General Pharmaceutical Council

Council meeting

By Zoom
Thursday, 08 September 2022

Public meeting at 13.00

Public business

Standing Items

1.	**Attendance and introductory remarks**	Gisela Abbam
2.	**Declarations of interest – public items**	Gisela Abbam
3.	**Minutes of the 14 July meeting** *Minutes of the public session – for approval*	**22.09.C.01** Gisela Abbam
4.	**Actions and matters arising**	**22.09.C.02** Gisela Abbam
5.	**Workshop summary – 14 July meeting** *For noting*	**22.09.C.03** Gisela Abbam

Regulatory functions

6.	**Reporting on the June 2022 Registration Assessment sitting** *For discussion*	**22.09.C.04** Mark Voce
7.	**Guidance on standards for education and training of pharmacist independent prescribing** *For approval*	**22.09.C.05** Mark Voce
8.	**Key issues in the external context: online pharmacy services** *For discussion*	**22.09.C.06** Annette Ashley
9.	**Key issues in the external context: temporary pharmacy closures** *For discussion*	**22.09.C.07** Laura McClintock

Governance, finance and organisational management

10.	**Assurance and Appointments Committee annual report** *For discussion*	**22.09.C.08** Elisabeth Davies

11.	**Any other business**	Gisela Abbam

Confidential business[1]

Standing items

12.	**Minutes of the additional meeting on 7 July 2022** *For approval*	**22.09.C.09** Gisela Abbam
13.	**Minutes of the 14 July meeting** *Minutes of the confidential session – for approval*	**22.09.C.10** Gisela Abbam
14.	**Minutes of the additional meeting on 27 July 2022** *For approval*	**22.09.C.11** Gisela Abbam

Regulatory functions

None at this meeting

Governance, finance and organisational management

15.	**Board Assurance Report** *For discussion*	**22.09.C.12** Duncan Rudkin
16.	**Quality & Performance Assurance Committee: terms of reference** *For approval*	**22.09.C.13** Laura McClintock
17.	**Council awayday discussion** *Oral update*	Gisela Abbam
18.	**Any other business**	Gisela Abbam

Date of next meeting

Thursday, 10 November 2022

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

a. may be prejudicial to the effective conduct of the GPhC's functions if discussed in public; or

b. contains information which has been provided to the Council in confidence; or

c. contains information whose disclosure is legally prohibited, or is covered by legal privilege; or

d. is part of a continuing discussion or investigation and the outcome could be jeopardised by public discussion; or

e. refers to an individual or organisation that could be prejudiced by public discussion; or

f. relates to negotiating positions or submissions to other bodies; or

g. could be prejudicial to the commercial interest of an organisation or individual if discussed in public session; or

h. could be prejudicial to the free and frank provision of advice or the exchange of views for the purpose of deliberation if discussed in public; or

i. needs to be discussed in confidence due to the external context, for example, during periods of heightened sensitivity such as during an election period.

General Pharmaceutical Council

Minutes of the Council meeting held on 14 July 2022

To be confirmed 8 September 2022

Minutes of the public items

Present:

Gisela Abbam (Chair)	Penny Mee-Bishop
Yousaf Ahmad	Arun Midha
Neil Buckley	Aamer Safdar
Mark Hammond	Jayne Salt
Jo Kember	Selina Ullah
Elizabeth Mailey	

Apologies:

Ann Jacklin
Rima Makarem
Rose Marie Parr

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
Gary Sharp	Associate Director of HR
Mark Voce	Director of Education and Standards
Liam Anstey	Director for Wales

Rachael Gould	Head of Communications
Janet Collins	Senior Governance Manager
Jerome Mallon	Senior Policy and Planning Manager

Standing items

1. Attendance and introductory remarks

1.1 The Chair welcomed those present to the meeting. Apologies had been received from Ann Jacklin, Rima Makarem and Rose Marie Parr. In order to allow more time for discussion of the registration assessment, item 8 on the agenda had been postponed to the next meeting.

2. Declarations of interest

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

3. Minutes of the last meeting (22.07.C.01)

3.1 The minutes of the public session held on 9 June 2022 were confirmed as a true and accurate record of the meeting and signed by the Chair.

4. Actions and matters arising

4.1 There were no matters arising.

5. Workshop summary (22.07.C.03)

5.1 The summary of the workshop held on 9 June 2022 was noted.

Regulatory functions

6. Registration assessment

6.1 Mark Voce gave an update. Just under 2,700 candidates had sat the registration assessment on 29 June. As the final stage for candidates after five years of initial education and training, this represented a significant milestone for them and brought with it real anxiety. Approximately 270 candidates, primarily but not exclusively in six centres, experienced delays of 30 minutes or more in starting either Part 1, Part 2 or both parts of the assessment. Individual candidates had also experienced delays in other test centres and concerns had been expressed by candidates about other issues including noise, technical issues with individual computers, allegations of misconduct including the use of mobile phones and calculators and the difficulty of the assessment.

6.2 The delays and other issues experienced by candidates were unacceptable and the GPhC had apologised for them, while clearly understanding that this could not undo the significant worry and upset that the issues had caused.

6.3 On 8 July, the Council had issued a statement confirming that all candidates who had experienced delays of 30 minutes or more and other candidates who successfully appealed their results after experiencing other issues such as significant technical problems or major disruption would receive a refund. The sitting would not count as one of the affected candidates' three

attempts and they would be eligible for provisional registration subject to meeting the criteria set out in the agreed policy.

6.4 Online listening sessions were being arranged for the candidates to give feedback, ask questions and hear what was being done in response. The sessions would be open and would be held in the evenings to allow as many candidates as possible to take part.

6.5 In addition to the internal Serious Incident Review (SIR - see paragraph 6.6 below), external consultants would be brought in to review the registration assessment process and arrangements with the current provider.

6.6 The SIR would look at the severe delays experienced in some test centres; the technical issues which arose, the quality and consistency of the invigilation, the support available to candidates and the GPhC's response to the problems on the day. It would also flag any policy issues and highlight any other areas which may require more detailed consideration. Interviews had already taken place with key personnel and the report was expected to be with the Chief Executive in the last week of July.

6.7 The Council had decided to establish a new committee on Quality and Performance Assurance to be chaired by a lay member of Council, Dr. Rima Makarem.

6.8 On 13 July, a number of staff had met with a delegation of trainees who were part of a peaceful protest outside the GPhC offices. The meeting had been constructive and had enabled those present to hear first-hand accounts of candidates' experiences. The candidates had raised four main issues:

- ensuring that the affected candidates could benefit from provisional registration and that the sitting did not count as one of their attempts;
- allowing any candidate who failed the assessment in June to have an additional attempt;
- allowing those who failed one part of the assessment to only re-sit that part in November; and
- extending the eight-year rule.

6.9 The first issue had already been addressed, Council having confirmed that any candidate who successfully appealed on the grounds of procedural error or other major disruption would benefit from provisional registration in the same way as those who experienced severe delays. There would be further communication around this to ensure that candidates had a clear understanding and further communication to the candidates on the other issues raised would be issued during the following week.

6.10 Specific staff were handling queries from candidates whose mental health had been affected by the issues. They were being signposted to particular sources of support and the GPhC was liaising with those organisations.

6.11 The Chair apologised again on behalf of the Council for the unacceptable experiences of some candidates and reiterated that the members and the executive were working hard to understand why they had happened. She also thanked all the staff who were working on this issue for their efforts.

7. Update on minimising and dealing with the risk of potential biases in Fitness to Practise decision making (22.07.C.04)

7.1 Carole Auchterlonie was joined by Jerome Mallon to present this item.

7.2 There had been discussion at a previous Council meeting about a pilot exercise which had been carried out in part of NHS England reviewing anonymised case information before doctors were formally referred to the General Medical Council. This had prompted discussion about what the GPhC was doing in this area given the disproportionately high number of concerns received about pharmacy professionals from minority ethnic backgrounds, compared to the numbers on the register. Anonymisation was one of the tools which could be used to minimise bias.

7.3 The GPhC's Equality, Diversity and Inclusion and Managing Concerns strategies had both explored what was in the GPhC's control in this area and where the organisation could work with others.

7.4 The paper covered what had been done so far including additional checks for discrimination and bias during the triage stage and training on specific aspects of discrimination such as antisemitism. It also covered planned actions on data collection, analysis and publication, decision-making guidance and further tailored training on different aspects of discrimination.

7.5 There would be a project to trial anonymisation of cases at the Investigating Committee (IC) stage. It was not proportionate to anonymise cases pre-IC as 84% of the approximately 3000 concerns received each year were closed before getting to the IC. There were pros and cons to anonymisation as in some cases it could remove information which was relevant to the case, such as a cultural context around tone and language, and thus inadvertently disadvantage the pharmacy professional.

7.6 Case records could now include the setting of the concern (for example, whether it related to hospital or community pharmacy) and so it would be possible to report on whether there were differences, if the data was statistically relevant. It would also be possible to look at sanctions that were being applied to cases.

7.7 Whereas some regulators received most of their referrals from employers, the GPhC received most of its concerns from patients and the public, which could mean that any problems identified could be harder to resolve as it would not be possible via dialogue with employers.

7.8 **The Council noted the update.**

Governance, finance and organisational management

8. Minutes of the Audit and Risk Committee (22.07.C.06)

8.1 The Council noted the minutes of the public items considered by the Audit and Risk Committee at its meeting on 26 May 2022.

9. Any other business

9.1 The Chair would be attending the first meeting of the Commission on Pharmacy Leadership on 19 July. Members were welcome to provide suggestions on the approach.

9.2 There being no other public business, the meeting closed at 3.35 p.m.

General Pharmaceutical Council

Council action log – September 2022

	Open and on track
	Overdue
	Rescheduled
	Complete

No.	Status	Minutes	Action	Lead	Update	Due date
1	Complete	April para 7.4	Council to consider the question of whether to have a senior member/senior independent director	LM	Discussed at the June workshop	Complete
2	Rescheduled	April para 7.4	Appraisal policy for independent members of non-statutory committees to be drafted	JC	Rescheduled on agreement with the Chair to November, given full agenda for September.	November
3	Complete	May para 4.3	Case anonymisation in FtP – paper to be put to July Council	CA	Council received a full paper on the steps taken to minimise the risk of potential bias in fitness to practise decision-making (including anonymisation) in July 2022.	Complete

General Pharmaceutical Council

Council workshop summary

Meeting paper for Council on 08 September 2022

Public

Purpose

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

Recommendations

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

1. Introduction

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

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

1.2 The 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. Summary of July 2022 workshop

Developing a Board Assurance Framework

2.1 Claire Bryce-Smith led a session on developing a Board Assurance Framework. The session looked at the various means by which the Council already gained assurance, explored what could be added and how the Council would like to see the information presented. A number of ideas were discussed for both content and presentation, including making it easy for Council to identify the progress that was being made on issues of concern such as Fitness to Practise improvement and the registration assessment results of graduates of some schools of pharmacy.

2.2 While it was important that Council had timely and easily digestible information, it was also important not to over-engineer the assurance mechanisms so that they became

time-consuming to both produce and understand. It was likely that some of the areas covered would be regular while others would come and go as issues changed.

Update on strengthening pharmacy governance

2.3 Duncan Rudkin gave a brief update on the work on strengthening pharmacy governance, formerly referred to as re-balancing.

2.4 Both the Pharmacy Preparation and Dispensing Errors Hospital and other Pharmacy Services Order 2022 and the Pharmacy Responsible Pharmacist Superintendent Pharmacist Order 2022 had been approved by Parliament and were due to be agreed by the Privy Council on 19 July. A commencement order was required to bring the new powers set out in the Orders into force.

2.5 There would be a session with Council in the autumn exploring the key issues and how the powers would be used. This would be ahead of engagement and consultation with the sector, which was already being planned.

Registration assessment

2.8 Mark Voce updated the Council on the progress of the investigation into the issues experienced by candidates who sat the registration assessment on 29 June. An update was also given in the public session of the Council meeting and details can be found in the minutes of that meeting (22.09.C.02).

2.9 The Council discussed the external review that was being commissioned in addition to the internal Serious Incident Review. This would cover not just the assessment itself but also the GPhC's response to what happened. Members also discussed the meeting held on 12 July with affected candidates and the four issues that they had raised. These were:

- that those who were disadvantaged by issues other than the severe delays benefitted from provisional registration and that their sitting should not be counted as one of their three attempts;
- that all candidates who failed the June sitting should be allowed an additional attempt;
- that candidates who passed one part but failed the other in June should only have to re-take that part that they failed in November; and
- that the eight-year rule should be suspended for candidates who would be affected by it following a disrupted sitting in June.

2.10 The first point had already been agreed by Council. While Council does not normally make decisions in workshops, it was agreed that the eight-year rule should be suspended for 2022 and then reviewed.

2.11 It was not possible for Council to agree to the second and third points. While it was right that the June sitting should not count as one of the three attempts that each candidate was allowed, offering an additional attempt for all would give those candidates an advantage over those who had sat the assessment in other years. The assessment was designed as one integral assessment in two parts, with the blueprint mapped across the two papers, so to allow only one re-take would likely compromise the integrity of the assessment, although further advice on this would be requested from the Board of Assessors.

2.12 Listening events were being arranged which would include Council members, to hear directly from affected candidates.

2.13 Members had a further discussion about options for the November sitting which would need to be finalised in the near future. This was particularly important for the candidates who would be taking part in that sitting.

3. Recommendations

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

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

19/07/2022

General Pharmaceutical Council

Meeting paper

Council on Thursday, 08 September 2022

Public business

Reporting on the June 2022 Registration Assessment sitting

Purpose

To update Council on candidate performance in the June 2022 Registration Assessment sittings.

Recommendations

Council is asked to note:

i. candidate performance data (Annex 1); and
ii. the Board of Assessors' report to Council (Annex 2) and the assurance it provides about the June 2022 sittings.

Council is also asked to note:

iii. the ongoing operational preparation for the November sitting and to identify any particular issues that can inform discussion by the Quality and Performance Assurance Committee at its first meeting on 14 September (subject to Council agreeing the terms of reference).

1. Introduction

1.1 Passing the GPhC/PSNI Registration Assessment is a pre-requisite for applying to register as a pharmacist in Great Britain or Northern Ireland. Normally, there are two sittings every year, in Summer and Autumn. This is the GPhC's report on the June 2022 sitting.

1.2 Responsibility for the Registration Assessment is split between the GPhC and the Board of Assessors (the 'Board'). The Board sets and moderates the Registration Assessment and agrees reasonable adjustments for candidates with specific needs; the GPhC is responsible for operational matters and for overseeing the setting and publishing of papers, in collaboration with partner organisations.

1.3 The Board is responsible for the Registration Assessment through delegated authority in the GPhC's Scheme of Delegation.

1.4 There were serious delivery issues in a number of centres. This paper outlines the issues and explains what steps are being taken to ensure the issues do not recur in November 2022, the next sitting.

External review

1.5 The GPhC has commissioned an external review of the June sitting from Verita, a consultancy firm. An update on their work will be provided at this meeting.

2. The assessment – candidate performance

2.1 2,697 candidates sat the assessment in June and the pass rate was 80%. This is comparable to the pass rates for previous assessments taken in the summer when the majority of candidates sit the assessment at the end of their Foundation training year. As the Board's report notes, there was no statistically significant variation in the pass rate for those test centres where there were serious delays. The Board has highlighted its concerns about candidates sharing questions after the assessment in contravention of the Registration Assessment Regulations. We will be reminding candidates about their responsibilities in advance of the November assessment and will also highlight this to key stakeholders to inform their own communications to candidates.

2.2 The candidate data in Annex 1 relates to those sitting the assessment for the first time (those who are unsuccessful have a further two attempts to sit the assessment and the vast majority of candidates are ultimately successful). Trainees who completed their Foundation training year in hospital, hospital/GP practice or multi-sector settings performed better than those in community and community/GP practice settings. There remains a differential pass rate associated with ethnicity. For candidates identifying as White – British; White – Other; Asian or Asian British – Chinese; Asian or Asian British – Bangladeshi; Asian or Asian British - Indian, (as well as almost 200 candidates who preferred not to say), the pass rate was 80% or above. The pass rate for candidates identifying as Arab; Asian or Asian British – Other; Asian or Asian British – Pakistani; and Black or Black British- African was between 72% and 78%.

2.3 We continue to focus on EDI in accreditation visits and the initial education and training standards for pharmacists which are now being implemented have a greater emphasis on equality, diversity and inclusion to combat discrimination and tackle health inequalities. These include an important new requirement for an annual review of student performance based on protected characteristics with documented action to address differences where they are found.

2.4 Of the 30 courses run by schools of pharmacy, 19 produced a first sitting pass rate of between 80% and 100%; six were between 70% and 79%; four were between 60% and 69%; and one – University of Central Lancashire - was below 60%. We will be setting out a revised approach for Council to consider in relation to schools of pharmacy where the first-time pass rate remains low, despite previous interventions. This will be discussed by Council at its September workshop.

3. Operational considerations

3.1 The Council minutes record the detailed discussions by Council following the serious delays experienced by candidates at six test centres, along with a range of concerns relating to unprofessional environments, poor invigilation and noise levels. Candidates experiencing delays of 30 minutes or more have received refunds, confirmation that, if unsuccessful, their sitting would not count as one of their three attempts and that they are eligible for provisional registration. Candidates who did not experience delays of 30 minutes or more but who nevertheless experienced technical or other problems amounting to procedural errors are also eligible for the same provisions. Of the 126 appeals decided to date, 103 have been upheld, primarily due to grounds relating to delay or technical issues. This is in addition to 53 candidates who were automatically regarded as having a successful appeal due to experiencing delays of 30 minutes or more as previously agreed by Council. We are continuing to process the remaining appeals.

3.2 Following Council discussions, we have requested detailed information from BTL on the changes to delivery and assurance mechanisms for the November assessment. This included a two-day face-to-face meeting in August. A short overview of the issues discussed is set out below. We envisage more detailed information on each of these points will be discussed by the Quality and Performance Assurance Committee:

- *Test centre booking process and allocation*: To improve the process and reduce anxiety for candidates, we are working with BTL to allocate candidates to test centres based on the home address they have provided to us rather than requiring candidates to book the centre themselves. This will avoid candidates worrying about whether they will get a test centre place and mitigates the risk of the IT issues experienced before the June sitting.

- *GPhC representatives*: There will be a representative from the GPhC in every test centre (the Pharmaceutical Society for Northern Ireland will provide representatives for the test centres in NI). The purpose is to: ensure our own direct line of communication from the test centre in addition to the communication channels with BTL; attend centres the day before the sitting to provide verification that the centres are equipped with the relevant hardware and that all testing has been carried out by 1pm; to provide a short report following the assessment to provide our own information on any issues raised by candidates, how invigilators responded to any issues,

including any potential misconduct; and whether any other factors, such as noise, was apparent during the sitting.

- *Types and location of test centres*: We have provided BTL with information on the number and location of eligible candidates to inform the selection of test centres. Following the issues experienced in June, BTL will only use test centres in November that are permanently set up to deliver assessments. This ensures that the relevant hardware is permanently in place and avoids issues of late delivery to temporary test centres, the primary reason for the serious delays in June. Currently BTL are auditing all planned centres for suitability pending final decisions on which centres will be used. Our primary focus is on ensuring that the test centres we use are fully suitable and fit for purpose. Therefore, it is possible that some candidates may have to travel a little further than previously to attend a suitable venue, although we would still expect the majority of candidates to attend a test centre within reasonable travelling distance.

- *IT issues:* we are seeking additional assurance and evidence about the testing and checks to address the more general IT issues raised by some candidates, such as slow running and freezing of computers and issues with online connections.

- *Invigilators*: We will enhance the training given to invigilators, including updating our invigilation manual and training all chief invigilators directly**.**

- *Contingencies*: we are continuing to work through the practicalities of how paper copies can be available at test centres in the event of a major IT failure.

3.3 Our approach is also focused on securing *evidence* of the assurance mechanisms that BTL has put in place. This is particularly relevant to the additional IT checks and testing that will be carried out in advance of the sitting to avoid the issues of slow running and freezing of equipment, and issues with online connections that affected some candidates in June.

4. Equality and diversity implications

4.1 The equality and diversity points relating to candidate performance in June are covered in section 2 above. For November, all candidates requiring reasonable adjustments have now applied and these requests are being assessed.

5. Communications

5.1 Candidates for the November sitting will be receiving regular updates to inform them about arrangements for sitting the assessment. These updates will include details about the actions we

are taking to reduce the risks of the issues experienced by some candidates in June happening again. In addition, we will be hosting a webinar in October and will confirm the date shortly.

6. Resource implications

6.1 Nothing additional arising from this paper, although there will be some cost in ensuring a GPhC presence at each test centre.

7 Risk implications

7.1 The actions highlighted above focus on mitigating the key risks identified after the sitting in June. We are updating our own risk register and BTL is providing its own risk management and assurances action log to us.

Recommendations

Council is asked to note:

i. candidate performance data (Annex 1); and
ii. the Board of Assessors' report to Council (Annex 2) and the assurance it provides about the June 2022 sittings.

Council is also asked to note:

iii. the ongoing operational preparation for the November sitting and to identify any particular issues that can inform discussion by the Quality and Performance Assurance Committee at its first meeting on 14 September (subject to Council agreeing the terms of reference).

Mark Voce, Director of Education and Standards
Damian Day, Head of Education
Sarah Stein, Head of Registration and Customer Services
General Pharmaceutical Council

31 August 2022

Annex A

June 2022 Registration Assessment performance breakdown by characteristic

Table 1a: *Overall performance*

		Part 1			Part 2		
			Average mark			Average mark	
No. of candidates	Overall Pass Rate %	Total marks available	Raw mark (/40)	%	Total marks available	Raw mark (/119)	%
2,697	79.61	40	30.06	75.14	119	95.19	79.99

*In a sitting, there are 40 questions in Part 1 and 120 questions in part 2. The Board of Assessors may remove a question on the basis of its performance at the post-assessment stage, if there is statistical evidence to support doing so. In this sitting, the Board of Assessors removed one question from Part 2.

Table 1b: *Paper pass marks*

Paper	Number of questions required to pass each part
Part 1	24 (out of 40)
Part 2	80 (out of 119)

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

The number of questions required to pass each part may vary from paper to paper and year to year depending on the difficulty of questions and papers.

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

Table 2: *Performance by sitting attempt*

			Part 1			Part 2		
				Average mark			Average mark	
Sitting attempt	No. of candidates	Overall Pass Rate %	Total marks available	Raw mark (/40	%	Total marks available	Raw mark (/119)	%
1st	2,389	82.38	40	30.56	76.41	119	96.29	80.92
2nd	189	53.97	40	25.31	63.27	119	86.48	72.67
3rd	119	65.71	40	27.37	68.42	119	86.74	72.89

Note that data in Table 3 onwards are for 1st attempt sitters not the full cohort

Table 3: 1st attempt by education route

			Average % mark	
Education route	**No. of candidates**	**Pass rate %**	**Part 1**	**Part 2**
OSPAP	47	75.06	72.14	77.57
MPharm	2,342	81.66	75.85	80.61

Table 4: 1st attempt by sex

			Average % mark	
Sex	**No. of candidates**	**Pass rate %**	**Part 1**	**Part 2**
Male	715	81.54	76.80	79.97
Female	1,650	82.73	76.17	81.30

Table 5: 1st attempt by age range

			Average % mark	
Age Range	**No. of candidates**	**Pass Rate %**	**Part 1**	**Part 2**
36 and over	68	51.47	59.12	74.48
26 - 35	281	69.40	69.16	77.15
25 and under	2,040	85.20	77.99	81.65

Table 6: 1st attempt by country of training

			Average % mark	
Country	**No. of candidates**	**Pass Rate %**	**Part 1**	**Part 2**
England	1,988	81.24	75.82	80.56
Northern Ireland	125	84.80	78.50	81.28
Scotland	175	89.71	80.00	83.23
Wales	101	89.11	79.31	83.68

Table 7: 1st attempt by sector

			Average % mark	
Sector*	**No. of candidates**	**Pass Rate %**	**Part 1**	**Part 2**
Community	1,287	76.07	72.66	78.09
Community/GP	194	78.87	73.32	80.46
Hospital	638	91.54	82.61	85.07
Hospital/GP	150	93.33	82.75	84.61
Multisector	102	93.14	80.56	85.29
Other	18	91.67	82.08	84.65

Table 8: 1st attempt by ethnicity (≥ 75 candidates in a category)

			Average % mark	
Ethnicity	**No. of candidates**	**Pass Rate %**	**Part 1**	**Part 2**
Arab	124	75.00	73.08	80.12
Asian or Asian British - Bangladeshi	113	81.42	74.65	80.29
Asian or Asian British - Chinese	135	88.15	82.59	83.02
Asian or Asian British - Indian	280	80.36	75.08	79.85
Asian or Asian British - Other	157	78.34	75.29	79.32
Asian or Asian British - Pakistani	351	75.50	71.08	78.31
Black or Black British - African	264	72.35	67.16	77.85
Prefer not to say	182	83.52	78.19	81.24
White - British	524	95.61	85.42	85.36
White - Other	101	80.20	74.43	80.31

Table 9: MPharm degree 1st attempt by School of Pharmacy (≥ 15 candidates)

			Average %	
School of Pharmacy*	**No. of candidates**	**Pass Rate %**	**Part 1**	**Part 2**

Aston University	131	83.97	77.33	79.72
University of Bath	68	98.53	85.70	85.92
University of Birmingham	49	91.84	84.74	84.12
University of Bradford (4-year continuous degree)	44	88.64	77.44	82.93
University of Bradford (5-year sandwich degree)	52	88.46	76.54	80.62
University of Brighton	57	70.18	69.25	78.43
Cardiff University	114	95.61	83.84	85.66
University of Central Lancashire	71	54.93	60.70	74.71
De Montfort University	75	64.00	69.37	76.40
University of East Anglia (4-year continuous degree)	49	83.67	77.40	80.96
University of Hertfordshire	80	66.25	67.34	75.71
University of Huddersfield	49	81.63	77.04	79.71
Keele University	74	68.92	71.45	77.75
King's College London	62	85.48	78.39	79.93
Kingston University	83	74.70	74.10	78.97
Liverpool John Moores University	75	76.00	72.73	79.90
University of Manchester	117	88.89	78.53	81.84
Medway School of Pharmacy (universities of Greenwich and Kent)	89	69.66	66.54	78.47
University of Newcastle	49	89.90	83.37	84.65
University of Nottingham (4-year continuous degree)	161	95.03	83.74	84.65
University of Portsmouth	94	68.09	71.54	77.41
Queen's University Belfast	79	92.41	82.03	83.48
University of Reading	79	81.01	75.73	80.80
The Robert Gordon University	64	89.06	78.83	81.18
University of Strathclyde	102	91.18	81.20	84.58
University of Sunderland	90	84.44	75.44	82.89
University of Sussex	19	89.47	78.95	82.22
University College London	137	92.70	82.94	83.13
University of Ulster	40	75.00	74.56	77.27
University of Wolverhampton	53	69.81	65.28	76.11

General Pharmaceutical Council

Pharmaceutical Society NI

Protecting Registering Regulating

Annex B: Report on the June 2022 Registration Assessment from the Board of Assessors

1. Introduction

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

- a four-year MPharm degree accredited by the GPhC/PSNI; then
- 52 weeks of pharmacist foundation training; and
- the GPhC/PSNI Registration Assessment (hereafter the Registration Assessment).

or

- a five-year MPharm degree, with integrated pharmacist foundation training, accredited by the GPhC; and
- the Registration Assessment.

or

- a five-year MPharm degree, with a preparatory year, accredited by the GPhC; then
- 52 weeks of foundation training; and
- the Registration Assessment.

or

- a one-year Overseas Pharmacists' Assessment Programme (OSPAP) accredited by the GPhC; then
- 52 weeks of foundation training; and
- the Registration Assessment.

1.2 During foundation training, trainees are signed-off on four occasions by a designated pharmacist supervisor in G B or Educational Supervisor in NI – at 13, 26, 39 and 52 weeks (50 weeks in Northern Ireland and candidates must have completed no less than 45 weeks of training). Trainees must have been signed off as 'satisfactory' at 39 weeks to be eligible to be entered for a sitting of the Registration Assessment.

1.3 The assessments took place on 29th June 2022 in 113 test centres across Great Britain and Northern Ireland.

1.4 The Registration Assessment is an examination with two papers - part 1 and part 2. It is based on the *Registration Assessment Framework*, which covers:

- the outcomes to be assessed;
- the weighting of outcomes (high/medium/low);
- therapeutic areas which can be assessed;
- high risk drugs which can be assessed;
- the proportion of paediatric questions; and
- the types of pharmaceutical calculations to be assessed.

1.5 *Part 1*: Part 1 is two hours long (120 minutes) and comprises 40 calculations questions with free text responses. Approved models of calculators are permitted in Part 1, as are on-screen calculators.

1.6 *Part 2*: Part 2 is two and a half hours long (150 minutes) and comprises 120 questions: 90 are single best answer questions (SBAs) and 30 are extended matching questions (EMQs). Calculators are not permitted in Part 2 because from a numerical perspective the questions in that part test general number sense and calculators are not required.

1.7 Candidates with a specific need were able to ask for an adjustment to be made in the conduct of the Assessment.

2. Reporting to Council

2.1 Normally, there are two sittings of the Registration Assessment every year, in June and September/November, and the Board of Assessors reports to the GPhC's Council after each one. This is the Board's summary report for June 2022, which will be complemented by a fuller report from the GPhC. It will be presented to the GPhC/PSNI councils in September 2022.

3. June 2022 summary statistics

Candidate numbers	Number	% of total candidates
Total number of candidates	2697	100%
Number of first sitting candidates	2389	88.58%
Number of second sitting candidates	189	7.01%
Number of third sitting candidates	119	4.41%

Candidate performance – pass rates	Number of passes	% pass rate
Overall pass	2147	79.61%
Overall fail	550	20.39%
First sitting pass rate	1968	82.38%
Second sitting pass rate	102	53.97%
Third sitting pass rate	77	64.71%
England pass rate	1778	78.26%
Northern Ireland pass rate	106	83.46%
Scotland pass rate	165	88.71%
Wales pass rate	98	88.29%

4. Paper and question analysis

Question performance

4.1 A set of example questions was made available to candidates. Both live and example questions are written by the same group of question writers, to the same standard and length. All the example questions have been previously used in recent assessment sittings or are similar to questions that have been used. Concerns that live and sample questions are different are unfounded and there is no credible evidence to suggest that they are.

4.2 The questions performed well in both parts. One question from part 2 was removed after review by the Board, meaning part 2 was out of 119 questions.

4.3 The Cronbach's alpha, which provides a measure of reliability, for was 0.875 for part 1 and 0.883 for part 2, which means that the reliability of both papers is good.

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

Weighting	June 2022	Permissible range
Total % of the questions with high-weighted outcomes	68.6%	60-70%
Total % of the questions with medium-weighted outcomes	25.7%	25-35%
Total % of the questions with low-weighted outcomes	5.7%	Up to 10%

4.5 The pass rate for the June 2022 sitting of 79.61% is comparable to previous pass rates for June sittings.

4.6 Concerns were raised that due to late starts in a number of centres the pass rate for some candidates may have been affected. There is no statistical evidence that this was the case.

5. Passing standard

5.1 The methodology used for maintaining the pass standard for June 2022 is the same as for 2021 and includes the use of Item Response Theory (IRT). IRT is a recognised methodology to maintaining standards of an assessment and this will be used with other standard setting methodologies by the Board as part of its ongoing standard setting and maintaining standards processes.

5.2 Pass requirements: To pass the Registration Assessment, both Part 1 and Part 2 must be passed in the same sitting. There are no exceptions to this, on the basis that on any given day in practice a pharmacist must be both numerate and apply relevant clinical knowledge.

5.3 Comparisons with previous papers: The June 2022 papers were benchmarked against the papers from March 2021 Day 1. The calculations paper was marginally easier than the March 2021 paper and the clinical practice paper was slightly harder. As the Board uses variable pass marks for the Registration Assessment the marks can accommodate variations in paper difficulty. The difference in Part 1 was not significant enough to warrant a higher pass mark than in March 2021, but Part 2 was harder enough that the pass mark was set two marks lower than in March 2021 Day 1. Additionally, in comparison to June 2021, the June 2022 cohort was as able on Part 2, but less able on Part 1.

5.4 *Pass rates by centre and delay*: The Board was presented with pass rate data by centre and there was no statistically reliable evidence of significant variation. For full statistical reliability data from c.250 candidates are required but none of the centres used in June 2022 were sufficiently large for that.

6. Feedback to candidates and training providers

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

7. Delivery concerns

7.1 The Board is not responsible for the delivery of the Assessment but will be contributing to discussions about how the Registration Assessment can be delivered in the future.

7.2 The Board appreciates that for some candidates the experience of sitting the Assessment in June 2022 was poor and urges the GPhC to ensure that experience is not repeated in November 2022.

7.3 The Board does have a serious concern that candidates are violating the Registration Assessment Regulations by sharing questions after the assessment – the GPhC has clear evidence of this. The GPhC is taking action where there is sufficient evidence to take a case forward, which the Board agrees should be done.

8. Psychometrics

8.1 The Board wishes to record its appreciation for the support provided by AlphaPlus, the GPhC's psychometricians, who were able to reassure the Board that the pass/fail marks were true and accurate.

Professor Andy Husband, Chair, on behalf of the Board of Assessors
27 July 2022

General Pharmaceutical Council

Guidance on standards for education and training of pharmacist independent prescribing

Meeting paper for Council on 08 September 2022

Public business

Purpose

To agree guidance in support of the changes to the independent prescribing standards for pharmacists

Recommendations

Council is asked to agree:

- The draft guidance at Annex A, subject to any final comments from the initial education and training Advisory Group

1. Introduction

1.1 At its meeting in May, Council agreed changes to the standards for independent prescribing (IP) following a public consultation. The principal change was to amend the requirements for entry to an accredited independent prescribing course. Applicants would be required to have relevant experience in a UK pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber. This would replace the previous requirement to have two years of clinical practice and to have relevant experience in a specific clinical or therapeutic area.

1.2 Council also agreed that we should produce guidance in advance of the change being implemented to support consistency in the way education providers applied the new standards and so that individual pharmacists could understand the relevant experience they would need before enrolling on a course. The draft guidance is at Annex A.

1.3 In preparing the guidance we have engaged with stakeholders, including education providers of IP courses. We believe it would also be helpful for the initial education and training Advisory group to discuss the guidance before final sign-off.

2. Developing the guidance: stakeholder engagement

2.1 To help develop the guidance we have engaged with education providers. Feedback has been broadly positive, and we have taken on board the key points raised. These include: explaining who is affected by the changes and how this links to the wider initial education and training reforms; including more examples of what might constitute 'relevant experience'; expanding the information on the skills and attributes required; and including more of the reference material available, such as the RPS Competency Framework. The guidance also clarifies that applicants must be able to recognise, understand and articulate the skills and attributes as opposed to 'possessing' them.

2.2 Due to the timing of meetings, it has not been feasible to present the guidance to the initial education and training Advisory Group. If Council is content with the guidance as crated, we would propose sending it to the Advisory Group for its meeting on 22 September with any further drafting or minor amendments agreed by the Council co-chairs.

2.3 We would then implement the revised standards on 1 October 2022.

3. Equality and diversity implications

3.1 An equality impact assessment was prepared for the consultation proposing the changes to the standards. There are no further implications arising from the draft guidance.

4. Communications

4.1 We will work closely with the Communications team to provide clarity around the process leading to accreditation and the implementation of the new entry requirements. The revisions to the standards and guidance will be communicated to all providers of GPhC-accredited independent prescribing courses. From 1 October 2022 onwards all providers will be reaccredited to the revised standards when due for reaccreditation. This will allow course providers to accept pharmacists in line with the new entry requirements for their next cohort and allow the change to be implemented as early as Autumn 2022. The process will involve a submission from the provider to demonstrate how they will meet the revisions under standard 1, because of changes to the entry requirements. The provider will be asked to submit a copy of their revised application documentation, guidance and admissions process alongside their commentary for review.

4.2 We will also engage with relevant internal and external stakeholders to ensure that the revised standards document is translated into Welsh before it is published, and that course providers and the public can access the revised standards and guidance.

5. Resource implications

5.1 Nothing additional arising from this guidance.

6. Risk implications

6.1 The draft guidance is intended to minimise the risk of education providers operating inconsistent admission procedures.

7. Recommendations

Council is asked to agree:

- The draft guidance at Annex A, subject to any final comments from the initial education and training Advisory Group

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

General Pharmaceutical Council

01/09/2022

Annex A

Education and training of pharmacist independent prescribers: guidance to support the introduction of the revised entry requirements

September 2022

Introduction

The publication of our standards for the initial education and training for pharmacists (IETP), in January 2021, introduced some major changes so that pharmacists will be able to play a much greater role in providing clinical care to patients and the public from their first day on the register, including through prescribing medicines. From 2026 onwards pharmacists joining the GPhC register, who have been fully trained to the IETP standards, and meet our criteria for registration will automatically be annotated as independent prescribers.

We do however recognise that a large proportion of currently registered pharmacists as well as those due to join our register between now and 2026 will not automatically receive this qualification. They will need to achieve a Practice Certificate in Independent Prescribing in order to become eligible to apply for annotation as a prescriber. This Practice Certificate is awarded following successful completion of a GPhC-accredited pharmacist Independent Prescribing (IP) course. Accredited independent prescribing courses are offered by higher education institutions (usually universities) and are typically delivered through a combination of face-to-face teaching sessions and self-directed study. Currently there are two routes to gaining an independent prescriber annotation: as part of the initial education and training and through a free-standing training course.

Following a consultation in November 2021, we have revised the entry requirements for training as a pharmacist independent prescriber which will enable more pharmacists to begin their independent prescriber training, and have removed the following requirements:

- for registered pharmacists to have **two years of clinical practice**, before they can enrol on an accredited independent prescribing course
- to have relevant experience in a **specific clinical or therapeutic area**, before they can enrol on an accredited independent prescribing course

These have been replaced with new entry requirements that state:

•Applicants must have **relevant experience** in a UK pharmacy setting and be able to **recognise, understand and articulate the skills and attributes required by a prescriber**. This experience and awareness will act as the basis of their prescribing practice whilst training.

•For the purposes of developing their independent prescribing practice applicants must identify **an area of clinical or therapeutic practice on which to base their learning**.

This guidance

The purpose of this document is to support the introduction of these revised entry requirements. It is relevant for both course providers and applicants and gives some specific suggestions and examples of what we may expect. It should not however limit or prevent course providers and applicants from using other examples and/ or experiences. In addition to this guidance, consideration should be given to any other appropriate documents too. (See the useful resources section, below).

Applicants must have relevant experience in a UK pharmacy setting

Applicants must be able to provide examples of relevant experience in a UK pharmacy setting and course providers must demonstrate that they have a process in place to consider and review this.

An applicant's experience should be meaningful, and highlight outcomes that evidence both significant and positive impact on patient care.

Whilst patient care will be central to every applicant's experience, it is important to recognise that 'relevance' will look different from applicant to applicant. Therefore, the experience should be assessed by the course provider on an individual basis to determine whether the applicant is ready to enrol on the course.

Their experience could have been obtained, for example,

- whilst studying pharmacy and could include experiential learning, simulation, summer placements etc.
- during their pre-registration/ foundation training year.
- whilst employed in a pharmacy setting.

It is important that reference is made to,

- patient-orientated/ person centred experience
- clinical/ therapeutic experience
- evidence of continuing professional development.

Examples of relevant experience may include, but are not limited to:

- counselling patients whilst working in collaboration with multidisciplinary hospital pharmacy team on a ward where, shared decision making, and consideration is given to patient dignity, capacity and consent are essential
- drug history taking and medication reviews whilst assessing patients' medicines as part of an annual review in a GP practice and where consideration of diversity and cultural differences influences their recommendations.
- resolution of prescribing queries potentially in a community pharmacy where service provision to a care home is part of their role
- dealing with ethical dilemmas whilst working in a community pharmacy on a weekend and having to decide whether to supply medicines to a patient who has run out and you cannot discuss this with the patients GP

- observation/involvement in specialist clinics, in their local GP surgery where maintaining patient confidentiality will be essential, particularly as they know many of the patients, who attend their community pharmacy.
- reflection on practice and recognising their limitations in competence potentially when faced with a request to treat a patient or issue a prescription for a condition they are unfamiliar with whilst working in a GP practice.

The above examples should not be seen as a checklist. They are intended to demonstrate the wide ranging and unique nature of relevant pharmacy experience that can contribute to a pharmacist' overall readiness to enrol on an accredited prescribing course. There is not a specific length of time that will determine this. It is the overall breadth and range of relevant experience that is important.

Applicants must be able to recognise, understand and articulate the skills and attributes required by a prescriber.

It is important to note that many of the skills required by a prescriber are the same as those of a non-prescriber. Our **Standards for Pharmacy Professionals** should therefore underpin an applicant's suitability. There are nine standards that every pharmacy professional is accountable for meeting. They describe how safe and effective care is delivered through 'person-centred' professionalism. The standards are a statement of what people expect from pharmacy professionals, and also reflect what pharmacy professionals have told us they expect of themselves and their colleagues. The meaning of each of the standards is explained, and there are examples of the types of attitudes and behaviours that pharmacy professionals should demonstrate, and therefore are consistent for prescribing also.

An understanding of **scope of practice**, the activities a healthcare professional carries out within their professional role, is fundamental. The healthcare professional should understand that they must have the required training, knowledge, skills and experience to deliver prescribing activities lawfully, safely and effectively. Scope of practice should be informed by the individual's professional judgement as well as, for example, regulatory standards, the professional leadership body's position, employer guidance and evidence-based documents and guidance from other relevant organisations such as NHS guidelines, journals etc.

The 2021 IETP standards have determined key learning outcomes a trainee pharmacist would be expected to demonstrate upon registration in relation to being a prescriber, and we would expect the applicants to understand these and their importance when prescribing medicine's. These align to the RPS Prescribing Competency Framework also, see below.

These are:

- Recognise the psychological, physiological and physical impact of prescribing decisions on people
- Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them
- Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices
- Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice

- Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services
- Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing
- Prescribe effectively within the relevant systems and frameworks for medicines use
- Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people
- Use tools and techniques to avoid medication errors associated with prescribing, supply and administration

The **RPS Prescribing Competency Framework** describes the demonstrable knowledge, skills, characteristics, qualities and behaviours for a safe and effective prescribing role and sets out what good prescribing looks like. It's a generic framework that can be used by any prescriber at any point in their career, regardless of their professional background. It should however be contextualised to reflect different areas of practice, levels of expertise and settings.

The competencies within the framework are presented as two domains and describe the knowledge, skill, behaviour, activity, or outcome that prescribers should demonstrate:

Domain one - the consultation: This domain looks at the competencies that the prescriber should demonstrate during the consultation.

Domain two - prescribing governance: This domain focuses on the competencies that the prescriber should demonstrate with respect to prescribing governance.

Within the two domains there are ten competencies, as shown in Figure 1.

Each of these competencies contains several supporting statements related to the prescriber role which describe the activity or outcome that the prescriber should actively and routinely demonstrate.

Figure 1:
The Competency Framework for all Prescribers

We would expect applicants to have a broad understanding of this framework and use this as the basis for recognising, understanding and articulating the skills of a prescriber specifically. This alongside their understanding of the standards for pharmacy professionals, and consideration given to scope of practice, are fundamental to confirm that an applicant has the appropriate knowledge to commence as a pharmacist independent prescriber in training.

Based on the above we would suggest some notable examples of the skills and attributes required by a prescriber may include but are not limited to:

- demonstrating person-centred care
- applying professional judgement and professionalism
- using effective communication skills
- utilising diagnostic and consultation skills
- using wide ranging information gathering skills
- using critical appraisal, clinical reasoning, and decision-making skills
- considering prescribing governance
- cognisant of reflective practice
- collaboration, team working and multi-disciplinary engagement

Applicants should be able to demonstrate a thorough understanding of how their personal experience has strengthened their understanding of the role of a prescriber, and supported how they recognise, understand and articulate the skills of a prescriber. This will be unique to each applicant however this

in combination with their relevant pharmacy experience should be considered, on an individual basis, to gain assurance that they are suitable candidates to commence on a course.

Applicants must identify an area of clinical or therapeutic practice on which to base their learning.

Pharmacist independent prescribers in training will need to identify an area of clinical or therapeutic practice on which to base their learning and develop their independent prescribing practice. This does not necessarily have to align to previous experience or a specific area of competence.

The purpose of identifying an area of clinical or therapeutic practice is to focus learning, and support course providers, to make it simpler to contextualise the theory when translating that to prescribing. The skills and attributes of a prescriber, however, are generic and transferrable across any clinical or therapeutic area.

Once a pharmacist has successfully completed the training, they can apply to the GPhC for an annotation to their entry in the GPhC's register. The annotation is a public record that they can practise as an independent prescriber. Pharmacists should however only prescribe within their area of competence upon annotation.

It is accepted that, provided the pharmacist independent prescriber expands their scope of practice subsequently, they can prescribe accordingly.

Assessing an applicant's suitability

Any process to assess an applicant's suitability must be consistent, not disadvantage any individual or sector, and should include acquiring an understanding of their:

- work experience (including foundation training/pre-registration)
- clinical or therapeutic experience
- patient-based experience
- evidence of CPD

This information could also provide evidence that they recognise, understand and articulate the skills and attributes required by a prescriber but would need to be confirmed by the course provider. It is worth noting that applicants do not need to demonstrate evidence of having the skills and attributes, only that they are be able to recognise, understand and articulate them.

Course providers can ascertain this information in whatever way they choose but must be satisfied that the applicant is suitable to commence training. For example, they may wish to

- review and assess the submission of a supporting statement
- review a CV
- review a template listing the skills and attributes of a prescriber to which the applicants should submit evidence of their understanding
- carry out an interview

- consider a letter of recommendation

It is also the applicant's responsibility to ensure they consider any key documents, possibly provided by the course provider or proactively by themselves, they provide evidence and give thought to their area of clinical or therapeutic practice on which to base their learning.

Course providers should be satisfied that an applicant's individual experience and supporting evidence of both, relevant experience in a UK pharmacy setting, alongside their ability to recognise, understand and articulate the skills of a prescriber is in its totality are credible and meaningful and provides assurance that they are suitable candidates for commencing a course.

Useful resources

This document should be read alongside the following relevant publications:

- **GPhC 'Standards for the education and training of pharmacist independent prescribers'**, January 2019, updated September 2022
- **GPhC 'Standards for pharmacy professionals'**, May 2017
- **GPhC 'Guidance on tutoring for pharmacists and pharmacy technicians'**, updated August 2018
- **GPhC 'Guidance for pharmacist prescribers'**, November 2019
- **GPhC 'Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet'**, April 2019
- **RPS 'A Competency Framework for all Prescribers'**, September 2021
- **RPS 'A Competency Framework for Designated Prescribing Practitioners'**, December 2019

General Pharmaceutical Council

Key issues in the external context: online pharmacy services

Meeting paper for Council on 08 September 2022

Public business

Purpose

To provide a further update to Council, following the paper to Council in December 2021, on our regulation of online pharmacy services

Recommendations

The Council is asked to:

- Discuss this update on the regulation of online pharmacy services
- Provide feedback on the contents of this paper

1. Introduction

1.1 We regulate pharmacists, pharmacy technicians and pharmacies, in Great Britain. This includes those pharmacies which provide pharmacy services at a distance, including on the internet. It's our role to make sure people receive safe and effective pharmacy care and have trust in pharmacy.

1.2 Pharmacy services continue to adapt and change; we support innovation in pharmacy if it provides safe, effective, and person-centred care. However, we are aware that the nature of providing pharmacy services at a distance, particularly online, carries specific risks which need to be managed; these include:

- Fast changing models of delivery which are immature
- Operating within a national policy and legislative framework written before such models emerged
- In some cases, an element of unconscious incompetence and undeveloped clinical governance structures
- Growing public demand for online provision, driven by a variety of factors
- Little public awareness or education of differences and risks when using online services

1.3 As noted in the previous **paper to Council on 9 December 2021**, all the work done so far, and the consideration of the ongoing range of issues around online pharmacy services, have

been informed by our Vision 2030: *Safe and effective pharmacy care at the heart of healthier communities.*

2. Regulating online pharmacies

2.1 From April 2019 to August 2021, we took enforcement action against over 40 pharmacies linked to their provision of online pharmacy services. Most of these pharmacies were working with online prescribing services that were prescribing medicines liable to abuse, misuse and overuse, based solely on an online questionnaire.

2.2 Since March this year, we have imposed seven interim orders on the registration of Pharmacist Independent Prescribers (PIPs) and dispensers who have worked for or with online prescribing services, after identifying serious patient safety concerns with their practice. These pharmacists have received either interim suspensions or conditions on their registration, while our Fitness to Practise (FtP) investigations continue.

2.3 We also have several ongoing investigations into other PIPs, Responsible Pharmacists (RPs) and Superintendent Pharmacists (SPs) working for online services and expect to be taking further action in response to the concerns we have identified. Over 30% of our open Fitness to Practise cases relate to online pharmacy which we believe is disproportionate to the sector of the market online services occupy.[1]

3. The issues

3.1 Currently, one of the most pressing concerns related to online pharmacy service provision is the prescribing of medicines based on the completion of a patient-questionnaire as the sole mode of consultation. This is of particular concern where it is part of a high volume, transactional supply of high-risk medicines.

3.2 The purpose of a consultation is to make sure that the pharmacy professional has enough information about the patient to provide safe and effective treatment that meets the needs of the patient. This information includes, but is not limited to, making sure that the treatment offered is compatible with any other treatment the patient is receiving and, when prescribing medicines, whether there is access to the patient's medical records to verify relevant information. The consultation should also allow the pharmacy professional to provide counselling or advice to the patient about the treatment, including what steps to take if symptoms worsen or don't improve. For the patient, an effective consultation is one that allows them to get the information they need or want, for example, about their condition; how to take any medication safely and effectively; and to receive any necessary warnings.

3.3 Using a patient-questionnaire as the sole mode of consultation raises concerns and often means that the purposes of consultation are unlikely to be met. Concerns include:

[1] For information: currently, 4.6% (639 out of 13,849) registered pharmacies are flagged as having online services using our derived "online flag"; these include all pharmacies that initially recorded themselves as internet pharmacies whilst registering; those pharmacies having our voluntary internet pharmacy logo (IPL); and information gathered during inspections (known as inspection pharmacy context (IPC)), which includes assessment of pharmacy type, pharmacy services provided, and a free text search in the pharmacy description where 'internet' is mentioned.

If we look at premises type at registration, 1.7% of premises are classified as internet pharmacies.

- The lack of opportunity for a two-way dialogue between the pharmacy professional and the patient
- The difficulty in corroborating a self-populated questionnaire if there is no access to a patient's medical records or discussion with the patient's GP
- The ease with which a patient can identify those questions which highlight a cause for concern
- A patient not having adequate knowledge about their condition
- No way of assessing or examining the patient and lack of opportunity to request tests and investigations
- There is no way of determining whether the patient has read and understood any of the information provided, including possible side-effects and what to do if they occur; if they are aware of warning signs (when further medical advice should be sought); drug interactions; and safety netting. If this information is only provided to the patient when they receive their prescription, it calls into doubt whether there has been informed consent
- Lack of adequate review and monitoring/follow-up
- Lack of adequate safety netting and signposting

3.4 With reference to the mode of consultation used, the pandemic has highlighted the benefits of online and other forms of remote consultation, and they will remain an important part of contemporary provision in both NHS and independent practice. While questionnaire-based consultation models may sometimes be adequate to enable the necessary therapeutic dialogue, we are concerned that it is a significant challenge to achieve that outcome for prescription-only medicines using just a questionnaire.

3.5 A recent media investigation reportedly uncovered several illegal websites posing as online pharmacies selling prescription medication.[2] The MHRA is the appropriate regulator to investigate these cases. However, if these websites are using protected titles, such as 'pharmacy', while operating in Great Britain without being registered with the GPhC, then we would act.

4. Action taken

4.1 In April 2019 we published revised **Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet** (hereafter referred to as the 'online guidance'), for pharmacy owners and all relevant staff. The purpose of the guidance is to help make sure that when people use services from online pharmacies, they can only obtain medicines that are safe and clinically appropriate. The online guidance was reviewed in 2022 to provide further clarity, updates, and additional examples, including around the identity-checking of people using the service; as well as aligning the guidance with our prescribing guidance.

4.2 In 2020, to support the increasing number of PIPs, we published **In practice: Guidance for pharmacist prescribers** which was applicable to PIPs in all settings, including online.

[2] "MHRA vows to investigate after media probe exposes 'fake' online pharmacies", C+D, 1 August 2022, accessed at: **https://www.chemistanddruggist.co.uk/CD136311/MHRA-vows-to-investigate-after-media-probe-exposes-fake-online-pharmacies** on 25 August 2022.

4.3 In both documents we promote awareness and use of the RPS's **A competency framework for all prescribers** (September 2021), a document which was originally published by the National Prescribing Centre/NICE in 2012 as a common set of key competencies for all prescribers, regardless of their professional background or setting. All organisations, businesses and prescribers are expected to use the framework to develop systems and processes for safe and effective prescribing, alongside their relevant professional standards and guidance.

4.4 With regards to protecting the public, we have a **voluntary internet pharmacy logo scheme**, which helps people to identify legitimate online pharmacies; people can also **use our register** to check if a website is run by a registered pharmacy that meets UK standards and is legally allowed to sell medicines to the public. We have also provided advice on **buying medicines safely online.**

4.5 We wrote to all relevant stakeholders in August 2021, setting out our patient safety concerns relating to online prescribing services and reminding pharmacy owners, superintendent pharmacists and pharmacists that they must meet our standards and follow our online guidance.

4.6 On 16 August 2022 we wrote to pharmacists and owners of pharmacies with the GPhC's voluntary internet pharmacy logo. The email (which can be found **here**), was to make them aware of serious patient safety concerns we are continuing to identify relating to some online pharmacies and online prescribing services, and the action we are taking in response.

4.7 To inform our FtP investigation into the concerns raised by one online pharmacy; in early 2022 we instructed an expert clinical advisor to provide an opinion on the approach to prescribing by the online pharmacy in question, with particular reference to patient safety. Although the particular investigation for which the report was commissioned is ongoing, it is informing our wider regulatory approach and communications. The hearing is provisionally listed for late November/early December.

4.8 Concerns raised about online pharmacy services has an operational impact on our FtP caseload and performance. For example, the recent communications and letters to pharmacy professionals and owners could result in more referrals over the coming months. In addition, the complexity of the investigations, including instructing experts to assess scope of practice, the volume of data involved and looking at prescribing models for example, will affect the overall size of our caseload because the cases will take longer to investigate and this in turn will make meeting the timeliness targets harder.

4.9 The Pharmacists' Defence Association (PDA), has also recently issued an alert to PIPs '**who work for online pharmacies about the specific risks associated with remote prescribing using a questionnaire-based model, typically with no direct prescriber/patient interaction**.'

5. Upcoming work

5.1 We are producing a special edition of Regulate which will bring together all the resources we have produced for pharmacy professionals, pharmacy owners, and patients and the public, regarding the provision of online pharmacy services. This special edition will also remind pharmacy professionals and pharmacy owners of good practice, regulatory standards and the guidance which will support them to meet our standards. We will also signpost to relevant documents produced by other regulators and healthcare providers.

5.2 We are currently drafting a guidance note: 'Providing safe and effective treatment: Selecting the appropriate mode of consultation when assessing a person's needs.' The draft was out for discussion, and we are currently reviewing the feedback. Our current thinking is to adopt it as an independent guidance note and then include it as part of the prescribing guidance when it is next reviewed.

5.3 Our Board Assurance report for quarter 1 2022/23 (paper x, Appendix F.1) also provides a positive update on our progress in developing a prioritised online programme of work as set out in our annual plan for 2022/23.

6. Equality and diversity implications

6.1 One issue that we are aware of is online private prescriptions for children and young people who are experiencing gender incongruence or dysphoria. We are actively engaging with key stakeholders on this topic and will provide an update to Council on those discussions in the near future.

6.2 With reference to the work already undertaken on online pharmacy service provision, we have considered the equality impact for each new piece of work.

6.3 As we move forward in this area, we will consider the equality impact of each new piece of work, for example, our consideration and discussion of equality guidance for pharmacy owners.

7. Communications

7.1 With reference to the regulation of online pharmacy services, any new work, guidance, developments, or changes in regulation, will be communicated to all stakeholders, including the public and our registrants. We will communicate any proposals in a clear and transparent way, seeking views from all who may be affected by the proposed changes.

8. Resource implications

8.1 The costs of our existing work are provided for in current budgets; we will need to review how we resource and fund this area of work going forward, as with our other regulatory activity.

9. Risk implications

9.1 There are several issues which are specific to the provision of pharmacy services at a distance or online. Out of 187 inspections of online pharmacies (focusing on those offering higher-risk medicines and questionnaire-only models), which took place between April 2019 and December 2021, only 63% met all standards compared to the overall benchmark of 84%. Many of these pharmacies failed multiple standards, and failures included poor risk management, lack of effective clinical governance, and inadequate safeguards.

9.2 Online and distance selling pharmacies are increasing in numbers and types of business model, which means the scope and scale of regulatory risk continues to evolve.

10. Monitoring and review

10.1 We will continue to monitor and review developments in the provision of online pharmacy services, as well as monitoring and reviewing the efficiency and effectiveness of our regulation of those services; for example, our Standards and relevant guidance documents; our registration approach; inspections; and enforcement action, including FtP.

11. Recommendations

The Council is asked to:

- Discuss this update on the regulation of online pharmacy services
- Provide feedback on the contents of this paper

Annette Ashley, Head of Policy and Standards
General Pharmaceutical Council

01/09/2022

General Pharmaceutical Council

Key issues in the external context: temporary pharmacy closures

Meeting paper for Council on 08 September 2022

Public

Purpose

To update Council on a key issue in the external context – temporary closures of community pharmacies.

Recommendations

To discuss the issue set out in this paper and the action that we're taking in response.

1. Introduction

1.1 In line with our Vision 2030 and supporting strategies, we are committed to delivering tailored regulatory responses driven by the external context and keeping in touch with current issues affecting the public, the pharmacy professions and the wider pharmacy sector.

1.2 This paper updates Council on the current issue of temporary community pharmacy closures, to what extent this relates to our role and remit, and the action that we've taken in response. It's important to note however that this is one aspect of a complex set of issues affecting the pharmacy sector at this moment in time.

2. What we know about the issue

2.1 In recent months, there have been various reports relating to temporary pharmacy closures in different parts of Great Britain. We know that pharmacists and pharmacy technicians and the pharmacies in which many of them serve and care for patients and the public are highly valued within communities. Access to pharmacy services is an issue of utmost importance to patients, carers and their families. Pharmacy closures can therefore be distressing for all involved, and potentially may raise concerns for patient safety, particularly if people cannot access the medicines and other pharmacy services many rely on.

2.2 In addition, the Pharmacists' Defence Association has recently published an open letter to the GPhC and other key authorities raising concerns about patient safety and the impact of the reduction of the community pharmacy service to the public brought about by full or part-day closures throughout the UK by some of the large multiple operators.

3. Our regulatory role, remit and response

3.1 The causes behind the level of closures that we are seeing are both complex and multifactorial, including financial, commercial, labour market and contractual factors.

3.2 As the regulator, we do not have a role in planning or authorising where pharmacies should be located, when they open or what they offer. We do not regulate the market itself or have the jurisdiction to decide how many pharmacies are needed, should be available in any given area or when they are open. Community pharmacies are private businesses, albeit contracted to deliver NHS services in the vast majority of premises.

3.3 While most of these issues are clearly outside the jurisdiction or control of the GPhC, some aspects do raise regulatory issues and it's vital that we take appropriate and proportionate action. To date, our response has included:

a. Committing publicly to playing our part in working with stakeholders across the system, to understand and address this important issue. We are in touch with NHS authorities to seek to understand what data they have on the actual scale of the problem.

b. Working with key stakeholders across Great Britain and Northern Ireland, with a view to encouraging a system-wide joint or co-ordinated response, where possible.

c. Supporting stakeholders to understand our position in relation to:
   - **Maintaining patient and public safety** - any action to maintain service continuity needs to take into account that restricting services in certain circumstances *may* be necessary and appropriate in safety terms. We have an interest in empowering and supporting all involved, including Responsible Pharmacists, Superintendent Pharmacists, pharmacy owners and all pharmacy team members, to fulfil their legal and professional responsibilities in relation to patient safety.
   - **Design and delivery of NHS services -** clarifying that there is a market entry / control of entry system across Great Britain.
   - **Procedures for closures** – reminding pharmacy owners that there are established procedures for reporting pharmacy closures to the relevant NHS organisation in each country and signposting to appropriate resources (we do not have a direct role in relation to authorising, logging or investigating pharmacy closures, nor in monitoring opening hours).
   - **Meeting regulatory standards –** highlighting the obligation to meet our ***standards for pharmacy professionals*** and ***standards for registered pharmacies*** at all times, including when managing closures and setting out which standards are relevant in this context (with a focus on patient safety, the provision of safe and effective services, risk management, and the need to be open and candid when communicating reasons for closures).
   - **Competition and market issues –** clarifying that rates for locum bookings must be individually agreed between the locum and the pharmacy owner, or through a locum agency and emphasising that it is unlawful for anyone to seek to manipulate market rates and inhibit free market conditions, for example by working with others to 'fix' rates (this is an important element of a free-market arrangement and it would be inappropriate for the GPhC as the regulator to play a part in setting or influencing locum rates).

- **Working in collaboration across Great Britain** – setting out how we are taking part in ongoing discussions about workforce matters (including pharmacy closures) with key stakeholders across the three countries that we regulate and contributing to discussions about how to mitigate workforce issues at national level.

d. Continuing to discuss the issue of closures through our day-to-day liaison with pharmacy owners and employers, linked to our inspection remit.

e. Maintaining our existing relationship with the Competition and Markets Authority (CMA) and sharing intelligence about the recent issues raised in the external context relating to locum rates and arrangements. For example, we have previously issued a joint statement with the CMA, setting out our respective roles and expectations as regulators, linked to market issues raised during the Covid-19 pandemic.[1]

4. Equality and diversity implications

4.1 This update paper does not raise any specific equality, diversity or inclusion issues at this stage. We have not received any communications from stakeholders or other information or evidence to suggest that the issues relating to pharmacy closures are having any specific impact on people sharing certain protected characteristics. Generally speaking, we recognise that closures could potentially have a greater impact on people who are more frequent users of pharmacy services in the community, for example, older people or people with disabilities, or those who are living in remote or rural areas with limited access to services. We will continue to monitor the situation going forward and we will raise this point in our discussions with stakeholders.

5. Communications

5.1 As highlighted above, we have already made a public commitment to play our part in working with stakeholders across the system, to understand and address this important issue. We also intend to promote understanding of our approach and position.

6. Resource implications

6.1 This paper does not raise any specific resource implications for the GPhC at this stage. Any further resource issues relating to this issue will be reported as and when identified.

7. Risk implications

7.1 This issue has potential to impact on patient safety, particularly if people cannot access the medicines and other pharmacy services many rely on. It's vital that we work in partnership with stakeholders, to understand these issues and that we take appropriate and proportionate action in response, in line with our role and remit.

8. Recommendations

To discuss the issue set out in this paper and the action that we're taking in response.

Duncan Rudkin, Chief Executive
Laura McClintock, Chief of Staff
General Pharmaceutical Council

[1] https://www.pharmacyregulation.org/news/joint-letter-competition-and-markets-authority-pricing-during-covid-19-pandemic

General Pharmaceutical Council

Assurance and Appointments Committee Annual report

Meeting paper for Council on 8 September 2022

Public business

Purpose

To inform the Council of the Assurance and Appointments Committee's work over the past two years; to ask the Council to note the Committee's Annual Report over this period.

Recommendations

The Council is asked to note the report at Appendix A, together with the assurance in this covering paper; the Council is asked to approve the updated terms of reference for the Committee at Appendix B.

1. Introduction

1.1. The Council established the independent Appointments Committee – now referred to as the Assurance and Appointments Committee (AAC) – to recruit, appoint and performance manage the members of its statutory committees: the Investigating Committee (IC), the Fitness to Practise Committee (FtPC) and the Registration Appeals Committee (RAC).

1.2. The AAC has a duty to report to Council annually on its work. Against the backdrop of the global pandemic, it last produced an Annual Report for the Council to cover the period mid-2019 to mid-2020. This Report therefore covers a twenty-four month period and seeks to provide the Council with both a comprehensive overview of the work, focus and effectiveness of the Committee, along with an indicative forward look and a consideration of what will and is being prioritised in 2022/23.

1.3. The role and remit of the Committee was last reviewed by Council in June 2019. Updated terms of reference are included as Appendix B and reflect the updated suite of role descriptions and governance documents that the AAC has been adopting in recent years. The Council is asked to discuss and approve the revised terms of reference.

2. Role remit and workstreams

2.1. The Committee articulates its work on the basis of five workstreams.

2.2. In the attached report Council will see how the Assurance and Appointments Committee is delivering against each of these workstreams and an Executive Summary is included on pages 6 and 7. The Committee has considered both the process followed and also the outcomes and what those processes are telling us, including the ongoing impact of Covid-19. In keeping with previous reports important information on monitoring and reporting back on diversity figures is also included. This commitment remains absolutely at the heart of the Committee's work.

2.3. **Assurance statement:** In adopting this approach I feel well placed to provide the Council with assurance that the work of the Assurance and Appointments Committee and my own work as Chair – with the responsibility for quality assurance and performance management of the individuals which that involves – is operating well procedurally, is aligned with the Council's values and reinforces its commitment to maintaining public confidence in the profession.

3. Recommendations

The Council is asked to note the report at Appendix A, together with the assurance in this covering paper, and to approve the updated Terms of Reference at Appendix B.

Elisabeth Davies
Chair of the Assurance and Appointments Committee
associates@pharmacyregulation.org

General Pharmaceutical Council

Appendix A: Assurance and Appointments Committee Annual Report 2020/22

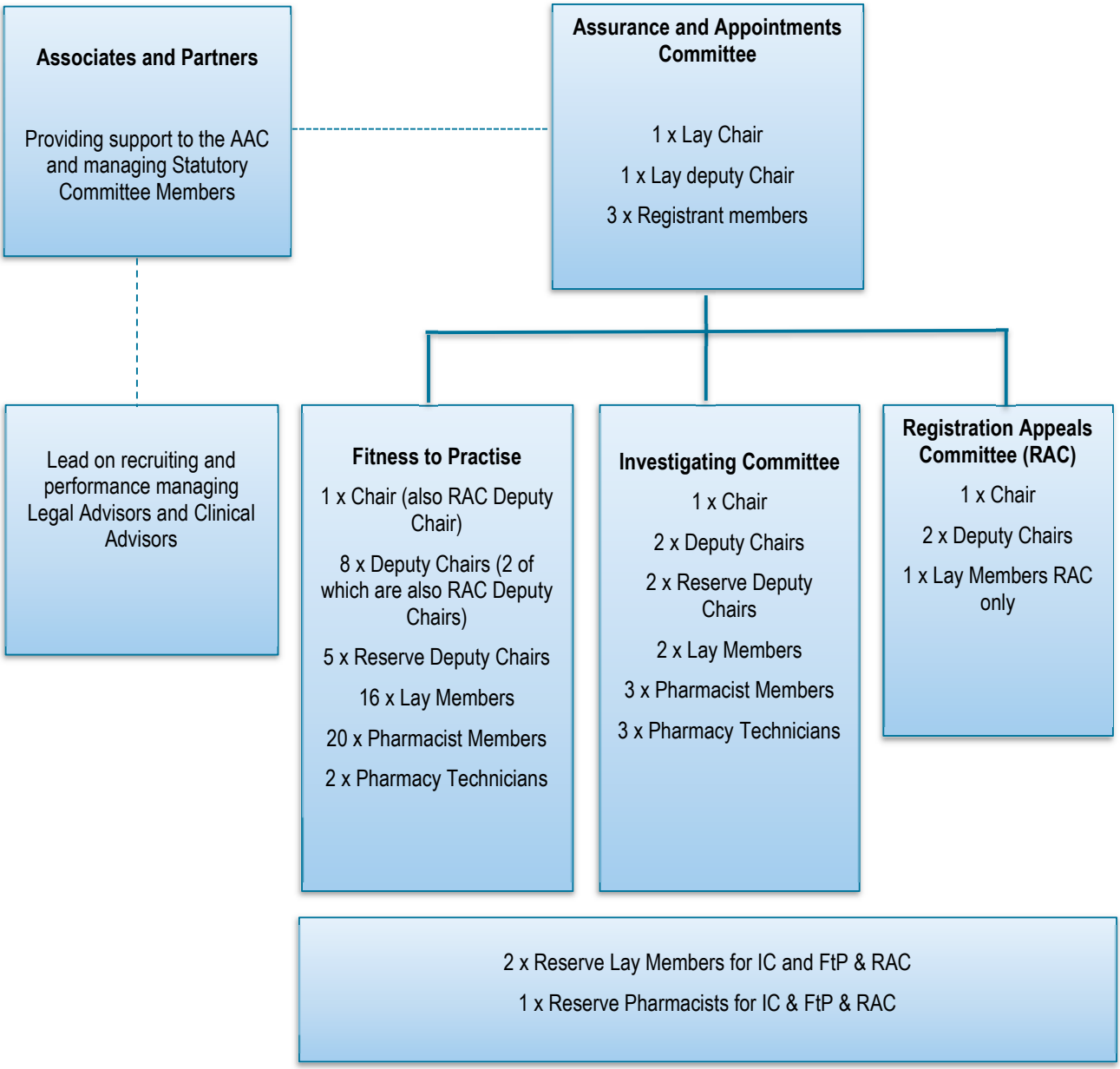
1. About this report

1.1 The Assurance and Appointments Committee has a duty to report to Council annually on its work. Against the backdrop of the global pandemic, it last produced an Annual Report for the Council to cover the period mid-2019 to mid-2020. This Report therefore covers a twenty-four-month period and seeks to provide the Council with both a comprehensive overview of the work, focus and effectiveness of the Committee, along with an indicative forward look and a consideration of what will and is being prioritised in 2022/23.

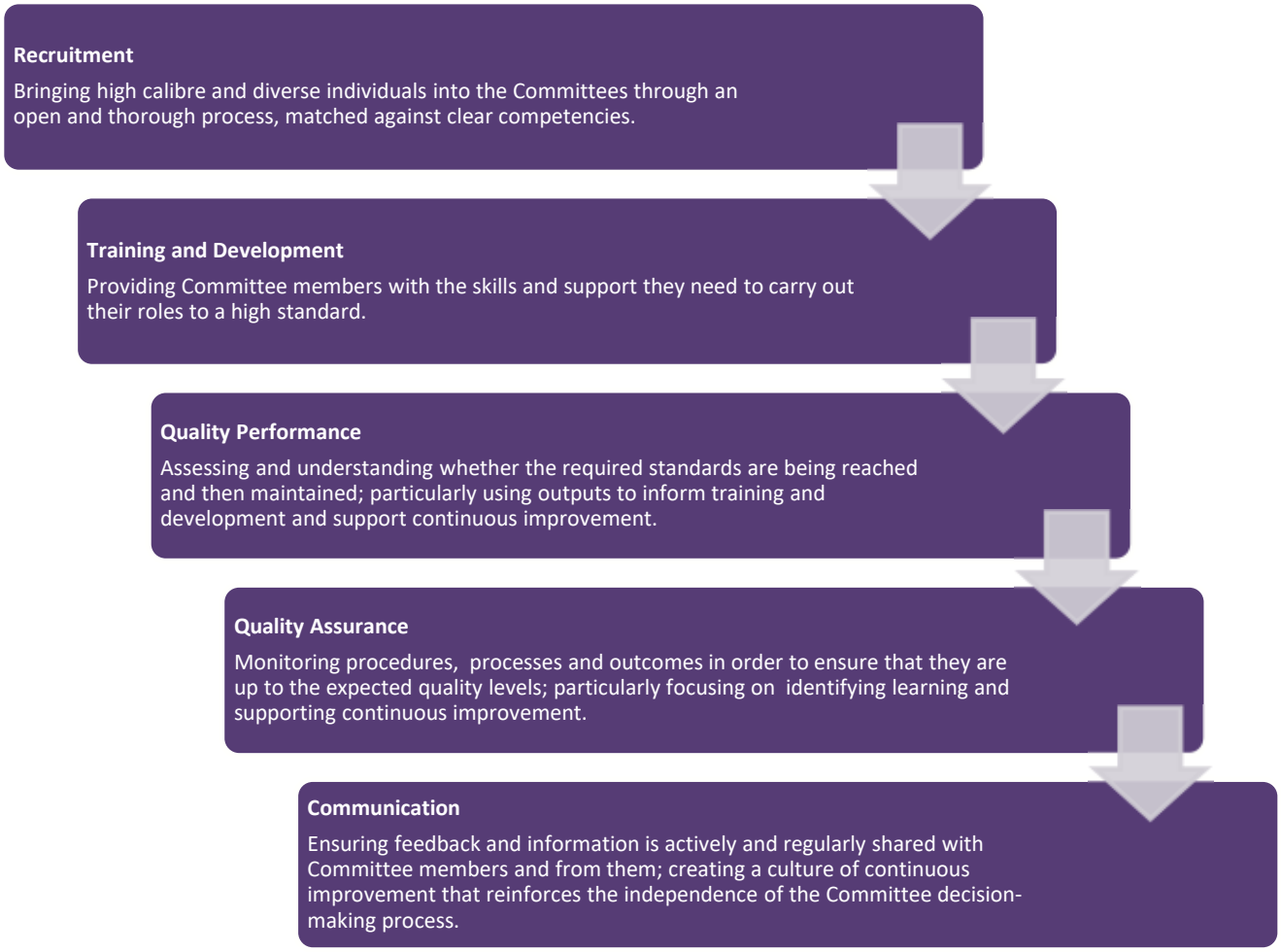
1.2 In recognition of the changes that have occurred across the Council's membership, and in the light of the impact of Covid-19, this Report provides more background detail on the work and approach of the AAC, providing further insight into its responsibility for providing assurance for a specific part of the regulatory journey.

2. Introduction

2.1 The Council established the independent Appointments Committee – now referred to as the Assurance and Appointments Committee (AAC) – to recruit, appoint and performance manage the members of its statutory committees: the Investigating Committee (IC), the Fitness to Practise Committee (FTPC) and the Registration Appeals Committee (RAC). The figure below sets out the numbers of SCMs currently recruited, trained and appraised by the AAC (you can read more about how the Committee is responding to evolving and changing requirements around the number of SCMs required by the GPHC later in this Report).



2.2 The Committee articulates its work on the basis of five workstreams (see below). Accordingly for each of the five workstreams this Report provides information on (i) the process or what the Assurance and Appointments Committee does; ii) particular outcomes or results for 2021/22; and (iii) plans and priorities for 2022/23. This three-way approach is in recognition of the importance and value of sharing actual outcomes – conclusions that can be drawn from the data and processes – along with providing the Council with an indication of the AAC plans and intentions for the upcoming year.



3. About the AAC

3.1 The AAC operates as an independent Committee of the GPhC. It is responsible for delivering its five workstreams and ultimately in overseeing the delivery of an Investigatory Committee (IC) meetings and Fitness to Practise Committee (FtPC) hearings service that is efficient, effective and clearly separate from the investigatory role of the General Pharmaceutical Council.

3.2 The AAC is not made up of GPhC Council members or staff, nor is it made up of Statutory Committee members (SCMs) who form the Investigating Committee (IC) and the Fitness to Practise Committees (FtPC). Rather it is made up of five independent members, three of whom are registrants of the GPhC and two of whom are lay (including the Chair). They meet four times a year and current members of the Committee are:

Elisabeth Davies (Chair)

Ngozi Cole (Deputy Chair)

Ahmed Aboo (pharmacist registrant member)

Neelam Sharma (pharmacy technician registrant member)

Karen Hong (pharmacist registrant member).

3.3 This is a visibly diverse Committee and one that has a clear and sharp focus on EDI (which you can read more about in this Report).

3.4 In order to carry out its role effectively the AAC is dependent on close working relationships with the GPhC staff, but relationships that respect its ability to bridge the independence of the SCMs with the Investigatory role of the GPhC. It does this pre-dominantly through being ably supported by the Associates and Partners Team. Working alongside the Hearings function within Adjudication Services, this Team is well placed to enable the AAC to establish a culture of continuous improvement and learning across the SCMs.

3.5 The AAC operates according to good governance recommendations and carried out a Committee Effectiveness Review in December 2021. The highlighted strengths included the degree of independence established from the GPhC, alongside its high ambitions when it comes to its focus on diversity. Further consideration is needed on how the Committee focuses on quality, including more information on how Statutory Committee Members (SCMs) benchmark against standards. You can read more about the Committee's plans to respond to the findings of its Effectiveness Review in this Report as these commitments have been factored into its priorities for 2022/23.

3.6 Finally, the role and remit of the Committee was last reviewed by Council in June 2019. Updated terms of reference are included as Appendix B and reflect the updated suite of role descriptions and governance documents that the AAC has been adopting in recent years. The Council is asked to discuss and approve the revised terms of reference.

General Pharmaceutical Council

Executive Summary

Workstream One: Recruitment

Throughout the last year the AAC has focused on the number of SCMs required against a background of declining numbers for both the Fitness to Practise Committee hearings and Investigating Committee meetings.

The AAC is working closely with the GPhC's EDI team as it plans the next recruitment round in 2023 and 2024. This will include a whole process review, looking at the end-to-end process, and revisiting member role descriptions as well as recruitment channels. Consideration will also be given to the scope for appealing to more development candidates who are likely to be at different stages of their careers, along with ensuring recruitment takes place under the steer of disability confident guidance.

Workstream Two: Training and Development

In September and October 2021 refresher training was run for all SCMs and included sessions on Antisemitism; on receiving guidance and advice, including the role of Clinical Advisors; and on the GPhC's publication and disclosure policy.

The training plan for 22/23 will combine remote and in person sessions. Options being considered include:

- Islamophobia (there were calls for training in this area from members following on from the Antisemitism training last year and the GPhC's EDI Team is supportive of training in this area).
- Online pharmacy provision (a very current topic for members).
- Remote hearings (the GPhC is carrying out a QA review of hearings to identify whether holding hearings remotely has had an impact on the quality of outcome and this is set to conclude around September and therefore in time for the refresher training).

Workstream Three: Quality performance

Performance messages clearly emerge from the appraisal process with clear themes present around:

- A commitment to being thoroughly prepared.
- Support for the training provided by the GPhC and how this equips members to carry out the role.
- Levels of engagement and a commitment to collective decision-making.
- Self-reflection and a commitment to being self-aware and open about personal biases.

In 22/23 particular attention is being paid to the feedback provided after each meeting on each Deputy Chair and SCM. This is an essential part of each annual review process, but current rates are not what they should be. The AAC is looking at how feedback rates can be improved.

Workstream Four: Quality assurance

Key themes raised by statutory committee members via QRG part two have included:

- Quality of advisors and experts.

- The period between the Council receiving the health evidence for a case and bringing it before the IC.
- Quality and consistency of redactions (e.g. background information being included which could prejudice a decision).

In addition, QRG part two provides a vital route to highlight quality issues from QRG part one with the Chair of AAC and which are then feedback at either an individual level and/or might inform the annual training and development plan.

Working within QRG part two, in 22/23 the AAC is fully exploring the impact of remote working on the quality of decision-making, including taking account of registrant feedback and levels of engagement. It is also ensuring the IC process review is fully evaluated and that IC SCMs are involved in this.

Workstream Five: Communications

The most significant communications development this year has been the introduction of the GPhC's new Online portal. This is enabling SCMs to access GPhC policies and procedures, guidance and relevant case law all in one place as well as then providing a single point of access for fee enquiries and the submission of invoices. Importantly it also provides a secure space for the sharing of case papers.

The AAC will support the GPhC as it works through the next steps of introducing the online portal. This could include exploring opportunities for lay members and registrant members to come together collectively. It will also continue to make best use of the regular newsletter, providing a Chair's introduction and overview.

Equality. Diversity and Inclusion

In terms of overall diversity of the SCMs, the data highlights:

- Over half (53%) of committee members are female.
- The largest proportion of committee members are between the ages of 55 to 64.
- Black and minority ethnic members make up just over 32.5% of the committee population.

The AAC is, as always, aware that more needs to be done to attract high calibre applicants from underrepresented groups. Accordingly, plans for the next recruitment campaign will be taken forward entirely consistently with the GPhC's EDI strategy and will be designed to attract applicants from as diverse a range of backgrounds and sections of the community as possible. Future recruitment plans are prioritising EDI and include an end-to-end journey review that will take account of a revised role description and competencies, alongside revised support and induction packages, which could allow for more 'development' candidates to be appointed.

In 22/23 consideration continues to be given to EDI in the context of the regulatory journey. The Associates and Partners function will be running an anonymisation project with the Investigating Committee later this year. The main objectives of the project will be to test if anonymisation helps to remove unconscious bias from this stage of the fitness to practise process and to give assurance to

registrants of the fairness of a process involving anonymisation (analogous to the assurance given to applicants in anonymised HR processes). IC members have been engaged in readiness for the project. Some further engagement work with the IC is planned to help finalise redaction criteria and other key project information before launching the project in October 2022.

4 Impact of Covid

4.1 The last Annual Report covered the period mid-2019 to mid-2020 and was therefore drafted during lockdown. Like all aspects of the GPhC's work, Covid-19 had a profound impact on the professional and personal lives of Statutory Committee Members. Registrant members in particular found themselves on the front line; lay members found themselves adjusting to remote ways of working, including the GPhC's move to online hearings. As with the rest of the Nation Statutory Committee Members faced personal losses and indeed David Clark and Ian Spafford tragically lost their lives during this period.

4.2 Nonetheless, and to their credit, members proved themselves to be adaptable, nimble and deeply committed to continuing to deliver regulatory justice. This is a commitment that continues. In 2021/22 the Investigating Committees (IC) have continued to meet remotely, and this is now the established form of working. As the GPhC seeks feedback on a proposed permanent change to its procedural rules to give it the express legal power to conduct hearings and meetings by teleconference or video link, Fitness to Practise Committees have ably balanced a combination of both remote and in person hearings. They have been particularly alert to the impact of remote hearings on levels of accessibility and registrant engagement with the regulatory process. There is also the broader issue of the impact of remote working on the quality of decision-making and this approach has been supported by the GPhC's Quality Review Group (QRG).

4.3 In addition to being alert of the implications of process changes on the quality of regulatory justice being delivered, Statutory Committee Members have continued to consider what this means for the cases that might come through the regulatory process. This has included reflecting on such questions as whether they are sufficiently informed about the practice of online pharmacies and what this might mean for future cases that they may see. In response to this the GPhC has ensured its guidance for online pharmacies has been shared with all SCMs and consideration is being given to holding a dedicated session on this as part of the Autumn refresher training (see later in this report).

4.4 Alongside these members are aware of the possibility of Covid-19 being proposed as a mitigation shared in future Fitness to Practise cases and this has been discussed at the Chairs' meeting (see later in this report).

4.5 Finally, the AAC has sought to ensure that it is alert to the changing and evolving support needs of SCMs. For example, the Chairs' meetings were held remotely and more frequently during 2020 and 2021. This was in order to provide all Deputy Chairs with access to peer support and a safe space in which to share their experiences of Chairing hearings and Committee meetings during lockdown. In addition, refresher training has been provided to

all members on a remote basis (see later in this report) and annual reviews of members have quickly been adapted to take account of the need to observe Deputy Chairs remotely.

5 Workstream One: Recruitment

What we do

5.1 It is essential that the AAC brings high calibre and diverse individuals into the committees through an open and thorough process.

5.2 A key element of the AAC's role is to ensure that there is accurate matching between the GPhC's forecasting of numbers of likely Committee meetings and hearings in the future, with the number of SCMs required.

Outcomes for 21/22

5.3 Throughout the last year the AAC has focused on the number of SCMs required against a background of declining numbers for both the Fitness to Practise Committee hearings and Investigating Committee meetings. The number of hearing and meeting days has declined by over half since 2018 and the GPhC is confident that the decline is permanent and has plateaued, reflecting changes earlier in the regulatory process.

5.4 This has resulted in a fall in the number of sitting days available to each SCM and this causes a risk of members falling out of practise in dealing with GPhC work, perhaps prioritising work with other regulators, and feeling disengaged in their work with the GPhC. Throughout 2022 the AAC has therefore been following a strategy to reduce the number of SCMs but to do so with a gradual staggered approach. During 2022 the contracts for 11 SCMs have not been renewed and they will not be offered a second term of office; whilst 7 SCMs (specifically Lay members for FtP) will be interviewed for 3 roles. Together this will enable a further reduction in SCMs.

5.5 As part of this process the AAC has been very aware of possible risks, including not having sufficient members in place or indeed not being radical enough to actually increase the number of sitting opportunities for SCMs. It has also been focused on the interview and selection criteria that can be fairly and openly applied in reducing the 7 members to 3.

5.6 A further risk has been around the equality and diversity implications. The AAC is committed to creating a more diverse membership and has been actively considering whether diversity should be benchmarked against the representativeness of the pharmacy profession or wider society (see later in this report). The main tool to achieve this vision is via recruitment however this is clearly difficult when faced with a need to reduce the number of SCMs at the same time. The AAC has therefore focused on the EDI implications of the gradual changes it is making whilst also actively planning future recruitment rounds and ensuring they maximise opportunities to improve the diversity of SCMs.

Plans for 22/23

5.7 The AAC is working closely with the GPhC's EDI team as it plans the next recruitment round in 2023 and 2024. This will include a whole process review, looking at the end-to-end process, and which will take account of revisiting member role descriptions as well as recruitment channels. Consideration will also be given to the scope for appealing to more development candidates who are likely to be at different stages of their careers, along with ensuring recruitment takes place under the steer of disability confident guidance.

5.8 In the summer months AAC members will be interviewing up to 7 FtP lay members, ensuring a clear and open process is followed and providing feedback to all unsuccessful candidates, mindful that they will go on to be potential advocates for the GPhC's approach to regulatory justice.

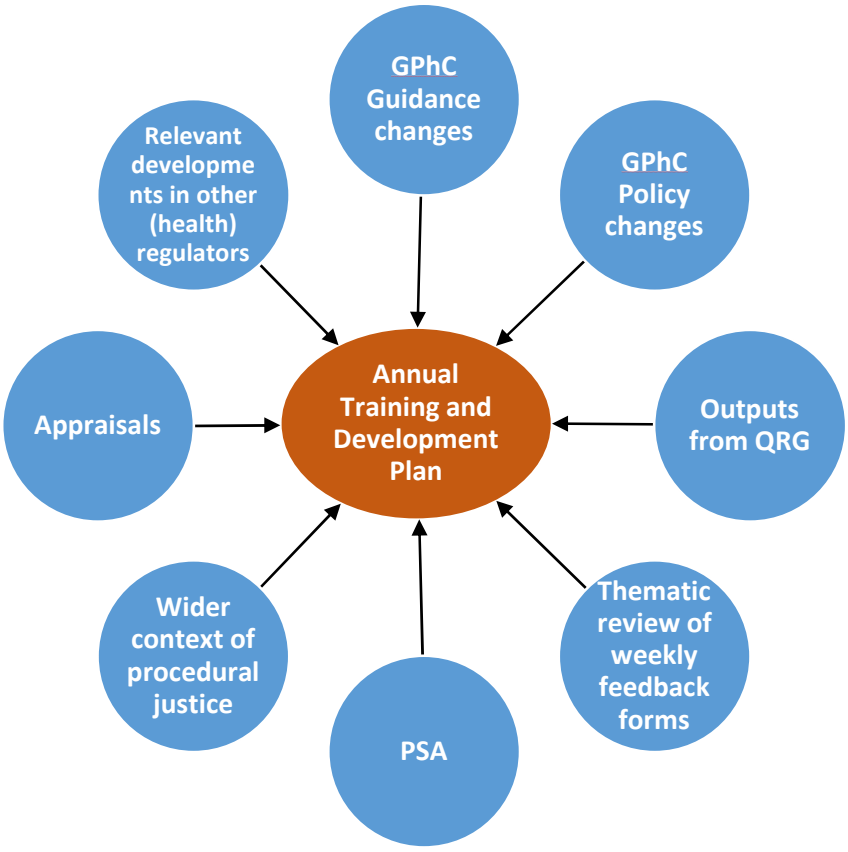
6 Workstream Two: Training and development

What we do

6.1 The AAC is responsible for providing Committee members with the skills and support they need to carry out their roles to a high standard.

6.2 The annual training and development plan is developed in line with GPhC policy changes, GPhC guidance changes and the wider context of regulatory and procedural justice, including relevant PSA developments. It is informed by the feedback from Committee members themselves along with what is coming out of the rolling appraisal process and the wider quality assurance approach, including the work of the Council's Quality Review Group (QRG).

6.3 The training and development plan covers regular refresher training for the entire membership cohort, as well as considering the specific training needs of Investigating Committee members as distinct to Fitness to Practise Committee members.



General Pharmaceutical Council

Outcomes for 21/22

6.4 The following training and development took place in 2012/22:

DATE	ATTENDEES	% attendance	TOPIC/ ISSUES
February 2021	IC Chairs	100%[1]	Remote meeting of IC Chairs which included: • PSA Review • High court guidance on wording of warnings • IC warnings legal process framework • FtP strategy and update on case examiners model
March 2021	15 Statutory Committee members[2]	N/A	Remote training which included: • Importance of being person centred
May 2021	IC Chairs	100%	Remote meeting of IC Chairs which included: • Update on Chair of Chairs appointment process • Use of Clinical Advisers • Renewals of terms of office • Statutory Committee training update
September/ October 2021	Annual refresher training of all FtP and IC members and Deputy Chairs	89%	Remote training which included: • Antisemitism • Receiving guidance and advice, including the role of Clinical Advisors. • GPhC publication and disclosure policy

[1] All Deputy Chairs are invited to attend this and tend to self-select based on the relevance of the agenda and their availability. Minutes are shared with all Deputy Chairs, whether they attend the meeting or not, therefore providing them with the opportunity to engage.

[2] Space was limited to 15 SCMs given the sensitive nature of the issues being discussed – hearing directly from a witness about their experience of the regulatory process (for a different regulator) following the death of their son.

DATE	ATTENDEES	% attendance	TOPIC/ ISSUES
November 2021	IC and FtP Deputy Chairs	56%	Remote meeting of Deputy Chairs which included: • Remote hearings consultation • Portal updates • Statutory Committee training feedback • New Guidance: Managing concerns about habit forming medicines
November 2021	IC Chairs	100%	Remote meeting of IC Chairs which included: • Anonymised decision-making update • IC process review evaluation • Remote hearing consultation
January 2022	IC and FtP Deputy Chairs	67%	Remote meeting of Deputy Chairs which included: • Committee member renewals • The value of feedback • New Guidance: Restoration • Decision making style guidance
February 2022	IC and FtP members who were unable to make training session in September/October 2021	64%	Remote training (mop up session) which included: • Antisemitism

6.5 Detailed participant feedback is collected from all attendees for every training session and has generally been very positive this year. Examples of feedback received regarding the Antisemitism training include:

"This was a very good course which explained the background to and importance of this subject, as well as putting it in a wider context. The account of the history and the background hate on social media explained sensitivity to what is said".

"I enjoyed this session and felt engaged. It would be helpful to have discussions around concerns that we are likely to come across. Particularly those where there might be debate or uncertainty regarding whether they are antisemitic or not."

"The antisemitism training was particularly helpful. I thought I was very aware of this but the course was extremely interesting and provided me with a considerable amount of

information to reflect on. It would be helpful for training to be provided about other forms of discrimination."

6.6 Feedback was received regarding the format of the refresher training taking place remotely:

"I think that where possible, in-person training (for me personally) is more conducive environment to learning."

"It works very well, provided adequate breaks are given - as they were on this occasion."

6.7 Regular meetings – now around three a year - are held for the Deputy Chairs. These provide safe space, allowing them to share information on cases, case management and procedure, and to make suggestions to improve process. The AAC Chair and relevant GPhC staff attend for all or part of these meetings.

6.8 These meetings are Chaired by the overall 'Chair of Chairs' or the single Fitness to Practise Committee Chair (all others are technically Deputy Chairs). The current Chair is Philip Geering who was appointed following the sad death of David Clark in March 2021. Philip's role is to act as a mentor to the Deputy Chairs, providing ad hoc support as required and feeding issues back to the GPhC and the Chair of the Assurance and Appointments Committee as necessary. In Chairing the meetings of Deputy Chairs, Philip is charged with addressing collective consistency issues, exploring questions of policy/procedure; and receiving training/updates e.g., policy updates, case law, issues identified via review of determinations etc.

6.9 Examples of issues covered in 2021 and 2022 include:

- Decision making style and the value of Guidance.
- Hearings data updates.
- Regular updates on Committee member renewals (as set out in section 5).
- Participating in the Fees review.

6.10 Throughout the year EDI has remained a core theme within, and influence on, the training plan. In addition to the regular updates the Deputy Chairs have received on the GPhC's EDI Strategy, the annual refresher training specifically looked at antisemitism. This session was run by the Antisemitism Policy Trust and for the first time involved training that was attended jointly by both SCMs and GPhC staff.

Plans for 22/23

6.11 The training plan for 22/23 will combine remote and in person sessions. Options being considered include:

- Islamophobia (there were calls for training in this area from members following on from the antisemitism training last year and the GPhC's EDI Team is supportive of training in this area).
- Online pharmacy provision (a very current topic for members).

- Remote hearings (the GPhC is carrying out a QA review of hearings to identify whether holding hearings remotely has had an impact on the quality of outcome and this is set to conclude around September and therefore in time for the refresher training).

6.12 Part of the approach to training in 22/23 will also involve the ongoing trialling of more training briefings. These are short and focused briefing seminars on single issues and will be able to be arranged on a more responsive basis. Consideration will also be given to creating space for registrant and lay members to come together as a cohort and as part of the AAC's ongoing commitment to providing opportunities and safe space for peer support.

7 Workstream Three: Quality performance

What we do

7.1 Assessing and understanding whether the required standards are being reached, and then maintained, is at the heart of the Assurance and Appointment Committee's approach to performance monitoring.

7.2 Feedback on committee member performance is gathered by a variety of means. Online feedback forms are completed by chairs, members and the secretariat for each hearing or meeting. These are useful for ascertaining themes such as timeliness and quality of case preparation, as well as more specific issues.

7.3 In addition, a protocol determines whether any concerns raised are dealt with at the time by a Deputy Chair, staff, included in the annual performance review information or passed to the AAC Chair. If immediate action needs to be taken to raise a matter with a Chair or member, the AAC Chair will make a phone call or arrange a meeting for discussion

7.4 As part of performance management, and as a reflection of the AAC's focus on ongoing improvement, the AAC Chair reviews the performance of Chairs and Deputy Chairs annually in a formal performance review meeting. The Deputy Chairs in turn review the performance of the members. Prior to the review meeting the AAC Chair observes the Chair/Deputy Chair at a hearing and reviews feedback gathered through the year from online hearing/meeting feedback forms. This feedback is also shared with the Deputy Chairs. Those being reviewed are asked to complete self-appraisal forms. These meetings provide an opportunity to reflect on the work, to identify training needs and to appreciate the work undertaken.

Outcomes for 21/22

7.5 Performance messages clearly emerge from the appraisal process with clear themes present around: The extra and additional effort being put into staying on top of regulatory processes, including at the height of lockdown.

- A commitment to being thoroughly prepared.
- Support for the training provided by the GPhC and how this equips members to carry out the role.

- Levels of engagement and a commitment to collective decision-making.
- Self-reflection and a commitment to being self-aware and open about personal biases.

7.6 Key learning points captured by the reviews include:

- A desire to meet more frequently and a recognition of the impact of this on 'feeling rusty'.
- The need for more support packages when Deputy Chairs are new, particularly around drafting styles and possible guidance on this.
- In the most part, the adjustment to remote working has been thorough and rapid. Nonetheless there is an ongoing sense that remote hearing are a 'second best option' and that in-person hearings are seen to be 'more effective' (this will be unpicked and followed up on as part of the QRG part two's review of the impact of remote working on the quality of decision-making).

7.7 It is essential that all SCMs and the AAC continue to hold itself to account and are open to continuous improvement and learning. No complaints were received during the lifetime of this Report, either in relation to the behaviour of individual SCMs or the work of the AAC.

Plans for 22/23

7.8 The annual performance review process will continue to be rolled out and improved as required.

7.9 Particular attention is being paid to the feedback provided after each meeting on each Deputy Chair and SCM. This is an essential part of each annual review process, but current rates are not what they should be. For example, between the period of March-November 2021, 160 items of feedback were received via the online feedback forms when we would have expected to have received a further 278 items of feedback. The AAC is looking at how feedback rates can be improved in 2022/23 including through the Hearings Secretaries sharing the link to the feedback forms immediately following each Committee meeting and hearing (rather than just in the original bundle).

General Pharmaceutical Council

8. Workstream Four: Quality assurance

What we do

8.1 The Assurance and Appointments Committee monitors procedures, processes and outcomes in order to ensure that they are up to the expected levels of quality standards. This is a key part of our commitment to identifying learning and supporting continuous improvement.

8.2 The GPhC's Quality Review Group, and in particular the part two meetings, is an important element in the AAC's approach to quality assurance part two meetings of the Quality Review Group have now been taking place for almost four years. The revised terms of reference of the Quality Review Group note that the role of part 2 meetings is:

"… the opportunity for the Chair of the Assurance and Appointments Committee to explore staff feedback to the committee, member or adviser so that there is clarity and consistency about the issues identified. In Part 2 the Chair of the Assurance and Appointments will highlight feedback from the committees and any other feedback to the QRG as appropriate. Part 2 also allows for a strategic discussion about general trends and concerns that may need to be addressed at cross directorate level".

Outcomes for 21/22

8.3 The Assurance and Appointments Committee reviews a summary of the key QRG part two issues at every meeting. These are also frequently shared with members via the regular newsletter.

8.4 Key themes raised by statutory committee members via QRG part two have included:

- Quality of advisors and experts.
- The period between the council receiving the health evidence for a case and bringing it before the IC.
- Quality and consistency of redactions (e.g. background information being included which could prejudice a decision).

8.5 In addition, QRG part two provides a vital route to highlight quality issues from QRG part one with the Chair of AAC and which are then feedback at either an individual level and/or might inform the annual training and development plan. Key themes shared with Deputy Chairs and SCMs have included:

- The importance of warning drafting focussing on conduct and behaviour and not outcome.
- The importance of wording being sensitive to any perception of victim blaming.
- Sufficiency of explanation and reasoning.

8.6 A significant area of focus in 21/22 has been the IC process review, and its subsequent evaluation. QRG part two commissioned a process review of the Investigating Committee (IC)

at its meeting in January 2020. A review was undertaken, and several recommendations were implemented from August 2020. These included:

- The introduction of a decision template.
- The reduction of Committee membership from two registrant members (a pharmacist and a pharmacy technician at every meeting) to one registrant member (either a pharmacist or a pharmacy technician at every meeting).
- The move to holding meetings entirely remotely.

8.7 Upon implementation it was planned that an evaluation would be carried out on the changes implemented. The evaluation comprised two main components: A survey of IC members and an assessment of a random sample of IC decisions since implementation of the decision template. Key messages from the evaluation included:

- All IC Deputy Chairs considered that the decision template assisted them in preparing for the IC Meeting; whilst three quarters of IC members consider the template has improved discussions all agree that the template has improved the structure of reasons; arrangements are underway to review the template and continue to improve it.
- Pre-process review each meeting Committee had both a pharmacist and pharmacy technician; nearly a quarter of responses felt that this change had impacted negatively however the remaining 75% felt the change was either positive (44%) or neither impacted positively nor negatively (33%); when considering the detailed responses of those who felt it had impacted negatively two reasons were cited: First it meant fewer sitting opportunities for registrant members as only one was needed however the reduction in the size of IC by not renewing the contracts for some of the registrant members in September 2022 will mitigate this issue. Second, one registrant member thought it was helpful to also have the opinion of the other registrant member. The positives cited of having a committee of three in the survey responses outweighs the negatives.
- Only one person thought that remote meetings were not as effective with the majority considering remote meetings were as effective.

Plans for 22/23

8.8 Working within QRG part two, the AAC is fully exploring the impact of remote working on the quality of decision-making, including taking account of registrant feedback and levels of engagement.

9. Workstream Five: Communications

What we do

9.1 Ensuring feedback and information is actively and regularly shared with Committee members, and from them, is an essential part of the work of the Assurance and Appointments

Committee. Maintaining the independence of the Committee decision-making process is entirely compatible with sharing information and learning.

9.2 A regular newsletter is the main channel of communication with all members, updating them on GPhC and wider healthcare regulatory policy, emerging case law and thematic feedback.

Outcomes for 21/22

9.3 The most significant communications development this year has been the introduction of the GPhC's new Online portal. This is enabling SCMs to access GPhC policies and procedures, guidance and relevant case law all in one place as well as then providing a single point of access for fee enquiries and the submission of invoices. Importantly it also provides a secure space for the sharing of case papers, avoiding the need for sending multiple password-protected papers via Egress switch. The introduction of the portal by the Associates and Partners function was very well handled and feedback to date from members has been positive and supportive.

9.4 In addition, the AAC Chair corresponds with members regularly, and observes as many hearings as possible, which, as well as allowing her to monitor performance, provides a welcome opportunity to catch up with panellists and listen to their feedback and any concerns.

9.3 The Chair still facilitates regular meetings with her counterparts at the other health and social care regulators (where they exist). This follows a detailed review of the degree of overlap between GPhC empanelment and membership across the different panels of the different health regulators which was previously completed by the GPhC and showed that, of the 81 Statutory Committee Members in place at the time (including reserves), 31 members had at least one role within another healthcare regulator; 10 members had two roles; 7 members had three roles and 2 members had six roles.

Plans for 22/23

9.4 The AAC will support the GPhC as it works through the next steps of introducing the online portal. This could include exploring opportunities for lay members and registrant members to come together collectively.

9.5 It will continue to make best use of the regular newsletter, providing a Chair's introduction and overview.

10. Equality, Diversity and Inclusion

10.1 The statutory committees strive to promote and reflect equality, diversity and inclusion when performing their regulatory functions. The Assurance and Appointments Committee and the scheduling staff try to ensure that the people appointed and allocated to the statutory committees reflect the diversity of the public they serve and the registrant population (further consideration is being given to benchmarking criteria and this is noted later in this report).

10.2 This year's diversity statistics for the current committees can be found at Appendix 1. The numbers are taken from the annual, voluntary anonymised diversity survey. The response rate was 64% (43/67 responses were received). The UK census figures are from the 2011 census (as the statistics from the 2021 census are not available yet) and the registrant population figures are taken from the GPhC's register.

10.3 In keeping with the GPhC's EDI Team the AAC will in future no longer be using the term Black and Minority ethnic. Further possibilities are being scoped out including ethnic minorities.

10.4 The combined data highlights the following key points:

Overall diversity

- Over half (53%) of committee members are female.
- The largest proportion of committee members are between the ages of 55 to 64.
- Black and minority ethnic members make up just over 32.5% of the committee population.

Chair statistics

- 58% of the committee Chairs are male, or 7 out of a total of 12 Chairs (who completed the survey)
- In keeping with the wider membership, the largest proportion (41%) of Chairs are also drawn from those aged 65 plus.
- Whilst 83% of Chairs are White, 8% are from 'Other ethnic background' and 8% are Asian there are currently no Black Chairs.

Comparing the committee population with UK and Registrant populations

- 14% of committee members are Asian compared with a UK population figure of 8% but a pharmacist population figure of 39%.
- Despite most committee members being between the age of 55 and 64, almost 16% of committee members fall from within the 45 to 54-year brackets and this is more consistent with the registrant population. For example, almost 17% of Pharmacists are between the ages of 45 and 54. In comparison to other decision-making bodies, the average age of both non-executive Board members and Trustees in the UK is rising (just over 60 years for the former and now 61 years for the latter).

10.5 The AAC is, as always, aware that more needs to done to attract high calibre applicants from underrepresented groups. Accordingly, plans for the next recruitment campaign will be taken forward entirely consistently with the GPhC's EDI strategy and will be designed to attract applicants from as diverse a range of backgrounds and sections of the community as possible. However, the AAC is also very aware that equality, diversity and inclusiveness is about more that the recruitment process followed. Future recruitment plans are prioritising EDI and include an end-to-end journey review that will take account of a revised role description and competencies, alongside revised support and induction packages, which could allow for more 'development' candidates to be appointed.

10.6 In addition, further consideration is being given to who the AAC should be benchmarking SCM diversity against. This includes whether lay members should be benchmarked against the UK population whilst registrant members might be benchmarked against the GPhC's registrant population. This will be reflected in next year's Annual Report.

10.7 Finally, consideration continues to EDI in the context of the regulatory journey. The Associates and Partners function will be running an anonymisation project with the Investigating Committee later this year. The Investigating Committee (IC) process was chosen as the IC assess cases on papers only so this process lends itself well to a project involving redaction. The project will involve the redaction of information which might identify the ethnicity of the registrant before the case papers are considered by the IC. The main objectives of the project will be to test if anonymisation helps to remove unconscious bias from this stage of the fitness to practise process and to give assurance to registrants of the fairness of a process involving anonymisation (analogous to the assurance given to applicants in anonymised HR processes).

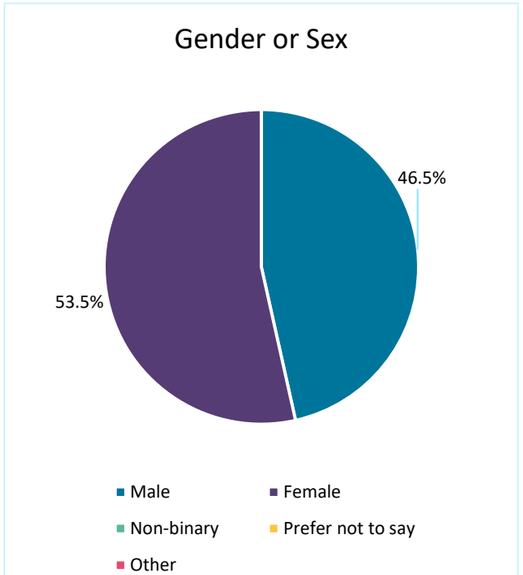
10.8 IC members have been engaged in readiness for the project. Some further engagement work with the IC is planned to help finalise redaction criteria and other key project information before launching the project in October 2022.

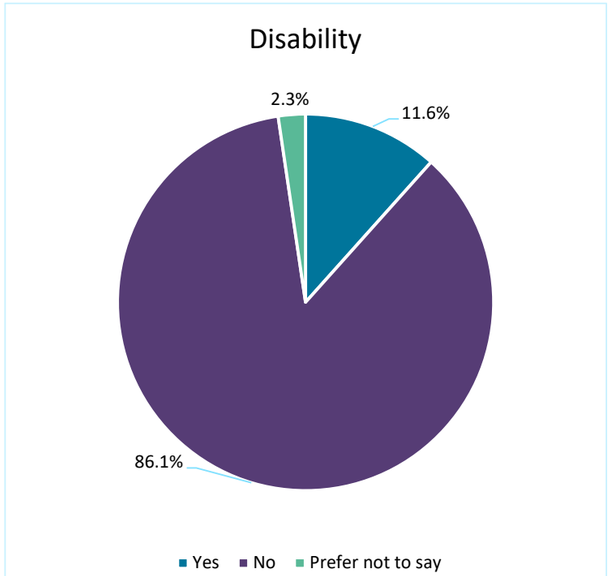
Appendix 1

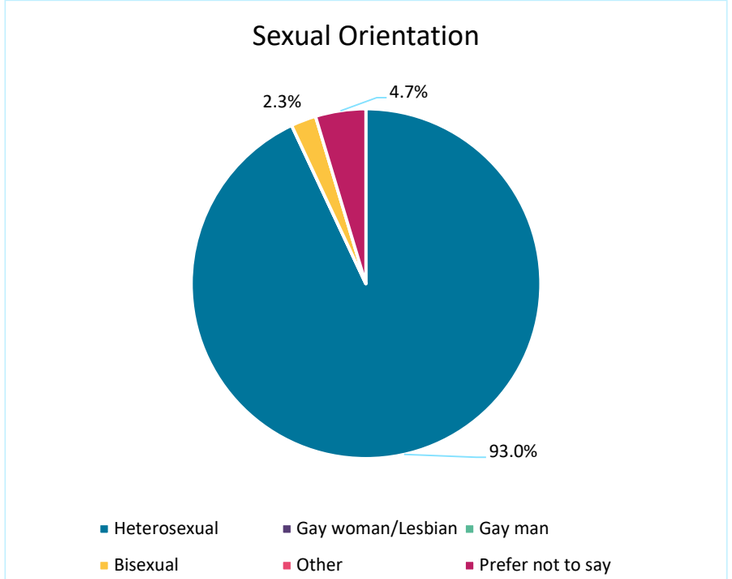
The Assurance and Appointments Committee

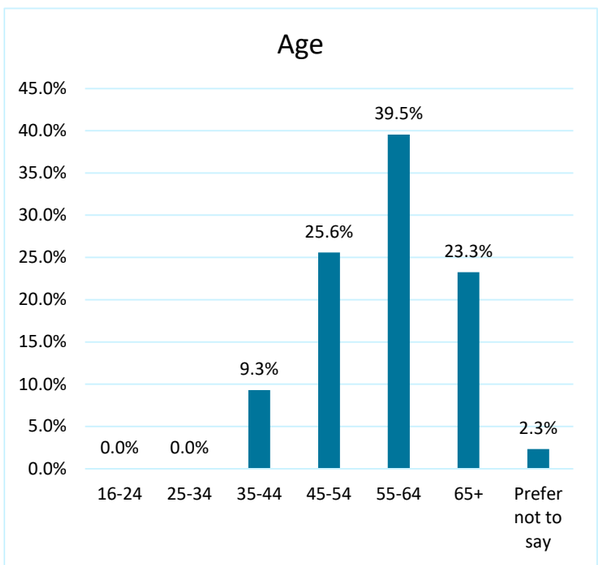
Monitoring diversity – EDI statistics for the committees

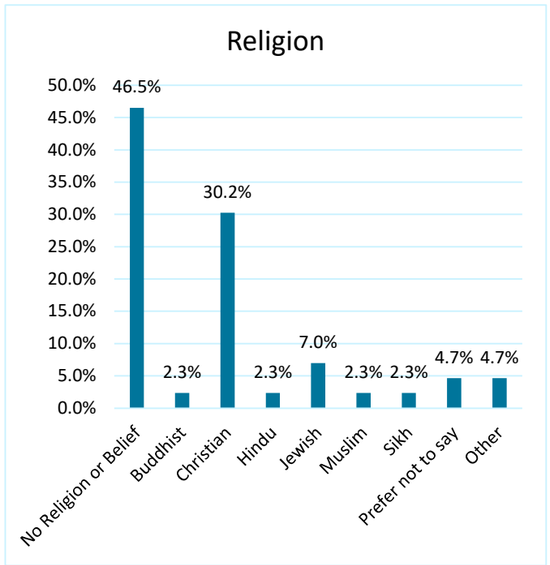
1. Overall Diversity 2022

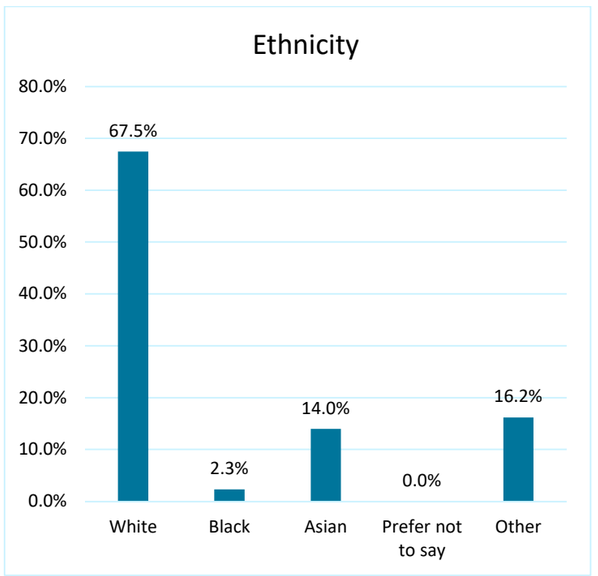




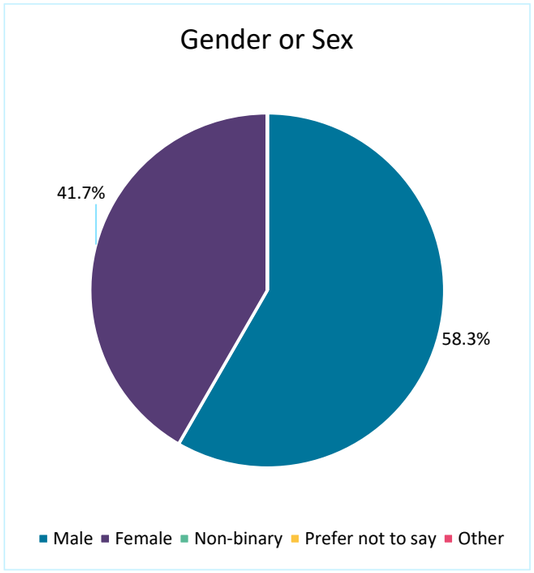


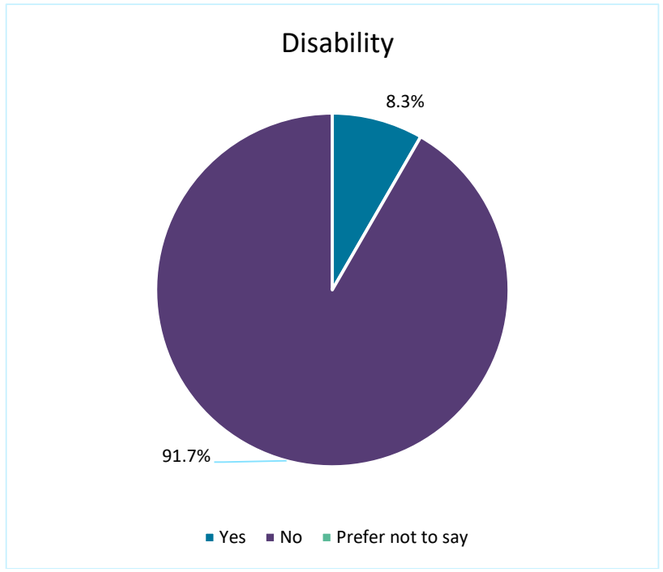


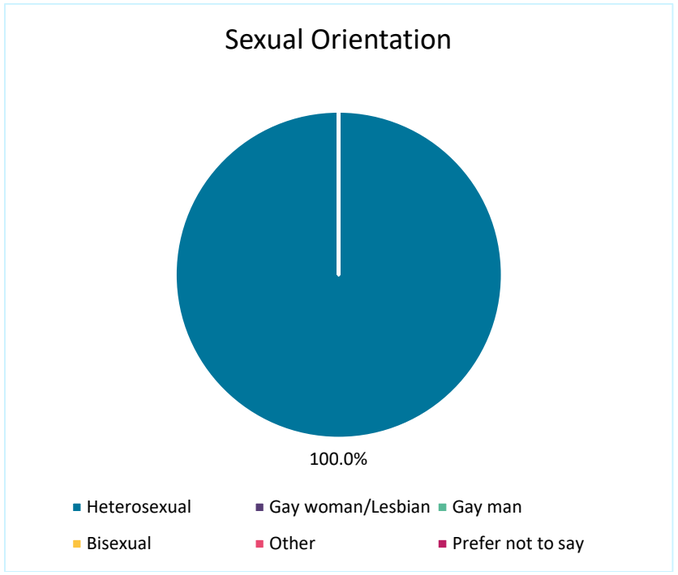


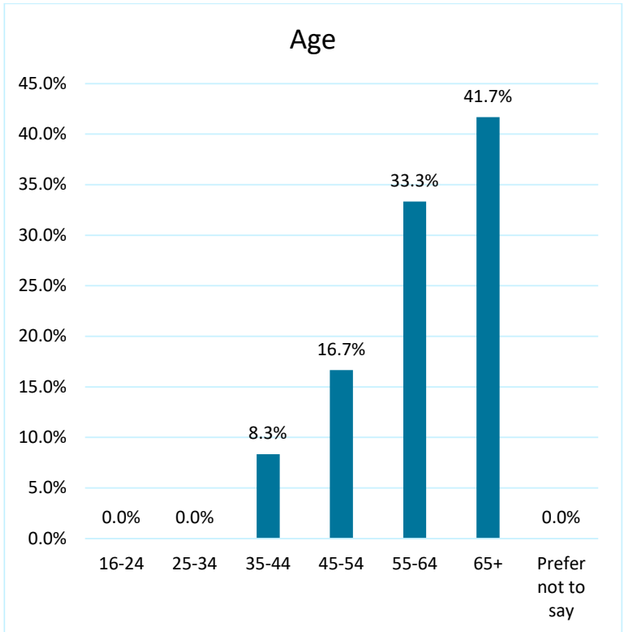


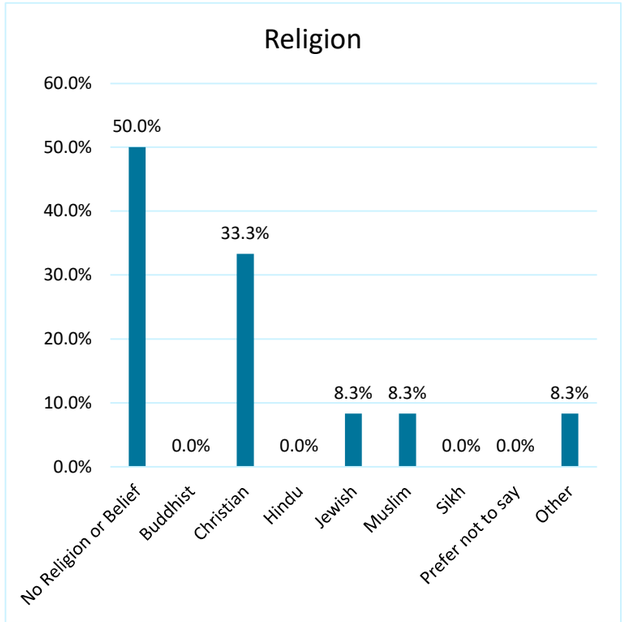
2. Chair statistics 2022

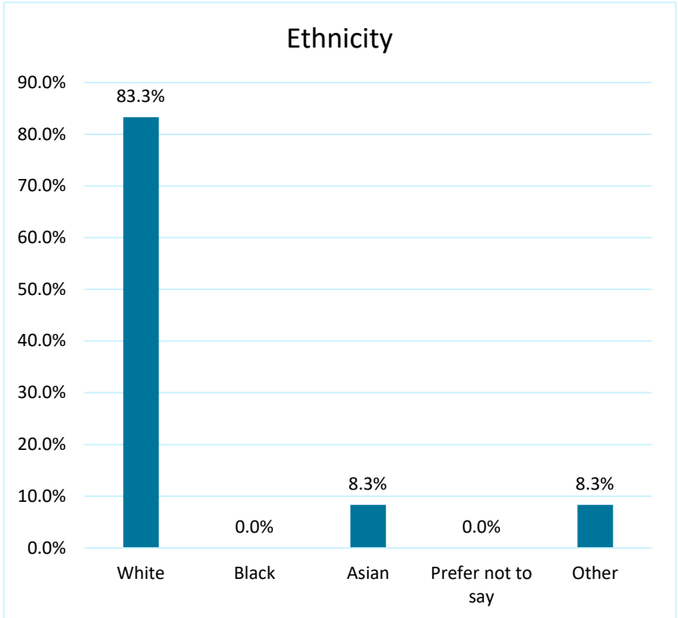




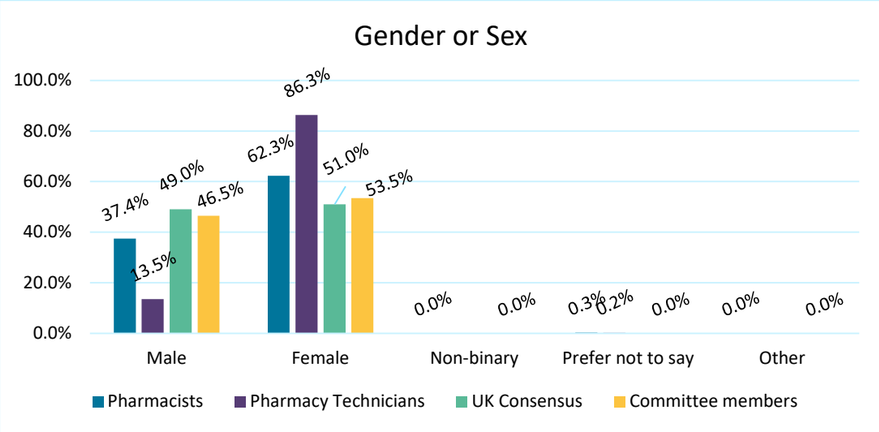


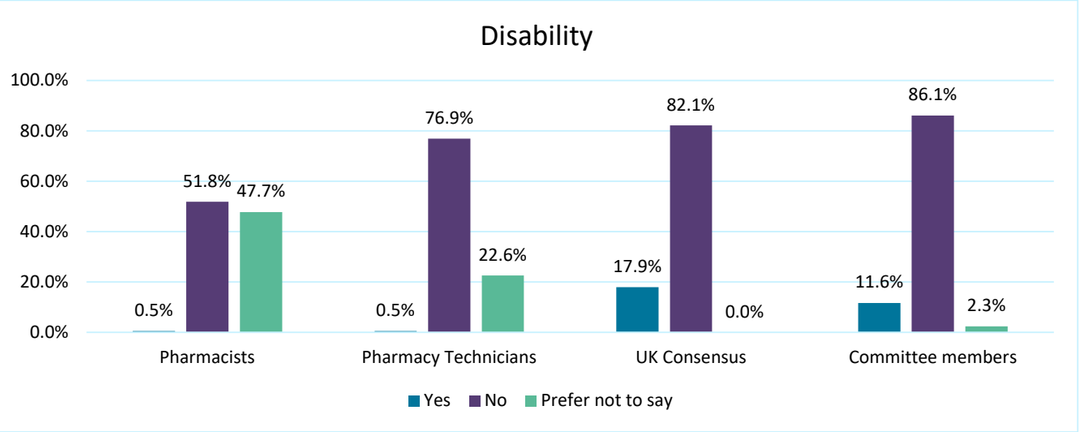


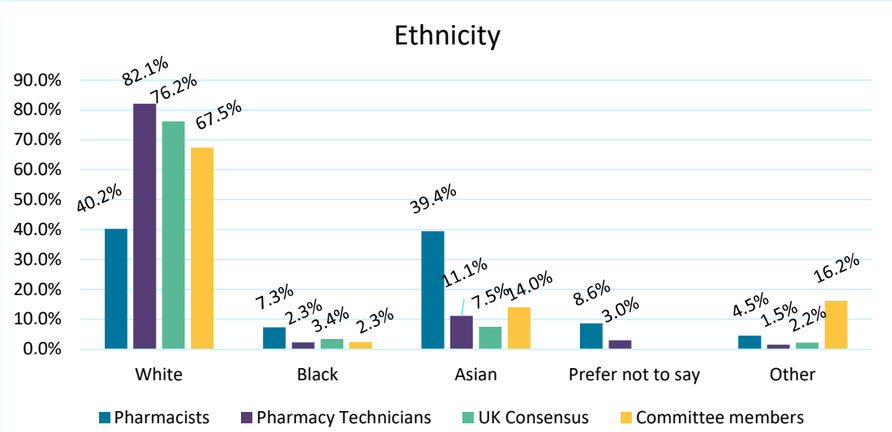


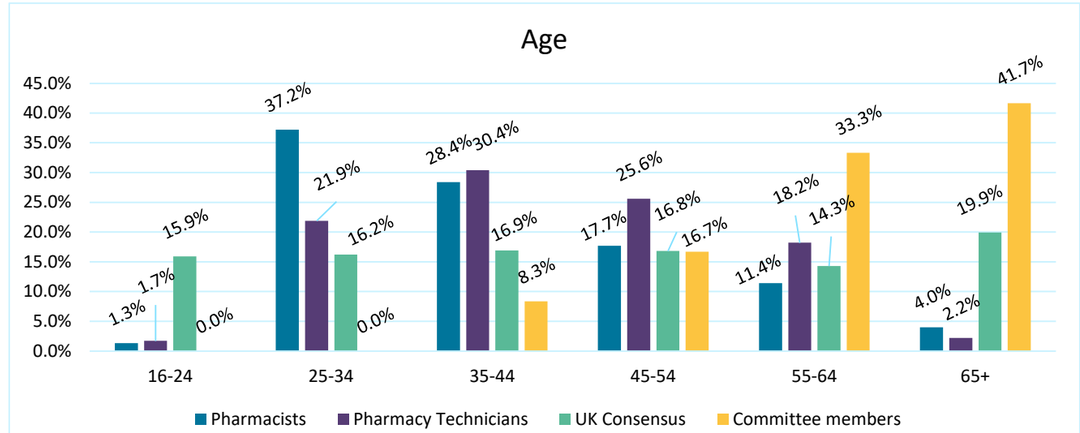


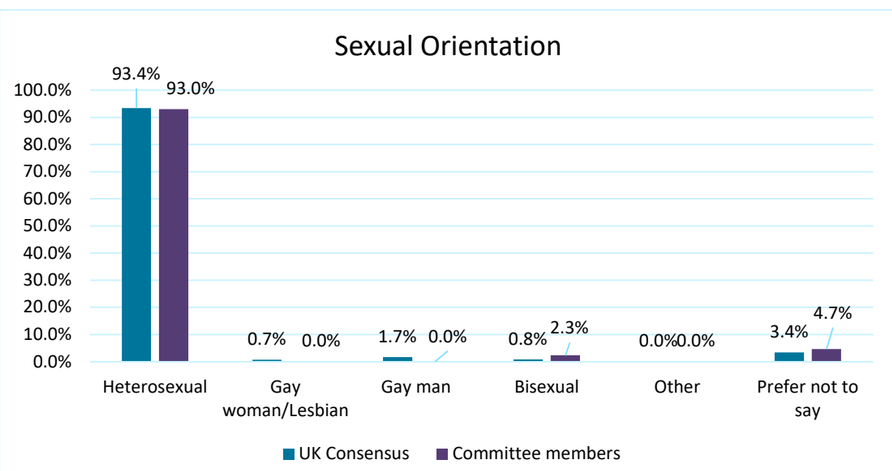
3. Overall committee population versus UK and Registrant

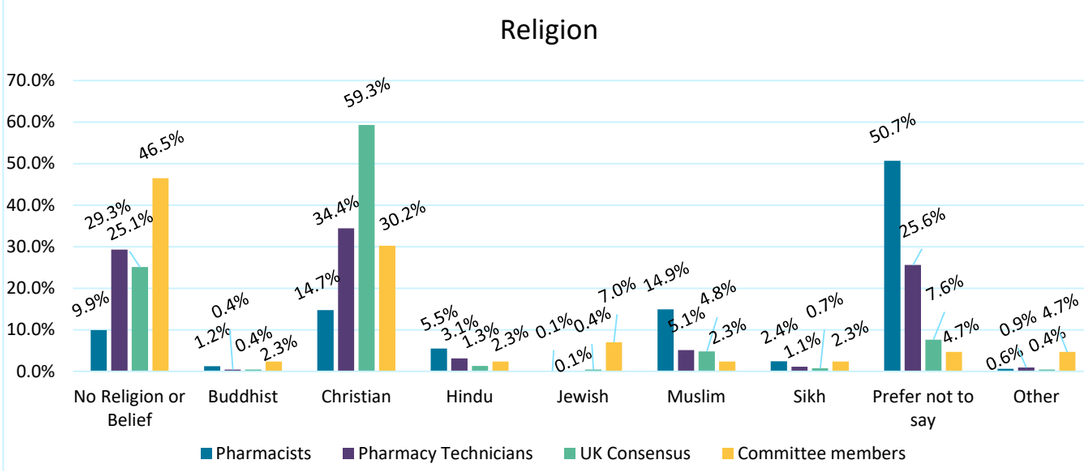












Please note the data on Pharmacists and Pharmacy Technicians has been sourced from the online register. The UK Census data has been taken from the latest Census in 2011.

General Pharmaceutical Council

Appendix B: Remit of the Appointments Committee

The Council has established an Appointments Committee (referred to as the Assurance and Appointments Committee). Its role is based on five workstreams:

Recruitment

- Bringing high calibre and diverse individuals into the Committees through an open and thorough process, matched against clear competencies.

Training and Development

- Providing Committee members with the skills and support they need to carry out their roles to a high standard.

Quality Performance

- Assessing and understanding whether the required standards are being reached and then maintained; particularly using outputs to inform training and development and support continuous improvement.

Quality Assurance

- Monitoring procedures, processes and outcomes in order to ensure that they are up to the expected quality levels; particularly focusing on identifying learning and supporting continuous improvement.

Communication

- Ensuring feedback and information is actively and regularly shared with Committee members and from them; creating a culture of continuous improvement that reinforces the independence of the Committee decision-making process.

In delivering these work streams, under

1. Delegated powers from the Council and in accordance with the GPhC (Statutory Committees and their Advisers) Rules 2010, it is required to:
    - Select and appoint appropriate persons to serve as members of the statutory committees including as chairs and deputy chairs.
    - Draft and submit to Council for approval the procedure for the suspension and removal of a member of a statutory committee, or any person on the reserve list.

- Where appropriate, suspend or remove from office members, including chairs and deputy chairs, of the statutory committees; and
- Oversee procedures for the training, development, performance review and appraisal of members, including chairs and deputy chairs, of the statutory committees and, as appropriate, training for persons on a reserve list.
- Ensure that all policies and work within the committee's remit take account of and promote the GPhC's culture and values and commitment to equality, diversity and inclusion".

2. Alongside this the Appointments Committee will advise the Council on:
    - The minimum competencies it considers are required for appointment as a chair, deputy chair or other member of a statutory committee, whilst having regard to best practice on competencies required for membership of quasi-judicial committees, as disseminated by the Judicial Studies Board or the PSA or any successor bodies;

3. The Appointments Committee must maintain a reserve list of appropriate persons who are eligible to serve as members of each of the statutory committees.

4. Other than as specified above, the Committee has no executive responsibilities or powers.

Accountability and reporting

5. The Committee is accountable to the Council. The Committee reports to the Council annually.

Authority

6. The Committee has delegated authority from the Council as detailed in the remit above and the GPHC (Statutory Committees and their Advisers) Rules 2010.

Composition

7. The Committee, including its Chair, is appointed through arrangements agreed by the Council. The Committee has five members comprising:
    - A lay member who is Chair;
    - A lay member who is Deputy Chair; and
    - Three registrant members, at least one of whom is a pharmacy technician.

8. The Appointments Committee currently has the following members:
    - Elisabeth Davies (Chair)
    - Ngozi Cole (Deputy chair)
    - Ahmed Aboo (Pharmacist registrant member)
    - Neelam Sharma (Pharmacy technician registrant member)
    - Karen Hong (Pharmacist registrant member).

Terms of office

9. Each committee member is appointed for up to four years and may serve a maximum of two terms.

Quorum

10. A quorum shall be three members of the Committee one of whom must be the Chair or the Deputy Chair.

Frequency of meetings

11. The Committee shall meet as necessary.

Amended September 2022
Associates & Partners