Council meeting

Thursday, 08 June 2023 at 12, Bloomsbury Square, London

Public meeting at 13.30

Public business

Standing Items

13.30. 1. Attendance and introductory remarks

13.30. 2. Declarations of interest – public items

13.35. 3. Minutes of the May meeting

   Minutes of the public session on 11 May 2022 – for approval

13.35. 4. Actions and matters arising

   • Registration Assessment

13.40. 5. Workshop summary – May meeting

   For noting

Regulatory functions

13.45. 6. Update from the advisory groups on:

   a) Initial Education and Training of Pharmacists

   b) Post-registration assurance of practice

   For discussion and noting

Governance, finance and organisational management


   For discussion and noting

14.35. 8. Annual report, Fitness to Practise report and accounts 2022/23

   • Annual report and accounts
   • External auditors’ report
   • Letter of Representation

   For approval
14.55 9. EDI annual update  23.06.C.07
   For discussion and noting  Laura McClintock

15.15 10. Communications and Engagement report  23.06.C.08
   For discussion and noting  Jenny Gimpel

15.30 11. Committee annual reports to Council  23.06.C.09
   For discussion and noting  Committee Chairs

15.50 12. Any other business  Gisela Abbam

Confidential business

Standing items

15.50. 13. Declarations of interest – confidential items  Gisela Abbam

15.50 14. Minutes of the May meeting  23.06.C.10
   Minutes of the confidential session on 11 May 2023 – for approval  Gisela Abbam

15.50 15. Matters arising  Gisela Abbam

Regulatory functions
None at this meeting

Governance, finance and organisational management
None at this meeting

15.55. 16. Any other business  Gisela Abbam

16.00 Meeting close

Date of next meeting

14 September 2023

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1 The Council’s Governance Policy (GPhC0040, agreed December 2019) states that the Council may take business as confidential when the item:
   a. may be prejudicial to the effective conduct of the GPhC’s functions if discussed in public; or
   b. contains information which has been provided to the Council in confidence; or
   c. contains information whose disclosure is legally prohibited, or is covered by legal privilege; or
   d. is part of a continuing discussion or investigation and the outcome could be jeopardised by public discussion; or
   e. refers to an individual or organisation that could be prejudiced by public discussion; or
   f. relates to negotiating positions or submissions to other bodies; or
   g. could be prejudicial to the commercial interest of an organisation or individual if discussed in public session; or
   h. could be prejudicial to the free and frank provision of advice or the exchange of views for the purpose of deliberation if discussed in public; or
   i. needs to be discussed in confidence due to the external context, for example, during periods of heightened sensitivity such as during an election period.
Minutes of the Council meeting held on 11 May 2023

To be confirmed on 8 June 2023

Minutes of the public items

Present:

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

Apologies:

- Gisela Abbam

In attendance:

- Duncan Rudkin: Chief Executive and Registrar
- Carole Auchterlonie: Director of Fitness to Practise
- Jonathan Bennetts: Director of Adjudication and Financial Services
- Claire-Bryce Smith: Director for Insight, Intelligence and Inspection
- Mark Voce: Director of Education and Standards
- Laura McClintock: Chief of Staff and Associate Director, Corporate Affairs
- Liam Anstey: Director for Wales
- Annette Ashley: Head of Policy and Standards
- Janet Collins: Senior Governance Manager
Standing items

1. Attendance and introductory remarks

1.1 Rose Marie Parr (RMP) took the Chair for this meeting as Gisela Abbam was unable to attend and had sent her apologies. RMP was deputising for the Chair of Council, in accordance with the agreed rota. RMP welcomed those present to the meeting.

2. Declarations of interest

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

3. Minutes of the last meeting (23.05.C.01)

3.1 The minutes of the public session held on 13 April 2023 were approved as a true and accurate record of the meeting.

4. Actions and matters arising (23.05.C.02)

4.1 The action log was up to date. There were three matters arising:

Registration assessment (minutes of April meeting, section 6)

4.2 Mark Voce (MV) updated the Council on the current position with preparations for the June sitting. There would be 2685 candidates sitting the assessment and preparations were going well. GPhC representatives would be in all centres again, with two in non-permanent centres.

4.3 Rima Makarem told Council that the Quality and Performance Assurance Committee had had a thorough discussion about the preparations on 10 May and was confident that the known risks were being mitigated.

Regulation of pharmacy technicians (minutes of April meeting, section 7)

4.4 MV also updated the Council on the above. Following the April meeting, there had been good discussions with stakeholders. The content of the document would be revised following the discussions and would come back to Council for further discussion.

UK Commission on Pharmacy Professional Leadership (minutes of April meeting, section 8)

4.5 Duncan Rudkin reported that an update from the Chief Pharmaceutical Officers was expected soon and Council would be kept updated.

5. Workshop summary (23.05.C.03)

5.1 The Council noted the summary of the workshop held on 13 April 2023.

6. Strengthening pharmacy governance (23.05.C.04)

6.1 Annette Ashley presented an updated on the strengthening pharmacy governance programme. The work had originally been known as ‘rebalancing’ as it involved rebalancing criminal law and professional regulation; ministerial powers and those of the regulators; legislation and standards; and the relationship between pharmacy owners, Responsible Pharmacists (RPs) and Superintendent Pharmacists (SPs).

6.2 The work programme came from two Orders which came into force on 1 December 2022, namely the Pharmacy (Preparation and Dispensing Errors – Hospital and other Pharmacy Services) Order
6.3 The first stage of the work was an extensive programme of stakeholder engagement between January and June 2023, including one-to-one virtual events with key organisations across England, Scotland and Wales and engagement with larger groups such as Local Pharmaceutical Committees. The PSNI and DHSC has also attended some of the events. The individual events had allowed stakeholders to give their views freely and had been received positively. Engagement with patients and the public would follow when proposals had been developed.

6.4 The standards for CPs and SPs would have some overlap. While a small number of stakeholders had asked for prescriptive requirements, the vast majority favoured outcome-focused standards with case studies and possibly some supporting guidance. Discussions around the RP standards focused largely on supervision. The CP standards were likely to come first as they were less dependent on the supervision point.

6.5 The Council welcomed the engagement programme and the fact that it had been designed to be inclusive and allow stakeholders to put their views forward freely.

6.6 The working group included representatives of every directorate, including inspectors and staff from the Inspection team to ensure that data and insights from inspections fed into the development of the standards.

6.7 **Following the discussion, the Council noted the update.**

**Governance, finance and organisational management**

7. **Accommodation update**

7.1 Jonathan Bennetts gave an update on the current situation with the office move. Staff had left the Citi building and the final stages of the work to clear the 25th and 26th floors was underway, due to be completed by the end of May.

7.2 Staff were now using the temporary office space at WeWork and the feedback so far was positive.

7.3 There was also good progress at the new office in Cabot Square. The communications and evidence rooms would be handed over in the week beginning 15 May, the office space on 5 June and the meeting rooms and hearings suites on 4 July. Staff would then start moving in. To date, the project was on time and within budget.

7.4 Members congratulated the staff involved on the effective management of such a large and complex project.

8. **Audit and Risk Committee minutes (23.05.C.05)**

8.1 Neil Buckley introduced the minutes of the public items discussed at the ARC meeting on 2 March 2023. The Committee had discussed an assurance review of core finance systems which had an overall assessment of amber (reasonable assurance), the introduction of a new purchase order system and the completion rates for health and safety training.
9. Any other business

9.1 There was no other business. The meeting closed at 10.55.
## Council action log – June 2023

<table>
<thead>
<tr>
<th>No.</th>
<th>Status</th>
<th>Minutes</th>
<th>Action</th>
<th>Lead</th>
<th>Update</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Open</td>
<td>December 7.6</td>
<td>Further status update on the temporary register to be provided in 12 months</td>
<td>MV</td>
<td></td>
<td>December 2023</td>
</tr>
<tr>
<td>9</td>
<td>Open</td>
<td>February</td>
<td>ARC to provide further information to Council on the Committee’s assurance of FtP improvement work</td>
<td>JB</td>
<td>Interim update in the June 2023 workshop; Independent assurance review commissioned by ARC and now received. ARC will review and report back to Council in September</td>
<td>June 2023</td>
</tr>
</tbody>
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Council workshop summary

Meeting paper for Council on 08 June 2023

Public

Purpose

To provide an outline of the discussions at the Council workshop on 11 May 2023.

Recommendations

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

1. Introduction

1.1 The Council often holds a workshop session alongside its regular Council meetings. The workshops give Council members the opportunity to:

- interact with and gain insights from staff responsible for delivering regulatory functions and projects;
- receive information on projects during the development stages;
- provide guidance on the direction of travel for workstreams via feedback from group work or plenary discussion; and
- receive training and other updates.

1.2 The workshops are informal discussion sessions to assist the development of the Council’s views. A summary of the workshop discussions is presented at the subsequent Council meeting, making the development of work streams more visible to stakeholders. Some confidential items may not be reported on in full.

2. May workshop summary

(a) Regulatory Reform consultation

2.1 Laura McClintock presented a session recapping the background to the regulatory reform consultation from 2021 and updating members on the proposed response to the current consultation which showed how the policy positions translated into a new regulatory framework.

2.2 The Department of Health and Social Care was consulting on the regulation of anaesthesia associates and physician associates. This was a technical consultation on the draft legislative framework which would allow the General Medical Council to regulate both groups, but was
important to the GPhC because it paved the way for future regulatory reform, providing the template for future reform for all healthcare regulators.

2.3 The session included discussion of the GPhC’s proposed response to the consultation. Members were invited to submit any detailed comments by email before the response was submitted.

(b) Strengthening pharmacy governance

2.4 Annette Ashley presented a session on the work arising from the Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022 and the Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022. The GPhC had to produce standards for Chief Pharmacists, Superintendent Pharmacists and Responsible Pharmacists (covering responsibilities, accountabilities, conduct and performance) and rules for Responsible Pharmacists, which would replace the existing Medicines (Pharmacies) (Responsible Pharmacists) Regulations 2008.

2.5 The GPhC was in the process of engaging with stakeholders to raise awareness and get input in a number of key areas before drafting initial outline of the required standards and rules. The main area of discussion was around ‘supervision’ and what it meant – or should mean – in relation to the preparation, sale and supply of medicines. The standards and rules would focus on context and risk, with the aim of providing a framework that would be applicable in different settings and models.

2.6 While timings were complicated by the link with legislative change, the aim was to consult on standards for Chief Pharmacists towards the end of 2023.

(c) Risk appetite

2.7 Rob Jones presented a session focussing on the Council’s risk appetite, as part of the revised approach to risk management. There had been a number of changes to the organisation and the external environment since the Risk Appetite statement had last been agreed.

2.8 Members worked in groups to discuss risk categorisation and the suggested statements of risk appetite in a number of areas. The outcomes would contribute to an updated risk policy and risk appetite statements which would come to a future Council meeting for approval following work with the Senior Leadership Group and the Audit and Risk Committee.

3. Recommendations

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

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

22/05/2023
Advisory Groups for the initial education and training of pharmacists and for post-registration assurance of practice

Meeting paper for Council on 08 June 2023

Information

Purpose

To provide Council with an update on the work of the Advisory Groups for the initial education and training of pharmacists and for post-registration assurance of practice.

Recommendations

The council is asked to note and discuss the update.

1. Introduction

1.1 The Advisory Group for initial education and training of pharmacists was set up to provide input for Council prior to publication for the final set of standards in January 2021. The group built on the significant collaborative work that followed the initial consultation in 2019, reflecting the importance of stakeholders, including employers, universities and statutory education bodies, working together to deliver the reforms. Following publication of the standards, the Advisory Group has focused on the implementation of the standards which will come into full effect in 2025-26.

1.2 The Advisory Group for post-registration assurance of practice was established to provide advice for Council on what actions may be required to develop education and training, revalidation and annotation and governance/contractual frameworks in light of the rapidly developing roles and models in pharmacy and its increasing contribution to wider healthcare provision.

1.3 Although the two Advisory Groups have separate remits, there are important links between the two as we consider the continuum of initial education and training and assurance post-registration.

2. Advisory Group for the initial education and training of pharmacists

2.1 Following publication of the revised standards in 2021, the Advisory Group has focused on the plans for implementation. Given the significant changes involved, this has required detailed collaborative work between the regulator, statutory education bodies, universities
and employers with further input from professional bodies and membership organisations. The work to date has included:

- A clear timetable for full implementation of the standards by 2025/26, at which point those registering as pharmacists will have trained to be more clinically and diagnostically focused with greater focus on person-centred care and use of professional judgement; and be able to independently prescribe at the point of registration as part of contributing to wider health delivery
- A revised accreditation methodology in two parts to ensure all schools of pharmacy are re-accredited to the new standards
- Revisions to the standards for independent prescribing so that admission to approved courses for those currently on the register and those who will register before 2025/26 is based on relevant experience and recognising, understanding and articulating the skills and attributes required by a prescriber rather than a specific two-year period.

2.2 The work programme for this year is focusing on the following:

- **Experiential learning, clinical placements and prescribing**: the quality, consistency and availability of placements; capacity of designated prescribing practitioners; and plans for using prescribing skills in all sectors post-registration thereby contributing to greater multi-professional health care delivery
- **Assessment and accreditation strategy**: determining the purpose, content, methods and timing of assessment; and how quality assurance is obtained over the five years of initial education and training
- **Routes to registration**: reviewing international routes in light of legislative change and workforce demands
- **The continuum of learning and practice**: transition of students from university to Foundation training; and the links to post-registration assurance of practice

2.3 There remains a strong collaborative element to the work and significant progress in the phased implementation of the standards. Moving forward, we will continue to encourage members of the Advisory Group to highlight key developments and areas of risk or concern. Within the programme of work, there will remain a strong focus on the practical implementation of the Foundation training year, the availability of placements and of designated prescribing practitioners, and a continued need for all stakeholders to understand the practical implications.

3. **Advisory Group on post-registration assurance of practice**

3.1 The initial focus of work has been to identify and agree a set of principles to guide the work; to crystallise the scope and to develop a plan for how the work is carried out. This has been particularly important given the breadth of the topic and the many different mechanisms of assurance and organisations with roles to play. The principles are:
• 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 taking account of the risk to public protection and patient safety and must also be pragmatic and achievable
• We must use a range of the best available insights and intelligence but predominantly robust evidence to inform our recommendations and to measure success
• We must involve patients and the public to help identify priorities and the level and type of assurance in addition to the views of the professions
• 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

3.2 In agreeing the scope, the Advisory group worked through the key elements of changing practice which has prompted the need to consider whether and how assurance needs to be developed and, in effect, to identify what the problem is that we need to solve. In short: How should assurance of post-registration practice be strengthened to take account of enhanced clinical practice, new models of delivery, rapidly changing roles and multi-professional working across all pharmacy settings?

3.3 The group then identified the relevant levers of assurance through which the work would be taken forward and work is now underway as follows:

• **Education and training:** initial work by a task and finish group highlighted the large volume of education and training across all four countries of the UK. The Advisory Group did not think there was merit in trying to map every element of education and training and discussion has focused on the potential benefit of identifying criteria which education and training providers may be required to meet and potential ways this could be quality assured.

• **Revalidation and annotation:** the Advisory Group has also begun discussions to inform ways in which revalidation may be developed. While we have already discussed elements of this with stakeholders, including how EDI can be incorporated more clearly and whether there is a need to focus revalidation on levels of practice or roles, there is an appetite to look more broadly at the overall purpose and framework which builds on the use of peer reviews and reflective practice.

• **Governance and contractual frameworks:** these elements will be considered at a later point.

3.4 Underpinning the discussions is a need to ensure (in line with the principles) that proposals are informed by a greater understanding of risks to patient safety and how the mechanisms of assurance are also used to support pharmacy professionals in a positive way. In relation to risk, we are taking forward work which incorporates our insight from inspection and
fitness to practise in particular and this will be particularly relevant in shaping the next stage of discussion.

**Future updates**

4.1 We will provide Council with updates from the groups each quarter with the next update planned for September.

**Recommendations**

The council is asked to note and discuss the update.

Rose Marie Parr, Arun Midha, Ann Jacklin, Aamer Safdar  
Co-chairs Initial Education and Training for Pharmacists Advisory Group and Post-Registration Assurance of Practice Advisory Group

19/05/2023
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Introduction

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Section A: Chief Executive’s overview

A.1 Overall, quarter 4 has seen some mixed but sustained performance across the four domains of our board assurance framework. The Council scorecard on pages 2 and 3 provides the high-level picture for this quarter.

A.2 In summary, the majority of our services are performing well with 5 out of 7 meeting expected performance measures overall. We remain on track with the majority of what we set out to do this quarter within our annual plan under each of the 5 strategic aims. There are a handful of delays to some programmes of work due to changes in approach or capacity, which are being taken forward into 2023/24. There are no significant changes in the organisation’s strategic or corporate risk profile for escalation to Council. And overall, our financial position is stable this quarter, albeit with a lower than forecast spend and an artificially high temporary surplus position.

A.3 There are 3 areas being escalated for council’s attention this quarter which have a red RAG status. These are:

1. Information governance performance.
2. Fitness to practise performance.
3. Progress of strategic aim 2, ‘Deliver effective, consistent and fair regulation’.

A.4 In addition, there are 2 further areas we are raising with Council, which whilst they are not major issues now, they are on the Executive’s radar as things to watch moving forwards. Our new board assurance reporting approach positively provides us with a greater degree of flexibility and maturity to raise issues with Council which have the potential to become more significant in the future and highlight what we are doing about them. These are:

1. An underlying theme across all the four domains of the Council scorecard around capacity to deliver our regulatory responsibilities well, whilst delivering on an ambitious change agenda; and
2. Finance – whilst overall a stable position this quarter, albeit with a lower than expected spend (amber RAG status), we are ending the year with an artificial and temporary high level of financial surplus, and an emerging projected future issue around reserves.

A.5 In relation to the 3 areas flagged for council’s attention, Appendix 1 provides the more detailed performance monitoring report for information governance. This provides the 3 performance measures and narrative covering underperformance this quarter, which regrettably was down to 3 reportable data breaches to the Information Commissioners Office (ICO) as a result of human error. Whilst no further action will be taken by the ICO, Council will want to be assured on the action being taken in-house to minimise a re-occurrence following completion of the relevant internal serious incident reviews. This also links in with the work being overseen by the Audit and Risk Committee on reviewing manual versus automated processes.

A.6 Fitness to practise performance and progress of strategic aim 2 whilst in different domains are inextricably linked by ongoing challenges around timeliness of case progression in fitness to practise (FtP). This is because the key strategic success measure for strategic aim 2 is to meet all 18 Professional Standards Authority (PSA) standards for good regulation. Timeliness remains one of the 3 standards we currently do not meet - albeit this quarter there have been positive improvements.
in the number of cases closed at the investigation stage and timeliness against the rebased performance standards. Given that link, we will take both performance of FtP and progress under strategic aim 2 together in C.1 to C.7. Appendix 2 also provides the more detailed service performance monitoring report for FtP. To additionally flag, there were also a delay in the evaluation work for the communication and engagement strategies largely due to capacity of teams involved.

A.7 In relation to the two issues on the Executive’s radar being raised to Council for awareness, Section C unpacks these areas in more detail to provide our current position, progress of improvement activities, and what is coming next. In relation to finance, Council will have noted from the scorecard for quarter 4 that our overall financial position is stable, with one aspect with an amber RAG status relating to a lower-than-expected level of spend. This is down against forecast mainly due to the unwinding of costs in relation to the office move and some modest underspends in staffing due to recruitment delays and lower consultancy costs with pieces of work being pushed forward to the next financial year. However, the Executive is cognisant that the surplus position, rated as green at the end of Q4 is a very exceptional position and in many ways artificial, running the risk of distorting the health of our financial position going forwards. Section C unpacks these issues in more detail. Finance and Planning Committee will continue to receive more detailed updates on these issues going forwards.

A.8 Council are reminded that the more detailed reports forming the board assurance report are reviewed by the Senior Leadership Group, acting in its capacity as the Performance and Delivery Board. Any necessary interventions are reviewed and actioned by the Executive, with appropriate escalation of identified performance to Council.

A.9 From Quarter 4, we outlined an intention for Council committees to escalate issues for Council’s attention as part of the Board Assurance framework report following their individual meetings. This seeks to better connect our various governance mechanisms and ensure coherence. There are no specific issues for Council’s attention this quarter.
Board Assurance Framework Report
Year 2022/2023, Quarter 4

Quarter 4 Council Scorecard

**STRATEGIC PLAN**

**Annual plan 2022/23 progress**

- **Strategic aim 1**: G G G G
- **Strategic aim 2**: R G G
- **Strategic aim 3**: G G G
- **Strategic aim 4**: A A A A
- **Strategic aim 5**: A G A A

**FINANCE**

- **Income**: \[\text{variance of 0.25}\]
- **Surplus**: \[\text{at £7.6m in Q4}\]
- **Reserves**: Increase to 5.3 months

**We remain in a stable financial position this quarter**

**Income** - In line with forecast expectation. 0.2% variance with marginal reduction in pharmacists joining the register.

**Spends** - Mainly down against forecast due to the unwinding of costs in relation to the office move. Outside of this, modest underspend in staffing with recruitment delays, postponement of training events and lower consultancy costs than expected as work pushed to next financial year.

**Reserves** - Remain within the target range of 4-6 months for free reserves. With amounts relating to accommodation being placed in a designated reserve.

**Surplus** - Exceptional circumstances driven by the one-off change in accommodation. Accounting treatments mean much of the credits being recognised at first and then offset against upcoming costs from 2023/24.

**Investments** - Market value is down £2m due to economic challenges, but showing improvement in Q4.
Section C. Key areas for Council’s assurance

Progress under strategic aim 2 and fitness to practise performance

C.1. As set out in paragraph A.5 the main factor driving the Red RAG status for strategic aim 2: ‘Deliver effective, consistent and fair regulation’, is the continued timeliness performance of case progression at fitness to practise (FtP). Council will be aware from previous reports that because of the existing size, age and complexity of the existing open caseload it will take time for these cases to make their way through to closure, at whatever stage of the FtP process. Added to this is the continuing trend in high numbers of concerns received which has an impact on the timeliness for all stages. Whilst working within this challenging context, this quarter saw an increase in productivity particularly in relation to the initial stages of the process.

C.2. Appendix 2 sets out the fuller performance report for FtP this quarter and narrative against the 6 performance measures currently reported.

C.3. Key headlines for Council to note this quarter in terms of context are twofold: that the trend in high numbers of FtP concerns received continues; and good progress has been made in recruiting to the new additional case officer posts. All but one of the increased headcount is now in place. Over the coming quarters this additional capacity should start to make an impact on case progression and timeliness.

C.4 With regards to performance, the key headlines for Q4 can be summarised as:

- **Some positive improvements in productivity and timeliness in the earlier stages of the fitness to practise process.** Just over 19% more concerns were triaged than last quarter and significantly, 50% more cases were closed at the investigation stage. Chart 1 below illustrates positively that projected performance was almost met. In terms of timeliness, further positive improvements were seen this quarter with the average time taken to triage a concern quicker at 10 days. And 41% of concerns closed pre-investigating committee were done so within 44 weeks, exceeding the rebased target for 2022/23; however

- **Despite the welcomed improvements this quarter the open caseload continues to increase at investigation and get older.** This is because there were more new cases coming in than cases closed or referred. As a result, at the end of Q4, 56% of all cases at investigation stage are over the age of 12 months old.
C.5 Whilst direction of travel is positive in terms of productivity and timeliness at the earlier stages, it is also recognised more needs to be done to meet the future more challenging targets set for 2023/24 to enable inroads to be made into the overall size of the open caseload. An increasing and older caseload will continue to make meeting the PSA timeliness standards in this area more difficult in the near future, as signposted to Council previously. This area of performance is being closely scrutinised by Audit and Risk Committee.

C.6 From 2023/24 we will report against new interim measures and forecasted targets. This will include reporting on the timeliness of the case progression of new cases received from April 2023 to track these separately to the larger existing and aged caseload. We anticipate that the full effects of the increased capacity from new case officers and improvement activities will come to fruition in the year ahead and will be monitoring this.

C.7 Whilst current timeliness performance continues to be challenged, there has again been good progress this quarter on FtP improvement activities under strategic aim 2 towards meeting the remaining 3 PSA standards we are not yet meeting.

- A new time limited FtP Standards Board chaired by the Chief Executive is now in operation to enhance organisation-wide support to meet PSA Fitness to Practise standards. Current initiatives include a project to make our aged cases, designing a separate team to investigate new cases and identifying resources from across the GPhC that could be redeployed to support the drive to meet all PSA standards.

- All the end-to-end process review project activities remain on track this quarter, including the process mapping of the later stages of the FtP process. There has been a slight delay in taking forward the first tranche of recommended improvements from the project with work starting in March rather than the end of January due to some activities taking slightly longer to complete.

- Initial feedback from the Investigating Committee after dealing with the first anonymised case was largely positive with the anonymisation process neither causing delay or any
issues with understanding the case. There has also been useful early feedback about how anonymisation might impact more complex cases which will be considered in the development of the framework and processes for ongoing review of the impact of anonymised decision making at Investigating Committee.

Organisational capacity

C.8 As outlined above, there is an underlying theme of organisational capacity which is surfacing up in aspects of all the domains of the board assurance framework report, albeit at a lower level at present. There are a number of examples highlighted below that the Executive has noted the potential for a more significant cumulative impact moving forwards.

C.9 One of our key strategic risks set out in the risk domain of the scorecard relates to not having the capacity and capability to deliver our strategic objectives to a good quality standard, using that resource efficiently and effectively. Whilst this risk has not increased, it remains at an amber status, with the fee review and initiatives around reward, retention and culture identified as key mitigation actions. Added to this, in the finance domain employee costs for the full year were slightly lower than expected by £0.3m due to a higher vacancy rate and delays in recruitment. In addition, spend was also less than estimated (£0.3m) due to reduced project spend on consultancy/professional fees on projects which have been postponed to the 2023/24 financial year. Linking in with this, in the strategic plan domain, there are some delays or slow-down in the progress of a handful of areas of the 2022/23 annual plan. Some of these were subject to a change in approach, whilst others were affected by capacity with an ambitious organisation-wide agenda. It is anticipated that any carried forward activities will be absorbed into this financial/planning year, however, this will need to be monitored and actively managed going forwards.

C.10 As part of our emerging planning towards 2023/24, capacity was highlighted with both Council and Finance and Planning Committee. We will continue to keep both informed moving forwards as well as being subject to ongoing monitoring as far as capacity is concerned. To help us more proactively manage our capacity, we identified seven non-negotiable priorities for the organisation, which need to be delivered. Staff are aware that everything else within the 2023/24 annual plan, whilst remaining important may be subject to re-prioritisation if new programmes of work become necessary or capacity becomes stretched because of regulatory operational demands. This more dynamic approach to managing capacity will be managed by the Executive and furthermore regular updates will be provided to the Finance and Planning Committee moving forwards.

Financial performance

C.11 As highlighted in para A.4 Council will have noted the Amber status of our lower than forecast spend with reasons given. In relation to the surplus position, whilst green this relates to the operating surplus of £7.6m after interest and tax for the year, which has occurred as a direct result of the change in accommodation arrangements. However, this a very exceptional position and in many ways artificial, running the risk of distorting the health of our financial position going forwards. With the inclusion of the movement in the market value of investment the net surplus this decreases to £6.5m.

C.12 Council is asked to note that the accommodation strategy has been a key element of efficiency programme, and we have been able to take advantage of cost reductions by accelerating timelines and leading to an almost cost neutral project over the longer term. Accounting treatments mean
that many of these cost reductions are recognised upfront thus the higher surplus for 2022/23 financial year. This is very much a temporary position as the credits will be placed in a designated reserve and used to offset the related accommodation expenditure over the future years.

C.13 If the one-off unusual costs for the office move are excluded the surplus would be vastly reduced to £0.6m (after the change in market value of investments) because of recruitment delays and postponement to projects linked to the capacity theme also being flagged to Council this quarter.

C.14 Over the year we have also seen a decline in the value of the investment portfolio due to the volatile economic environment. We have seen a more positive performance over the final quarter of the year and will continue to monitor closely with our investment partners.

C.15 Whilst reserves currently sit within target range going forward, we are projecting deficit budgets over the upcoming financial years due to inflationary price increases, increasing volumes, changing nature of the sector, new and emerging work and progressing delayed pieces of work. Therefore, if not addressed in 2023/24 the reserves are projected to fall below target level based on current trajectory.
Appendix 1: Information governance performance monitoring report

Table 1: Overall performance this quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>RAG</th>
<th>DOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4</td>
<td>R</td>
<td>↓</td>
</tr>
</tbody>
</table>

Performance summary

Overall performance in the quarter was red. We experienced a spike in the number of information requests received but responded to all Freedom of Information Act as well as data subject access requests on time. We have had to extend the response deadline on one request (as permitted under the legislation) due to the complexity and volume of information in the case.

We had three reportable data breaches. In all cases, the Information Commissioner’s Office confirmed that they will not be taking any further action, as they were satisfied that appropriate actions were taken to manage the incidents.

The data breaches occurred as a result of human error, and which were assessed as meeting the threshold for notification to the Information Commissioner’s Office. In two of the cases, personal information which should have been redacted or entirely excluded was disclosed to the registrants, whilst in the third case a hearings bundle was sent to an incorrect registrant. Serious Incident Reviews were undertaken in response to two of those breaches because of the potential consequences that could have occurred as a result of those breaches. Work has been undertaken between the FtP senior management team, Head of Risk Management and Audit and Governance and Assurance Manager to identify a number of measures which could potentially be implemented to manage and reduce this risk.

Work started on preparing data protection and information security e-learning for launch in the summer. We will also deliver further tailored training with teams that process high volumes of sensitive personal data in 2023/24.

Table 2: Information governance quarterly performance

<table>
<thead>
<tr>
<th>Performance measure</th>
<th>Performance standard</th>
<th>Q4</th>
<th>RAG</th>
<th>DOT</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of FOI requests responded to within statutory 20-days</td>
<td>100% (32/32)</td>
<td>100%</td>
<td>G</td>
<td></td>
<td>100%</td>
<td>100%</td>
<td>96%</td>
</tr>
<tr>
<td>Percentage of data subject requests responded to within statutory one month or permitted extension</td>
<td>100% (12/12)</td>
<td>100%</td>
<td>G</td>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. data breaches reported to the ICO</td>
<td>0</td>
<td>3</td>
<td>R</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix 2. Fitness to practise performance monitoring report

Table 3: Overall performance this quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>RAG</th>
<th>DOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

Performance summary

Performance in FtP during Q4 has remained red overall but we met one of the rebased measures, for cases closed pre-IC within 44 weeks. This is an improvement on the previous three quarters and demonstrates a move in the right direction but we know we need to improve this further if we are to hit our revised KPIs for the year ahead which are more challenging. Q4 saw another high number for concerns received in a quarter (1,099) and the team hit a record for cases triaged in a quarter (1,306), clearing any backlog. The team continue to work hard progressing cases at all stages of the FtP process.

We continued to receive an unprecedented volume of new concerns during Q4: 1,099 versus 1,117 in Q3 and 1,107 in Q2. All three quarters saw record numbers by some margin. Despite the challenges this has caused to a relatively small team, the team hit a new record with 1,306 new concerns triaged. Although this impacted timeliness, the percentage of concerns triaged within 5 days rose to 47% which is the highest it has been during 2022/23. The average ‘time to triage’ across the quarter has decreased slightly from 13 days in Q3 to 10 days in this quarter, which puts the team in a good position for starting the new financial year, though this will be sensitive to any changes in resourcing and resulting capacity. The position with regards to delays in the fitness to practise process are reflected in the highest rated corporate risk which focusses on our ability to reduce delays following investment in the service: We are unable to reduce delays in case progression, despite significant investment.

The number of investigations closed pre-IC increased by 50% from 46 to 69, our highest number of closures in a quarter since Q1 2021. The number of cases referred to the IC remained stable at 15. This is, in part, reflective of the increased case officer headcount who joined us in Q3. We have welcomed another 5 case officers to the team in Q1 2023/24 which still leaves us short of case officers by 1 role. We anticipate that the full effects of the new case officers will come to fruition in the year ahead. Increased scrutiny and direction from senior DMT members on progressing our oldest cases has also helped increase case progression. Although none of the cases referred to the IC were under 52 weeks, this reflects the continued focus on progressing older cases which have already exceeded the KPI. We anticipate this will be a continued trend for the coming year.

We closed or referred 17 cases at the IC this quarter, the same number as Q3. We expect to see continued low compliance with the KPI as we work through some of our oldest and most complex cases. The productivity for the number of cases closed at the Fitness to Practise Committee stage increased by from 9 to 12, the highest number this financial year.

The Fitness to Practise Committee imposed 8 interim orders during Q4, a big increase from the 2 imposed during Q3. The median time taken was 3.3 weeks which is over the 3-weeks KPI but within the tolerance level.

Table 4: Fitness to practise quarterly performance

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1 Data for all quarters has been retrospectively updated to include the most accurate data.
### Performance measure

<table>
<thead>
<tr>
<th>Performance measure</th>
<th>Re-based Performance standard (Original standard)²</th>
<th>Q4</th>
<th>RAG</th>
<th>DOT</th>
<th>Q3</th>
<th>Q2</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns triaged within 5 working days</td>
<td>59% ( (80%) )</td>
<td>47% ( (618/1,306) )</td>
<td>R</td>
<td></td>
<td>28% ( (306/1,095) )</td>
<td>32% ( (298/952) )</td>
<td>42% ( (337/812) )</td>
</tr>
<tr>
<td>Cases closed pre-IC within 44 weeks (10 months)</td>
<td>39% ( (80%) )</td>
<td>41% ( (28/69) )</td>
<td>G</td>
<td></td>
<td>24% ( (11/46) )</td>
<td>24% ( (12/50) )</td>
<td>0% ( (0/20) )</td>
</tr>
<tr>
<td>Cases referred to the IC within 52 weeks (12 months)</td>
<td>26% ( (80%) )</td>
<td>0% ( (0/15) )</td>
<td>R</td>
<td></td>
<td>25% ( (3/12) )</td>
<td>19% ( (3/16) )</td>
<td>11% ( (2/18) )</td>
</tr>
<tr>
<td>Cases closed or referred at IC which reach IC within 60 weeks (14 months)</td>
<td>27% ( (80%) )</td>
<td>12% ( (2/17) )</td>
<td>R</td>
<td></td>
<td>6% ( (1/17) )</td>
<td>0% ( (0/18) )</td>
<td>6% ( (1/18) )</td>
</tr>
<tr>
<td>Cases closed at FtPC within 104 weeks (24 months)</td>
<td>29% ( (85%) )</td>
<td>17% ( (2/12) )</td>
<td>R</td>
<td></td>
<td>22% ( (2/9) )</td>
<td>75% ( (6/8) )</td>
<td>22% ( (2/9) )</td>
</tr>
<tr>
<td>Median time (weeks) from receipt of information suggesting an immediate risk to interim order (IO) being imposed</td>
<td>(3 weeks)</td>
<td>3.3 wks ( (8 IOs) )</td>
<td>A</td>
<td></td>
<td>3.4 wks ( (2 IOs) )</td>
<td>3.1 wks ( (12 IOs) )</td>
<td>3.0 wks ( (8 IOs) )</td>
</tr>
</tbody>
</table>

1 Data for all quarters has been retrospectively updated to include the most accurate data.
2 The re-based figures show the average performance for 2021/22 for comparison against to provide a more realistic baseline for timeliness to track improvement over time. The figures in brackets are the previous performance standard target.
Delivering equality, fostering inclusion and improving diversity: our strategy for change

End of Year 1 report (2022/23)

Background

Equality, diversity and inclusion are at the heart of our culture and values as an organisation. Our new strategy provided us with an opportunity to re-set our commitment and recognise our leadership role in the sector.

It also signalled a major change to the way we approach equality diversity and inclusion at the GPhC. This included a new and clear agenda to use all of our regulatory levers and influence to tackle discrimination and support the reduction of health inequalities, and to be more proactive about speaking out on these issues.

Following publication of the strategy, we developed new governance arrangements and set up a new cross-organisational EDI Strategic Leadership Group, to help oversee strategy implementation and create an operational action plan for Year 1 (22/23), aligned to our strategic themes and objectives. This group is made up of key internal stakeholders as well as senior managers/leaders, representing different parts of the organisation. The group met four times over the course of the year and contributed to the development of our action plan and the delivery of our first year of activity.

We continued to demonstrate transparency by reporting our progress to Council throughout the year, including a six-month interim report in November 2022. This further report updates Council on all key activity and progress made over the past 12 months (Year 1), to support the delivery of our strategic themes and objectives.

Implementing our new approach

Year 1 was designed to be about resetting our entire approach to EDI as a regulator and employer, developing improved governance structures, policies and procedures to support us to do that, and to start delivering on our EDI strategic themes and objectives.

Overall, we have delivered the key actions and activity that we said we would in Year 1.

We’ve also delivered on additional and unplanned work that came up during the year, including work to support other partners and organisations with their EDI initiatives, where appropriate.
The new approach has been supported by everyone at the GPhC, from our governing Council and Committees to our senior leadership team and staff. And, we have seen high levels of positive engagement with the strategy and the action plan from across the organisation.

As we move into Year 2, we want to continue to build on that momentum and we have a clear set of deliverables agreed for 2023/24. These are built into our core annual business plan, with additional detailed activity in our EDI action plan. As previously agreed, Year 2 progress will be reported to Council again after six months and at the end of the strategy year.

**Evaluating the impact of our strategy**

We have continued to work closely with our Data & Insight team to develop an evaluation framework, to help us understand the impact of our strategy as we progress and become more mature in our approach. Evaluating our strategy will involve collecting and analysing data from different sources to inform the analysis and we will be working with external evaluators on aspects of this work where appropriate and as we move forward.

The strategy sets out our ambitions over a five-year period and we have already started to collect baseline data linked to our evaluation framework. In addition to progress updates every six and twelve months, we will be producing an interim evaluation report after three years, and a further report at the end of the strategy period.

Ultimately, the evaluation will focus on whether the strategy has made a difference for the public and for pharmacy, affected our reputation as a regulator and made the GPhC a more inclusive place to work – in short, is our strategy working?

**A diversity of challenges and issues**

As set out in our strategy, we have a commitment to go beyond simply delivering interventions that support those who share particular legally protected characteristics and think more holistically. This means considering broader EDI issues in our work, such as language or communication needs or other topics with relevance to the public, pharmacy or pharmacy regulation.

We have always adopted this approach to equality impact assessments – identifying and considering wider issues as part of assessing the potential impact of policy changes. To give an example, when we carried out our recent equality impact assessment of the changes and improvements to our registration assessment processes, we considered the relevant legally protected characteristics under the Equality Act 2010 as well as wider issues such as access to wellbeing support, stress management, mentoring platforms and employment advice.

Now, we have started to take this approach to our wider work when we can. For example, we supported external work on research equity and widening access to clinical trials – a first for the GPhC. We also hosted an intersectional event for staff, looking specifically at how neurodiversity intersects with age, ethnicity and gender. This helped staff to see how multiple issues and identities – and therefore levels of discrimination – can overlap, and to support people to take a more inclusive approach to their work and the people they interact with.
Through meeting with and discussing our EDI work with stakeholders in the last 12 months, it’s very clear to us that different issues are important to different people for different reasons.

This year, we have covered a wide range of EDI topics, protected characteristics and other issues in our work. While it has not been possible to cover everything in a single year, we have continued to listen to what matters to our stakeholders and consider how this can help shape our regulatory work.

We know we have much more work to do, and we plan to cover an even wider range of EDI topics and issues as our work on the strategy progresses.

Below is a graphic of the main EDI themes and issues covered in Year 1.

Further in the report we set out the activity that we have completed under each of our strategic themes and objectives.
## A snapshot of EDI topics covered in Year 1

### Tackling bias and discrimination
- Antisemitism and Islamophobia: the use of resources and definitions in our investigations
- Understanding racism in pharmacy and the resultant impact on patient care
- Introducing Fitness to Practise process changes, to identify potential discriminatory behaviour
- Strengthening our approach to how FtP decision-makers deal with bullying and discrimination
- Taking account of cultural factors
- Minimising affinity and confirmation bias in our resourcing
- Fair selection training for hiring managers

### Promoting inclusive care
- Improving our organisational cultural competence, through lived experience, shared learning and formal training
- Promoting the safe supply of sodium valproate to women and girls
- Embedding LGBTQ+ inclusive care through our Standards for Pharmacy Professionals
- Pharmaceutical care for children or young people experiencing gender incongruence or dysphoria

### Reducing health inequalities
- New equality guidance for registered pharmacies
- Learning about patients’ lived experiences of access to pharmacy through our online public panel survey
- Clinical research equity and promoting underserved communities in clinical trials
- Cardiovascular disease: how pharmacy teams support their local communities
- Patient Safety Spotlight: Increasing access to blood pressure checks, to tackle inequalities driven by social deprivation and ethnicity

### Celebrating diversity
- Black History Month
- Neurodiversity (including autism) and intersection with age, gender and ethnicity
- Hidden disabilities and hearing impairment
- International Day of Person’s with disabilities
- International Women’s Day
- Pride 2022 and LGBTQ+ inclusion
- Sharing multi-faith insights, as well recognising those with no religion or belief
- Celebrating Christmas, Diwali, Vaisakhi, Ramadan, Passover and Easter
- LGBT allyship in the workplace

### Health & wellbeing
- Achieving Silver accreditation in the MIND workplace wellbeing Index
- Supporting staff to access the right resources to help with stress
- Supporting patients, the public and people we regulate with reasonable adjustments and other needs
- Reminding staff about how to take a person-centred approach to supporting the public and the people we regulate with disabilities or other needs
- Developing a position statement on the wellbeing of pharmacy professionals

### Working with other partners
- Inclusive Pharmacy Practice Board meetings
- RPS roundtable on building confidence – the key to gender equality in pharmacy
- LGBT Foundation and Pride in Pharmacy Practice launch event
- UK Black Pharmacist Association event
- British Islamic Medical Association annual conference
- British Medical Journal - Race Equity at Work
- International Pharmacy Students Federation event
- Global Health Inclusivity Index
- Higher Works Hub
- Collaborative working with other regulators
Summary of completed actions under each strategic theme

SO1: Develop a new corporate approach to assess and improve the diversity data we collect from the professionals on our registers, our workforce and others, in line with best practice

- We produced a new diversity data policy and principles, designed to support consistency when collecting, handling and analysing data across the GPhC and to align with external best practice on language and classification. This will be used to support the development of new data collection projects in Year 2 and beyond (including a new initiative to collect diversity data from people raising concerns, to inform our understanding of referrals to the GPhC).

SO2: Routinely publish diversity ‘datasets’ – including diversity data on fitness to practise cases – to support transparency, visibility and intelligence sharing

- We developed and published, for the first time, diversity datasets for our registers (pharmacists and pharmacy technicians), as well as specific diversity datasets for the three countries that we regulate. At the same time, we published supporting narrative and key messages to recognise and celebrate the diversity of the pharmacy professionals on our registers and the range of benefits that this brings. In Year 2, we will be publishing more detailed data on Fitness to Practise outcomes by protected characteristic.

SO3: Use our diversity data to identify and monitor any disproportionate impacts on different groups, and to take steps to understand and deal with potentially discriminatory outcomes – for example, through initiatives such as anonymous decision-making pilots

- We introduced anonymised decision-making for new cases considered by the Investigating Committee. This involves anonymising the registrant’s name and any reference to their ethnicity and nationality within the case papers considered by the committee – this is a paper-based process. It aims to give increased confidence in the fairness of our decision-making. An analysis report will be produced once the project has been running for 12 months, in January 2024.

SO4: Support people to make non-discriminatory regulatory decisions, across all parts of our organisation, by having a new programme of equalities-related training sessions, including tailored sessions on different types of prejudice and discrimination

- We developed and launched a discussion paper on new proposals to strengthen decision-making guidance for Fitness to Practise committees, to help eliminate any potential discrimination in the outcomes of hearings. This guidance makes it clear what we mean by discrimination, bullying and harassment, describes how seriously concerns of this nature will be taken and demonstrates how committees take account of cultural factors when deciding on an outcome.

- We developed and implemented new operational guidance on dealing with concerns about antisemitism and Islamophobia and the use of working definitions and other resources in our investigations. This describes how matters are treated under the criminal law, the definitions and
resources that should be considered when investigating concerns or allegations of this nature, and how these resources are used by other relevant bodies such as the Crown Prosecution Service.

- We agreed EDI actions and ‘end-to-end’ changes to our recruitment processes and post-recruitment support for statutory committee members, to help improve diversity. These will be embedded into our next statutory committee recruitment programmes for 2023 and 2024 and we will report on progress in future years.

SO5: Take appropriate action when concerns are raised about discriminatory behaviour by pharmacy professionals, or about pharmacy education and training, getting relevant outside expert advice when we need to

- We introduced several new FtP process changes to identify any potential issues around discriminatory behaviour by those raising concerns and establish if a referral is being used as a retaliatory measure. This included introducing checks on whether the professional named in the concern has been referred to us before by person raising the concern, whether the professional has raised a concern internally in the period prior to being referred to the GPhC and checking for other indications of potential discriminatory behaviour against the professional at our Oversight Review Panel stage.

To use our standards to proactively help tackle discrimination and to make sure that everyone can access person-centred care, fostering equality of health outcomes

SO8: Develop comprehensive equality guidance for pharmacy owners, to support them in meet their duties under the Equality Act and the Human Rights Act

- We consulted on and published new equality guidance for pharmacies, which was designed to help tackle discrimination and support pharmacy owners to understand and meet the standards for registered pharmacies, specifically in relation to ensuring no one is unlawfully discriminated against, either in the workplace or when providing services to patients and the public.

- Linked to this work, we published a report of our online public panel survey. This was designed to give us a better picture of people’s lived experiences when accessing pharmacy and healthcare. This is an important aspect of our EDI strategy, which sets out our commitment to improve the way we reflect and integrate lived experience and patient voice in our work.

SO9: Support pharmacy technicians, pharmacists and pharmacy teams to provide person centred care that recognises and respects diversity and cultural differences

Over the course of the year, we published a number of articles, insight pieces and case studies on a wide range of different topics and issues, linked to our EDI strategy.

- We published a special EDI focussed edition of our online newsletter Regulate on “Making changes: our work on equality, diversity and inclusion”. This had an open rate of 68,420 and represented one of our most popular editions.
• We co-wrote an article with PANORAMIC—a UK-wide clinical study at Oxford University, looking at new antiviral treatments for COVID-19. This focused on research equity and the important role that pharmacy can play in supporting greater recruitment of volunteers from underserved and diverse backgrounds and communities.

• Following on from previous work, we published a new Regulate article on sodium valproate highlighting patient safety risks for women and girls, along with advice to professionals on how to dispense safely. Children born to women who take valproate during pregnancy are at significant risk of birth defects and persistent developmental disorders. As such, it is vital that women and girls receive the right information and advice, and that valproate is dispensed safely. We also investigated pharmacies where valproate has been dispensed in a white box with no safety warnings or Patient Information Leaflet and followed up with these pharmacies and their superintendents.

• We developed and signed a Memorandum of Understanding with the new Patient Safety Commissioner for England, to support collaborative working on patient safety issues (including those relating to women and girls).

• We co-wrote an article with the LGBT Foundation, to highlight the crucial role that pharmacy teams play in addressing the health inequalities faced by LGBTQ+ communities, including barriers to accessing healthcare, experience of prejudice and discrimination, and poorer health outcomes. This included materials for individual or team-based learning to develop knowledge and confidence around LGBTQ+ inclusivity in pharmacy, and how these link to our standards for pharmacy professionals in terms of providing person-centred care.

• We published an article on ‘Gender identity: pharmaceutical care for children and young people’ where we looked at the important issue of inclusive care for trans and non-binary patients, specifically gender identity services for children and young people who are experiencing gender incongruence and dysphoria and the role of pharmacy teams in this context.

• We engaged with key stakeholders and groups including the Cass Review team, leading on the independent review of Gender Identity Services for Children and Young People. This helped to inform our communications to the wider pharmacy sector.

• We developed and hosted a roundtable on racism in pharmacy with the Chair of the NHS Race and Health Observatory, the President of the UK Black Pharmacist Association and other prominent speakers, looking at how racism manifests in pharmacy and the resulting impact on patient care. Attendees included pharmacy students, pharmacy professionals, trade bodies, equality groups and other regulators. We also published a report of the event and associated action plan, with the second event due to take place in Year 2 (23/24).

• We published a new statement on how we support people with reasonable adjustments and other needs. This outlines how we take an inclusive approach to engaging with people (including the public and the professions we regulate) and recognises that we are all different and may have different needs. At the same time, we updated and reminded all GPhC staff about our expectations on how they should support people and published top tips on how best to support people and listen to their needs.
SO10: Use our Knowledge Hub to promote and share examples of notable EDI practice that our inspectors have found during our inspections, to support the pharmacy team in continuous learning and improvement

- We developed and published a **case study** with real examples of what pharmacy teams are doing to **reduce health inequalities and support healthy living initiatives** in their local communities, including interventions targeted at the risk factors associated with cardiovascular disease. This was linked to the relevant Inclusive Pharmacy Practice theme during this period.

- We published a **patient safety spotlight: managing the risks associated with providing community pharmacy clinical services**. This looked at how pharmacy can help tackle health inequalities (including inequalities driven by social deprivation and ethnicity) through the early identification of hypertension. Through the article we raised awareness of our registered pharmacy standards, as well as external research published by the King’s Fund highlighting that studies in the UK and across the Indian diaspora (e.g., Europe, Fiji, Singapore, South Africa, USA, and Canada) consistently show a higher incidence, prevalence and mortality from CVD in South Asian groups compared with the white group or national average. This also highlighted that black groups have higher-than-average incidence of and mortality from hypertension and stroke, and they have strokes at a younger age.

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**Case study: using our influence to support partners and stakeholders**

Linked to the important commitment in our strategy to use all of our levers and influence to tackle health inequalities and discrimination, in the first year, we worked with and supported other partners and stakeholders on a range of issues and topics.

We supported our Council Chair, Gisela Abbam, to raise awareness of our EDI strategy and approach as **keynote speaker** on ‘**Building confidence: the key to achieving gender equality in pharmacy**’ at the Royal Pharmaceutical Society roundtable. The session covered topics including women on boards, our positive story of gender diversity in the GPhC Council, existing gender differences in pharmacy superintendent roles, gender equality in the wider regulatory and healthcare context, and how organisations can work together to address these challenges.

Our Chair also took part in other engagement events throughout the year on a variety of EDI topics, including events for the **UK Black Pharmacist Association**, the **International Pharmacy Students Federation**, the **British Medical Journal** and the **Global Health Inclusivity Index**.

We continued to **support the joint national Inclusive Pharmacy Practice Plan** (IPP). Our Chief Executive attended Advisory Board meetings and our Chief of Staff/Associate Director, Corporate Affairs attended meetings of the Improving Practice and Engagement Group. During the year, we also presented to the Board on our strategy and approach to EDI, contributed case studies and engaged with strategic discussions on topics such as EDI in revalidation and differential attainment in education.

We supported the launch of a new **Pride in Practice** resource from the LGBT Foundation on inclusive care for LGBT+ patients. Our Chief Executive spoke at the launch event and we shared materials through our social media channels.
Our Chief Executive attended the British Islamic Medical Association Conference and took part in a panel session “Our international NHS family – no time for complacency”. This focused on what regulators are doing to support international colleagues both as they enter the UK to practice and with their journey post-registration. This provided us with the opportunity to raise awareness of how we support, empower and enable people to demonstrate professionalism, and make sure that environments enable them to do that.

We supported the Higher Works Hub to host an event for minority groups on pushing boundaries, breaking barriers and unlocking diversity, with a special focus on pharmacy and healthcare. This included presentations from Patrice Bailey, one of the commissioners on the UK Race Equality Commission and other prominent speakers from across the pharmacy sector.

SO11: Continue to make EDI a core part of our revised accreditation and quality assurance framework for pharmacy education and training. We will do this by strengthening our evidence framework and raising awareness of EDI themes through our accreditation reports

- We continued our work to ensure that revised and strengthened equality, diversity and fairness standards are embedded in the delivery of courses by all education and training providers. We also begun a review of our pharmacy technician education and training standards, which will include a focus on equality, diversity and fairness.

- We continued on schedule to reaccredit all MPharm degrees to our new standards for the initial education and training of pharmacists, which include strengthened requirements on equality, diversity and fairness. These standards will be fully implemented by all providers by 2025. All accreditation events to these new standards include a review of the analyses of student performance (final classifications and progression) and selection and admission data by protected characteristics as well as review of actions taken by the course provider in consideration of the findings. We will review our processes and the picture across the sector once the academic year is complete.

- We continued to review our quality assurance activities and we propose to increase the frequency and breadth of information gathered relating to accreditation courses and recognised qualifications. Equality, diversity and fairness is also included within this work.

- We completed a supplementary equality impact assessment of the changes and mitigations introduced for the November 2022 sitting of the registration assessment, including reviewing all feedback received from candidates in relation to reasonable adjustments.

- In collaboration with the Royal Pharmaceutical Society, we wrote to the Higher Education Occupational Practitioners (HEOPS) group, to request updates to their guidance for occupational health professionals working in the UK higher education sector, specifically in the context of pharmacy students and standards of medical fitness to train. We highlighted the importance of attracting and retaining talented individuals with disabilities and with societal and technological developments supporting greater inclusivity, the need to ensure that HEOPS guidance does not create any unnecessary barriers to train. In response, HEOPS confirmed that the guidance would
be updated as part of an ongoing programme and that they would seek our involvement in this work going forward.

SO12: Continue to meet our requirements under the Welsh Language Scheme and fully implement the new Welsh Language Standards when they are introduced

Embracing the Welsh language standards shows our commitment to working across the three countries we regulate and represents an important part of our stakeholder relationships in Wales. It is an opportunity to become more inclusive to those accessing our services in Wales, who have the right to use the Welsh language in their everyday lives.

- We held discussions with the Welsh Government, Welsh Language Commissioner and other healthcare regulators as we prepare for the Welsh Language Standards. We also continued to engage with stakeholders in Wales, which included engaging with others on the Welsh Government’s race equality action plan.

- We delivered Welsh language awareness training sessions for new starters joining the GPhC, which included the cultural, historical, political and social importance of communicating through the medium of Welsh.

- We also started work to scope and plan the delivery of an online package for all staff in collaboration with Y Coleg.

SO13: Proactively monitor external data, insights and reports on emerging EDI themes, including information about the experiences of the public and patients when accessing care, and we will improve the way we share these across the organisation to raise awareness and help shape our work

- We produced our fourth and fifth editions of our internal EDI Legal Insights Reports, to raise organisational awareness and competence on equalities and human rights issues happening the external context, and to identity any wider actions or learning points for the organisation. These were shared with the Senior Leadership Group for cascading to their teams.

- We shared learning on topics including gender and non-binary discrimination, disability discrimination and conduct at work, menopause support and women’s health, religion, personal values and beliefs, prevention of sexual harassment in the workplace, and research on unconscious bias in Court hearings, particularly around the use of oaths and affirmations.

SO14: Carry out a learning needs analysis to spot gaps in the EDI knowledge of our workforce and implement a plan to put these right

Following on from the completion of our organisation-wide EDI Learning Needs Analysis, we developed a co-ordinated EDI training plan for directorates across our organisation. (Mandatory inclusive
leadership training was also undertaken by all senior leaders and managers leading up to the first year of the new strategy). Training activity in this period included the following:

- We designed and piloted a new and more comprehensive introduction to EDI workshop for all new starters. This is now part of the formal induction process, to support a consistent approach to EDI across the organisation and ensure this is understood from day one. In this period, we provided induction training for 40 new starters, over three sessions.

- We provided fair selection training for hiring managers, to help ensure that managers have the knowledge, skills and ability carry out inclusive interviews based on best practice. In this period, we provided fair selection training for 39 hiring managers, over four sessions.

- We provided training on our new equality screening and impact assessment guidance, toolkit and approach (see more on this below). This included a full workshop with our Policy Community of Practice, which is made up of colleagues with responsibility for developing policy across different parts of the GPhC. Further training sessions will be completed in Year 2, to maintain focus and momentum in this important area of our work.

- As a follow on from general training on inclusive leadership last year, we worked with Roger Kline, to develop and run a practical workshop for our Senior Leadership Group (supported by the Chair of Council) on inclusive leadership - understanding our gaps and challenges and what we can learn from the work of others. This helped to shape and inform wider work, including significant changes to our resourcing policy and approach, specifically in relation to reducing affinity and confirmation bias, as well as the ways of testing for the competencies and the methods that fare best in terms of prediction and promoting diversity. The details and implementation of the new approach will be reported in our Year 2 updates.

Additional directorate or team specific training sessions included:

- Cultural competence, which included benchmarking levels of understanding using external tools and identifying further training needs on specific topics.

- Understanding Islam, which featured a presentation by a local branch of the independent community pharmacy Imaan Healthcare, on their work in local communities and with minority groups.

- LGBT+ awareness raising session delivered by the LGBT Foundation, to support people to take an inclusive approach.

- Jewish culture and heritage, led by a member of staff who shared lived experience and touched on key aspects such as the Jewish community in the UK, values and beliefs, as well as food and life events.

- LGBT+ allyship in the workplace, which included a facilitated discussion with Stonewall and our Inclusion Network, with best practice case studies and examples. The ideas generated from that discussion fed into the development of a new approach to LGBT+ workplace inclusion, which will be completed in Year 2.

SO15: Update our corporate approach to equality impact assessments, developing new resources and training for our staff, and including lived experience in our assessments when we can
• We developed and launched a new and comprehensive Equality Screening and Impact Assessment (ESIA) toolkit, template and guidance for all staff across the organisation. This was designed to raise awareness and provide staff with the knowledge and confidence required to undertake effective ESIAs. It was also designed to support staff to take an intersectional approach to impact assessment and to use different sources of data effectively, based on external good practice.

SO16: Update the roles and responsibilities of our equality networks, to develop their capability and capacity and to help them contribute to better decision-making, by having a wider range of voices and experiences contributing to discussions

Other perspectives: statement from the Chair of the Inclusion Network

“There is the age old saying that you should treat people how you want to be treated. But I disagree. You should treat people how THEY want to be treated. And if you are unsure, then ask beforehand.”

Inclusion Network member

Our Inclusion Network was established in May 2022 and brings together colleagues from across the organisation so each of our unique perspectives can help the GPhC adopt intersectional and inclusive approaches to all our work.

Over the last year the Inclusion Network has contributed to several GPhC projects such as a new Equality Screening and Impact Assessment (ESIA). The Inclusion Network also supported work to make our new office design inclusive, including specifically on the development of wellbeing and multi-faith rooms.

Inclusion Network members have also received updates on our EDI action plan, from our EDI strategic leadership group and from the joint regulators EDI group, helping us to understand what the GPhC and others are working on and sharing our reflections from an intersectional perspective.

Our Inclusion Network agreed a calendar of equality, diversity, and inclusion awareness days that we wanted to mark and use to raise awareness across the organisation. Inclusion Network members have shared blogs on International Day of Older Persons, Diwali, Islamophobia Awareness Month, International Day of Persons with Disabilities, Christmas, Ramadan, Passover, Easter, and Vaisakhi. Colleagues’ blogs can be based on their own lived experience or used to highlight something they have learnt or reflected on and would like to share with the wider organisation so we can all learn together.

We have also hosted several events open to all staff including ‘In conversation with Gisela Abbam, GPhC Chair,’ to mark Black History Month, and heard from guest speaker Reena Anand on intersectionality and neurodiversity (including autism in adults) for International Women’s Day.

The Inclusion Network will be building on all this work in the coming year.

Laura Turton, Chair
SO17: Continue to take positive action to improve the opportunities and experiences of underrepresented groups within our staff, Council members, associates and partners, when appropriate

- We delivered a **positive action workshop and training event** for HR and EDI teams, to support the roll out of the new positive action guidance and strategic approach, approved by the Workforce Committee. This included learning through practical case studies and real life examples.

- We scoped and developed, as a form of positive action, a **new six-month inclusive mentoring programme** to ensure staff from ethnic minority backgrounds are supported to reach their full potential. The pilot will start formally in Year 2 and will be reported in more detail in next year’s report.

- We **updated our job advertisements** on an individual basis, informed by our positive action guidance. Where recruitment agencies were used, we asked them to **demonstrate specific commitments to diversity and inclusion**, such as targeting diverse candidates and being able to evidence this, or other measurables. Increasing the diversity of our talent pool will be a continued area of focus over the course of the strategy. Our new HR applicant tracking system will also improve the consistency and reliability of our EDI HR data going forward.

- We contributed a second **case study** to the Inclusive Pharmacy Practice (IPP) bulletin about the steps and actions we have taken to improve diversity on our governing Council, linked to the IPP focus on ethnicity and gender. The case study highlighted that in 2018/19, just under 43% of GPhC Council members were female and just under 15% were from ethnic minority backgrounds. Following a dedicated programme of work to improve the diversity of this group, **by 2022, just under 65% of Council members were female** and **36% from ethnic minority backgrounds**. In 2022, we appointed our first female Chair of Council (who is also our first black Council Chair and Council member). This exceeded the UK Government targets for public appointments for 2022.

SO18: Continue to publish gender pay gap reports, and introduce ethnicity pay gap reporting. We will use the data to identify improvements in our processes and other action we need to take

- We provided **gender and ethnicity pay gap reports** to our Workforce Committee and to a joint meeting with our Inclusion Network and Employee Representative Group, with discussion on action planning and next steps.

- Over the year, we implemented various steps to narrow the pay gaps, including changes to starting pay processes (part of a strengthened Resourcing Policy), broadening out recruitment shortlists and continued positive action measures. As of May 2023, the gender pay gap decreased from 16% to 12% and the mean ethnicity pay gap (EPG) had crept up from 20% to 22%. A sensitivity analysis of the data showed that for an organisation of the GPhC’s size, small fluctuations in turnover and recruitment can have an impact on the pay gap. Nevertheless, this will remain an important area of focus over the strategy period.

- We have also seen progress with more women in higher grades and zones, and that average starting salary, for the first time, is now higher for women than for men since starting pay analysis started three years ago. The average starting salary difference for ethnic minority groups had also narrowed since last year although we have more work to do. This will also continue to be an important area of focus over the strategy period.
• We revised our pay award matrix so that lower graded staff (who are proportionately more diverse) are rewarded better, helping to accelerate progression and positively impact those who may be more vulnerable to the cost of living crisis.

SO21: Adopt a more strategic approach to celebrating diversity dates, as part of our wider internal communications approach, and using these as a springboard to share interconnected messages about our wider work

• We implemented our new EDI communications plan and published 20 blogs on our intranet, to support inclusive workplace commitments. This generated positive responses, questions and engagement from staff, with a total read rate of 2367 - an average of 132 views per blog. Council members have also supported this work, including through sharing personal and lived experiences with our staff.

• We aligned our external communications with our EDI communications plan, to showcase our commitment externally and to raise awareness of our EDI work and other initiatives. To give one example, during Islamophobia Awareness Month, we encouraged pharmacy professionals to have open conversations, challenge stereotypes and provide inclusive and culturally sensitive care. This led to positive interactions with the GPhC through social media including comments such as:

  “Excellent idea. Honest and open discussion is always the best way to address and resolve misconceptions, improve cultural harmony and reduce barriers”

  “Thank you for acknowledging and raising awareness of this matter. This is indeed an area that needs more attention because this problem is real and prevalent in some areas of the country, unfortunately. I’ve had personal negative experiences whilst at work”

SO22: Continue to meet Standard 3 of the Standards of Good Regulation set by the Professional Standards Authority (PSA). This sets the standard for all health and social care regulators in relation to equality, diversity and inclusion within regulation

• We met Standard 3 (EDI) of Standards of Good Regulation in 2021/22. The outcome was published in September 2022, which is why it is reported in this EDI report for 22/23. The results for 2022/23 are not yet available and will be reported in our next annual EDI report.

• We contributed to ongoing discussions with the PSA and other regulators about the assessment of how Standard 3 might evolve in the future.

• We carefully reviewed the PSA Safer Care for All report in relation to tackling inequalities (published in November 2022), to help shape our future work. For example, we had already planned to start collecting demographic data from those raising concerns in Year 2. This aligns with the PSA’s more recent recommendation that regulators record demographic data from complainants, work with other health and care bodies to gain a better understanding of the demographic profile of complainants and reduce barriers to raising complaints for particular groups.
SO24: Assess and agree additional external standards that we will work towards in the future

- We developed and agreed new criteria for EDI benchmarks and memberships, to ensure we take a consistent approach to decisions as an organisation.

- We applied for external benchmarking/assessment with MIND and achieved Silver Accreditation in the Workplace Wellbeing Index. This shows that we are making demonstrable progress in promoting staff mental health and wellbeing, taking action across several key areas, and demonstrating impact over time. The award was based on results of a staff survey and analysis of our existing policies, procedures, management style and wellbeing support available.

- We created a workplace wellbeing group, which includes members of our Employee Representative Group with an interest in wellbeing, to develop an action plan for implementing the key recommendations from the Mind report. The actions sit under the three themes of sharing lived experience to build an open and honest culture, improving access to wellbeing support and resources, and building wellbeing awareness, knowledge and skills of managers. We also promoted our wellbeing benefits, including new Vitality PMI which has a strong mental health focus and our Employee Assistance Programme, through Infopoint and virtual presentations.

- We published a blog about burnout with essential information for all staff about how to access support from GPhC Mental Health First Aiders and our Employee Assistance Programme as well as our Workplace Wellbeing information and resources. Staff used the blog to interact and share their own lived experiences and tips, including:

  “Sometimes just talking about the pressure you’re under can help. Even if the person you’re talking to cannot share the physical workload with you, talking about it will relieve the mental load at least”

GPhC staff member and Mental Health First Aider

- Our Employee Representative Group and Inclusion Network contributed to the design of our wellbeing rooms in our new office and further initiatives, in line with the action plan will be launched once we have moved. Our Council members also supported us with the design of the multi-faith and wellbeing spaces for the new office.

31 May 2023
Laura McClintock, Chief of Staff / Associate Director, Corporate Affairs
Arvind Sandhu, Senior EDI Policy Manger
Engagement and communications report

Meeting paper for Council meeting on 08 June 2023

Public business

Purpose

To update Council on engagement and communications with stakeholders in a quarterly report.

Recommendations

The Council is asked to note this paper.

1. Introduction
   1.1 This report outlines key communications and engagement activities since February 2023 and highlights upcoming events and activities.

2. GPhC regional roundtable event, London
   2.1 On 14 March 2023 we hosted our first in-person regional event as part of a series of events planned for 2023/24.
   2.2 The event created an opportunity for us to hear directly from our stakeholders about the issues and topics that matter to them. It also included a networking element, offering an opportunity for us to meet our stakeholders, and for our stakeholders to meet each other.
   2.3 The evening event was hosted at the headquarters of the Royal Pharmaceutical Society and was attended by 40 pharmacy professionals and other stakeholders.
   2.4 Themes which emerged during the roundtable discussions were wide ranging and included the evolving role of pharmacy; online pharmacy; independent prescribing; leadership in the profession; initial and post-registration education and training; communications and support from the GPhC; and system and workforce challenges.

3. Launch of new stakeholder forums
   3.1 Three new stakeholder forums launched this spring, as part of our commitment to increasing our engagement with our audiences under our communications and engagement strategy.
   3.2 The forums enable us to listen to members’ experiences, needs and views, and to identify insights, intelligence and issues. The forums facilitate direct two-way conversations about key issues that may affect patient safety or public protection.
3.3 Our first three forums are for pre-registration trainee pharmacy technicians; pharmacy students and trainee pharmacists; and patients and the public.

3.4 First meetings were held in March, with forum members sharing their experience of education and training or of using pharmacy services and for all fora, ideas on communications and resources the GPhC could develop to further support our stakeholders.

3.5 Next meetings to be held in June and September 2023.

4. **Strengthening pharmacy governance**

4.1 Following new legislation which came into force in December 2022, the GPhC and PSNI will be taking forward important work to strengthen pharmacy governance in outlining the essential roles and responsibilities of Responsible Pharmacists, as well as setting professional standards for Chief Pharmacists, Superintendent Pharmacists, and Responsible Pharmacists.

4.2 Since January 2023, we have been running a *programme of engagement*, starting with focused meetings with key organisations covering hospitals and healthcare settings and the community sector, with further engagement with a wider group of organisations and stakeholders now underway.

4.3 Emerging views and issues gathered from this phase of engagement will help inform our upcoming draft consultation proposals on the rules and standards.

5. **Consultation on proposal to increase fees**

5.1 On 15 May 2023, we *launched a twelve-week consultation* on our proposals to increase fees from April 2024. The consultation proposes a 7.5% increase in all fees for pharmacies, pharmacists, pharmacy technicians, and foundation trainees.

5.2 The launch of the consultation was covered by *The Pharmacist (1)*, *Chemist + Druggist (1)*, *Chemist + Druggist (2)*, *Pharmacy magazine*, and *The Pharmacist (2)*.

6. **UK Commission on Pharmacy Professional Leadership report**

6.1 In February 2023, the UK Commission on Pharmacy Professional Leadership published a report recognising the importance and value of pharmacy professional leadership and the connection that professional leadership has with independent regulation.

6.2 The report highlights key themes around leadership for both the pharmacy professions and for the public and patients that pharmacists and pharmacy technicians care for.

6.3 We issued a *statement* acknowledging the report, encouraging pharmacy professionals to read the report and consider in more detail the themes it explores.

6.4 Leadership has always been a vital part of being a professional pharmacist or pharmacy technician. It is one of the principles set out in our Standards for Pharmacy Professionals. Pharmacy professional leadership could not be more important as the contribution of pharmacists and pharmacy technicians to health and care continues to change at pace.
7. **Media coverage on key issues in pharmacy and regulation**

7.1 During this period, we provided information and statements to the media on some key issues within pharmacy and our role and position in relation to those issues.

7.2 We provided a statement about online pharmacies and weight loss drugs which was published in the *Guardian*, in which Claire Bryce-Smith was quoted.

7.3 We worked with the consumer programme, *You and Yours*, on *BBC Radio 4* on a feature about the sale of prescription drugs online. Duncan Rudkin was interviewed about the role of the GPhC and how people can keep themselves safe.

7.4 We supplied *the Daily Mail* with information on how our inspections are carried out for a report on the performance of pharmacies. The newspaper included a statistic we provided on 85 per cent of pharmacies meeting all the standards when inspected.

7.5 *ITV* news ran two stories about the speciality pharmacy, Sciensus. We updated *ITV* on the situation and gave quotes. *The first story was published in April; the second ran in May.*

7.6 *The Pharmaceutical Journal* published our statement about international recruitment – a subject that was talked about at Clinical Pharmacy Congress.

8. **Parliamentary coverage**

8.1 During this period, we responded to requests for information from the DHSC on homecare medicines services in England for a parliamentary question. This helped inform *the response given by Lord Markham.*

8.2 We were mentioned in House of Commons written answers on the following occasions:

- Parliamentary Under Secretary of State (Minister for Primary Care) Neil O’Brien in response to a question on pharmacy training
- Minister for Health and Secondary Care, Will Quince, in response to the steps being taken to improve homecare medicines services
- Minister for Women’s Health Strategy and Mental Health, Maria Caulfield, in response to a question about Sciensus being on a risk register
- Chris Philp MP in response to a question on medical cannabis

9. **Recent events and meetings**

9.1 Please see Appendix 1 for a list of key events and meetings that have taken place since February 2023.

9.2 Council members are reminded to liaise with the office before accepting external invitations to speak on behalf of the GPhC in order to minimise overlap and ensure they have the most up-to-date supporting material.
10. **Upcoming events and activities**

Please contact Laura Turton, Stakeholder Engagement Manager, at laura.turton@pharmacyregulation.org if you would like to attend any of these events:

**Pharmacy student and trainee pharmacist forum, 06/06/23**
Second meeting of our forum

**Patient and public forum, 14/06/23**
Second meeting of our forum

**Initial Education and Training for Pharmacists Advisory Group, 19/06/23**
Advisory group meeting

**Pre-registration Trainee Pharmacy Technician forum, 21/06/23**
Second meeting of our forum

**Regional roundtables event in Wales, Summer 23**
Details to be confirmed

**Post-registration Assurance of Practice Advisory Group, 17/07/23**
Advisory group meeting

**Pharmacy student and trainee pharmacist forum, 05/09/23**
Third meeting of our forum

**Post-registration Assurance of Practice Advisory Group, 07/09/23**
Advisory group meeting

**Patient and public forum, 12/09/23**
Third meeting of our forum

**Pre-registration Trainee Pharmacy Technician forum, 20/09/23**
Third meeting of our forum

**APTUK Annual Conference, 22/09/23 - 23/09/23**
Duncan Rudkin (Chief Executive) presentation on 'updates from the regulator and the value of the pharmacy technician’s profession in upholding safe standards of practise'. Exhibition stand.

**Initial Education and Training for Pharmacists Advisory Group, 04/10/23**
Advisory group meeting

**The Pharmacy Show, 15/10/23 - 16/10/23**
Exhibition stand

11. **Consultations**

11.1 Please see Appendix 2 for the grid of consultations to which we have considered responding.

12. **Recommendations**

The Council is asked to note this paper.

Jenny Gimpel, GPhC Head of Communications (Interim)
01 June 2023
Appendix 1

Events from 23 February – 6 June 2023

**Sigma UK Community Pharmacy Conference 2023, 06/03/23**
Claire Bryce-Smith (Director of Intelligence, Insight and Inspection) talk on changes and challenges in pharmacy regulatory environment for UK community pharmacy professionals and pharmacies

**Pharmacy student and trainee pharmacist forum, 08/03/23**
Initial meeting of new pharmacy student and trainee pharmacist forum

**WI Ripon, 08/03/23**
Helen Jackson (Inspector) presentation on role of the GPhC and how to join our Public Panel

**GPhC Regional Roundtables event, 14/03/23**
Regional roundtables event held in London

**Patient and public forum, 15/03/23**
Initial meeting of new patient and public forum

**MPharm presentations, Robert Gordon University 20/03/23**
Liam Anstey (Director for Wales) presentation to all MPharm students at RGU on role of GPhC

**Pre-registration Trainee Pharmacy Technician forum, 21/03/23**
Initial meeting of new Pre-registration Trainee Pharmacy Technician forum

**PDA member event, 23/03/23**
Alex Lescaian (Policy Officer Education) presentation on IETP reforms

**Police Controlled Drug Liaison Officer (CDLO) training event, 23/03/23**
Martin Packham (Inspector) presentation on role of GPhC Inspectors and how we work with police

**Next steps for pharmacy in healthcare delivery, and developing the role of community pharmacy in England, 28/03/23**
Gisela Abbam (Chair) spoke on 'Priorities for evolving role of pharmacists within the health service'

**Post-registration Assurance of Practice Advisory Group, 28/03/23**
Advisory group meeting

**PSA and Welsh Government 6th Regulatory developments & Welsh context seminar, 28/03/23**
Duncan Rudkin (Chief Executive) attended this event

**British Pharmaceutical Students Association Annual Conference, 12/04/23**
GPhC had an exhibition stand at this conference

**University of Manchester, 19/04/23**
Alex Lescaian (Policy Manager Education) and Sarah Purdy (Specialist Education Training Manager) presentation on 'preparing for your foundation training year'

**RPS Building Confidence – key to achieving Gender Equality in Pharmacy, 19/04/23**
Gisela Abbam (Chair) spoke at this event

**Initial Education and Training for Pharmacists Advisory Group, 20/04/23**
Advisory group meeting
AIMp member event, 20/04/23
Duncan Rudkin (Chief Executive) presentation on GPhC update

RPS Women in Pharmacy reception, 26/04/23
Gisela Abbam (Chair) attended this event

NHS Education for Scotland conference, 27/04/23
Liam Anstey (Director for Wales) presentation on collaboration to create pharmacist prescribers at point of registration (IET)

Post-registration Assurance of Practice Advisory Group, 09/05/23
Advisory group meeting

Clinical Pharmacy Congress, 12/05/23 - 13/05/23
Duncan Rudkin (Chief Executive) spoke on strengthening pharmacy governance and on regulating the changing role of pharmacy. We also had an exhibition stand.

Impact of Pharmacy Workforce Wellbeing on Patient Safety Roundtable, 17/05/23
Claire Bryce-Smith (Director of Intelligence, Insight and Inspection) presentation on role of the regulator in wellbeing and patient safety

PSA Symposium - How can we successfully collaborate towards safer care for all?, 06/06/23
Duncan Rudkin (Chief Executive) attended this event

Meetings from February 2023

Listed below is a non-exhaustive selection of significant meetings since the last engagement and communications report to Council.

Initials are as follows: Gisela Abbam (GA), Duncan Rudkin (DR), Carole Auchterlonie (CA), Claire Bryce-Smith (CBS), Liam Anstey (LA), Mark Voce (MV)

1. Chair (Gisela Abbam):
   - Meeting with Association of Pharmacy Technicians UK (with DR)
   - Meeting with General Dental Council (with DR)
   - Meeting with Maree Tod MSP, Minister Public Health, Women’s Health & Sport (with DR)
   - Meeting with Royal Pharmaceutical Society (with DR)
   - Meeting with Pharmaceutical Society of Northern Ireland (with DR)
   - Meeting with UK Black Pharmacist Association (with DR)
   - Improving patient safety workshop

2. Staff:
   - CEO of Regulators Board meeting (DR)
   - Chief Executive Stakeholder Group (DR)
   - Community Pharmacy Network (CBS)
• Conference of Pharmacy Education Deans (MV)
• Cross Regulatory Forum Digital Apps (CBS)
• Foundation Training Year (FTY) Group (LA)
• Health Education and Improvement Wales Pharmacy Advisory Board (LA)
• Inclusive Pharmacy Practice Advisory Board Meeting (DR)
• IPP Advisory Board discussion Differential Attainment (DR)
• Leadership Learning in Pre-Registration Healthcare Curriculum Joint Working Group (MV)
• Meeting with Chief Pharmaceutical Officer for England (DR)
• Meeting with Chief Pharmaceutical Officer for Scotland (LA)
• Meeting with Chief Pharmaceutical Officer for Wales (LA)
• Meeting with Company Chemists’ Association (DR)
• Meeting with Department of Health and Social Care (DR, MV)
• Meeting with Department of Health and Social Care, NHS England, Lloyds Pharmacy (CBS)
• Meeting with Department of Health North Ireland (MV)
• Meeting with Health Education and Improvement Wales (LA)
• Meeting with Health Education England (MV)
• Meeting with Lloyd’s Pharmacy (CBS)
• Meeting with National Pharmacy Association (DR, CBS)
• Meeting with National Pharmacy Association (DR)
• Meeting with NHS Education for Scotland (LA)
• Meeting with NHS England (DR, MV)
• Meeting with NHS England, Health Education England, Royal Pharmaceutical Society (MV)
• Meeting with NHS Lothian (CBS)
• Meeting with NHS North East London (DR)
• Meeting with Pharmaceutical Society of Ireland (CBS)
• Meeting with Pharmacists’ Defence Association (DR, CBS, CA, MV)
• Meeting with Pharmacy Complete (CBS)
• Meeting with Pharmacy Schools Council (MV)
• Meeting with Professional Standards Authority (CBS)
• Meeting with Robert Gordon University (LA)
• Meeting with The Patients Association (CBS)
• Meeting with Written Medicine (DR)
• Meeting with General Dental Council Wales (LA)
• National Pharmacy Stakeholder Group Meeting (DR, CBS)
• NHS England Greener NHS team meeting (CBS)
• Pharmacist Post Registration (PPR) Strategic Group (LA)
• Pharmacy Clinical Academic Careers Short Life Working Group Meeting (MV)
• Pharmacy Integration Oversight Group (CBS)
• Pharmacy Technicians Education & Training Strategic Group (LA)
• Pharmacy Workforce Steering Group (LA)
• Post reg group: education and training sub group briefing (MV, LA)
• Primary Care Stakeholder Forum (CBS)
• Professional Standards Authority Welsh Government online seminar (DR)
• Quality, Innovation, Productivity and Prevention (QIPP) (LA)
• Regulators Online Health Care Regulation Group (Sub Group 4) (CBS)
• Royal Pharmaceutical Society Wales (MV and CBS)
• Senior Medicines Leadership Meeting (DR)
• Supervision Practice Group (MV)
• Virtual NHS Education for Scotland conference (MV, LA)
• Welsh Joint Regulators' Forum (LA)
• Welsh NHS Confederation Health and Wellbeing Alliance (LA)
• Welsh Pharmaceutical Committee (LA)
• WLSR joint regulator forum (LA)
• Meeting with Scottish Directors of Pharmacy group (LA)
• Meeting with Company Chemists' Association Wales (LA)
• HIW Healthcare Summit (LA)
Appendix 2

Active and new consultations

The table below lists all the consultations we have considered and provided responses to. Consultations we have responded to are listed first; those we have considered but not responded to appear next on the list.

Please note that we do not normally respond to consultations from other independent statutory health professional regulators. These are reviewed, shared and considered, but usually it is not appropriate or necessary for the GPhC to respond.

Table 1: Active and new consultations

<table>
<thead>
<tr>
<th>Consultation title</th>
<th>Organisation</th>
<th>Description</th>
<th>Deadline</th>
<th>Response status</th>
<th>Type of response</th>
<th>GPhC lead</th>
<th>Reasoning</th>
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<tbody>
<tr>
<td>Review of the Veterinary Medicines Regulations 2013</td>
<td>Veterinary Medicines Directorate</td>
<td>Seeking views on changes to the law on veterinary medicines. The proposed changes will modernise the Regulations, make them more effective and reduce regulatory burden where possible.</td>
<td>31/03/23</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>JG (Inspections)</td>
<td>We have developed a response to some of the key areas relevant to us in this consultation. We will continue to work with VMD and other stakeholders to ensure that that as far as veterinary medicines are concerned when prescribed by pharmacists or sold and supplied by registered pharmacies that we promote and protect pharmacy users, public safety, animal health and welfare and the environment.</td>
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<tr>
<td>Amendments to the regulation of independent health care</td>
<td>Scottish Government</td>
<td>Seeking views as to whether further change is required independent health care is regulated in Scotland and how it should happen.</td>
<td>26/04/23</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>LA (Director for Scotland)</td>
<td>We developed a response to some of the key areas that are relevant to us in this consultation and the impact on pharmacists and pharmacy technicians in Scotland.</td>
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<tr>
<td>Consultation title</td>
<td>Organisation</td>
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<td>Regulating anaesthesia associates and physician associates</td>
<td>Department of Health and Social Care</td>
<td>Seeking views on the legislation that will enable the GMC to regulate anaesthesia associates (AAs) and physician associates (PAs) in the UK.</td>
<td>16/05/23</td>
<td>Responded to</td>
<td>Written response</td>
<td>LMc (Executive Office)</td>
<td>Overall, we broadly support the proposals and welcome the scope of the approach to regulatory reform as it captures education and training, registration and fitness to practise. We identified and set out some areas where the underlying policy intention is unclear to us, where drafting could be simplified, or where we have some wider concerns.</td>
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<tr>
<td>Minimum service levels in event of strike action: ambulance services</td>
<td>Department of Health and Social Care</td>
<td>Seeking views on minimum service levels in England, Scotland and Wales during passage of Strikes (Minimum Service Levels) Bill to ensure that patient safety is protected.</td>
<td>04/05/2023</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>LMc (Executive Office)</td>
<td>We have reviewed this consultation, but it is not relevant to our core role and functions.</td>
</tr>
<tr>
<td>Consultation - Gender identity healthcare services standards scoping report</td>
<td>Healthcare Improvement Scotland</td>
<td>Seeking views on the scoping report for the development of the Gender Identity Healthcare Services standards.</td>
<td>13/02/23</td>
<td>Reviewed but not responding</td>
<td>No formal response</td>
<td>AS (EDI)</td>
<td>We are not formally responding to this consultation. However, we are liaising directly with the HIS team to discuss wider pharmacy aspects, including our guidance. We continue to follow developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
<td>Response status</td>
<td>Type of response</td>
<td>GPhC lead</td>
<td>Reasoning</td>
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<tr>
<td>Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction [ID1648]</td>
<td>NICE</td>
<td>Seeking comment on draft guidance.</td>
<td>01/03/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>We have reviewed this consultation, but it is not relevant to our core role and functions.</td>
</tr>
<tr>
<td>Rimegepant for treating or preventing migraine [ID1539]</td>
<td>NICE</td>
<td>Seeking comment on draft guidance.</td>
<td>14/03/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>We have reviewed this consultation, but it is not relevant to our core role and functions.</td>
</tr>
<tr>
<td>Point of care tests for urinary tract infections to improve antimicrobial prescribing: early value assessment</td>
<td>NICE</td>
<td>Seeking comment on this early value draft guidance.</td>
<td>30/03/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>We have reviewed this consultation, but it is not relevant to our core role and functions.</td>
</tr>
<tr>
<td>Suspected Sepsis:</td>
<td>NICE</td>
<td>Seeking views on this draft guideline.</td>
<td>21/04/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>We have reviewed this consultation, but it is not relevant to our core role and functions.</td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
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<tr>
<td><strong>NES Draft Strategy Consultation</strong></td>
<td>NHS Education for Scotland</td>
<td>Seeking the views from stakeholders to help better understand what is important to people and further shape the strategic intent.</td>
<td>01/05/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>LA (Director for Scotland)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td><strong>Shortage Occupation List: call for evidence 2023</strong></td>
<td>Migration Advisory Committee</td>
<td>Seeking views on the roles that are being filled by migrant workers, the salaries they are paid and implications of potential changes.</td>
<td>26/05/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>SG (Registration)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td><strong>Consultation on the approach to publication of results of the National Student Survey</strong></td>
<td>OfS</td>
<td>This consultation sets out the technical detail of proposals for the approach to publication of the revised National Student Survey from 2023 onwards.</td>
<td>26/05/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DD (Education)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
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<tr>
<td>Care workforce pathway for adult social care: call for evidence</td>
<td>Department of Health and Social Care</td>
<td>Seeking views on what should be included within a new care workforce pathway for adult social care.</td>
<td>31/05/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>LMc (Executive Office)</td>
<td>We considered this consultation particularly how professional frameworks for other registered roles might interact with the pathway however we chose not to respond on this occasion.</td>
</tr>
<tr>
<td>Developing NHS England’s clinical effectiveness programme portfolio</td>
<td>NHS England</td>
<td>Seeking views on the future strategic development of clinical effectiveness programmes.</td>
<td>31/05/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>LMc (Executive Office)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td>Youth vaping: call for evidence</td>
<td>Office for Health Improvement and Disparities</td>
<td>A call for evidence seeking information on a range of themes about children and vaping (using an e-cigarette) to inform evidence-based policy decisions.</td>
<td>06/06/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>LMc (Executive Office)</td>
<td>We have reviewed this consultation, but it is not relevant to our core role and functions.</td>
</tr>
<tr>
<td>Importing, batch testing and batch release of veterinary medicines in GB</td>
<td>Veterinary Medicines Directorate</td>
<td>Proposals set out to update the Veterinary Medicines Regulations for batch testing and batch releasing of imported veterinary</td>
<td>15/06/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>JG (Inspections)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
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<tr>
<td>Major conditions strategy: call for evidence</td>
<td>Department of Health and Social Care</td>
<td>medicines, as they apply in GB. This call for evidence will inform the development of the government's major conditions strategy for England.</td>
<td>27/06/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>Whilst we do not feel it relevant to submit evidence to this call for evidence, we will be monitoring its outcome.</td>
</tr>
<tr>
<td>Ensuring the resilience of the qualifications system</td>
<td>Ofqual</td>
<td>Ofqual proposes to require all awarding organisations to consider whether it is necessary to have resilience arrangements in place for their particular qualifications, and, where necessary, for those awarding organisations to issue guidance to schools and colleges on collecting evidence of student performance.</td>
<td>02/08/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DD (Education)</td>
<td>We are following this consultation closely and with interest, particularly as there are areas of potential learning for our continued work.</td>
</tr>
<tr>
<td>Error reporting professional standards</td>
<td>Royal Pharmaceutical Society</td>
<td>Seeking views on the update for the Error reporting standards.</td>
<td>02/06/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be implications for our work.</td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
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<tr>
<td>Consultation on the guidance on reporting matters to the GDC</td>
<td>General Dental Council (GDC)</td>
<td>The GDC is consulting on its proposal to improve its guidance to make it easier for dental professionals to understand what they need to report to their regulator, in the interests of patient safety and maintaining public confidence.</td>
<td>08/06/2023</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>JM (FtP)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td>Consultation on standards of conduct, performance and ethics</td>
<td>Health and Care Professions Council (HCPC)</td>
<td>Seeking feedback on proposed changes to the Standards of conduct, performance and ethics for each of the 15 professions the HCPC regulates.</td>
<td>16/06/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td>Consultation on updating GDC’s guidance on indemnity and insurance</td>
<td>General Dental Council (GDC)</td>
<td>The GDC is proposing changes to its guidance on indemnity and insurance to ensure it is up-to-date and better supports dental professionals to understand and</td>
<td>20/06/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
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</tr>
<tr>
<td>Codes Consultation</td>
<td>Scottish Social Services Council</td>
<td>Seeking views on revised SSSC Codes of Practice for Social Service Workers and Employers (the Codes). Seeking views and comments on the updated Standards of conduct, performance and ethics and supporting Guidance. These Standards and Guidance, once the consultation has closed and these are finalised, will replace the 2011 Ethical Framework.</td>
<td>07/07/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
<tr>
<td>Consultation on Standards of conduct, performance and ethics</td>
<td>British Psychoanalytic Council (BPC)</td>
<td></td>
<td>09/09/23</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy &amp; Standards)</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
</tr>
</tbody>
</table>
Committee annual reports to Council

Meeting paper for Council on 08 June 2023

Public

Purpose
To present the annual reports of the four non-statutory committees to the Council.

Recommendations
The Council is asked to discuss and note the annual reports.

1. Introduction
1.1 The Council has four non-statutory committees – Audit and Risk; Finance and Planning; Quality and Performance Assurance; and Workforce. Each committee has delegated authority under the Council’s Scheme of Delegation to carry out certain functions and each is required under its Terms of Reference to submit an annual report of its work to Council.
1.2 This was previously done through separate papers. This year we are combining the reports and so this paper includes the four annual reports from 2022-23.
1.3 The delegated authority of each committee is set out in its report, together with an overview of its work for the year and upcoming work. Minutes of individual meetings are reported to Council regularly, with members having the opportunity to ask questions of the committee chairs, so the attached reports are a high-level summary.

2. Annual reports
2.1 The annual reports of each committee in 2022-23 are annexed as follows:
Appendix 1: Audit and Risk Committee (ARC);
Appendix 2: Finance and Planning Committee (FPC);
Appendix 3: Quality and Performance Assurance Committee (QPAC); and
Appendix 4: Workforce Committee (WfC).
2.2 The Chairs of the committees will speak to each report at the meeting.

3. Committee effectiveness
3.1 The Committee effectiveness reviews were incorporated within the wider Council effectiveness work this year, looking at how the Committees and Council work together.
3.2 The governance team also ran a full skills audit with the Council, where skills within Committees were mapped also. A Council workshop has already been undertaken and there will be further work on effectiveness at future workshops.

4. **Equality and diversity implications**

4.1 There are no specific issues related to this paper. Each committee considers the EDI implications of any decisions it makes or recommends to Council. The Workforce Committee has done significant work in this area, which is covered in its report at Appendix 4.

5. **Communications**

5.1 These reports are published as part of the public Council papers.

6. **Resource implications**

6.1 None for this paper – the work of each committee and related budget areas such as internal audit (ARC) and investment advice (FPC) are covered by existing budgets.

6.2 The FPC scrutinises the annual plan and budget during their development and before they come to Council for approval.

7. **Risk implications**

7.1 Each of the committees has a role in providing assurance to the Council in its area of work. The annual reports give assurance to Council that the committees are carrying out the necessary work in accordance with their terms of reference.

7.2 The ARC annual report provides assurance of the organisation’s audit and risk management systems.

8. **Recommendations**

The Council is asked to discuss and note the annual reports.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

23/05/2023
Audit and Risk Committee Annual Report to Council 2022/23

1. Introduction

1.1. The Council has established the Audit and Risk Committee to support the Council by reviewing the comprehensiveness and reliability of assurances and internal controls in meeting the Council’s oversight responsibilities. Under the Council’s Scheme of Delegation, the committee has delegated authority to:

- monitor the Council’s risk management arrangements
- approve the internal audit programme
- advise the Council on the comprehensiveness and reliability of assurances and internal controls, including internal and external audit arrangements, and on the implications of assurances provided in respect of risk and control.

1.2. This report provides a high-level summary of the work carried out by the committee over the past twelve months, demonstrating how the committee has performed against each area detailed in its terms of reference and the key areas of focus set out in last year’s report.

1.3. Although it is outside the scope of the financial year (1 April 2022 to 31 March 2023), the work carried out by the Committee at its meeting on 25 May 2023 is included in this report, as this is when the Committee receives and finalises all end of year reporting for recommendation to Council.

2. Membership and meetings

2.1. Committee membership comprised of Neil Buckley (Chair), Yousaf Ahmed, Anne Jacklin, Aamer Safdar, Jayne Salt and the independent member, Helen Dearden.

2.2. The committee met five times in the 2022/23 financial year. Four of those meetings covered standard business as usual meetings: in May, October and December 2022, and March 2023. The minutes of the meetings are reported to Council and published on our website in the usual format, with the Chair providing regular oral updates to the Council. An additional meeting to cover specific items was held in October 2022 for a workshop on rebasing the risk register.
3. **Key Focus of the year**

3.1 The ARC’s work during the 2022/23 financial year was less impacted by the issues relating to the coronavirus pandemic which affected 2020/21 and 2021/22, though still focused on the new ways of working that emerged from this.

3.2 Key points of focus for the Committee have been around:
- The evolution of the approach to risk management;
- Manual and automated processes;
- The online registration assessment;
- Operational issues in fitness to practise;
- The accommodation strategy; and
- The cost of living crisis.

3.3 Below is an overview of the Committee’s work in each of its principal areas that have been taken forward during this period as set out in its terms of reference.

4. **Governance, risk management and internal control**

4.1 The committee supports the Council by reviewing and advising the Council on the operation and effectiveness of the arrangements which are in place across the whole of the Council’s activities that support the achievement of the Council’s objectives. This includes reviewing the adequacy of risk management arrangements as well as policies and procedures for ensuring compliance with relevant regulatory, legal, governance and code of conduct requirements.

**The new risk management policy**

4.2 In early 2021/22, a new risk management policy and risk appetite statement was approved by Council. In May 2022, the decision was made to rebase the strategic and corporate operational risk registers and to review the organisation’s approach to risk management. A workshop session was held with ARC in October 2022 to seek views on risk areas and a further discussion was had at the December and March meetings on the outcomes.

4.3 The revised approach was brought before Council in April and May 2023 at workshop sessions and the revised risk management policy documents will be drafted thereafter.

4.4 Under the new approach, as with the old, there are two main risk registers in operation, the strategic plan delivery risk register and the corporate risk register, which covers high level risks across the organisation’s operations. The subject of conversation at Committee meetings will continue to alternate between the two risk registers. Under the new approach, there will not be a natural hierarchy between these risk registers, the strategic will focus on matters relating to the delivery of our strategy, whilst the corporate will focus on operations as they currently exist.
4.5. A standing item which was introduced at the December 2020 meeting was continued throughout 2022/23, which involves the Chief Executive providing an update on what he considers to be the primary issues of concern at that time. Areas covered over the course of the year were:

- Public body status and regulatory bodies;
- The cost of living crisis, and impact on people and planning;
- The accommodation review and potential revisions to the timeframes;
- Fitness to practice operations;
- The online registration assessment;
- Online and community pharmacy;
- The accommodation review;
- Capacity and capability;
- Inflation;
- Pharmacy workforce issues; and
- The risk of collapse in community pharmacy provision.

**Standing items and in depth sessions**

4.6. The standing items at every meeting were:

- The Chief Executive’s update;
- Fitness to practice update;
- Never Events and Serious Incidents update; and
- Fraud (internal and external) update.

4.7. The Committee are satisfied that matters relating to each have been reported on transparently and in good time. No incidents of fraud were reported.

4.8. In depth sessions were also held on:

- Risk;
- Cyber security and information governance;
- Credit card data deletion;
- Developing a corporate approach to quality; and
- Fitness to practise and the response to the Professional Standards Authority report for 2021/22.
5. Internal and external audit activity

5.1. Below is an overview of our internal and external audit activity:

Private session with internal and external audit

5.2. In accordance with best practice, the committee held a private session with the internal and external auditors at each meeting. No issues of substance were raised with the committee.

External audit and financial reporting

5.3. The committee oversaw the appointment of new external auditors in 2022/23 – Hayes McIntyre.

5.4. The committee received the output of the external auditors work in relation to the annual report and accounts 2022/23 at its meeting in May 2023.

5.5. The committee reviewed the statutory annual report and accounts. The committee also considered the report of the external auditors and was assured that the financial statements were a true and fair view of the GPhC’s affairs for the financial year 2022/23. Accordingly, the committee recommended the annual report, accounts and statement of internal control for adoption by Council at its meeting on 8 June 2023.

Internal audit reporting

5.6. In line with our usual process, the committee reviewed, with the internal auditors, the 2022/23 internal audit plan, which had been developed in conjunction with the Senior Leadership Group, at its meetings in December 2021 and March 2022. This ensured that there was a systematic and prioritised review of policies, procedures and operations and that the focus of internal audit was on higher risk areas.

5.7. The progress of the implementation of recommendations made during previous audits continued to be monitored, and a protocol was put in place for when matters of revised due dates should be formally escalated the Committee. An internal audit progress report was considered at each meeting and the Committee received assurance on actions identified in the reports via the follow up report.

5.8. Seven engagements were undertaken by our internal auditors and reviewed by the Committee, of which one was advisory in nature:
5.9. All of the audits conducted were done so with an in-person element. The hybrid model worked well for all involved, with a substantial part of each audit held in person.

5.10. Over the course of the year, the committee reviewed each internal audit report carefully and had the opportunity to seek further information on the findings from both management and the internal auditors. The committee challenged the management on a number of areas and in some instances sought more information about how recommendations would be taken forward.

5.11. The levels of assurance used by TIAA are green – substantial assurance; yellow – reasonable assurance; amber – limited assurance; and red – no assurance. In terms of trends, there has been a further shift towards ‘reasonable’ ratings from a position of gaining all ‘substantial’ audits in 2021/22. In 2022/23, 3 of 6 the substantive audits were rated as ‘substantial’ and 3 rated as ‘reasonable’.

5.12. The Committee accept that the overall portfolio of assurance ratings is reflective of the intended renewed rigor around audit selection, scoping and delivery and is not reflective of an overall worsening of GPhC’s control environment.

5.13. The committee also received the annual opinion from the Head of Internal Audit, which provides a summary of the internal audit work undertaken across the year to formulate an overall opinion, timed to support the Statement of Internal Control. The audit opinion takes together the assurance ratings and recommendations of individual assignments conducted in 2022/23,

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Learning and development</td>
<td>Reasonable</td>
</tr>
<tr>
<td>Renewal programme</td>
<td>Substantial</td>
</tr>
<tr>
<td>Fitness to practice risk assessments</td>
<td>Reasonable</td>
</tr>
<tr>
<td>GDPR</td>
<td>Advisory</td>
</tr>
<tr>
<td>Core finance</td>
<td>Reasonable</td>
</tr>
<tr>
<td>Integrity of the Register</td>
<td>Substantial</td>
</tr>
<tr>
<td>Health and safety</td>
<td>Substantial</td>
</tr>
</tbody>
</table>
management’s responsiveness to internal audit recommendations and the direction of travel with regard to internal control, governance and risk management.

5.14. Overall, the internal auditors found that, for the areas reviewed during the year, the General Pharmaceutical Council has reasonable risk management, control and governance processes in place.

6. Planned activity

6.1. Looking ahead, key areas of focus for the committee, in addition to cyclical items include:

- maintaining oversight of the recommendations made and level of assurance in the forthcoming audit reports for 2023/24
- monitoring the ongoing risks in relation to organisation’s strategy and vision 2030 and in relation to our investment strategy
- providing support to Council and Executive on developing our risk management policy and risk appetite statement
- keeping the arrangements for and execution of delegated authority under review
- continuing to consider the relationship between manual and automated processes within the organisation
- continuing to receive updates and provide challenge on the Fitness to Practise PSA performance improvement plan, in particular around timeliness of case progression, and the end to end review of processes.

7. Chair’s overview and conclusions

7.1. Over the past year, the Audit and Risk Committee has met the requirements of its terms of reference and has been able to provide assurance to the Council on the organisation’s audit and risk management processes. The Committee is of the view that the internal audit function, and risk management and incident reporting framework have provided sufficient assurance.

7.2. As an advisory body, the committee therefore assists with, but is not a substitute for, Council’s overall responsibility for good governance, exercised for example by the periodic risk reviews and performance monitoring reports as well as through the minutes and reports of the Committee.

7.3. Finally, I would like to thank Committee members for their diligence and commitment, and the officers and auditors for their professional support in the Committee’s work.

Neil Buckley
Chair, Audit and Risk Committee

Rob Jones
Head of Risk Management and Audit

1 June 2023
Finance and Planning Committee annual report to Council 2022/23

1. Introduction

1.1 The Council established the Finance and Planning Committee (FPC) to provide it with assurance on the continuing efficiency and effectiveness of the organisation and to support it by overseeing and monitoring the implementation of the GPhC’s investment policy and strategy.

1.2 Under the Council’s scheme of delegation, the FPC has delegated authority to:

- Oversee the organisation’s business and financial planning, to ensure that it aligns with the overall strategy set by the Council.
- Review the organisation’s ongoing work to improve the efficiency and effectiveness of the GPhC, including any metrics, evaluation and benchmarking.
- Oversee and monitor the investment strategy and policy, including the GPhC’s ethical policy, to ensure it remains appropriate, and to recommend any changes to Council.
- Make recommendations to Council regarding the appointment or termination of investment managers, where appropriate.
- Monitor and evaluate the performance cost and cost-effectiveness of services provided by investment managers appointed by the Council.
- Oversee the GPhC’s internal business improvement investment activities, including reviewing the organisation’s business and financial planning, and work to improve its efficiency and effectiveness.

1.3 This report provides a summary of the work carried out by the FPC in 2022-23.

2. Membership and meetings

2.1 The committee’s members are Mark Hammond (Chair), Gisela Abbam, Rima Makarem, Penny Mee-Bishop, Rose Marie Parr and the independent member, Andrew Maclaren.

2.2 The Committee met four times during the year, in May, September and November 2022 and January 2023. The minutes of the meetings were reported to Council and the Chair provided updates on the work of the committee.

3. Areas of key focus

3.1 The committee receives and discusses an update on the performance of the investment portfolio at every meeting, monitoring performance and considering whether the agreed strategy remains appropriate. The committee reports on this to Council every November. Other key areas of focus in 2022-23 were:
Strategic and annual planning;

3.2 At its September meeting, the Committee considered the business and financial context in which the annual plan and budget for 2023-24 were being developed and discussed the early assumptions. It then discussed the early draft annual plan and budget at its meeting in November and reviewed the final versions in January, before they were put to Council for approval in February.

The future financial needs of the organisation

3.3 The committee discussed the future financial needs of the organisation, including internal and external factors affecting finances, financial planning, sustainability and sources of income.

Fees

3.4 The discussions about budget and financial needs led the committee to discuss registrant fees and a proposed fee model, which was later discussed by Council and is now out for consultation.

Accommodation

3.4 The Committee had regular discussions on the accommodation work, including the terms of our exit from Citi, the lease on the new premises and the progress of the project overall.

4. Future work

4.1 In the coming year, the FPC will be continuing work in the areas outlined above, and focussing on planning, budgeting and improving the integration of our work across the key issues.
1. Introduction

1.1 The Council established the Quality and Performance Assurance Committee (QPAC) in 2022 to support it by overseeing and monitoring the measurement and management of quality and performance across the range of the Council’s activities, to enable the Council to carry out its oversight responsibilities.

1.2 Under the Council’s Scheme of Delegation, the Committee has delegated authority from the Council to:

- Overseer the development of performance measures and data, which are meaningful to the Council so that the Council has the right data to be able to understand the performance of the GPhC operationally and its compliance with targets and plans.
- Consider data, insights and information, to provide assurance to the Council about organisational quality and performance and drive/demonstrate improvement and innovation.
- Oversee the quality and performance of business as usual, significant workstreams or improvement initiatives when requested by the Council, to ensure these meet the Council’s Vision and Strategy.
- Monitor the GPhC’s performance against objectives, targets or plans, with an emphasis on areas of particular risk or sensitivity.
- Oversee any improvement action plans or other improvement initiatives, to ensure they address any areas of unsatisfactory performance, and monitor implementation of these plans.
- Review and identify, with the Executive, any issues or risks that might impact on the organisation’s ability to meet its quality and performance objectives as well as opportunities for operational improvements, taking account of existing approaches and resource allocation.
- Review, with the Executive, whether the shape and nature of resource deployment may need to change to support quality and performance objectives.
• Provide an escalation route to Council for any quality or performance concerns.

1.3 The Committee met for the first time in September 2022. This report provides a summary of the work carried out since then.

2. Membership and meetings

2.1 The Committee’s members are Rima Makarem (Chair), Yousaf Ahmad, Ann Jacklin, Jo Kember, Elizabeth Mailey and Jayne Salt. Other members of Council are also able to attend and have done so.

2.2 The Committee met three times during the year, in September and December 2022 and February 2023. The minutes of the meetings were reported to Council and the Chair provided updates on the work of the Committee.

3. Areas of key focus

Registration assessment

3.1 The Committee’s first area of focus was the registration assessment. Following the problems experienced by candidates during the June 2022 sitting, the Committee undertook a thorough review of the issues which had occurred, the resulting incident report, the risks which had been identified, the mitigations which had been put in place and contingency plans for other issues which could arise.

3.2 Following the successful delivery of the November sitting, the committee reviewed what had gone well and began to examine plans for the delivery of the larger sitting in June 2023. The larger number of candidates meant that it would not be possible to use permanent centres only in June and so the committee focussed particularly on the risks and mitigations around the necessary use of some temporary centres. The committee also reviewed the external report into the November sitting provided by Verita.

3.3 In looking at the planning for both the November 2022 and June 2023 sittings, the committee has been able to assure itself that all foreseeable and manageable risks had been mitigated. The committee continues to monitor the registration assessment.

Schools of Pharmacy

3.4 QPAC has also held in-depth discussion on the quality assurance of pharmacy schools and differential attainment, with a focus on schools whose graduates have a history of poor performance in the registration assessment. The committee has discussed the improvement plans submitted by three such schools and will continue to monitor progress in this area.

Data

3.5 The committee has started to explore how the GPhC analyses and triangulates data gained through inspection, complaints and FtP cases, with a view to identifying trends and reviewing regulation accordingly.

4. Future work

4.1 In addition to the above, the committee has identified the following as areas of future work,

• A deep dive into the accreditation of education and training;
• Inspection – particularly in relation to online pharmacy.
Workforce Committee Annual Report to Council 2022/23

Meeting paper for Council on 08 June 2023

Purpose

To present the Workforce Committee annual report for 2022/23

Recommendations

Council is asked:

To agree the draft Workforce Committee annual report for 2022/23

1. Introduction

1.1 The Council established the Workforce Committee in June 2021 as the successor to the Remuneration Committee. Under the Council’s Scheme of Delegation, the Committee has delegated authority to:

   a. To approve or reject (not amend) remuneration packages, including the basis on which performance would be assessed and any bonuses awarded, for the Chief Executive & Registrar and those directors who report directly to the Chief Executive & Registrar

   b. To approve or reject the overall remuneration framework for the remainder of the GPhC’s employees

   c. To advise the Council on remuneration policy for Council members

   d. To determine the remuneration and expenses policy for non-statutory committee members, and those associate groups established under legislation (statutory committee members, legal and clinical advisers to statutory committees, assessors and visitors)

   e. To advise the Chief Executive and Registrar on the staff expenses policy

   f. To ensure that all policies and work within the committee’s remit (which includes reward strategy, workforce resourcing, succession planning and health & wellbeing matters in addition to organisational development) take account of GPhC’s culture and values, and commitment as a good employer to equality, diversity and inclusion.

1.2 This paper provides an overview of the work carried out by the Committee from September 2022 to June 2023, demonstrating how the Committee has performed against its terms of reference and the key areas of focus set out in the previous year’s report.
1.3 This is the second report to Council of the Workforce Committee following agreement to proposals for changes to the Remuneration Committee terms of reference and a change in title of the committee at the Council meeting of June 2021.

2. Committee report to Council

2.1 The Committee is made up of six members: four Council members and two external members. In 2022/23 membership comprised of Council members Elizabeth Mailey (Chair), Arun Midha, Selina Ullah, and Jo Kember, as well as external members Janet Rubin and Rob Goward.

2.2 The Committee met three times – 30 September 2022, 26 January 2023, 31 March 2023 and 19 May 2023 - and was quorate on each occasion. A workshop was also held with the Committee at the 26 January 2023 meeting. The minutes of each meeting were reported to Council, with the Chair providing regular spoken updates to the Council.

3. Key areas of focus

3.1 To help the Committee deliver upon its promise, it agreed an annual workplan with approved agenda items for each scheduled workshop and meeting. This focused efforts in various ways, and the timing of each meeting reflected the business cycle.

3.2 The Committee has focused upon a range of topics, including:

4. Council member remuneration

4.1 In May 2023 the Committee supported a light-touch review. The Committee agreed to commend to Council in June 2023 that no changes were warranted to member remuneration.

4.2 The Committee noted the importance of keeping Council remuneration competitive to attract good quality candidates, however, there has not been a recruitment exercise for members since the remuneration was increased and so we have no evidence of impact.

5. Workforce information insight

5.1 A detailed presentation into the full range of workforce indicators was presented in September 2022. This showed developments in organisational headcount, turnover and sickness for the monitoring period soon after emergence from lockdown.

5.2 The Committee agreed to use voluntary turnover in future performance management reports. The tolerance level for this indicator was reduced several times over the last year as voluntary turnover fell. The Committee agreed to re-introduce the workforce stability indicator as an indicator of retention of permanent employees with more than 12 month’s service, this measure is known as the staff retention rate.

5.3 The Committee welcomed the analysis which set out current trends and future anticipated developments.

5.4 Each quarter the Committee welcomes being sent a detailed report on a range of HR key performance indicators including the vacancy rate, rates of appraisal and eLearning completion as well as other metrics. This information is circulated to the Committee prior to incorporation into the new Board Assurance Framework for Council.
6. **Workforce wellbeing**

6.1 In September 2022, the Committee noted the GPhC’s performance against MIND’s Workplace Wellbeing Index (which was a specific commitment set out in our EDI action plan). A circulated report detailed the attainment level of ‘silver’ which reflected feedback from a staff survey as well as benchmarking against other employers.

6.2 In January 2023, the Committee was provided with an update and a focus upon the Workplace Wellbeing Action Plan. This set out training delivery, leadership support and introduced to the Committee what the GPhC’s latest provision consisted of, from mental health first-aiders to intranet blogs, to the Employee Assistance Programme and newly provided eLearning resources. Plans for future development were also set out which were welcomed by the Committee.

7. **Renewal Programme**

7.1 Since mid-2021, an ongoing feature for meetings of the Committee has been the provision of information around the Renewal Programme. In September 2022, the Committee received a presentation and a working plan following a staff engagement survey held earlier in the year. Having been supported by the Senior Leadership Group, new content was presented by an external consultancy organisation, Gate One Ltd.

7.2 Hybrid working had delivered overall benefits for the organisation in terms of footprint savings, improved recruitment and retention and reported productivity gains. Teams appreciated the improvements to personal health and wellbeing and the time and cost savings and/or reduced travel.

7.3 The Committee was updated on developments on the Renewal Programme in January 2023. In response to concerns around fairness and a desire for more structure, the output from Gate One had led to the development of a new co-location policy approach and the proposed introduction of Team Frameworks; these are specific co-location arrangements for each function.

7.4 Additionally in respect of the Renewal Programme, progress on the development of the GPhC’s evolving accommodations strategy were regularly reported upon to the Committee. New ways of working, office relocation arrangements, and staff engagement plans were regularly the subject of reports to the Committee.

8. **Cost of Living Crisis & Reward Matters**

8.1 September 2022 the Committee received the first of several papers recommending changes to pay and reward matters considering changes to the economy and the wider labour market. The harmful impact of high inflation upon the workforce was an identified risk warranting particular attention by the Committee.

8.2 An action plan was agreed which included making changes to the way pay range minima and maxima should be refreshed, benchmarking to see what other employers were doing and proposals being made for the relaunch of non-pay employee benefits later that autumn.

8.3 Wider measures were also developed including the drawing-up of a plan to make a one-off flat payment to staff across the GPhC. In doing this, the Committee recognised the extraordinary circumstances and supported specific proposals being made at a special
9. **2023 Pay Award**

9.1 In January 2023, the Committee gained further insight on pay budgeting arrangements through QCG’s Annual Regulators and Inspection Bodies pay and benefits survey. Along with other sources, the Committee considered key benchmarks to support emerging plans for increased budget provision for the pay award.

9.2 This led to the Committee directly informing Council’s consideration of the working budget for the GPhC for the 2023/24 financial year. Council subsequently approved an increase in the proportion of funds it would devote to the annual pay review. New pay ranges were also supported by the Committee and launched from April 2023 based on external benchmarking.

9.3 In May 2023, the Committee agreed proposals for the June pay award following an equality analysis of the PDR ratings. There were several internal and external factors that were relevant to the pay award. In consideration of these, the pay award matrix was approved. The pay award was consistent with the budget allocated by Council earlier in the year.

9.4 The Committee also agreed to support the review of performance and development review arrangements following an equality analysis. The new arrangements, that must be in place for 2024/25, will seek to strengthen the relationship between individual effort and reward and the enhancement of performance management specifically.

10. **Pay Policy for 2024/25**

10.1 In January 2023, in workshop mode, the Committee considered the GPhC’s pay policy statement and considered if the guiding principles for reward and recognition were still relevant.

10.2 This led to an update on pay policy thinking being reported to the Committee in May 2023. Linked to Vision 2030 and the wider strategic goals of the GPhC, fresh thinking was noted by the Committee on the necessity for change concerning the annual pay award and efforts to support enhanced performance assessment. Changes to specifying pay positioning with greater precision were shared too.

10.3 The Committee noted potential future development in respect of job families, both as means to provide the common thread between roles in otherwise structurally separate areas of the GPhC, and to enable a distinct pay and grading structure for the roles covered by each family. Emerging thinking around forms of skills-based pay were also tabled.

11. **Gender and Ethnicity Gap Reporting and Starting Pay Analysis**

11.1 In May 2023 the Committee noted the results of the GPhC’s ongoing reporting on its gender pay gap (GPG) where the mean GPG had fallen from 16% to 12% and the mean ethnicity pay gap (EPG) had crept up from 20% to 22%.

11.2 The Committee noted progress with more women in higher grades and zones, and that average starting salary, for the first time, was now higher for women than for men since starting pay analysis started 3 years ago. The average starting salary difference for ethnic minority groups had also narrowed since last year, however there is much more to do.
11.3 The Committee noted the steps being taken to narrow the pay gaps, all of which are aligned with the EDI Action Plan, and include changes to starting pay processes (part of a new, strengthened Resourcing Policy). The Committee were advised that broadening-out recruitment shortlists remains a key consideration. Positive action would continue, e.g., targeting relevant adverts through The UK Black Pharmacist Association network. The Committee were advised that Summer 2023 would see the introduction of an applicant tracking system to gain better insight to improve outcomes.

11.4 The Committee acknowledged the sensitivity analysis of the data which showed that for an organisation of the GPhC's size small fluctuations in turnover and recruitment may have a proportional impact on the pay gap. Wider publication of the reports would now occur as aligned with the EDI strategy.

12. **New HR Information System**

12.1 In March 2023 the Committee noted an update on the new system which integrates payroll, HR records and processing and provides a job applicant tracking facility to enhance recruitment. In May 2023 the Committee noted the successful launch of this system and welcomed the progress made to automate manual processes. Further phases of integration were planned for later in 2023 and in 2024 to leverage to the new platform’s means to enhance the GPhC’s efficiency and effectiveness.

13. **Fee Reviews**

13.1 In September 2022 the Committee agreed to increase all Associate Fees by just over 1.5%. Associates include Revalidation Reviewers, Question Writers, Board of Assessor members, Fitness to Practise Committee members and others. In March 2023 the Committee agreed a new daily fee for members of the Appointments Advisory Committee and to cycle AAC fees every three years noting the next review will be in 2026. The new daily fee reflected benchmarking and feedback on how the AAC was operating.

14. **Raising concerns at work policy**

14.1 Also in September 2022, the Committee approved a refreshed Raising concerns at work policy. Reflecting latest guidance, the changes included simplification of language to make it more accessible and signposting to other GPhC policies.

15. **Inclusive Mentoring Scheme**

15.1 In January 2023, whilst in workshop mode, the Committee received and considered a presentation on the upcoming inclusive mentoring scheme which is due for launch in summer 2023. The Committee were supportive of this scheme which is part of a wider positive action approach.

16. **Status of non-staff groups**

16.1 Also in January 2023, the Committee noted an update on this topic and decided on the next steps. The paper set out the different types of employment/engagement status and proposed the next steps which included commissioning an independent external consultant to prepare a report on the issues. This level of independence was found to be important in terms of good governance and would help manage any real or perceived conflicts of interest in this context.
17. Chair’s overview and conclusions

17.1 Over the past year, the Workforce Committee has fully met the requirements of its terms of reference and has been able to provide assurance to the Council on the organisation’s remuneration processes. By broadening the scope of the Committee in 2021, we now better reflect the work being considered.

17.2 Looking ahead, some potential areas of focus for the Committee for 2023/24, in addition to cyclical items these include:

- Renewal Programme
- The second year of the EDI strategy’s action plan (specifically around the GPhC as an employer)
- Review of pay and grading arrangements
- Occupational pension review
- Workforce information trends and key HR metrics
- Light touch review of fee/reward matters for non-staff groups to remain compliant with the legal frameworks
- Next phase of talent management and evaluating the leadership development programme
- Workplace wellbeing initiatives

17.3 We recognise that these focus areas will be subject to the organisation’s internal planning process and may not all feature in the 2023/2024 workplan.

18. Review of Terms of Reference for 2023/2024

18.1 The Committee will review its terms of reference in October 2023 and shall recommend any changes to Council for approval.

19. Equality and diversity implications

19.1 Equality, diversity and inclusion continued to form a key part of the Committee’s discussions and decision-making over the course of the year. There was a strong focus on ensuring that practices within the Committee’s remit promote our commitment to equality, diversity and inclusion, and on securing assurance that this is working as intended in practice, for example in relation to scrutiny of the pay award relating to EDI factors and the gender and ethnicity pay gaps.

20. Communications

20.1 The Committee’s annual report and terms of reference are presented to Council at its meeting in June 2023. These will be published as part of the meeting papers in the usual format.

21. Resource implications

21.1 This paper does not raise any specific resource implications. The priority areas for 2023/22 will be considered in line with the organisation’s internal planning processes.
22. **Risk implications**

22.1 The Committee's annual report is a source of assurance to Council on the organisation's remuneration arrangements and the performance of the Committee in meeting its terms of reference.

22.2 Without clearly defined and regularly updated terms of reference the Committee could fail to deliver the programme of work expected by Council and/or exceed its delegated authority. Therefore, it is essential for the terms of reference to be reviewed and recommended to Council on an annual basis.

23. **Monitoring and review**

23.1 The Committee will indicate the areas on which it would like to focus on for the coming year in October 2023. These will be considered as part of the Committee’s work plan for the coming year and will be reviewed during the preparation of the next annual report.

24. **Recommendations**

Council is asked:

To agree the draft Workforce Committee annual report for 2022/2023

Elizabeth Mailey, Chair of the Workforce Committee

Laura McClintock, Chief of Staff and Associate Director of Corporate Affairs
Gary Sharp, Associate Director – Human Resources & Organisational Development

30 May 2023