiries and reports

i. Past inquiries and reports

- 4.2 To provide some background context, below are examples of the major inquiries and reports in the wider sector that we have monitored, considered and/or acted on in the last five years:
- a. **Hyponatraemia Inquiry** - Mr Justice O'Hara (January 2018)
 - b. **The report of the Gosport independent panel** - The Right Reverend James Jones KBE (June 2018)
 - c. **The Lessons Learned Review into the Nursing and Midwifery Council’s handling of concerns about midwives’ fitness to practise at the Furness General Hospital** - Professional Standards Authority (May 2018)
 - d. **Williams Review into Gross Negligence Manslaughter in healthcare** – Professor Sir Norman Williams (July 2018)
 - e. **Lord Holmes Review: Opening up public appointments to disabled people** – Lord Holmes of Richmond (December 218)
 - f. **Report of the Independent Inquiry into the issues raised by Paterson** - The Right Reverend Graham James (February 2020)
 - g. **First Do No Harm: Independent Medicines and Medical Devices Safety Review** — Baroness Cumberlege (July 2020)
 - h. **Inquiry into MP's Code of Conduct, Committee on Standards** - Chris Bryant MP (November 2020)
 - i. **Commission on race and ethnic disparities: the report** - Dr Tony Sewell CBE (March 2021)
 - j. **Learning from Covid 19: A case study review** – Professional Standards Authority (April 2021)

- 4.3 To date, there have been no formal public inquiries or reviews specifically focused on the GPhC. For the most part, we are involved at the conclusion of the process by considering the final reports and the relevance of any wider learnings on our own work. However, in very occasional circumstances, we may be invited to provide information or evidence to assist the inquiry or review teams.
- 4.4 Occasionally, inquiries and reports will raise wider pharmacy professional or pharmacy regulation themes for us to consider. For example, as Council is already aware, in response to the Independent Medicines and Medical Devices Safety Review, we took significant action to raise awareness of the patient safety issues relating to sodium valproate. This included developing a patient safety video with the Independent Foetal Anti-Convulsant Trust (INFACT), promoting the MHRA's Pregnancy Prevention Programme (PPP) for sodium valproate and producing guidance, case studies and articles on supplying medicines safely.

ii. Current inquiries and reports

a. The Independent Maternity Review (the Ockenden Review)

- 4.5 In the summer of 2017, following a letter from bereaved families, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to new-born, infant and maternal harm at The Shrewsbury and Telford Hospital NHS Trust.
- 4.6 When it commenced, the review looked at 23 families' cases, but it grew to include reviews of nearly 1,500 families, whose experiences occurred predominantly between 2000 and 2019.

The first report (December 2020)

- 4.7 In December 2020, we reviewed the initial report on the emerging themes and trends identified from an examination of 250 fully assessed cases.
- 4.8 Seven 'Local actions for Learning' (LAfL) and 27 'Immediate and Essential Actions' (IEA) were directed at the Trust and across maternity systems in England. The recommendations centred around patient safety in maternity units across England, the processes and pathways for managing women with complex pregnancies and monitoring foetal well-being.
- 4.9 At that point, there were no recommendations or issues for the GPhC to act on. The report did not raise any pharmacy professional or pharmacy related issues or identify any recommendations for the GPhC. However, we did consider the wider themes with parallels to our own work, including the need to ensure that women and their families are listened to and their voices heard and that women have ready access to accurate information to enable them to make informed choices about their care.

The final report (March 2022)

- 4.10 On 30 March 2022, the final report of the review was published and set out the system-wide learnings and immediate and essential actions to improve maternity care. The final report builds on the first report and identifies a number of new themes to be shared across all maternity services in England, to bring about positive change.
- 4.11 The report highlights additional LAfLs for the Trust (Chapter 14) and IEAs to improve care and safety in maternity services (IEA) across England (Chapter 15). More than 60 LAfL have now been identified, along with 15 IEAs that should be considered by all Trusts in England.

4.12 Broadly speaking, the actions centre around themes including workforce planning and sustainability, safe staffing, escalation of concerns and accountability, clinical governance (leadership and incident investigation), learning from maternal deaths (including how this is introduced into clinical practice), and multidisciplinary training. There are also actions relating to a range of clinical issues such as neonatal and complex antenatal care, labour and birth, and obstetric anaesthesia.

How the Ockenden themes apply to our own work

4.13 As with the first report, the final report does not raise any pharmacy professional or pharmacy related issues or identify any recommendations for the GPhC. However, there are a number of wider themes and learning that are relevant to our own work, particularly those centred around the importance of patient voice. Key recommendations on patient voice include:

- Women and families are given the opportunity to voice their concerns about the quality of care they receive
- Patients are listened to and heard, and that meaningful and sustained changes will be made to try to ensure that what happened to them will not happen to others in future (for example, one mother described how at that time she felt like a 'lone voice in the wind' trying to raise concerns about the trust's maternity unit)
- Language used in investigation reports is easy to understand for families – for example, ensuring any medical terms are explained in lay terms
- Services must involve service users in developing complaints response processes that are caring and transparent
- Complaint themes and trends must be monitored.

4.14 The findings of the Ockenden report reinforce the importance of putting patient voice at the heart of everything we do and align closely with the commitments in our **managing concerns strategy**, our **communications and engagement strategy**, and our **commitment to work with patients and the public**, which set out how we want to further develop and improve our work.

4.15 We already work in partnership with patients, carers and the public to understand people's experiences and what they want from pharmacy services, to help them improve their health and well-being. We also work to ensure that people's voices are heard, including if they raise a concern about a pharmacy or a pharmacy professional.

4.16 We have an online public and patient panel with over 200 members, who we regularly engage with to help inform our work. We work directly with organisations representing patients and the public to help us understand the views and experiences of the people they represent.

4.17 Through the strategies referred to above, we want to further develop and improve our work in this area. One of our strategic aims is to work in partnership with patients and the public to make sure their voices are heard in our work and inform patients and the public about the standards they can expect when using pharmacy service. This includes moving to a co-production approach, so that the patient voice is embedded across our functions and actively listening to what matters to people. We will also increase our proactive

communications with the public to help maintain and increase their confidence in pharmacy services and help them access safe and effective care.

5. Upcoming inquiries and reports

5.1 We are also actively monitoring a number of ongoing inquiries and reviews that have not yet published their final reports or recommendations.

a. Potential ethnic bias in the design and use of medical devices

5.2 In February 2022, the UK Government announced the lead for the independent review into ethnic bias in the design and use of medical devices. The way medical devices and technologies are designed and used has raised concerns about the impact of ethnic background on a patient's diagnosis and treatment, exacerbating existing inequalities in healthcare. This forms part of the Office for Health Improvement and Disparities' agenda to tackle inequalities in health and care, which will include the publication of a Health Disparities White Paper.

5.3 The review is designed to identify systematic inequalities in registered medical devices; make recommendations on how these inequalities should be tackled; consider what systems need to be in place to ensure emerging technologies are developed without ethnic inequalities; and improve global standards to better healthcare and tackle disparities. We understand that the review will be published within 18 months and we will continue to monitor for any further updates.

b. Coronavirus – UK and Scottish Government Inquiries

5.4 The Coronavirus (COVID-19) pandemic has had a significant impact on a wide variety of aspects of public life. Several aspects of the governmental pandemic response, by the UK Government, the devolved administrations and local government, have attracted criticism and scrutiny. This has come both within Parliament and the devolved legislatures and beyond. Calls emerged for the Government to set up a public inquiry, in order to ensure effective accountability for decisions taken during the crisis, and to learn lessons that would ensure future health crises were responded to more effectively.

- The UK Government inquiry is currently consulting on its terms of reference and is not at this stage seeking evidence.
- The Scottish Government inquiry is currently in its establishment phase. The inquiry is aiming for a public launch in early summer 2022.
- The Welsh Government was against setting up a parallel inquiry. However, the First Minister has said the Welsh Government has made concerted representations to the Prime Minister, to ensure the experiences of people in Wales will be properly and thoroughly reflected in the UK Government's inquiry.

5.5 We are continuing to monitor both inquiries closely, as we may be invited to provide evidence about pharmacy's response to the pandemic, or we may choose to submit an anticipatory response.

6. Equality and diversity implications

6.1 The Ockenden report touches on a number of important equality, diversity and inclusion themes. This includes a recommendation that the care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral

to all aspects of maternity service provision. And, that there must be robust mechanisms for the identification of psychological distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate.

- 6.2 The report also highlights that providers must actively engage with the local community and those with lived experience to deliver services that are informed by what women and their families say they need from their care. The recognition and inclusion of lived experience in our work aligns closely with our own equality, diversity and inclusion and communications strategies.
- 6.3 More widely, we also seek to identify any relevant equality, diversity and inclusion themes with all public inquiries and reports that we review, so these can inform our work and strategic approaches going forward.

7. Communications

- 7.1 This paper does not raise any specific communications implications. We continue to publish our update papers, so that our stakeholders can see how we are responding to and acting on public inquiries and reports.

8. Resource implications

- 8.1 This paper does not raise any new resource implications as it currently stands. Our work on public inquiries is managed by the Executive Office, with input from colleagues as and when needed. This will of course be monitored in line with any future regulatory action we may need to take in response to future reports or recommendations.

9. Risk implications

- 9.1 It is essential that we consider any lessons learned in the wider context, to ensure that we are regulating in a way that continues to be fit for purpose and prioritises patient safety.

10. Monitoring and review

- 10.1 We will continue to provide the Council with updates on public inquiries and reports as and when appropriate.

11. Recommendations

Council is asked to note the update.

Laura McClintock, Chief of Staff / Associate Director – Corporate Affairs
General Pharmaceutical Council

04/04/2022