

Council meeting

By Zoom

Thursday, 12 November 2020

10.00-13.00

Public business

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|------------|--|--------------------------------|
| 1. | Attendance and introductory remarks | Nigel Clarke |
| 2. | Declarations of interest – public items | Nigel Clarke |
| 3. | Minutes of the meeting held on 17 September 2020
<i>Minutes of the public session</i> | Nigel Clarke |
| 4. | Actions and matters arising | Nigel Clarke |
| 5. | Workshop summary – October 2020
<i>For noting</i> | Nigel Clarke |
| 6. | Quarter 2 reporting: finance update, annual plan progress and performance monitoring reports
<i>For noting</i> | 20.11.C.01
Duncan Rudkin |
| 7. | Standards for the initial education and training of pharmacists
<i>For noting</i> | 20.11.C.02
Mark Voce |
| 8. | PSA annual performance review
<i>For noting</i> | 20.11.C.03
Laura McClintock |
| 9. | Communications and engagement update
<i>For noting</i> | 20.11.C.04
Rachael Oliver |
| 10. | Non-staff expenses policy
<i>For approval</i> | 20.11.C.05
Janet Collins |
| 11. | Minutes of the Audit and Risk Committee – 6 October 2020
<i>For noting</i> | 20.11.C.06
Neil Buckley |
| 12. | Any other business | Nigel Clarke |

Confidential business

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| 13. | Declarations of interest – confidential items | Nigel Clarke |
| 14. | Minutes of the meeting on 17 September 2020
<i>Minutes of the confidential session</i> | Nigel Clarke |
| 15. | Minutes of the Finance and Performance Committee – 15 September 2020
<i>For noting</i> | 20.11.C.07
Mark Hammond |
| 16. | Minutes of the Audit and Risk Committee – confidential items
<i>For noting</i> | 20.11.C.08
Neil Buckley |
| 17. | Any other confidential business | Nigel Clarke |

Date of next meeting

Thursday, 10 December 2020

Minutes of the Council meeting held on Thursday 17 September 2020 at 10.00, by Zoom

TO BE CONFIRMED 12 November 2020

Minutes of the public session

Present

Nigel Clarke (Chair)
Yousaf Ahmad
Mark Hammond
Ann Jacklin
Jo Kember
Elizabeth Mailey

Rima Makarem
Rose Marie Parr
Arun Midha
Aamer Safdar
Jayne Salt
Selina Ullah

Apologies

Neil Buckley
Penny Hopkins

In attendance

Duncan Rudkin (Chief Executive and Registrar)
Carole Auchterlonie (Director of Fitness to Practise)
Claire Bryce-Smith (Director of Insight, Intelligence and Inspection)
Laura McClintock (Chief of Staff)
Francesca Okosi (Director of People)
Mark Voce (Director of Education and Standards)
Laura Fraser (Director for Scotland)
Liam Anstey (Director for Wales)
Janet Collins (Governance Manager)

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting, which was being held by Zoom due to the Covid-19 pandemic. Apologies had been received from Neil Buckley and Penny Hopkins who were unable to attend due to the re-arranged date.

2. Declarations of interest

- 2.1 The Chair reminded members to make any declarations of interest before each item in the usual way.

3. Minutes of the last meeting

- 3.1 **The minutes of the public session held on 23 July were confirmed as a true and accurate record of the meeting.**

4. Actions and matters arising

- 4.1 There were no actions or matters arising which were not covered on the agenda.

5. Quarter one (Q1) reporting

- 5.1 Duncan Rudkin (DR) introduced **20.09.C.01** which included a finance update, a progress report on the annual plan and the Q1 performance report.
- 5.2 DR noted that the first quarter of 2020/21 had been very different from the context in which the planning and budgeting had been carried out. The performance report was in a new, more focussed format and members' feedback on that would be welcome.
- 5.3 Jonathan Bennetts (JB) introduced the finance update. The financial year 2019/20 had ended with a small surplus of £300k, which was a positive step in achieving the Council's stated aim of delivering a financially stable organisation. The Q1 re-forecast for 2020/21 currently predicted another small surplus, although the situation was subject to change.
- 5.4 Income was down £0.5m against forecast, with the major contributing factors being the decision to delay the implementation of the increase in premises' registration and renewal fees and the delays to the pre-registration examination. Expenditure was down £0.8m against forecast, with the major contributing factor being the reduction in attendance fees and expenses for panel members while the fitness to practise committees had not been meeting in person.
- 5.5 The Finance and Planning Committee had explored the updated position in detail at its meeting on 15 September, including potential best- and worst-case scenarios and the risks and opportunities presented. The committee has also discussed the investment portfolio, into which the full agreed amount had now been invested.
- 5.6 Claire Bryce-Smith (CB-S) presented the progress report against the annual plan for April to September 2020. New priorities had arisen as a result of the pandemic, meaning that

the work had needed to be re-prioritised. Most of the Q1 priority work programmes had been completed, including the establishment of a temporary register for just over 6 000 pharmacy professionals enabling them to return to practice during the pandemic, commissioning the procurement exercise for an online registration assessment and moving hearings online.

- 5.7 While routine inspections had been suspended, there had been 2 263 support visits to pharmacies (physical and virtual) and intelligence-led inspections had continued.
- 5.8 In response to a question, DR clarified that the temporary register would be closed when the pandemic emergency was declared over and those who had joined it would be signposted to the process for returning to the permanent register should they choose to do so but they would not automatically be transferred.
- 5.9 The Customer Contact team had faced considerable challenges from the sudden shift to working from home but had managed them very well. The Frequently Asked Questions on the website were being updated more often and more quickly as issues arose and the team was also liaising with the Communications team who were providing targeted communications via social media and email where relevant. The Chair praised the work of the CCT and noted his personal thanks to them for their work under difficult circumstances.
- 5.10 With some detailed discussion around elements of the reports, the Council:
- i) noted the key areas of performance as highlighted in the cover paper;**
 - ii) noted the finance update at Appendix 1;**
 - iii) noted the report on progress against the 2020/21 annual plan at Appendix 2; and**
 - iv) noted the operational performance report provided at Appendix 3.**

6. Managing concerns about pharmacy professionals – strategy for change

- 6.1 Carole Auchterlonie presented **20.09.C.02**, which set out the draft strategy and sought Council's approval to proceed to consultation on the draft. The Council had previously considered an earlier draft at its meeting in July 2020 and the strategy had been revised since then based on the feedback provided and with input from a small group of Council members.
- 6.2 The main changes were:
- a shorter and more focused foreword and overall document, along with a separate overview 'visual' for use as an executive summary;
 - challenges linked with the current process and how the strategy proposes to address them;

- four strategic aims, rather than five objectives with ten guiding principles;
 - separated the issue of eliminating bias in decision making from the systemic issue of disproportionate representation of Black and minority ethnic registrants in referrals; and
 - removed FtP language from the title and used ‘managing concerns’ instead to reflect the aim to shift perceptions.
- 6.3 The Council welcomed the changes and supported the revised content and tone. One further amendment was suggested and, with that change, **the Council approved the draft strategy for consultation.**

7. Social media guidance for Council members, associates and partners; updates to the procedure for managing complaints against Council members

- 7.1 Janet Collins (JC) introduced **20.09.C.03** which set out some suggested updates to the Values, Conduct and Behaviour policy which applied to Council members, associates and partners in relation to the use of social media.
- 7.2 When the policy was approved in December 2020, members had asked the executive to look again at the section relating to the use of social media to be sure that it was strong enough and in-line with guidance produced by other bodies. A survey of a number of guidance documents from other regulators, the Cabinet Office and local government bodies had shown that the GPhC’s guidance was broadly consistent and did not need to be made more prescriptive. However, there were ways in which it could be clarified and which also brought it closer into line with the guidance for registrants. A number of additions, including ‘do’s and don’t’s’ were therefore suggested in the paper.
- 7.3 **Council approved the suggested revisions to the guidance on the use of social media.**
- 7.4 As part of the same paper, Laura McClintock (LM) introduced proposed changes to the procedure for managing complaints against Council members. The proposed new procedure set out an informal route for the resolution of minor or low level concerns – on a voluntary basis – in addition to the existing mechanism for referral to the Privy Council. The suggested new procedure aligned insofar as possible with that for managing complaints about statutory committee members.
- 7.5 **Council approved the revisions to the procedure for managing complaints against Council members.**

8. Diversifying Council membership

- 8.1 LM presented **20.09.C.04** which set out an updated approach to Council appointments and re-appointments. The paper represented a first step in the organisation’s commitment to further diversifying the membership of the Council by updating the

underpinning policy with a clear and positive emphasis on equality, diversity and inclusion.

- 8.2 The updated policy reflected the changes already introduced through the Diversity Action Plan which had been fundamental to the 2019/20 recruitment process. It also acknowledged that, while having the appropriate governance framework in place was important, it was only a small part of a much larger piece of work and the paper also set out further steps that would be taken.
- 8.3 Following a discussion, **the Council approved the updated approach to managing and recommending Council member and Chair appointments and re-appointments; and noted the next steps and ongoing work in this area.**

9. Governance of the work to reform the Initial Education and Training (IET) Standards for pharmacists

- 9.1 Mark Voce (MV) presented **20.09.C.05** which proposed that the current working group looking at the IET standards for pharmacists should become a formal Advisory Group to the Council and should be co-chaired by one lay and one registrant Council member.
- 9.2 Revised learning outcomes and closer integration of academic study and learning in practice had been largely welcomed when consulted on in 2019 although there were a number of concerns about how this would be implemented. The GPhC had agreed to continue working with stakeholders to develop proposals. A working group had been established and had met several times before the work was halted by the pandemic. It had now been re-convened with further momentum provided by proposals from the Education Governance Oversight Board (EGOB) to turn the fifth year of training into a Foundation year with the aim of trainees becoming independent prescribers at the point of registration.
- 9.3 The Advisory Group would continue to focus on seven workstreams: learning outcomes; independent prescribing; foundation year/year five; admissions; equality, diversity, inclusion and support; post-registration training; and funding. The aim was to work rapidly through key issues, to allow the standards to be considered by Council in November with a detailed implementation plan from that point onwards.
- 9.4 Members who were interested in chairing or attending the group were asked to send their expressions of interest to the Chair and the Governance Manager.
- 9.5 **The Council agreed that the current working group on the IET standards for pharmacists should become a formal Advisory Group to the Council and should be co-chaired by one lay and one registrant member of Council.**

- 9.6 **The Council also agreed that a Council member of the Pharmaceutical Society of Northern Ireland should be invited to join the group.**

10. Update on provisional registration and the registration assessment

- 10.1 MV gave an oral update on provisional registration and the progress in moving the registration assessment online.
- 10.2 There had been a good response to the survey of those who were currently included in the provisional register. Over 90% of respondents reported having had a risk assessment and 96% reported that they had access to a senior pharmacist. Inspectors were following up with those who had reported negative responses to help ensure that they had the necessary support.
- 10.3 The procurement process for moving the registration assessment online was in its final stages with potential providers presenting to the selection panel during the next few days. The Chair of the Board of Assessors had been involved in the process. The team understood the need to communicate clear messages to the pre-registration trainees as soon as possible and would make sure that this happened.

11. Any other business

- 11.1 There were two items of other business.
- 11.2 DR updated the Council on the Government consultation on changes to the Human Medicines Regulations in relation to 'flu vaccines and a possible Covid-19 vaccine. The organisation was looking at the work it would need to do with a number of other bodies to support the sector with the implementation of amended regulations.
- 11.3 DR also noted that Francesca Okosi, Director of People, would be leaving the GPhC early in October and thanked her for all her work as a key member of the leadership team, including the way that she had both led and role-modelled a range of areas particularly around organisational culture.

There being no other business, the meeting concluded at 12.15

Date of the next meeting:

Thursday 12 November at 10.00

Council workshop summary

Meeting paper for Council on 12 November 2020

Public

Purpose

To provide an outline of the discussions at the Council workshop on 15 October 2020.

Recommendations

The Council is asked to note the discussions from the April 2020 workshop.

1. Introduction

- 1.1 The Council often holds a workshop session alongside its regular Council meetings. The workshops give Council members the opportunity to:
- interact with and gain insights from staff responsible for delivering regulatory functions and projects;
 - receive information on projects during the development stages; provide guidance on the direction of travel for workstreams via feedback from group work or plenary discussion; and
 - receive training and other updates.
- 1.2 The Council does not make decisions in the workshops. They are informal discussion sessions to assist the development of the Council's views. A summary of the workshop discussions is presented at the subsequent Council meeting, making the development of work streams more visible to stakeholders. Some confidential items may not be reported on in full.

2. Summary of the October workshop

Vision 2030 health check

- 2.1 Claire Bryce-Smith introduced this session. It had previously been agreed that the Vision2030 would be kept under regular review and would also be reviewed in light of any significant changes in context or issues that emerged.
- 2.2 An internal health check review had been conducted, using the question "In light of what we know about the impact of Covid-19 so far, is our Vision 2013 still fit for purpose?"
- 2.3 The feedback was that the Vision:

- had stood the test of the pandemic well;
 - had demonstrated a degree of future-proofing;
 - remained relevant – and in fact reinforced; and
 - provided the organisation with a clear and relevant framework to work within in unprecedented times;
- 2.4 Although the pandemic was ongoing and its full long-term implications were not yet known, it was prudent to give Council the chance to carry out a health check on the Vision as the planning re-prioritisation was underway.
- 2.5 Members discussed, in groups, whether the Vision remained fit for purpose in light of what was known about the impact of the pandemic. Members were also asked for their reflections on the organisation's positioning with the profession and the public during the pandemic.
- 2.6 Feeding back from their discussions, the groups agreed that the Vision had stood up well and that the pandemic had highlighted the need to achieve its aims. The more supportive tone of communication with registrants was supported, as was the relationship building which had taken place.

Fitness to practise caseload progression

- 2.7 Vanessa Clarke (Senior Finance Manager), Alicia March (Head of Professionals Regulation) and Paul Cummins (Head of Adjudications) joined the workshop to present this session.
- 2.8 Fitness to practise (FtP) accounted for almost half of the GPhC's spend. However, in 2018/19 and 2019/20, this expenditure had significantly reduced. The area in which forecasting had been least accurate was in the number of hearings days, which had a significant effect on both budgeting and planning. A cross-team working group had been convened to develop a tool which would help manage resources effectively; to improve the accuracy of forecasting the numbers of cases at different stages of the process; be able to measure the cost impact that adjustments to the model would make; and to better understand the impact of significant increases or reductions in the number of incoming concerns.
- 2.9 A number of changes had been made to the FtP process, including:
- introduction of an oversight panel;
 - changes to the threshold criteria;
 - improvements to the scheduling process; and
 - increase in the number of cases handled internally.
- 2.10 Data for 2018/19 and 2019/20 showed a 38% increase in cases closed at triage; a 37% decrease in cases allocated to stream 2 (investigation through the FtP process) and a 34% decrease in cases referred to the Investigating Committee. The number of hearings had decreased by 35% and hearing days by 47% (from 590 in 2018/19 to 310 in 2019/20).
- 2.11 Benefits of the modelling included better understanding of the cost drivers and improved service delivery.

- 2.12 It was not yet clear whether the move to holding some hearings virtually during the pandemic would lead to fewer failed hearings (those which were scheduled but then did not go ahead on the day) but there was better engagement with registrants in the run-up to hearings. Keeping some hearings online would have significant implications for the future accommodation strategy.

Education and training update; registration assessment

- 2.13 Mark Voce updated the Council on continuing discussions around the initial education and training of pharmacists, including learning outcomes and the incorporation of the pre-registration year into a five-year degree course.
- 2.14 The contract for the registration assessment had now been awarded and the details of the examination were being finalised and would be communicated to candidates as soon as possible. There would be materials to help them, including a webinar.

3. Recommendations

The Council is asked to note the discussions from the October 2020 workshop.

Janet Collins, Governance Manager
General Pharmaceutical Council

15 October 2020

GPhC Performance Report: Quarter 2 2020/21

Meeting paper for Council on 12 November 2020

Public Business

Purpose

To report to Council on three areas of the organisation's performance in Quarter 2 (July – September) 2020/21. This includes financial performance, progress against the annual plan and operational performance.

Recommendations

The Council is asked to note and comment on:

- i. key areas of performance as highlighted in the cover paper;
- ii. the finance update provided at **Appendix 1**;
- iii. the report on progress against the 2020/21 annual plan at **Appendix 2**; and
- iii. the operational performance information provided at **Appendix 3**.

1. Introduction

- 1.1 The content of these reports is reviewed by the Senior Leadership Group (SLG) operating as a Performance and Delivery Board. The focus of the Board is on reviewing financial performance, monitoring the operational performance of the organisation and delivery against agreed plans. These are set out in our 5-year strategic plan 2020-25 and supporting annual plan and budget 2020/2
- 1.2 This report is the second performance report since the Covid-19 pandemic. The very different operating context continues, including remote working of the whole organisation. Supporting the safe and effective practice of pharmacy during the pandemic remains our core focus. And, in quarter 2 we continued to work to the re-prioritised annual plan and budget for the first six months of the year, the outputs and outcomes expected for which are set out in Appendix 2.
- 1.3 During the pandemic, we have continued to measure the performance of our services against the standards set for normal operating conditions. This is to ensure continuity and openness and transparency in the way we report, whilst understanding that operating conditions have been anything but normal. In doing so, we realise assessing and

comparing performance will be more difficult. But we are closely monitoring the direction of travel of our services' performance as the pandemic continues and the actions being taken to minimise any impact of these. Appendix 3 provides the performance summary for service areas, with accompanying explanatory narratives.

- 1.4 The next section summarises the key performance headlines from July to September 2020. Further detail is provided in the accompanying appendices.

2. Key performance headlines for quarter two

- 2.1 There has been a reduction in expenditure this quarter, which has been offset by a reduction in income. The ongoing pandemic situation continues to have an impact on our operational activities which has led to further cost implications in some areas, and additional savings in others. During quarter 2 some key decisions were made around the registration assessment and continued homeworking arrangements based on government advice, and these have been incorporated in the updated forecast wherever possible. An updated forecast on the anticipated income and expenditure for the remaining six months of the financial year is set out in Appendix 1. This is now substantially different to the previously agreed budget for 2020/21, with a projected surplus of £1.06m (which is a £0.8m increase from the quarter one forecast).
- 2.2 There has been a mixed picture on our progress of the delivery of our reprioritised annual plan this quarter. For ease of reference, any work scheduled for completion in quarter 2 (as well as those identified in quarter 1) identified as being delayed or need to be reviewed as part of the phase 2 reprioritisation exercise, are marked with an asterisk in Appendix 2.
- 2.3 Most of the expected outcomes under Strategic aims 1 to 3 have been delivered. With regards to those activities not completed, good progress has still been made. We have a draft programme for the rollout of wider reporting on regulatory and service performance, ready for consideration. In addition, awarding of the contract for the registration assessment is reaching a conclusion. It should be noted that we did not commission EDI research in support of Covid-19 or produce internal guidance. But we took the opportunity to collaborate with work led by others, looking into the impact of Covid-19 on BAME healthcare workers, which is underway.
- 2.4 There have been more delays to the completion of work under Strategic aim 4. These have been both external and internal related. In relation to work on FtP regulatory reform, whilst we continue to input as required this has been delayed externally by the pandemic. Other activities under this Strategic aim have seen slight delays, but progress has been made. Work continues on our datasets and there is a draft insights programme to be carried forward. Our fitness to practise strategy is now out for consultation.
- 2.5 There has been considerable impact on the progress of activities under Strategic aim 5, with many activities delayed or needing to be reviewed. Despite carrying out an initial reprioritisation exercise (phase 1) during the summer, we were over ambitious regarding what could be delivered in the first 6 months of the year, given the scale and/or complexity of new pieces of work that had emerged, or been brought forward in light of the pandemic as well as delivering our normal operational services. This meant that finite capacity and resources were diverted elsewhere, such as to support registration activities. In addition, almost half of the activities under this aim, were pre-Covid-19 planned people

initiatives, when in reality resources were more focussed on supporting the organisation through the extended period of working remotely.

- 2.6 Whilst some of these delayed activities should be completed within this annual planning year, other activities, as well as continuing pieces of work are being considered as part of the further re-prioritisation exercise (phase 2), which is currently underway. This includes the wider look at the scheduling of work in our medium-term Strategic Plan 2020-25. We will need to be realistic regarding our planning, timetabling and capacity to deliver as we commit to future work programmes particularly during the ongoing pandemic, but also as part of ongoing learning with regards to our wider planning activities.
- 2.7 In relation to the performance of our services this quarter, overall the majority are meeting or exceeding their performance standards, or are judged to be performing within tolerance, (an acceptable level of normal variation). Importantly, in relation to direction of travel, the majority of service areas have seen improvements in their performance overall, in positive contrast to the previous quarter. Of note this quarter are the corporate complaints and human resources areas where performance is good and improving.
- 2.8 There are however two service areas where performance continues to fall significantly short of their respective normal operating standards. These are the customer contact centre and fitness to practise. In the former, performance has continued to decline this quarter, and in the latter, there are early positive signs of improvement in a number of indicators. Further details on performance and actions in these service areas are set out in pages 2 and 4-5 respectively of Appendix 3.

3. Equality and diversity implications

- 3.1 Our aim is to embed equality, diversity and inclusion in both our role as a regulator and an employer.
- 3.2 One of our key activities is to develop an updated comprehensive Equality, Diversity and Inclusion strategy with a focus on our regulatory functions. We will continue to look at how we can monitor, demonstrate and report on our progress towards this aim, including as part of our performance reporting.

4. Communications

- 4.1 The development and publication of this report is reflective of our commitment to openness and transparency concerning our performance.
- 4.2 We continue to carry out specific communications on each of the areas of reported performance. This includes information on our website, wider communications through the media and directly through our own publications and communications materials. These activities are designed to reach all our key interest groups including patients and their representatives, pharmacy professionals and their employees, education providers and others. Council receives information on these as part of the regular quarterly communications updates.
- 4.3 Internal communications on our re-prioritised annual plan, including the detail that sits underneath it is important as we look to go through a continued period of change. There have been transparent and specific communications around key stages of activities within the reprioritised plan to inform and engage with staff, including relevant content on the staff intranet and all staff remote briefings.

5. Resource implications

- 5.1 Resource implications are addressed within the report.
- 5.2 The allocation of resources required to progress with the reprioritised annual plan as well as delivering our statutory responsibilities continues to be a key consideration as we continue to monitor the implications for the 2020/21 budget as well as future fee arrangements.
- 5.3 We will continue to monitor our resource capacity to deliver our statutory responsibilities, progress the reprioritised annual plan, whilst ensuring capacity to respond to unforeseen events and deal with work reactionary in nature.

6. Risk implications

- 6.1 The strategic risk register will continue to be reviewed as part of our management framework and risks will be recorded and reviewed in relation to our work.
- 6.2 Any significant decrease in registrant numbers could lead to a lower income rate than expected. The impact of the delay in holding registration assessments in 2020 due to the pandemic continues to be closely monitored.
- 6.3 With regards to operational performance, failure to maintain accurate registers and/or carry out other regulatory functions efficiently and effectively could have implications on patient safety, and a significant impact on the GPhC's reputation.

7. Monitoring and review

- 7.1 Council will receive a performance report on a quarterly basis, providing a financial update, an overview of the delivery of the GPhC's regulatory functions and progress made against the annual plan.
- 7.2 As highlighted earlier in this paper, the Senior Leadership Group convenes as a Performance and Delivery Board reviewing financial performance as well as the content of both the performance monitoring report and annual plan progress report, on a quarterly basis prior to Council.
- 7.3 We continue to be mindful of and look to feed in learning from planning and reporting previously as part of our commitment to continuous learning and improvement.

8. Recommendations

The Council is asked to note and comment on

- i. key areas of performance as highlighted in the cover paper
- ii. the finance update provided at **Appendix 1**
- ii. the report on progress against the 2020/21 annual plan at **Appendix 2**; and
- iii. the operational performance information provided at **Appendix 3**

Duncan Rudkin, Chief Executive
General Pharmaceutical Council

12 November 2020

Quarter two – Finance update

Meeting paper for Council on 12 November 2020

Purpose

This paper provides an update of GPhC's 2020/21 financial plan following the quarter two reforecast exercise which includes a summary of:

- The further revisions to the financial forecast for the year which incorporates the known financial impacts resulting from the implications of the COVID-19 pandemic
- The most significant movements in income and expenditure
- The main financial risks and opportunities that remain for the year

1. Changes to the 2020/21 quarter one forecast

- 1.1 Following a full quarter two reforecast exercise, the 2020/21 full year surplus is now expected to be £0.9m. This increase is in range with possible surplus position that was highlighted as part of the Covid-19 financial impact reporting (maximum potential surplus £1.8m). The next update will be provided for the next financial planning committee meeting in December.
- 1.2 This is a £0.6m increase from the quarter one (Q1) forecast and £0.9m increase to the initially agreed balanced budget for the year. This is the net outcome of a projected income fall of (£0.95m) which is offset by an anticipated reduction in expenditure of £1.87m (after interest and tax) across all areas of the business. A full summary of the income and expenditure position is provided in **Annex one**.

The forecast has been based on a combination of actual financial results for the first half of the year and the updated forecast of the remaining six months of the year using the current snapshot of the activities planned for the rest of the year.

- 1.2 As anticipated from the quarter one forecast, the ongoing pandemic situation continues to have a notable impact on operational activities. This has led to further cost implications in some areas and additional savings in others.
- 1.3 The increased surplus is predominantly driven by further reductions in the expected expenditure levels for the first half of the year (please see **Annex two** for forecast surplus position by quarter) and an additional drop in projected income and expenditure for the next six months.

- 1.4 A large amount of uncertainty continues to date about how and when activities will resume or continue in the future. During quarter two some key decisions were made, and the financial impacts have been included in the updated forecast wherever possible.

The key decisions include:

- To move to an online registration assessment with the aim of holding at least one sitting before the end of the financial year
- The assumption for financial planning purposes is that homeworking arrangements will continue for the remainder of this financial year
- For activities to take place virtually wherever possible and physical events are conducted with full consideration of the health and safety of all those involved.

2. Income

- 2.1 Having reviewed the quarter one assumption on the timings of income streams which have been affected by the ongoing COVID-19 crisis, the overall income forecast has reduced by £0.4m (1.9%) from £23.7m at quarter one reforecast down to £23.3m. The main income reduction comes from pharmacist and pre-registration income. These decreases have been offset by marginal increase in pharmacy technician and premises income.

- a) The forecast for **Pharmacist income** has reduced by £0.36m compared to Q1. The proposed online registration assessment is now expected to take place no earlier than quarter four which means that renewal and application fees from passed candidates will no longer be received in the current financial year.
- b) **Pre-registration income** has decreased by £0.1m from Q1 forecast, as the GPhC's intention is to hold one exam sitting before the end of the financial year and not the previous assumption of two sittings. Pre-reg trainee income has also been revised down due to a slight reduction in trainee numbers than originally predicted.
- c) Other income is forecast to be £0.03m lower than the previous forecast. This is mainly from a reduction in cost recovery from accreditation, due to cancellation and postponements of events. Forecast income based on cost recovery from prison inspection activity, has been reduced to nil as the visits are not expected to resume in this financial year.
- d) The number of premises expected to leave the register this year is higher than earlier forecast. However, the financial impact of this will be minimal this year with the main impact anticipated next financial year. On another hand, with the ease of lockdown we have seen marginal increases in premises registration income stream due to the urgency required in processing applications for temporary premises. There have also been slight income increases in pharmacy technician income from applications and restoration fees.

3. Expenditure

- 3.1 The updated forecast predicts a further £1.03m decreases in expenditure (after interest and tax) when compared to quarter one reforecast. There are several factors driving the reduced expenditure including:

- a) Continued reductions in volumes, delays and amendments to how services are being delivered in response to Covid-19.
 - b) Updated forecasting around hearing days, linked to work across the business to base estimates on more accurate assumptions
 - c) The remaining savings are related to items around efficiency and are further explained in point 3.3.
- 3.2 This has been offset by marginal increased spending to accommodate modified working arrangements and address health and safety issues as a result of the pandemic.
- 3.3 Progress continues around reviewing our costs and ensuring that we seek efficiencies where possible; these include:
- a) Identifying structural savings which will continue into future years, including updating IT services and where feasible, maintaining momentum on savings that have occurred due to the pandemic.
 - b) Evaluating work to see if it still necessary or would provide bigger benefits if delivered at a different time or if it can be delivered in a different way. This is particularly relevant to the online registration assessment.
 - c) Negotiating and evaluating contract and services to ensure we attain the best value for money.
- 3.4 As government restrictions have remained in place, we do not expect volumes to increase as previously expected. So, a proportion of the reduced expenditure can be assigned to the cost reductions around lower volumes due to COVID-19 and the restriction in working practices.

A summary of the most significant changes in the reforecast financial plan is provided as follows:

Cost Category	Value	Principle reasons for movements
Committee & Associate Costs	£0.37m	£0.17m of this is removal of exam invigilation costs which will no longer be incurred as a separate cost in the online exam process. A further saving of £0.12m can be attributed to travel and accommodation. There is a smaller decline of £0.05m to committee attendance fees as most activities have moved to virtual arrangement with some physical principal hearings also resuming.
Employee costs: payroll	£0.54m	£0.3m relates to vacant roles not yet filled during quarter two, accurate updates to when roles are likely to be filled and a reorganisation of the senior leadership team. The additional NHS pension top up contribution of £0.30m has also been taken out of payroll forecast as this cost is not predicted to be incurred in this financial year.

Event costs	£0.09m	£0.05m is from negotiated refunds from exam venue that are no longer required as we transition to online exams, we also recognised the advanced cost for next year, now the decision has been made to carry out assessments online. The residual £0.04m relates to reduction in other event venue and catering costs which have either been cancelled or moved on to virtual medium. This includes annual events around inspections and communication activities.
Professional Costs	£-0.03m	The costs here have increased due to the inclusion of an additional £0.20m for the online registration assessment. This increase is offset by lower forecast expenditure in consultancy for delayed pieces of work (£0.16m) and robust review of transcription requirements which has reduced costs in this area.

3.5 Efficiency Savings

- a) The original budget included a specific target related to expenditure efficiencies. A further £0.2m of savings were identified during the quarter bringing the full year permanent savings of £0.6m. The main savings during the quarter were predominantly related to the reorganisation of the senior leadership team. A smaller amount relates to the decision to continue with the amendments to areas such postage and printing that were implemented in response to Covid-19 on a permanent basis. The net impact for the current financial year is approximately £0.3m as the costs associated with implementing the changes were higher than initially planned.

Expenditure and efficiency will continue to be reviewed with consideration of the updated ways of working due to Covid-19 and the re-prioritisation of resources.

- b) The forecast includes a 5% vacancy saving assuming not all roles will be filled 100% of the time. At present the vacancy rate is running around 7%, so the headcount expenditure is lower than expected due to a larger than expected number of roles being vacant during Q2. There is expectation for these roles to be filled in Q3
- c) The organisation continues to monitor expenditure through reviewing contracts and services challenging pricing and investigating cost reduction initiatives.
- d) The GPhC remains committed to ensuring value for money and that we remain efficient and effective during these unprecedented times. We need to ensure that we can flexibility to adapt quickly and to scale to any constraints and unknowns that may arise over the short to longer term.

4. Risks and opportunities

- 4.1 There are a number of potential financial risks and opportunities that have been identified that could emerge over the remainder of the financial year which are summarised below.

4.2 Risks

- a) **Uncertainty around registrant numbers**, continues to be a key underlying factor in predicting income. Any changes to trends to date have been included for the current financial year forecast, the main one being the delay in those joining the register after the registration assessment.
- b) **The ability to facilitate the examination this financial year**, if the online examination is held later than currently anticipated it would further reduce the income expected from this stream and delay the income expected from new joiners.
- c) **An increased reliance on temporary staffing arrangements** to cover permanent posts and enable completion of statutory functions, catch up on delayed/postponed events.
- d) **Reduced staff availability** for reasons such as a high concentration of staff using annual leave during the latter quarter of the year or the cost incurred if a significant number of staff opt to have unspent leave paid out. Potential impact on staff if higher numbers of staff health is impacted by the virus.
- e) **Increased restrictions** – further government restrictions could lead to additional disruption for employees and implications on the GPhC' deliver certain services such as physical hearings.

4.3 Opportunities

Adapting the way we work so we can continue to deliver services during the crisis period has generated savings; such as from the increased use of video technology to hold meetings and working in a more virtual way. There are further opportunities to make more fundamental changes and continue building on the savings that have already been made.

- a) **Review longer term accommodation arrangements** and exploring short to longer-term homeworking arrangements, continue to be a key factor of many ongoing planning activities.
- b) **Deliver more services virtually**, hearings, accreditation events, council meetings etc can be delivered through a combination of physical and virtual meetings. With a clear decision not resume in person events before the end of the financial year (except for a small number of physical hearings), finances have been updated to reflect the reduced spend around travel and accommodation.
- c) The initial phase of the **reprioritisation** exercise has now been complete, with focus shifting beyond short term solutions to updating and creating plans for managing long term objectives.
- d) Continue to work in a **paperless environment**, we have achieved savings in postage and printing costs so far this year. Where possible decisions have been made to continue the current arrangements on a more substantive basis and options are being explored around other interim arrangements.
- e) We have now recognised that the **increase in employer pension contributions** is unlikely to be implemented this current financial year and will now more likely be a consideration

from the 2021/22 financial year.

5. Conclusion

- 5.1 The 2020/21 financial plan currently anticipates a surplus of £0.9 with a £1.8m reduction in expenditure being offset by a £0.9m reduction in income. The reduced expenditure has cushioned the impact of the reduced income for the current financial year.
- 5.2 A level of uncertainty remains but the key decisions made during quarter two around the registration assessment and continued homeworking arrangement based on government advice, have reduced the amount financial variation for the current financial year.
- 5.3 Several pieces of are currently underway that will establish the how we organise ourselves in the longer term
- Reprioritisation which included a review of the plans considering the current changes in the working environment and reviewing longer term adjustments to work practices and culture as we manage a more dispersed workforce.
 - The project team are now moving focus to the ‘Renewal’ phase which centres on exploring how we arrange ourselves over the longer term as a result of COVID-19.
- 5.4 There are several uncertainties beyond the current financial year and the financial impacts for future financial years may be more significant.
- 5.5 During quarter 2 in line with the outlined investment strategy monies we moved to an investment fund. The fund is currently performing well, although externally the market is very volatile, so we do expect to see fluctuations over the coming months.
- 5.6 The current forecast shows a further increase in the expected surplus position, the current reserves are around the minimum level and the longer-term financial plans included replenishing reserves to improve the financial position. Please see **Annex 3** for more detail on the reserves position).
- 5.7 We also remain mindful that a number of delayed and postponed pieces of work from the current financial year will roll forward to next year and place a greater implication on expenditure for that year. These include work around the strategic hub, fee reviews and IT development.
- 5.8 Any surpluses should be retained as reserves and used to mitigate any enduring impacts of the pandemic situation, offset the delayed impact of fee increases and provide the ability to support the long-term strategic vision.
- 5.9 The reserves will also provide the flexibility to fund the investment initiatives, continually improve the way we deliver services and respond to technological advances.

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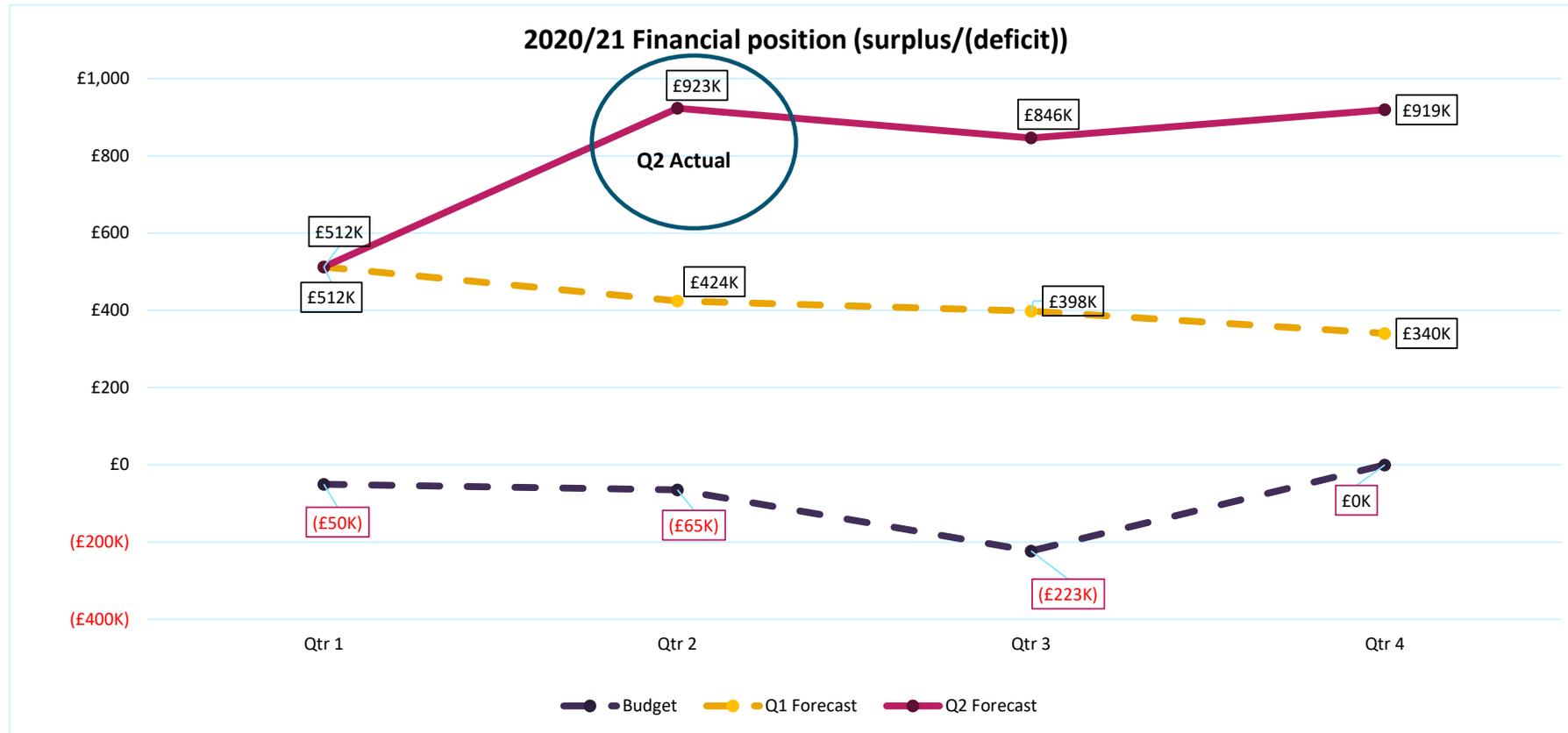
Annex 1

2020/2021 Summary Income and Expenditure

	2020/2021 Reforecast 2 £000's	2020/2021 Reforecast 1 £000's	2020/2021 Variance £000's	2020/2021 Variance %
Income				
Pharmacist income	15,163	15,528	(364)	(2.3%)
Premises income	3,858	3,851	7	0.2%
Pharmacy technician income	3,099	3,069	30	1.0%
Pre-registration income	1,030	1,121	(91)	(8.1%)
Other income	112	148	(35)	(24.0%)
Total income	23,263	23,716	(453)	(1.9%)
Expenditure				
Total employee costs: Payroll	12,980	13,518	538	4.0%
Total employee costs: Other	649	687	39	5.6%
Total employee costs	13,629	14,206	576	4.1%
Total committee and associate costs	1,142	1,514	373	24.6%
Total professional costs	1,282	1,292	10	0.8%
Total legal costs	675	648	(27)	(4.2%)
Total IT costs	1,523	1,545	22	1.4%
Total event costs	203	258	55	21.4%
Total office costs	174	200	26	13.0%
Total property cost	266	290	24	8.2%
Total service level and occupancy	2,106	2,166	60	2.8%
Total financial cost	201	197	(4)	(2.2%)
Total depreciation	1,110	1,113	2	0.2%
Total other costs	43	45	2	4.7%
PSA levy costs	218	218	0	0.0%
Efficiency savings	(146)	(220)	(73)	33.3%
Total expenditure	22,426	23,472	1,046	4.5%
Interest and tax	83	95	(12)	(12.8%)
Net operating surplus/(deficit) after interest and tax	919	339	580	171.2%

Annex 2

2020-21 Cumulative Financial Position- Budget vs Actual and Forecast



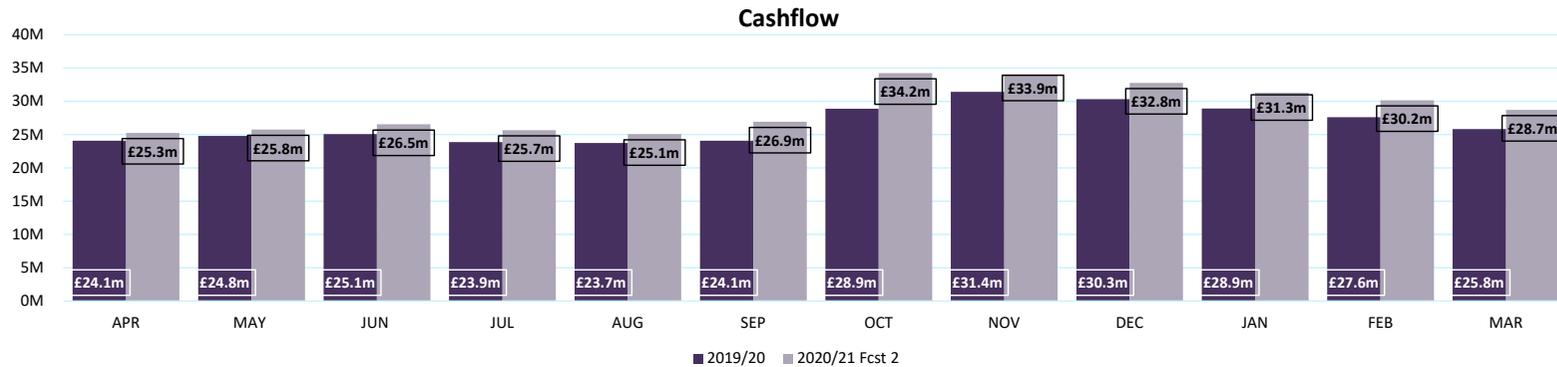
The graph shows cumulative financial position (surplus/(deficit)) for budget, actuals and forecast. The first half of the year to Sept 2020 compares actual surplus/(deficit) position to budget whilst the rest of the year (Oct 2020 to March 2021) compares forecast to the original budget.

General Pharmaceutical Council

Annex 3

Investments Overview - Q2 Reforecast 2020-21

Cashflow 2020/21 Forecast vs 2019/20 Actual Results



Cash balances have increased each month when compared to the same period last year. This due to a combination of reduction in our level of expenditure offset by fall in cash inflow in the first half of the year. This is in part due to the impact of the pandemic on various element of the business in terms of volume and timing of transactions and the move of some activities to virtual platforms. We expect this increase in cash to continue in the second half of the year as we foresee lower monthly expenditure.

Reserves	Actual 31-Mar-20	Projected 31-Mar-21
General free reserves	8,271	9,605
Fixed asset reserves	3,135	2,721
Total Reserves	11,406	12,326
No. of month's operating expenditure based on free reserves	4.1	4.7

In line with the re-forecasted surplus for the financial year. The number of months of free reserves is expected to rise to 4.7 months, which is over and above the agreed minimum level of reserves. As expected Fixed Assets will depreciate over time and the projected forecast has been updated to account for this and any further capital expenditure for the year.

Bank Name	Balance	Invested funds %	Rate
Goldman Sachs - Investment portfolio	15,000,000.00	52%	Variable
Goldman Sachs	11,046,650.63	38%	Variable
Natwest business reserve	1,671,376.98	6%	Variable
Handelsbanken	1,000,037.11	3%	0.6%
Total	28,718,065		

£15m has been moved from deposit accounts into a long term investment portfolio of fixed income sovereign bonds and equities. The portfolio was set up on in June 2020 and is being managed by Goldman Sachs. In future, performance of the investment will be reported on separately.

Annual Plan 2020/21 – April to September

Strategic aim 1

Deliver an adaptable standards framework that meets rapidly changing public and professional needs

By the end of June 2020, we will have:

1. Published guidance on the use of NHS volunteers to deliver medicines in partnership with the Royal Pharmaceutical Society (RPS)
2. Developed fact sheets on controlled drugs in partnership with the RPS
3. Contributed to a new ethical decision-making framework to support pharmacists and the pharmacy team published by the RPS

By the end of September 2020, we will have:

4. Developed standards for employers as part of the provisional registration scheme (To note - we developed guidance rather than standards)

Strategic aim 2

Deliver effective, consistent and fair regulation

By the end of June 2020, we will have:

1. Approved a strategic approach to evaluating the impact of our work
2. Implemented a temporary register for pharmacy professionals who had left the register within the last 3 years
3. Developed and implemented ongoing remote accreditation for pharmacy schools and for new education and training courses for pharmacy technicians based on revised standards
4. Promoted the introduction of the SAFE Space initiative in pharmacies for people who may be experiencing domestic abuse during the pandemic
5. Commenced remote Fitness to Practise (FtP) hearings and Investigating Committee (IC) operations

By the end of September 2020, we will have:

6. Continued with the ongoing continuous improvement programme in relation to meeting PSA standards
7. Developed a medium-term phased implementation programme for the roll out of wider reporting on regulatory and service performance*
8. Completed consultation and engagement with external stakeholder groups on our draft EDI strategy based on our regulatory work
9. Commissioned EDI research in support of COVID-19 and produced internal guidance*

Strategic aim 3

Drive improvements in pharmacy care through modernising our regulation of education and training

By the end of June 2020, we will have:

1. Developed new policy for the provisional registration of the current cohort of pre-registration pharmacist trainees
2. Commenced the procurement exercise for the development of the online registration assessment
3. Scoped our role and plans in relation to the pharmacy technician profession*

By the end of September 2020, we will have:

4. Implemented revised education and training requirements for pharmacy support staff
5. Introduced revised student FtP guidance
6. Implemented the provisional registration scheme for pharmacists
7. Awarded the contract for the development of the online registration assessment*
8. Worked with stakeholders to oversee a review of years 1-5 of the initial education and training of pharmacists (IETP), setting out a clear vision and narrative, and detailed work required to implement changes
9. Worked with stakeholders to implement changes to year 5 for the pre-registration cohort that started training in July

Annual Plan 2020/21 – April to September

Strategic aim 4

Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy

By the end of June 2020, we will have:

1. Adapted our regulatory approach to support pharmacy to deliver safe and effective care during the unfolding pandemic
2. Mobilised a COVID-19 rapid response team to manage and respond to incoming information, enquiries and intelligence
3. Undertaken an extensive proactive programme of comms messaging during the peak of the pandemic to provide clarity and assurance about regulatory requirements to pharmacy professionals and the public
4. Established new information sharing agreements with key stakeholders to support their work
5. Commenced engagement with stakeholders over approach to inspections during extended periods of social distancing
6. Proposed some limited procedural rule changes to government to enable remote Hearings

By the end of September 2020, we will have:

7. Established an insights programme*
8. Published key datasets on the website*
9. Commenced consultation on a new fitness to practise strategy*
10. Commenced pilots of some amended approaches to inspection
11. Fed into cross-regulatory work on model rules for FtP regulatory reform as well as ongoing discussions around governance reform*
12. Continued development and piloting of a corporate approach to managing incoming information, intelligence and concerns

Strategic aim 5

Enhance our capabilities and infrastructure to deliver our Vision

By the end of June 2020, we will have:

1. Developed and implemented a business systems strategy*
2. Continued implementation of our IT cloud strategy (Azure migration)
3. Agreed a new approach to prioritising and managing Council business during the pandemic
4. Addressed GDPR implications of COVID-19 rapid changes to operations
5. Initiated a reset and renewal project for a phased resumption of office-based operations and to identify beneficial long-term changes to our organisational ways of working for consideration
6. Completed phase one of the re-prioritisation of the annual plan 2020/21 in light of the pandemic
7. Implemented amendments to the revalidation requirements for pharmacy professionals
8. Produced a vision for Adjudication Services
9. Revised and developed policies and guidance related to protecting and managing employees during Covid-19
10. Implemented phase 2 of the organisational design

By the end of September 2020, we will have:

11. Continued reset and renewal project with plans for phased resumption to new normal
12. Scoped phase 3 of organisational re-design*
13. Procured and implemented a new purchase order system for the organisation*
14. Completed the migration of all targeted services to the Azure platform in line with our IT Cloud Strategy*
15. Completed efficiency improvements to MyGPhC (our online services platform)*
16. Approved final decisions on redevelopment of the organisation's website*
17. Made a decision about the 2020 fee review proposal that has been consulted on
18. Commence Phase 2 re-prioritisation of 5-year strategic plan and quarters 3 and 4 of the annual plan
19. Commenced phase 2 of the 'reward and recognition' review*
20. Consulted with staff on the People Plan*
21. Consulted on the talent acquisition plan*
22. Implemented new occupational health contract and service changes*
23. Introduced gender fees gap monitoring for associates and partners
24. Developed 2020 employee survey action plans

Appendix 3 - Quarter 2, Performance Monitoring Report 2020/21

Key

Table 1: Red-Amber-Green (RAG) rating key

Display	Description	Meaning
G	Green	Performance judged to be meeting or exceeding performance standard(s)
A	Amber	Performance judged to be within performance tolerance(s) (an acceptable level of normal variation expected)
R	Red	Performance judged to have fallen short of performance standard(s) and outside of tolerance(s)

Table 2: Direction of travel (DOT) indicator

Indicator	Description	Meaning
↑	Improving DOT	Performance has improved from what it was in the previous quarter
→	Staying the same	Performance has largely stayed the same as it was in the previous quarter
↓	Declining DOT	Performance has got worse than it was in the previous quarter

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Customer contact centre

Table 3: Overall performance this quarter

Quarter	RAG	DOT
Q2	R	↓

Performance summary

Overall performance has been challenging this quarter. Telephone calls have taken longer to answer, the number of calls abandoned has increased, and the number of emails answered in 2 days has fallen significantly when compared to the previous quarter.

Contextually, there have been a number of issues which have impacted on performance. The contact centre team continues to operate remotely, with all the same practical issues highlighted in the last performance monitoring report. In addition, this quarter represented a particularly busy period, with a significant increase in calls and emails received in comparison with the previous quarter. There were around 5,000 more calls and 3,000 more emails. As in the previous quarter, significant traffic generated from several new initiatives continued, as a direct result of the pandemic. These included the temporary register for returning pharmacists and pharmacy technicians, the provisional register for pre-registration pharmacy students and the postponement of the registration assessments in June and September. Issues also emerged with the functionality around the myGPhC portal for registrants with Apple devices following a software update by the company. This caused access issues to the portal, which considerably increased traffic to the contact centre as the main cohort of registrants entered their renewal and revalidation period.

We have now implemented some additional internal working practices which have helped to clear the email backlogs. This has included enhanced call queue monitoring throughout the day, switching staff between calls and emails to maximise the quieter telephone periods, together with improved performance targets for each individual staff member to ensure increased productivity. This, in turn, has also helped to reduce traffic into the contact centre, and should help us in managing the continuing workloads going forward, which we expect to see reflected in the next PMR.

Table 4: Customer contact centre quarterly performance

Performance measure	Performance standard	Q2	RAG	DOT	Q1	Q4	Q3
Average speed of answering telephone calls	<2mins	24.15 mins	R	↓	7.17 mins	1.34 mins	2.19 mins
Percentage of calls abandoned	<5%	61.1% (8,325/ 13,636)	R	↓	29.2% (2,365/ 8,098)	9.7% (782/ 8,058)	12.9% (1,595/ 12,370)
Percentage of emails actioned within 2 days	>90%	52.5% (5,047/ 9615)	R	↓	83.6% (5,681/ 6,797)	91.6% (4,131/ 4,512)	98.9% (5,876/ 5,940)

Registration

Table 5: Overall performance this quarter

Quarter	RAG	DOT
Q2	A	↑

Performance summary

Overall the time taken for pharmacy professionals to get on the register has improved this quarter. Of note is the processing times for the 458 pharmacy technician applications received this quarter, which were much quicker, at a median of 10 days - half of what it was the previous quarter. These improvements were as a direct result of the bedding in of changes to processes, including the use of pass lists from course providers. Processing times for registration applications to the new provisional register were also good, with a median time of 2 days and an average of 4 days. These applications can be completed entirely on-line, enabled by temporary rule changes for this cohort only. This accounted for the bulk of pharmacist registration applications this quarter, at 2,443.

However, for the 45 pharmacist applications to join the full register, the median processing time increased this quarter compared with previous quarters. This was due, in part, to the operating environment as a result of the ongoing pandemic, with the team only able to access post once a week from the office. But also, because applicants had extended application timeframes as many continue to experience issues obtaining certified documents from solicitors and notaries and obtaining birth certificates from the Registrar's office. There are also delays in overseas professional bodies/competent authorities issuing letters of good standing, and letters of compliance.

Table 6: Registration quarterly performance

Performance measure	Performance standard	Q2	RAG	DOT	Q1	Q4	Q3
Median processing times from receipt of online application to approval for pharmacists to the full register (working days)	28 days	38 days	R	↓	14 days*	5 days	13 days
Median processing times from receipt of online application to approval for pharmacists to the provisional register (working days)	28 days	2 days	G	N/A	N/A	N/A	N/A
Median processing times from receipt of online application to approval for pharmacy technicians (working days)	28 days	10 days	G	↑	20 days	10 days	4 days

*Amended from 33 previously reported due to the updating of an additional record on the system

Fitness to practise

Table 7: Overall performance this quarter

Quarter	RAG	DOT
Q2	R	↑

Performance summary

Overall, performance this quarter has continued to fall short of our normal operating performance standards, although improved in three out of the five measures with increased productivity throughout almost all stages of the fitness to practise life cycle of a case this quarter.

The number of concerns triaged within 5 working days has improved, although remains short of the current performance standard. The triage stage now incorporates further enquiries which historically would have been undertaken at the investigation stage. Performance measures for this stage of the process are being reviewed to ensure they reflect the changed nature of the workload, whilst remaining ambitious. For context, the number of concerns received during this quarter has reduced for the second consecutive quarter to 684 (from 721 in Q1 and 849 in Q4 2019/20) and is now more in line with what we would expect to receive. Overall, 16.2 per cent (120) of all concerns that completed the triage stage this quarter were referred for an investigation, representing an increase from the last quarter. For the remainder of the concerns (623), 52.5 per cent (264) were closed either with no further action or with signposting/guidance/health packs, and 47.5 per cent (239) were passed to the inspectorate for intelligence.

Improvements in the number of, and time taken to progress cases are also seen at investigation and at the Investigating and Fitness to Practise Committee stages compared to Q1, although remain short of the normal operating performance standard. Performance standards are being reviewed to ensure they reflect the type of caseload now being managed within the investigation and committee stages to ensure they are realistic. Importantly, the number of cases on hold which are over 12 months has remained stable.

The FtP Committee considered two applications for an interim order. In one of these cases, the time taken between receiving information which indicated an order may be required and an order being imposed, was outside of our performance standard. The route by which this particular case was referred was unusual, and regrettably the recommendation for an interim order was missed in error. We have since provided feedback to the team involved and are agreeing changes to be made in future to avoid any further occurrence.

Table 8: Fitness to practise quarterly performance

Performance measure	Performance standard	Q2	RAG	DOT	Q1	Q4	Q3
Number of concerns triaged within 5 working days	90%	19.6% (119/607)	R	↑	12.8% (79/610)	39.1% (287 /734)	67.7% (495 /730)

Performance measure	Performance standard	Q2	RAG	DOT	Q1	Q4	Q3
Number of stream 2 cases closed or referred within 44 weeks (10 months)	75%	50.0% (40/80)	R	↑	45.8% (27/59)	42.0% (37/88)	57.5% (61/106)
Number of cases closed or referred at IC which reach IC within 52 weeks (12 months)	70%	25% (2/8)	R	→	25% (2/8)	23.1% (3/13)	42.9% (6/14)
Number of Fitness to Practise committee cases closed within 104 weeks (24 months)	85%	45.5% (5/11)	R	↑	0% (0/2)	55.6% (11/15)	73.3% (11/15)
Median time (weeks) from receipt of information suggesting an immediate risk to interim order (IO) being imposed	3 weeks	5.1 wks (2 IOs)	R	↓	2.9 wks (3 IOs)	3.3 wks (8 IOs)	3.5 wks (8 IOs)

Inspection

Table 9: Overall performance this quarter

Quarter	RAG	DOT
Q2	A	→

Performance summary

Overall, performance has remained the same this quarter, but with significantly increased inspection activity. This is both in terms of reports published and enforcement action taken as we continue to adapt our approach to the regulation as the pandemic progresses. Performance improved in the turnaround of the 205 inspection reports this quarter, following the re-starting of elements of our routine inspection programme. The majority of these focused on pharmacies overdue a six-month re-inspection, after having not met all standards previously.

We have continued to act quickly on any information we receive which suggests a risk to patient safety by undertaking 41 intelligence-led inspections this quarter. Thirteen of these originated from intelligence referrals from fitness to practise following concerns that were raised and triaged. A number of these inspections have focussed on pharmacies with particularly high purchase numbers of codeine linctus, with statutory enforcement action taken quickly on 11 occasions. The majority of these, (10) related to a lack of governance and risk management around the sale and supply of codeine linctus preparations.

Support visits to pharmacies (755) have also continued, gathering evidence on how pharmacies are meeting the challenges related to the Covid19 pandemic. From these visits we were able to publish 33 examples of notable practice to support improvement in the sector, with 15,471 visits to the knowledge hub pages. Inspectors also started to follow up with employers on the provisional registrant survey where there were responses to suggest that employers may not be meeting our Guidance.

Table 10: Inspection quarterly performance

Performance Measures	Performance standard	Q2	RAG	DOT	Q1	Q4	Q3
Average turnaround from inspection to finalisation of report	20 days	21 days (205 reports)	A	↑	25.2 days (2 reports)	19.4 days	25.8 days
Average time taken from inspection to service of enforcement notice where evidence of serious risk to patient safety exists	10 days	5 days (11 notices)	G	↓	2 days (1 notice)	6 days (1 notice)	11 days (12 notices)

Corporate complaints

Table 11: Overall performance this quarter

Quarter	RAG	DOT
Q2	G	↑

Performance summary

The number of corporate complaints received this quarter decreased from the previous quarter, with seven new issues and one request for a Stage 2 review. The profile of complaints remains consistent, with decisions made in the FtP process the most common issue at Stage 1 and also the subject of the Stage 2 review. One complaint was upheld, and the closure decision will be reviewed on receipt of new evidence. We identified learning in response to three complaints which related to delays in investigation, the need for clear correspondence on investigation outcomes, purpose of temporary registration and giving guidance earlier in the process to someone preparing for a review hearing.

Table 12: Corporate complaints quarterly performance

Performance measure	Performance standard	Q2	RAG	DOT	Q1	Q4	Q1
Average stage 1 complaints acknowledgement	3 days	2 days (8)	G	↑	3 days (x13)	N/A	N/A
Average stage 1 response time	15 days	9 days (8)	G	↑	12 days (x13)	N/A	N/A
Average stage 2 response time	30 days	N/A (0)	G	→	13 days (x3)	N/A	N/A

Information governance

Table 13: Overall performance this quarter

Quarter	RAG	DOT
Q2	A	↑

Performance summary

Performance overall has improved this quarter with all information requests received responded to within statutory time limits, but regrettably there was one personal data breach in September, which was reported to the Information Commissioner's Office (ICO). It involved the sensitive personal data of one person. The ICO closed the case with no further action, but specific training for staff in the area concerned is planned to embed lessons learned from the incident. In addition, by the end of this quarter 90 per cent of all staff have now successfully completed their annual data protection and information security training.

Table 14: Information governance quarterly performance

Performance measure	Performance standard	Q2	RAG	DOT	Q1	Q4	Q1
Percentage of FOI requests responded to within statutory 20-days	100%	100% (34/34)	G	↑	95% (21/22)	98% (43/44)	100% (38/38)
Percentage of data subject requests responded to within statutory one month	100%	100% (13/13)	G	↑	92% (11/12)	100% (8/8)	100% (8/8)
No. data breaches reported to the ICO	0	1	R	↑	2	0	0

Human resources

Table 15: Overall performance this quarter

Quarter	RAG	DOT
Q2	G	↑

Performance summary

Indicators of performance are good this quarter and improving. Overall organisational absence has improved for the second consecutive quarter to 1.7 per cent from 2.25 per cent previously, comfortably below the industry norm standard. This has been driven by reductions in both long-term and short-term sicknesses. In addition, our rolling 12-month total labour turnover rate continues to be positive at 17 per cent and currently lower than the UK average of 22 per cent. The main reason for turnover in this quarter was voluntary resignations, two dismissals and one redundancy (the last from localised restructures that took part in previous quarters in Fitness to Practise and Education and Standards directorates). The stability rate of permanent staff for the organisation overall also remains positive at 87.1 per cent. This is the highest it has been for more than two years and measures the number of permanent employees with more than 12 months employment (currently at 188).

Table 16: Human resources quarterly performance

Performance measure	Performance standard	Q2	RAG	DOT	Q1	Q4	Q1
Overall organisational absence rate	<3.4%	1.7%	G	↑	2.25%	3.3%	2.2%
Rolling 12-month total labour turnover rate	20.9%	17.5%	G	↑	21%	21.2%	26.1%

Initial education and training standards for pharmacists

Meeting paper for Council on 12 November 2020

Public business

Purpose

To provide Council with the current draft of the standards for initial education and training of pharmacists and an update following the first meeting of the Advisory Group.

Recommendations

The Council is asked to agree the overall direction of the standards set out in the draft and to note the areas where further drafting is taking place following the Advisory Group.

1. Introduction

- 1.1 In January 2019, we published a consultation about revising the initial education and training standards for pharmacists. This proposed a revised set of learning outcomes and closer integration of academic study and learning in practice. There was a broadly positive response to the aims set out in the consultation, although many respondents highlighted the importance of clarifying how this would be implemented. In light of the consultation, Council agreed to continue working with stakeholders, including universities, employers, student representatives and statutory education bodies, to develop the thinking before a final set of standards was agreed.
- 1.2 A working group was established which met several times in late 2019/early 2020 and agreed a broad outline of a model to deliver the reforms needed. Given the aim of implementing reforms as soon as possible, an enhanced “4+1” model was proposed with universities, employers and statutory education bodies working more closely in the fifth year of training. Although work was put on hold temporarily in March due to the pandemic, the group was re-established in July with further momentum provided by proposals from the Education Governance Oversight Board (EGOB) to turn the fifth year of training into a Foundation year with the aim of trainees becoming independent prescribers at the point of registration.
- 1.3 In September, Council agreed to develop the existing working group into a formal Advisory Group for Council with a series of workstreams established to discuss key areas of work. These workstreams are: learning outcomes; independent prescribing; foundation year/year

5; admissions; equality, diversity, inclusion and support; post-registration training; and funding.

- 1.4 The Advisory Group met on 3 November. The Group discussed the overall context of the standards (annex A) and considered a draft of the standards (annex B) which had been amended following the earlier public consultation and workstream discussions. The outcome of those is set out below. At a strategic level, the Group discussed the important balance of ambition and pace with feasibility and assurance. Once the standards are finalised, there was a need to develop a transition plan so that all stakeholders and students were aware of what would happen when. The Group acknowledged that the standards needed to focus on outcomes; avoid being unduly prescriptive to enable innovation and support future developments in learning; and to be capable of being met flexibly given uncertainty around future funding.

2. The outcome of earlier consultation; workstream and Advisory Group discussions

Learning outcomes

- 2.1 The learning outcomes cover the full five years of initial education and training. This is a significant progression from the current standards, and they are set out in the four domains we have also used for pharmacy technician standards: person-centred care; professionalism; professional knowledge and skills; and collaboration. The public consultation in 2019 showed broad support for the outcomes but highlighted the need to ensure the relevant scientific knowledge was covered more explicitly; that developments in technology were strengthened; that appropriate emphasis was placed on leadership; and for further supporting detail in an evidence framework.
- 2.2 We have reviewed the outcomes in light of these points and also to take account of learning from the pandemic with a particular focus on behaviours, collaborative working; remote engagement with patients and person-centred care, including greater emphasis on individual protected characteristics. Finally, the aim of enabling people to be independently prescribing at the end of the Foundation training year (year five) means the outcomes have also been revised and mapped to the existing standards for independent prescribers which were revised in 2019.
- 2.3 Following the Advisory Group, we are reviewing some of the levels in the learning outcomes (shows how/does) to ensure these are right, with a particular focus on the progression from year four to five. We have mapped the outcomes against the previously published RPS curriculum domains for post-registration education and development. We believe these are broadly aligned, although the titles of the domains differ. There are some expectations in the RPS curriculum in their “leadership” and “education” domains which are different as we would not expect a newly registered pharmacist to operate at the same level as one with some additional post-registration experience. Nevertheless, our learning outcomes do include the concept of reflecting and addressing one’s own learning needs’ supporting the learning and development of others; and using data and digital technologies to improve clinical outcomes.

Independent prescribing

- 2.4 The standards now incorporate the aim of people being independent prescribers at the point of registration. The underpinning skills will be an integral part of the MPharm degree with further specific practical learning forming part of the Foundation training year. The workstream discussions have informed amendments to the learning outcomes to ensure the necessary professional knowledge, skills and behaviours are incorporated. The standards set out the requirement for supervision from a designated prescribing practitioner for the specific elements of the year five curriculum where the trainee is prescribing.
- 2.5 The Advisory Group has supported the aim of independent prescribing becoming part of the initial five years of education and training with simultaneous registration and annotation. The Group felt that the standards needed to reflect more clearly the intention that prescribing skills were an integral part of learning throughout the five years while also ensuring that any specific requirements (e.g. in terms of supervision of practical learning) were explicit. We are therefore doing further work to achieve this.
- 2.6 The workstreams and the Advisory Group highlighted several areas where more detailed thinking will be required in the implementation phase. Firstly, that, despite a significant increase in pharmacist independent prescribing across the NHS and a likely increase across all settings in the future, there may still be limited opportunity in some settings for individuals to prescribe and a consequent risk if they were not using their skills on a regular basis. Secondly, that there may be an insufficient number of designated prescribing practitioners available to supervise and sign-off trainees in the Foundation training year. Thirdly, that, due to the desire for pace, trainees would be registered as independent prescribers in the next couple of years despite not having gone through the full reformed first four years of education and training.
- 2.7 These are important points that need to be addressed as we move into a transition phase once the standards are approved. There is an important link with the post-registration workstream and any relevant oversight that may be required in the early stages of registration. This will need to take account of the different structures and oversight in different sectors. It links also with revalidation requirements that the regulator may deem necessary in this area. And there are important workforce planning issues that need to inform the overall timetable and practicalities.
- 2.8 Also, there is further work to be done to review the current requirement in existing standards for those on the register to have been practising for two years before entering an accredited course.

Foundation Training Year

- 2.9 As set out in the joint letter from the UK Regulators and Chief Pharmaceutical Officers published in July, the former pre-registration year will become a Foundation training year. In setting the standards for this, the workstream discussions have focused on the incorporation of independent prescribing (see above), learning from the current provisional registration scheme and respective arrangements that have been put in place across the different countries, and the work done previously by the RPS in devising a Foundation framework.
- 2.10 The standards require higher education institutions, statutory education bodies and employers to work collaboratively, supported by the professional body for a curriculum and

set out the standards for assessment, support and supervision, including for the independent prescribing element. The model for delivery will involve the GPhC delegating responsibility to the statutory education bodies (Health Education England, Health Education and Improvement Wales and NHS Education for Scotland) to manage the quality of placements in the fifth year with employers providing the day-to-day quality control of placements. The statutory education bodies will commission Higher Education Institutions to provide elements of the learning in the fifth year, including independent prescribing. This is a significant development and the Advisory Group is supportive of the approach which builds on much of the work developed in Scotland and Wales in particular. The more rigorous supervision and assessment requirements were broadly welcomed but the Group believed the standards needed to set out the respective roles and accountabilities of the different organisations more clearly and we are therefore doing additional work on this.

Admissions

- 2.11 As set out in our initial consultation, we are aiming to introduce a values-based element to the selection and admission of students into the MPharm degree. This is designed to ensure that the professional attributes and all-round abilities of students are assessed alongside their academic qualifications. This received strong support during the consultation and through the subsequent workstream meetings. A number of schools of pharmacy are already introducing this element.
- 2.12 The workstreams also discussed whether it would be right for the regulator to set more prescriptive academic requirements so that only students who achieved the advertised grades could enter initial education and training. On balance, we remain of the view that this is best addressed through our accreditation and quality assurance methodology. Any other approach could potentially undermine efforts to widen participation at university. We are also conscious that many students who may not meet all the advertised grades may demonstrate the appropriate wider professional attributes and, with the right support through their time at university, achieve the necessary level. We are, though, intending to require universities to publish the actual tariff for admission over the last three years in the interests of transparency so that potential students are aware of whether they may qualify and are not put off applying.
- 2.13 We are proposing to not allow people to enter with unconditional offers (other than where this occurs in Scotland where students have attained the higher grades or where entry to the MPharm has been postponed). Although we had initially proposed that this would also be best addressed through our accreditation approach, our consultation and subsequent workstream discussions indicated a strong view that these offers were acting as a disincentive to students to achievement at school and at odds with encouraging students to achieve high standards at all times, including in the build-up to initial education and training.

Equality, diversity, inclusion and support

- 2.14 The standards in this area are being strengthened so that course design and delivery must ensure that students understand their legal responsibilities under equality and human rights legislation; respect diversity and cultural differences; and take responsibility for ensuring person-centred care is not compromised because of personal values and beliefs.

- 2.15 Taking account of learning from the pandemic, the learning outcomes have also been clarified to ensure there is more explicit reference to taking account of protected characteristics.
- 2.16 The Advisory Group was supportive of the strengthened requirements in this area. We are doing some further work to ensure the wordings are consistent throughout the standards.

Post-registration

- 2.17 Alongside the consultation on initial standards for education and training, discussions at EGOB and in the specific workstream have focused on the importance of a continuum of education and training post-registration as pharmacists move from newly qualified through to advanced and consultant practice. While the GPhC, through its statutory remit, has the primary oversight role in initial education and training, the RPS as the professional body has a greater leadership role in the post-registration period where professional standards and frameworks set out the expected level of practice at different stages and currently the regulatory focus moves to revalidation. The Advisory Group noted the ongoing work.

Funding

- 2.18 Workstream discussions have enabled stakeholders to have a greater understanding of current funding structures and resources across the system as a whole. The discussions have highlighted the importance of the standards being achievable in practice and that there are challenges in agreeing standards to drive change with obtaining clarity on the funding implications arising from that change. Discussions will need to continue on the potential for additional clinical funding alongside creative thinking about how existing and planned resources can be used differently. We hope that funding discussions will in fact be assisted by clarity about the regulator's strategic intent with respect to the standards that must be achieved in future.

3. Equality and diversity implications

- 3.1 As indicated, equality and diversity elements are included in a specific workstream to ensure implications are addressed and the standards are strengthened. An equality impact assessment will accompany a final draft of standards for the Council meeting in December.

4. Communications

- 4.1 Given the scale of change and the number of organisations involved, it is essential that we communicate regularly with students and trainees ensuring consistency of messaging. In late-July, we issued a joint letter with the Pharmaceutical Society of Northern Ireland and the UK Chief Pharmaceutical Officers to set out the aim of the reforms. In September, we issued a further update for students, trainees and employers to provide more clarity on any immediate issues affecting them. We are developing a more strategic communications and engagement plan which we will share with Council on completion.

5. Resource implications

- 5.1 The development of the standards and subsequent implementation are an integral part of our work plan and associated budget over this and future years. We will continue to monitor the resources needed for this work alongside other education-related developments, including post-registration work and the online registration assessment.

6. Risk implications

- 6.1 This is a challenging set of reforms with successful implementation dependent on a wide range of stakeholders and a clear transition plan. The creation of the Advisory Group provides a strengthened mechanism for overseeing the final standards and the detailed implementation that follows.

7. Monitoring and review

- 7.1 Once the standards are finalised, the Advisory Group will continue to meet to ensure there is a clear implementation and transition plan.

8. Recommendations

The Council is asked to agree the overall direction of the standards set out in the draft and to note the areas where further drafting is taking place following the Advisory Group.

Mark Voce, Director of Education and Standards
General Pharmaceutical Council

06 November 2020

Initial education and training standards for pharmacists: context and implementation

GPhC



3 November
2020

Purpose and approach to setting standards

- Standards provide the basis by which the public has assurance that pharmacy professionals have the necessary skills and knowledge to practice.
- Consistency is achieved by the regulatory requirement for education and training providers to meet the standards
- The standards are focused on the **outcomes** that need to be delivered
- How the outcomes are delivered is a matter for education and training providers. The standards are not prescriptive.
- This allows for flexibility and innovation and places the onus on providers to demonstrate how the outcomes are met which is assessed by the regulator through quality assurance processes (e.g. accreditation)

Purpose and approach to setting standards (cont.)

- The standards must therefore be set at a level that allows for developments in practice and in methods of learning and training
- They must also be at a level which can withstand change and unexpected events
- e.g. during the pandemic, providers have continued to meet the standards having adopted innovative and different methods of learning and training. This would have been difficult to do had the standards been prescriptive in defining exactly how outcomes must be met.
- The standards must also enable different models of delivery, particularly across different countries and where funding arrangements are different or subject to ongoing or future discussions.

Implementation: additional regulatory guidance

- Standards are supplemented by further regulatory guidance such as an evidence framework designed to assist providers in the detail of implementation.
- This further guidance includes examples and illustrations of the way standards can be met while avoiding prescriptive lists. The aim is to assist those responsible for providing education and training and to provide increased transparency about the evidence that the regulator may look for in quality assurance processes.
- Evidence frameworks and any further regulatory guidance are subject to non-statutory consultation to ensure the views of providers and others are taken into account
- They can be updated regularly and more quickly than the standards themselves which are the subject to statutory consultation

Funding and resources

- Standards are a catalyst for change but must be achievable in practice. There are unavoidable challenges in agreeing the standards that will drive that change and clarity on the funding and resource implications arising from the change.
- In setting standards, we cannot predict exact funding and resource allocations that will follow in subsequent years. These may vary at different times and vary in different countries depending on government priorities and wider resource considerations.
- Implementation of the standards is therefore a more dynamic process which needs to include creative thinking about using existing funding and resources differently, including further development of clinical academic workforce; and adaptation depending on continuing discussions with governments about additional funding.
- This reinforces further the benefit of the standards focusing on outcomes rather than a set of prescriptive requirements.

Implementation: a wider layer of regulation and governance of practice

- The standards for education and training and supplementary regulatory guidance should also not be seen in isolation.
- They form part of a wider layer of regulation and governance of practice.
- This includes the importance of:
 - post-registration professional development
 - revalidation
 - standards for pharmacy professionals
 - duties of responsible pharmacists, Chief Pharmacists and Superintendents
 - authoritative professional and national guidance
 - NHS regulations
 - clinical governance and organizational/corporate governance
 - relevant systems regulation
- In considering implementation of the standards, it is therefore important to take account of these elements, particularly for the early-years transition from trainee to registered pharmacy professional

Standards for the initial education and training of pharmacists

About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacies in England, Scotland and Wales.

The GPhC sets standards for initial pharmacy education and training and accredits academic courses in England, Scotland, Wales. It accredits academic courses jointly in Northern Ireland with the Pharmaceutical Society of Northern Ireland (PSNI).

Introduction

Pharmacists play a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing. Education and training are the foundation on which practice is built therefore these standards have been developed to produce adaptable pharmacy professionals; confident and capable of working in all healthcare settings to meet diverse and changing patient needs.

They will ensure that pharmacists can; provide clinical services to people whilst treating them with compassion and empathy, be able to operate in multi-professional teams across a variety of healthcare settings, increase patient safety and work towards improving the health and wellbeing of people. These standards will also prepare pharmacists to be able to prescribe independently at the point of registration.

Overall these standards, through collaboration with higher education institut, statutory educational bodies and employers, will develop pharmacists who can deliver safe and effective care at the heart of their communities and beyond that support a transition towards life-long post-registration learning.

Purpose of these standards

These standards set out:

- the knowledge, skills, understanding and professional behaviours a student/trainee pharmacist must demonstrate to pass their initial education and training, and
- our requirements for organisations providing initial education and training.

Accreditation

The standards and learning outcomes within this document form the basis of our accreditation requirements. To be eligible for registration and annotation, Master of Pharmacy (MPharm) degrees and Foundation training year programmes must be accredited by the GPhC.

The Registration Assessment

The framework for the GPhC registration assessment is derived from the learning outcomes.

For further information on our accreditation of education and training programmes and on our registration assessment, please see <https://www.pharmacyregulation.org/education>

The structure of the standards

The standards for the initial education and training of pharmacists are in two parts

Part 1: Learning outcomes, which describe what a student/trainee pharmacist will be able to do on successful completion of their initial education and training. The learning outcomes are presented in four domains:

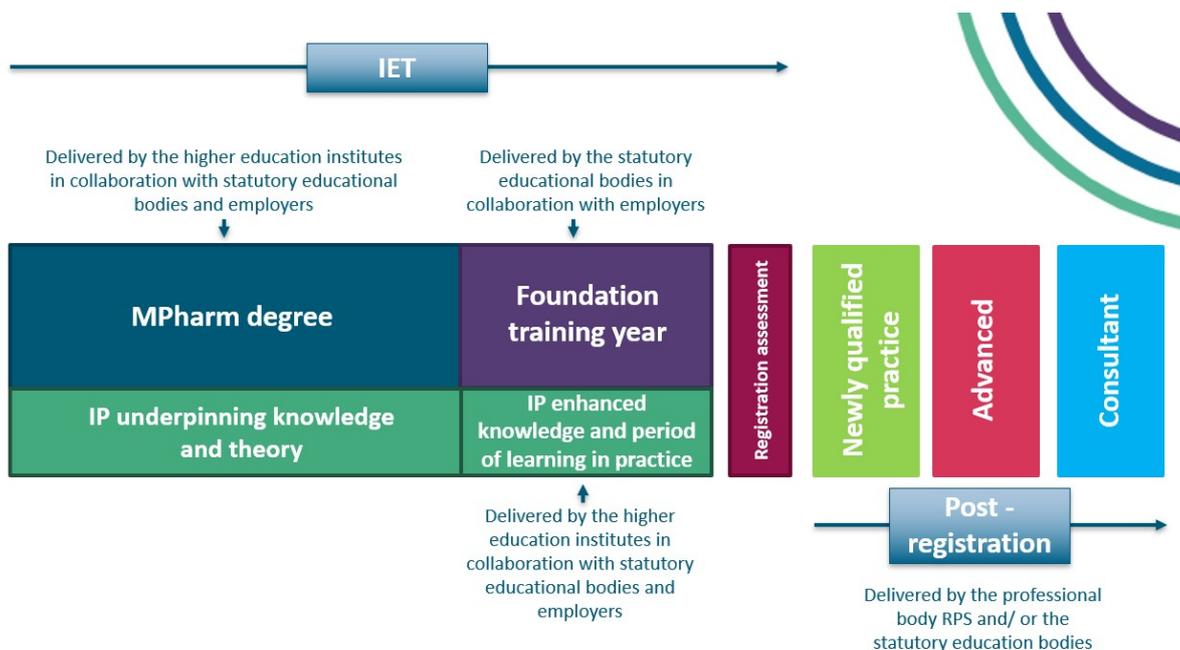
- Person-centred care
- Professionalism
- Professional knowledge and skills
- Collaboration

Part 2: Standards for higher education institutes, statutory educational bodies and employers, which describe the requirements for any organisations providing initial education and training.

The standards for providers are split in two sections, and set out the requirements for the:

- MPharm degree (which includes the underpinning knowledge and theory for independent prescribing)
- Foundation training (which included the enhanced knowledge and period of learning in practice for independent prescribing)

All the components for initial education and training must be delivered **collaboratively** by higher education institutes, statutory educational bodies and employers.



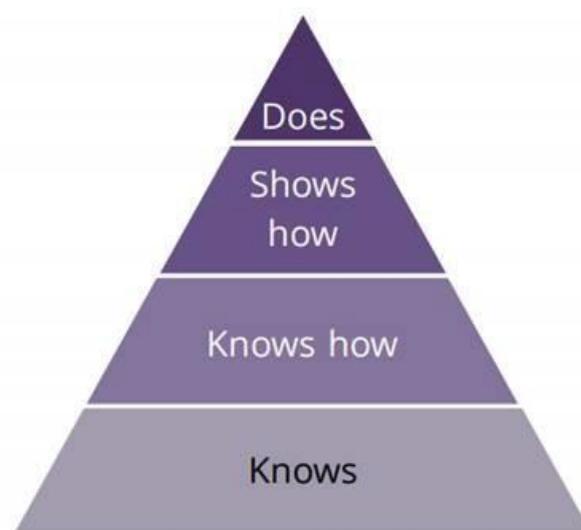
The four routes to registration as a pharmacist are captured in Appendix 1.

Part 1: Learning outcomes

Standard: On successful completion of their initial education and training, the student/trainee pharmacist will have achieved the learning outcomes presented in these standards to the required level of competence.

Describing and assessing outcomes

The outcome levels in this standard are based on an established competence and assessment hierarchy known as 'Miller's triangle':



Because what is being assessed at each of the four levels is different, the assessment methods needed are different too – although there will be some overlap.

Level 1 – Knows

Has knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and multiple-choice question examinations (MCQs).

Level 2 – Knows how

Knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs and laboratory books.

Level 3 – Shows how

Can demonstrate that they can perform in a simulated environment or in real life. Assessments may include objective structured clinical examinations (OSCEs) and other observed assessments; simulated patient assessments; designing, carrying out and reporting an experiment; dispensing tests and taking a patient history.

Level 4 – Does

Can act independently and consistently in a complex but defined situation. Evidence for this level is provided when a student pharmacist demonstrates the learning outcomes in a complex, familiar or

everyday situation repeatedly and reliably. Assessments may include OSCEs or other observed assessments.

Expectations regarding the level of the learning outcomes

Student/trainee pharmacists' knowledge, understanding and skills will develop throughout their initial education and training. As they progress through their MPharm they will be expected to demonstrate the learning outcomes to a greater depth, breadth and degree of complexity. The Foundation training year will further expose them to new situations and environments providing opportunities to build upon their knowledge and skills and demonstrate these with patients in clinical settings.

Level of study

The level of study for initial education and training is Masters level, as defined in UK national qualifications frameworks.

Domains of study

The learning outcomes are presented in four domains:

- Person-centred care
- Professionalism
- Professional knowledge and skills
- Collaboration

The domains and learning outcomes are all equally important.

To achieve them; curricula, teaching and learning strategies, programmes and training plans to deliver these learning outcomes will:

- apply the science of pharmacy (Appendix 2) throughout all learning
- focus on the role of the pharmacist as a health care professional, using their comprehensive expertise of medicines, and building on their strong grounding in science, to deliver high-quality, person-centred care
- provide experiential learning and inter-professional learning; with students from other health and care professions, and provide experience in different pharmacy sectors
- provide engagement opportunities with people and other health and care professionals
- embed the requirement of patient and public safety in all aspects of the design and delivery of initial education and training
- deliver learning to ensure that the underpinning knowledge and theory relating to independent prescribing is embedded in to the MPharm degree
- provide enhanced knowledge and a period of learning in practice consistent with current independent prescribing standards to achieve IP annotation following the completion of a foundation training year, passing the registration exam and registering with the GPhC

The underpinning knowledge and theory for independent prescribing are weaved throughout the four domains of the learning outcomes.

For example, learning outcome 36 “Demonstrate effective consultation skills, including effective history-taking techniques, when operating face to face and remotely” applies both to pharmacists’ day-to-day practice and to independent prescribing.

During the Foundation training year, when trainees are carrying out their period of learning in practice for independent prescribing, the learning outcomes will need to be more focused. Trainees will be expected to demonstrate the outcomes specifically in relation to prescribing practice but also build on their knowledge and skills to be able to demonstrate the prescribing-focused outcomes at a higher level of competence.

Scientific knowledge

Learning outcome 23 states that student pharmacists, at the point of registration, are expected to apply the science of pharmacy in all professional activities.

We consider the science of pharmacy to include:

- the relevant basic chemical, biological, physical and mathematical (including statistical) sciences to allow pharmacists to use this knowledge base to build their understanding of pharmaceutical activities, systems and practices
- the science underpinning the design, synthesis, formulation, administration and prescribing of drugs, medicines and devices
- the understanding of the mechanisms by which drugs interact with the body at a molecular or cellular basis, including their pharmacological action, their distribution and metabolism and the mechanisms underpinning the risks associated with their use.
- the understanding of genomics and how it is applied to patient care in practice
- the relevant social sciences associated with the development and administration of medicines, including appreciation of the psychological, behavioural and economic aspects of medicines use

Domain: Person-centred care

In order to pass, students/trainees must be able to demonstrate the following at the end of each element of their initial education and training:

Learning outcome		End of Year 4	End of Year 5
1.	Demonstrate empathy and keep the individual at the centre of their approach to care at all times	Does	Does
2.	Work in partnership with individuals to support and empower them in shared decision making about their health and wellbeing	Shows how	Does
3.	Proactively support individuals to make safe and effective use of their medicines and devices	Show how	Does
4.	Treat all individuals as equals, with dignity and respect, and meet their legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences	Does	Does
5.	Assess and respond to the particular health risks relating to individuals' protected characteristics	Does	Does
6.	Take responsibility for ensuring that their personal values and beliefs or those of the wider team do not compromise person-centred care	Does	Does
7.	Adapt their approach and communication style to meet the needs of each individual, including when engaging remotely	Does	Does
8.	Take into consideration factors that affect individuals' behaviours in relation to health and wellbeing	Shows how	Does
9.	Obtain informed consent before providing care and pharmacy services	Does	Does
10.	Take responsibility for individuals' health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data	Does	Does

Domain: Professionalism

In order to pass, students/trainees must be able to demonstrate the following at the end of each element of their initial education and training:

Learning outcome		Year 4	End of Year 5
11.	Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times	Does	Does
12.	Apply professional judgement in all circumstances, taking legal and ethical reasoning into account	Does	Does
13.	Recognise and work within the limits of their knowledge and skills, and proactively seek support and refer to others when needed	Does	Does
14.	Utilise effectively local and national health and social care policies to improve health outcomes and public health	Shows how	Does
15.	Take responsibility for the accurate and safe work of themselves and others	Does	Does
16.	Take responsibility for the health and safety of themselves and others, and take actions to address any concerns about the working environment which might put them, or others, at risk	Does	Does
17.	Recognise when and how their performance or the performance of others could put people at risk and take appropriate actions	Shows how	Does
18.	Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again	Shows how	Does
19.	Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so	Does	Does
20.	Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change	Shows how	Does
21.	Proactively engage in the management of risks and their impacts on individuals	Does	Does
22.	Reflect upon, identify, and proactively address their learning needs	Does	Does

Domain: Professional knowledge and skills

In order to pass, students/trainees must be able to demonstrate the following at the end of each element of their initial education and training:

Learning outcome		Year 4	End of Year 5
23.	Apply the science of pharmacy in all professional activities	Does	Does
24.	Take responsibility for the legal, safe and efficient supply of medicines and devices	Does	Does
25.	Demonstrate how the science of pharmacy is applied in the discovery, design, development and safety testing of medicines and devices	Knows how	Shows how
26.	Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products	Knows how	Shows how
27.	Take a holistic approach to ensure the most appropriate course of action based on clinical, legal and professional considerations	Shows how	Does
28.	Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for individuals	Shows how	Does
29.	Critically evaluate and use national guidelines and clinical evidence where appropriate to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services	Shows how	Does
30.	Accurately perform calculations affecting care	Does	Does
31.	Recognise the technologies that underpin the development of advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents	Shows how	Does
32.	Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, complying with information governance principles	Shows how	Does
33.	Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines and in relation to their prescribing practice	Shows how	Does

34.	Undertake relevant investigations, including safe and appropriate physical examination to decide the most appropriate course of action	Knows How	Does
35.	Demonstrate effective diagnostic skills, physiological testing and examination techniques to decide the most appropriate course of action	Shows how	Does
36.	Demonstrate effective consultation skills, including effective history-taking techniques, when operating face to face and remotely	Does	Does
37.	Apply the principles of effective monitoring and management to improve health outcomes	Shows how	Does
38.	Apply relevant legislation and ethical frameworks related to prescribing, including remote prescribing	Shows how	Does
39.	Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people	Shows how	Does
40.	Prescribe within the relevant frameworks for medicines use as appropriate, effectively using the systems necessary to prescribe medicines	Shows how	Does
41.	Recognise the psychological and physical impact of prescribing decisions on people	Shows how	Does
42.	Implement tools and techniques to avoid medication errors associated with prescribing, supply and administration of medication errors	Shows how	Does
43.	Engage in research activities, audit, service evaluation and quality improvement and demonstrate how these are used to improve care and services	Shows how	Does
44.	Proactively participate in the promotion and protection of public health in their practice	Shows how	Does
45.	Effectively promote healthy lifestyles using evidence-based techniques and take appropriate actions	Shows how	Does
46.	Take appropriate action to ensure the quality of medicines and products to produce and supply them safely and effectively	Knows how	Shows how
47.	Apply appropriate infection control measures and management in populations, environments and in the provision of care to individuals	Does	Does

48.	Anticipate and recognise adverse drug reactions, and apply the principles of pharmacovigilance ¹	Does	Does
49.	Identify misuse of medicines and implement effective strategies to address this	Shows how	Does
50.	Understand and implement relevant safeguarding procedures, local and national guidance in relation to all individuals	Shows how	Does
51.	Respond appropriately to medical emergencies, including the provision of first aid	Know how	Shows how

Domain: Collaboration

In order to pass, students/trainees must be able to demonstrate the following at the end of each element of their initial education and training:

Learning outcome		Year 4	End of Year 5
52.	Communicate effectively with individuals, including the multi-disciplinary team	Does	Does
53.	Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality person-centred care, including continuity of care	Shows how	Does
54.	Demonstrate effective leadership and management skills as part of the multi-disciplinary team	Shows how	Does
55.	Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines	Knows how	Does
56.	Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities	Shows how	Does
57.	Support the learning and development of others, including mentoring	Shows how	Does

¹ Monitoring the effects of medicines after they have been licensed for use, especially to identify previously unreported adverse reactions.

Part 2: Standards for the initial education and training of pharmacists

Part 2 is made up of the standards for organisations providing initial education and training and the criteria that are linked to them.

As a general principle, the standards and criteria apply to all organisations and environments which contribute to the delivery of initial education and training of pharmacists. However, the emphasis placed on a standard or criterion will vary depending on the role played by the organisation. Higher education institutes, statutory educational bodies and employers must therefore work in collaboration to deliver the standard (Appendix 2). Organisations providing or managing any aspect of initial education and training must meet the relevant standards for all the activities they carry out².

Part 2 is split in to two sections:

The requirements for the MPharm degree

The requirements for the Foundation training year

² As well as meeting these standards, universities must meet the Quality Assurance Agency for Higher Education's *UK Quality Code for Higher Education* (2018).

MPharm degree

Introduction

Completing an MPharm degree is the first part of the initial education and training of pharmacists.

MPharm degrees will be delivered collaboratively by schools of pharmacy and their practice partners.

Throughout the undergraduate training the underpinning knowledge and theory relating to independent prescribing must be included. After they successfully graduate, students will then undertake their Foundation training year which will include the delivery of enhanced knowledge and a period of learning in practice relating to independent prescribing.

Standard 1: Selection and admission

Standard

Students must be selected and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist

Criteria to meet this standard

- 1.1. The principles of equality, diversity and fairness must be embedded in selection processes. Selection processes must give all applicants an opportunity to demonstrate their ability and suitability to be a pharmacy student, taking into account their background (protected characteristics and socio-economic and education background).
- 1.2. Higher education institutes must proactively seek to identify and reduce discrimination in selection and admission processes. As a minimum, every year, the MPharm degree admissions profile must be analysed by protected characteristics, as defined in the Equality Act 2010. Documented action must be taken if that analysis shows that the admissions process may be disadvantaging students.
- 1.3. Selection processes must give applicants the guidance they need to make an informed application.
- 1.4. Selection criteria must be explicit. They must include:
 - a. meeting academic entry requirements;
 - b. meeting professional entry requirements; that is, suitability to practise as a pharmacist³
 - c. meeting numeracy requirements
 - d. meeting English language requirements appropriate to Master's level study and for professional registration. Guidelines issued by English language testing bodies should be followed to make sure that admissions language requirements are appropriate
 - e. taking account of good-character checks
 - f. taking account of health checks
 - g. recognising prior learning, where that is appropriate
 - h. taking an applicant's socio-economic and education background into account

³ **Standards for pharmacy professional 2017**

- 1.5. Admissions criteria should take account of the admissions requirements for periods of learning in practice, including those overseen by national health education bodies such as NHS Education Scotland (NES), Health Education England (HEE), Health Education and Improvement Wales (HEIW) and the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD).
- 1.6. All admissions and selection processes must include an interactive component, to assess applicants' values and professional suitability. Having a robust application process including interactivity applies also to Clearing and Adjustment applications.
- 1.7. When schools of pharmacy accept applicants, who do not meet the academic entry requirements, they must set out clearly the criteria used for making the decision. Making offers to applicants who do not meet the academic entry requirements for the programme must comply with the institution's policy on contextual offers.
- 1.8. Unconditional offers, where students have been accepted onto a programme without having attained the entry requirements, are not permitted⁴.
- 1.9. Accurate admissions information must be provided to potential applicants. From the academic year 2021-22, all schools of pharmacy must publish on their website the mean average tariff score of students accepted onto their MPharm degrees for the last three academic years.

Standard 2: Equality, diversity and fairness

Standard

MPharm degrees must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and must be delivered in such a way that the diverse needs of all students are met

Criteria to meet this standard

- 2.1. Systems and policies must promote the principles and legal requirements for equality, diversity and fairness.
- 2.2. Systems and policies must be in place to allow schools of pharmacy and staff to understand the diversity of the student body and the implications of that for delivery.
- 2.3. Systems and policies must be in place to allow schools of pharmacy and staff to understand the diversity of the student body and the implications of that for student support and development.
- 2.4. Every year, there must be a review of student performance broken down by protected characteristics, as defined in relevant equality and human rights legislation. Documented action must be taken to address differences where they are found.
- 2.5. All staff involved in MPharm degrees must be trained to apply the principles and legal requirements of equality, diversity and inclusion in their role.

⁴ The prohibition of unconditional offers excludes postponed entry on a MPharm degree because of a gap year or similar (if grades have been met already) or Scottish unconditional offers made after the attainment of the desired grades.

- 2.6. MPharm degree design and delivery must ensure student pharmacists understand their legal responsibilities under equality and human rights legislation.

Standard 3: Resources and capacity

Standard

Resources and capacity must be sufficient to deliver the learning outcomes in these standards

Criteria to meet this standard

- 3.1. There must be robust and transparent mechanisms for securing an appropriate level of resource to deliver a sustainable MPharm degree that meets the requirement of these standards.
- 3.2. The staff complement must be appropriate for the delivery of all components of the MPharm degree.
- 3.3. MPharm degrees must be delivered in premises which are fit for purpose.

Standard 4: Managing, developing and evaluating MPharm degrees

Standard

The quality of the MPharm degree must be managed, developed and evaluated in a systematic way

Criteria to meet this standard

- 4.1. There must be systems and policies in place to manage the delivery of the MPharm degree, including periods of experiential and inter-professional learning. There must be agreements in place between the different organisations that contribute to the MPharm degree that specify the responsibilities and accountabilities of each organisation.
- 4.2. Systems must be clear about leadership and lines of responsibilities in relation to the delivery of the MPharm degree. There must be agreements in place between the different organisations that contribute to periods of learning in practice that specify the responsibilities and accountabilities of each organisation.
- 4.3. There must be a management and delivery plan for the MPharm degree.
- 4.4. Systems and policies must be used in such a way that the MPharm degree is evaluated on the basis of evidence and that there is continuous improvement in its delivery.
- 4.5. Schools of pharmacy must demonstrate how users' views – particularly those of patients – have been and are used to develop the MPharm degree.
- 4.6. Feedback from student pharmacists must be embedded in monitoring, review and evaluation processes.
- 4.7. Schools of pharmacy must have procedures to deal with concerns, including fitness to practise procedures. Schools of pharmacy must inform the GPhC of any hearing outcomes (apart from warnings or when no action was taken) imposed on students.

- 4.8. Schools of pharmacy must have a documented process in place to manage in the event of programme closure or withdrawal.
- 4.9. Schools of pharmacy must be open with the GPhC about matters affecting an accredited MPharm degree. Under the Pharmacy Order 2010 schools of pharmacy must assist the GPhC in its work by providing information upon request.
- 4.10. Schools of pharmacy must raise relevant issues proactively with the GPhC.

Standard 5: Curriculum design and delivery

Standard

The MPharm degree curriculum must develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards by using a coherent teaching and learning strategy. The design and delivery of MPharm degrees must take account of stakeholders' views and must ensure that student pharmacists practise safely and effectively.

Criteria to meet this standard

- 5.1. There must be a curriculum and a teaching and learning plan for the MPharm degree.
- 5.2. The MPharm degree must be delivered collaboratively by schools of pharmacy and their practice partners.
- 5.3. The component parts of the MPharm degree must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached.
- 5.4. An MPharm degree must deliver underpinning knowledge and theory relating specifically to Independent Prescribing.
- 5.5. An MPharm degree must have a teaching and learning strategy that sets out how student pharmacists will achieve the outcomes in part 1.
- 5.6. The learning outcomes must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally.
- 5.7. An MPharm degree must be delivered in an environment that uses research to support learning and teaching.
- 5.8. The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Student pharmacists must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated) to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in part 1 of these standards. This experience should be progressive and increase in complexity and take account of best practice.
- 5.9. During the MPharm degree, there must be an inter-professional learning plan. Student pharmacists must engage with inter-professional education (IPE) through a progressive strategy based on the Centre for the Advancement of Interprofessional Education's Interprofessional

Education Guidelines (CAIPE, 2017)⁵. IPE must mirror practice and must focus on interaction with other health and social care professionals. Engagement with students from other health and care professions must begin at an early stage, progressing to more complex interactions to enable students to develop the skills and level of competency needed to achieve the relevant learning outcomes in part 1 of these standards.

- 5.10. Academic regulations must be appropriate for a degree that is both academic and professional and may lead to further professional training. As a general principle, all assessments must be passed. This means that condonation⁶, compensation⁷, trailing⁸, extended re-sit opportunities and other remedial measures should be extremely limited and justifiable, if they are permitted at all. Academic regulations may be more stringent than for other programmes. This may include higher than usual pass marks for assessments demonstrating knowledge and skills essential to safe and effective pharmacy practice.
- 5.11. Student pharmacists must not receive an accredited MPharm degree if there are any outstanding student fitness to practise concerns about them.
- 5.12. Schools of pharmacy must get the views of a range of stakeholders – including patients, the public and employers – and take account of them when designing and delivering MPharm degrees.
- 5.13. MPharm degrees must be revised when there are significant changes in practice, to ensure provision is relevant and current.

Standard 6: Assessment

Standard

Schools of pharmacy must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the outcomes in part 1 of these standards. The assessment strategy must assess whether a student pharmacist's practice is safe

Criteria to meet this standard

- 6.1. There must be an assessment plan for the MPharm degree.
- 6.2. Schools of pharmacy must demonstrate that their assessment plan:
- a. is coherent
 - b. is fit for purpose, and
 - c. ensures that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment

⁵ <https://www.caipe.org/resources/publications/caipe-publications/caipe-2017-interprofessional-education-guidelines-barr-h-ford-j-gray-r-helme-m-hutchings-m-low-h-machin-reeves-s>

⁶ When a 'pass' is awarded even though the standard for a pass has not been reached, usually when the margin of failure is small.

⁷ Allowing failure by a small margin in a limited number of assessments on the basis of a satisfactory overall performance.

⁸ Being able to start the next year of study when one or more assessments from the previous year have not yet been passed.

- 6.3. Assessment plans for the MPharm degree must assess the outcomes in part 1 of these standards. The methods of assessment used must be:
- appropriate to the learning outcomes
 - in line with current and best practice, and
 - routinely monitored, quality assured and developed
- 6.4. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear, and students and staff involved in assessment must be aware of this standard. An appropriate standard-setting process must be used for summative assessments undertaken during the MPharm degree.
- 6.5. Patient safety must always come first, and schools of pharmacy must assess whether a student pharmacist is practising safely.
- 6.6. Pass criteria for all assessments must reflect safe and effective practice.
- 6.7. It must be clear what standard-setting methods are used during the MPharm degree.
- 6.8. Schools of pharmacy must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of clinical experience and inter-professional education, during the MPharm degree, against each of the learning outcomes.
- 6.9. Schools of pharmacy must support students to improve their performance by providing regular and timely feedback and by encouraging students to reflect on their practice.
- 6.10. Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and employers.
- 6.11. Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment.
- 6.12. Schools of pharmacy must ask external examiners to report every year on the extent to which assessment processes:
- are rigorous
 - are set at the correct standard
 - ensure equity of treatment for students, and
 - have been fairly conducted
- The responsibilities of the external examiners must be clearly documented.
- 6.13. Assessment regulations must be appropriate for MPharm degrees that leads to professional registration. That is, they must prioritise professionalism, patient safety, and safe and effective practice.

Standard 7: Support and development for student pharmacists and people delivering MPharm degrees

Standard

Student pharmacists must be supported in all learning and training environments to develop as learners and professionals during their MPharm degrees

Anyone involved in the delivery of the MPharm degree should be supported to develop in their professional role

Criteria for meeting this standard

Support for student pharmacist

- 7.1. There must be a range of systems in place during the MPharm degree to identify the support needed by students and to support them to achieve the outcomes in part 1 of these standards. They must be based on a student's prior achievement and be tailored to them. Systems must include:
 - a. induction
 - b. effective supervision
 - c. an appropriate and realistic workload
 - d. personal, study skills and academic support
 - e. time to learn
 - f. access to resources, and
 - g. remediation, if necessary
- 7.2. Student pharmacists must have support available to them covering academic, general welfare and career advice.
- 7.3. Student pharmacists must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance.
- 7.4. There must be clear procedures for student pharmacists to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.

Support for people involved in delivering MPharm degrees

- 7.5. There must be a range of mechanisms in place to support anyone involved in the delivering of the MPharm degree to develop in their professional role.
- 7.6. Induction programmes must be provided for people involved in the delivery of the MPharm degree.
- 7.7. Everyone involved in delivering and MPharm degree must have:
 - a. effective supervision
 - b. an appropriate and realistic workload
 - c. mentoring

- d. time to learn
 - e. continuing professional development opportunities, and
 - f. peer support
- 7.8. There must be clear procedures for staff and individuals to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate. Serious concerns about the programme and the impact on students must be actively raised with the GPhC.

Foundation training year

Introduction

The Foundation training year takes place after students graduate with their MPharm degree (unless students have opted to participate in a 5-year MPharm with integrated training).

It offers on the job, practical training in a clinical setting/s that enables trainees to build upon their underpinning pharmacy knowledge, understanding, skills and behaviours and apply them to enhance their knowledge and skills in preparation for registration.

During this foundation training year trainees will enhance their knowledge and complete a period of learning in practice specific to allow them to achieve their Independent Prescriber annotation upon registration.

This Foundation training year must be delivered collaboratively by statutory educational bodies, higher education institutes and employers.

Towards the end of their Foundation training year, trainees will sit a national registration examination, the Registration Assessment

Standard 1: Selection and admission

Standard

Trainees must be selected and admitted onto the Foundation training year on the basis that they are being prepared to practise as a pharmacist

Criteria to meet this standard

- 1.1. The principles of equality, diversity and fairness must be embedded in selection processes. Selection processes must give all applicants an opportunity to demonstrate their ability and suitability to be a trainee pharmacist, taking into account their background (protected characteristics and socio-economic and education background).
- 1.2. Statutory educational bodies and employers must proactively seek to identify and reduce discrimination in selection and admission processes. As a minimum, every year, the admissions profile must be analysed by protected characteristics, as defined in the Equality Act 2010.

Documented action must be taken if that analysis shows that the admissions process may be disadvantaging trainees.

- 1.3. Selection processes must give applicants the guidance they need to make an informed application.
- 1.4. Selection criteria must be explicit. They must include:
 - a. having graduated with an MPharm degree or have successfully completed all the required elements of a 5-year MPharm degree with the integrated Foundation training year to allow them to start training.
 - b. meeting professional entry requirements; that is, suitability to practise as a pharmacist⁹
 - c. taking account of the sector/s they need and want to gain experience in to achieve the learning outcomes

Standard 2: Equality, diversity and fairness

Standard

The Foundation training year must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and must be delivered in such a way that the diverse needs of all trainees are met

Criteria to meet this standard

- 2.1. Systems and policies must promote the principles and legal requirements of equality, diversity and fairness.
- 2.2. Systems and policies must be in place to allow statutory educational bodies, employers and staff to understand the diversity of the trainee body and the implications of that for delivery.
- 2.3. Systems and policies must be in place to allow statutory educational bodies, employers and staff to understand the diversity of the trainee body and the implications of that for trainee support and development.
- 2.4. Every year, there must be a review of trainee performance broken down by protected characteristics, as defined in relevant equality and human rights legislation. Documented action must be taken to address differences where they are found.
- 2.5. All staff involved in foundation training must be trained to apply the principles and legal requirements of equality, diversity and inclusion in their role.
- 2.6. Programme design and delivery must ensure trainee pharmacists understand their legal responsibilities under equality and human rights legislation.

⁹ Standards for pharmacy professional 2017

Standard 3: Resources and capacity

Standard

Resources and capacity must be sufficient to deliver the learning outcomes in these standards

Criteria to meet this standard

- 3.1. There must be robust and transparent mechanisms for securing an appropriate level of resource to deliver a sustainable foundation training year that meets the requirement of these standards.
- 3.2. The staff complement must be appropriate for the delivery of all components of foundation training.
- 3.3. The Foundation training year must be delivered in premises which are fit for purpose.

Standard 4: Managing, developing and evaluating foundation training

Standard

The quality of the Foundation training year must be managed, developed and evaluated in a systematic way

Criteria to meet this standard

- 4.1. There must be systems and policies in place to manage the delivery of the Foundation training year. There must be agreements in place between the different organisations that contribute to the Foundation training year that specify the responsibilities and accountabilities of each organisation.
- 4.2. Systems must be clear about leadership and lines of responsibilities in relation to the Foundation training year.
- 4.3. There must be a management and delivery plan for the Foundation training year.
- 4.4. Learning agreements must be in place with the trainee covering all training environments outlining roles and responsibilities and lines of accountability including for the period of learning in practice specific to independent prescribing.
- 4.5. Systems and policies must be used in such a way that the Foundation training year is evaluated based on evidence and that there is continuous improvement in its delivery.
- 4.6. Statutory educational bodies, in collaboration with employers, must demonstrate how users' views – particularly those of patients – have been and are used to develop the Foundation training year.
- 4.7. Feedback from trainee pharmacists must be embedded in monitoring, review and evaluation processes.
- 4.8. Statutory educational bodies and employers must have procedures to deal with concerns, including fitness to practise procedures. Statutory educational bodies and employers must inform the GPhC of any hearing outcomes (apart from warnings or when no action was taken) imposed on trainees.

- 4.9. Statutory educational bodies and employers must be open with the GPhC about matters affecting foundation training. Under the Pharmacy Order 2010 they must assist the GPhC in its work by providing information upon request.
- 4.10. Statutory educational bodies and employers must raise relevant issues proactively with the GPhC.

Standard 5: Foundation training year design and delivery

Standard

The programmes for the Foundation training year must develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards by using a coherent training strategy. The design and delivery of the Foundation training year must take account of stakeholders' views and must ensure that trainee pharmacists practise safely and effectively.

Criteria to meet this standard

- 5.1. The Foundation training year requires a training plan that describes how the learning outcomes for the Foundation training year are delivered.
- 5.2. The Foundation training year must be delivered collaboratively by statutory educational bodies and employers as well as higher education institutes.
- 5.3. The Foundation training year must specifically cover independent prescribing whereby enhanced knowledge and a period of learning in practice is delivered collaboratively by a higher education institute, statutory educational bodies and employers.
- 5.4. The component parts of the Foundation training year must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached.
- 5.5. The learning outcomes must be delivered in an environment which places training in a professional context and requires trainees to conduct themselves professionally.
- 5.6. Trainee pharmacists must be exposed to an appropriate breadth of patients and people in a range of environments to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in part 1 of these standards. This experience should be progressive and increase in complexity and take account of best practice.
- 5.7. There must be mechanisms in place for designated prescribing practitioners to liaise with higher education institutions and statutory educational bodies regularly about the progress of trainees during their period of learning in practice for independent prescribing.
- 5.8. Independent prescribing training regulations must be appropriate for a programme that leads to professional annotation. That is, they must prioritise patient safety, safe and effective practice and clinical skills. The learning outcomes must be delivered in an environment which places study in a professional context and requires trainees to conduct themselves professionally.
- 5.9. Trainees must pass all summative assessments before being signed off
- 5.10. Trainees must pass all summative assessments and be declared competent by their designated prescribing practitioner (DPP) in order to pass the independent prescribing element of the programme.

- 5.11. Trainee pharmacists must not be signed off if there are any outstanding trainee fitness to practise concerns about them.
- 5.12. Statutory educational bodies, in collaboration with employers, must get the views of a range of stakeholders – including patients, the public and employers – and take account of them when designing and delivering the Foundation training year.
- 5.13. The Foundation training year must be revised when there are significant changes in practice, to ensure provision is relevant and current.

Standard 6: Assessment

Standard

Higher education institutes, statutory educational bodies and employers must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the outcomes in part 1 of these standards. The assessment strategy must assess whether a trainee pharmacist's practice is safe

Criteria to meet this standard

- 6.1. There must be an assessment plan for the Foundation training year.
- 6.2. Agreements must be in place between higher education institutions, statutory educational bodies and designated prescribing practitioners that describe the roles and responsibilities in the assessment of trainees specifically in relation to independent prescribing.
- 6.3. Higher education institutes, statutory educational bodies and employers must demonstrate that their assessment plan:
 - a. is coherent
 - b. is fit for purpose, and
 - c. ensures that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment
- 6.4. Assessment plans for the Foundation training year, including the IP enhanced knowledge and period of learning in practice, must assess the outcomes in part 1 of these standards. The methods of assessment used must be:
 - a. appropriate to the learning outcomes
 - b. in line with current and best practice
 - c. routinely monitored, quality assured and developed
 - d. must deliver consistency across all trainee's, regardless of their experience to date
 - e. must consider the trainees evidence portfolio demonstrating their competence and how they meet the learning outcomes

- 6.5. Assessment must be fair and undertaken against clear criteria. The standard expected of trainees in each area to be assessed must be clear, and trainees and staff involved in assessment must be aware of this standard.
- 6.6. Patient safety must come first at all times and statutory educational bodies and employers must assess whether a trainee pharmacist is practising safely.
- 6.7. Pass criteria for all assessments must reflect safe and effective practice.
- 6.8. Statutory educational bodies and employers as well as higher education institutes for the IP element must have in place effective management systems to plan, monitor and record the assessment of trainees.
- 6.9. Statutory educational bodies and employers as well as higher education institutes for the IP element must support trainees to improve their performance by providing regular and timely feedback and by encouraging trainees to reflect on their practice.
- 6.10. Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers and patients.
- 6.11. Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment.
- 6.12. Statutory educational bodies and employers must ask external examiners to report every year on the extent to which assessment processes:
 - a. are rigorous
 - b. are set at the correct standard
 - c. ensure equity of treatment for trainees, and
 - d. have been fairly conductedThe responsibilities of the external examiners must be clearly documented.
- 6.13. Assessment regulations must be appropriate for the Foundation training year that leads to professional registration. That is, they must prioritise professionalism, patient safety, and safe and effective practice.

Standard 7: Support and development for trainee pharmacists and people delivering foundation training

Standard

Trainee pharmacists must be supported in all learning and training environments to develop as learners and professionals during their initial education and training

Anyone delivering the Foundation training year should be supported to develop in their professional role

Criteria for meeting this standard

Support for trainee pharmacist

- 7.1. There must be a range of systems in place during the Foundation training year to identify the support needed by trainees and to support them to achieve the outcomes in part 1 of these standards. They must be based on a trainee's prior achievement and be tailored to them. Systems must include:
 - a. induction
 - a. effective supervision
 - b. an appropriate and realistic workload
 - c. personal support
 - d. time to learn
 - e. access to resources, and
 - f. remediation, if necessary
- 7.2. Trainee pharmacists must have support available to them covering general welfare.
- 7.3. Trainee pharmacists must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance.
- 7.4. There must be clear procedures for trainee pharmacists to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.

Support for people involved in the Foundation training year

- 7.5. There must be a range of mechanisms in place to support anyone delivering the Foundation training year to develop in their professional role.
- 7.6. Induction programmes must be provided for people delivering the Foundation training year.
- 7.7. Everyone involved in delivering and the Foundation training year must have:
 - a. effective supervision
 - b. an appropriate and realistic workload
 - c. mentoring
 - d. time to learn
 - e. continuing professional development opportunities, and
 - f. peer support
- 7.8. There must be clear procedures for staff and individuals to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate. Serious concerns about the programme and the impact on trainees must be actively raised with the GPhC.

Standard 8: The Foundation training year

Standard

The Foundation training year must focus on the professional practice of pharmacists and must contribute to the delivery of the learning outcomes

Criteria to meet this standard

- 8.1. There must be 52 weeks of practical training designated as ‘the Foundation training year’. This is in addition to the other practical activities and experience built into initial education and training.
 - 8.1.1. Of these trainees must complete at least 90 hours of supervised practice directly related to training to be an independent prescriber
- 8.2. The content of the learning outcomes for the Foundation training year must be defined by the statutory educational bodies, in consultation with those delivering or quality assuring the foundation training.
- 8.3. Training may take place in one or more sectors of practice.
 - 8.3.1. The training in practice relating to independent prescribing must take place in clinical settings with direct access to patients
- 8.4. The Foundation training year can be delivered in one or more blocks.
- 8.5. Each block does not have to be limited to one sector of practice.
- 8.6. Trainee pharmacists must follow a programme of study during periods of the Foundation training year, which has a clear purpose within initial education and training overall.

Standard 9: The Foundation training year supervision

Trainee pharmacists may be supervised by a range of health and care professionals in a variety of settings. Oversight and the final sign off a trainee pharmacist as fit to practise must be carried out by both an Educational Supervisor and a Practice Supervisor.

Standard

Trainee pharmacists must be supervised by an Educational Supervisor, a Practice Supervisor and others during the Foundation training year to help them meet the learning outcomes.

Criteria to meet this standard

- 9.1. Trainee pharmacists must have a designated Educational Supervisor and a Practice Supervisor, who are equally responsible for co-ordinating their supervision and signing them off as being fit to practise at the end of the final period of the Foundation training year. The Practice Supervisor must be a pharmacist.
- 9.2. Trainee pharmacists can be supervised by pharmacists other than their designated Practice Supervisor and by other health and social care professionals.
- 9.3. The Practice Supervisor must know how and by whom a trainee pharmacist is being supervised during periods of the Foundation training year.

- 9.4. All supervisors must be trained and appropriately experienced to act as supervisors.
- 9.5. Assessments of the Foundation training year must be carried out by appropriately trained and qualified people who are competent to assess the performance of trainee pharmacists.
- 9.6. The Practice Supervisor, or their delegates, must meet with a trainee pharmacist regularly during periods of foundation training. Meetings must be developmental with documented outcomes.
- 9.7. If the designated Practice Supervisor has concerns that a trainee pharmacist may be failing to meet the learning outcomes for the Foundation training year, they must put an action plan in place.
- 9.8. The Practice Supervisor must sign off trainee pharmacists only when they have met the learning outcomes of the Foundation training year.
- 9.9. The Practice Supervisor must sign a trainee pharmacist's application to sit the General Pharmaceutical Council's Registration Assessment only if they feel the student is ready to sit.
- 9.10. Whilst training in practice for independent prescribing, the trainee will learn to prescribe under the supervision of a designated prescribing practitioner (DPP)*.
 - 9.10.1. If more than one person is involved in supervising a trainee, one independent prescriber must assume primary responsibility for their supervision and overall assessment of competency. That person will be the designated prescribing practitioner (DPP) for the trainee. The DPP must approve the suitability of others who are to be involved in supervising or assessing the trainee. All those supporting trainees must take into account the GPhC's guidance into account.
 - 9.10.2. Trainees must be supervised using agreed mechanisms in all clinical practice environments to ensure safe person-centred care is delivered at all times.
 - 9.10.3. Trainees must only undertake tasks in which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised.
 - 9.10.4. There must be mechanisms in place for designated prescribing practitioners to liaise with higher education institutions regularly about the progress of trainees during the independent prescribing training.
 - 9.10.5. The designated prescribing practitioner, or their delegates, must meet with a trainee pharmacist regularly during periods of independent prescribing training. Meetings must be developmental with documented outcomes.
 - 9.10.6. The designated prescribing practitioner (DPP) is responsible for making a professional declaration as to whether or not the trainee has demonstrated competence as an independent prescriber. The DPP may only declare the trainee as competent if the trainee has demonstrated the learning outcomes relevant to independent prescribing at the required competence level, and has met the requirements of 8.1.1
 - 9.10.7. If a designated prescribing practitioner has concerns that a trainee may be failing to meet the learning outcomes for independent prescribing training, they must discuss with the higher education institutions and agree an action plan with the trainee.

* Designated prescribing practitioners must be fit to undertake that role and must have appropriate training and experience as per the Standards for education and training of Independent Prescribers.

<https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf>

References

Legislation and standards

The Pharmacy Order (Department of Health, 2010)

The Pharmacy (Northern Ireland) Order (Department of Health, Social Services and Public Safety, 1976)

The Code of Ethics and Standards (Pharmaceutical Society of Northern Ireland, 2016)

Standards for Pharmacy Professionals (GPhC, 2017)

Education procedures for the initial education and training of pharmacists and pharmacy technicians (GPhC, 2013)

Standing conditions of accreditation and recognition

Revalidation Framework (GPhC, 2018)

Guidance

Demonstrating professionalism online (GPhC, 2020)

Female genital mutilation: mandatory duty for pharmacy professionals to report (GPhC, 2019)

Guidance on experiential learning, placements, laboratory work and other face-to-face interaction on MPharm degrees and OSPAPs (collectively 'experiential learning') (GPhC, 2020)

Guidance on MPharm admissions (GPhC, 2020)

Guidance on tutoring and supervising pharmacy professionals in training (GPhC, 2018)

Guidance on tutoring for pre-registration pharmacist tutors (GPhC, 2018)

Guidance on managing fitness to practise concerns in education and training (GPhC, 2020)

In practice: Guidance for pharmacist prescribers (GPhC, 2019)

In practice: Guidance on consent (GPhC, 2018)

In practice: Guidance on maintaining clear sexual boundaries (GPhC, 2020)

In practice: Guidance on patient confidentiality (GPhC, 2018)

In practice: Guidance on raising concerns (GPhC, 2017)

In practice: Guidance on religion, personal values and beliefs (GPhC, 2017)

Joint statement on conflicts of interest (GPhC, 2017)

Joint statement on the professional duty of candour (GPhC, 2014)

Interprofessional education guidelines, (Centre for the Advancement of Interprofessional Education, 2017)

UK Quality Code for Higher Education, (Quality Assurance Agency for Higher Education, 2018)

Websites

General Pharmaceutical Council (GPhC)

<http://www.pharmacyregulation.org/>

British Pharmaceutical Students' Association (BPSA)

<http://www.bpsa.co.uk/>

Health Education and Improvement Wales (HEIW)

<https://heiw.nhs.wales/>

Health Education England (HEE)

<https://www.hee.nhs.uk/>

NHS Education Scotland (NES)

<https://www.nes.scot.nhs.uk/>

Office for Students

<https://www.officeforstudents.org.uk/>

Office of the Independent Adjudicator (OIA)

<http://www.oiahe.org.uk/>

Pharmaceutical Society of Northern Ireland (PSNI)

<http://www.psni.org.uk/>

Pharmacy Schools Council

<https://www.pharmacyschoolscouncil.ac.uk/>

Professional Standards Authority (PSA)

<https://www.professionalstandards.org.uk/home>

Royal Pharmaceutical Society (RPS)

<http://www.rpharms.org/>

Quality Assurance Agency (QAA)

<http://www.qaa.ac.uk/>

Universities UK (UUK)

<https://www.universitiesuk.ac.uk/>

Contact us

info@pharmacyregulation.org

020 3713 8000

Appendix 1: Requirements for the initial education and training of pharmacists

This document provides standards for the initial education and training of pharmacists.

For students and trainees studying in Great Britain, there are four routes to registration as a pharmacist¹⁰ and annotation as an independent prescriber:

Route 1: An initial four-year Master of Pharmacy (MPharm) degree followed by the Foundation training year

- a four-year MPharm (part of which may be studied overseas)
- the Foundation training year
- the GPhC's Registration Assessment¹¹

Normally, this route to registration must be completed in eight years¹².

Route 2: A five-year Master of Pharmacy (MPharm) degree including a pharmacy foundation degree

- a two-year part-time foundation degree (comprising Year 1 of an MPharm degree plus work experience and study skills)
- years 2-4 of an MPharm degree
- the Foundation training year the GPhC's Registration Assessment

Normally, this route to registration must be completed in nine years.

Route 3: A five-year Master of Pharmacy (MPharm) degree including a preparatory year

- a preparatory year (Year Zero/Foundation Year/Health Foundation Year)
- years 1-4 of an MPharm degree, delivering the learning outcomes in part 1 of these standards
- the Foundation training year the GPhC's Registration Assessment

Normally, this route to registration must be completed in nine years.

Route 4: A five-year Master of Pharmacy (MPharm degree) including foundation training

- a five-year MPharm degree, including blocks of the Foundation training year the GPhC's Registration Assessment

Normally, this route to registration must be completed in eight years.

¹⁰ The maximum period for completing a route to registration may be adjusted pro rata for periods of part-time education or training and for other legitimate, documented reasons.

The registration process includes health and good character checks.

¹¹ From 2020, the Registration Assessment will be delivered online until further notice.

¹² Education Procedures for the initial education and training of pharmacists and pharmacy technicians

Appendix 2: Organisations involved in the design and delivery of the initial education and training of pharmacists

MPharm degrees

- Delivery of the MPharm degree: higher education institutes
- Delivery of experiential learning and inter-professional learning: statutory educational bodies and employers

The Foundation training year

- Delivery of the foundation training: statutory educational bodies and employers
- Delivery of the independent prescribing element: higher education institutes and employers

Professional Standards Authority: annual performance review 2019/20

Meeting paper for Council on 12 November 2020

Public

Purpose

To update the Council on the annual performance review

Recommendations

The Council is asked to note the outcome of the 2019/20 performance review (Appendix 1)

1. Introduction

- 1.1 Each year, the Professional Standards Authority reviews the performance of the ten health and care professional regulators against its Standards of Good Regulation.
- 1.2 This is the GPhC's first performance review against the PSA's new Standards of Good Regulation, which were introduced in 2019. The new Standards were developed and introduced following a two-stage consultation process and pilot exercise. The report covers the period 1 March 2019 to 28 February 2020. This means that it does not take account of our regulatory response to the Covid-19 pandemic.
- 1.3 Previously, the Standards of Good Regulation focused solely on registration, education, fitness to practise, and standards/guidance. There are now five new general standards that relate to: the way we provide information; our clarity of purpose and how we apply policies and share learning across all functions; equality, diversity and inclusion; how we report on performance, address corporate complaints and respond to public inquiries and other relevant reports; and finally, the way that we work with stakeholders to identify and manage risks to the public.
- 1.4 For the first time, the performance assessment has also taken account of the GPhC's work in relation to registered pharmacies, and this has been reflected in the report.

2. Key considerations

- 2.1 Overall, the PSA found that the GPhC has met 15 out of 18 of the PSA's Standards of Good Regulation in 2019/20, including all five of the new general standards.
- 2.2 The full report is attached at Appendix 1.

- 2.3 The PSA concluded that the GPhC had not met three standards relating to fitness to practise (Standard 15, 16 and 18).
- 2.4 It is important to highlight that the report recognises the work being carried out to address the concerns in last year's assessment (published February 2020) and how a number of positive actions have been taken across a number of areas in fitness to practise. However, due to the timing of the steps set out in our action plan and the period covered by this report, this has had a limited impact on overall performance during the period under review. This is discussed in more detail in the report.

3. Equality and diversity implications

- 3.1 The PSA has concluded that we have met the new Standard 3 relating to equality, diversity and inclusion. Under this Standard, the PSA assess whether the *“regulator understands the diversity of its registrants and their patients and service users, and of others who interact with the regulator, and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage”* people who share protected characteristics. Our work under this Standard is also described in more detail in the full report.

4. Communications

- 4.1 The report has now been published on the PSA and GPhC websites and shared with key stakeholders across the three countries that we regulate.

5. Resource implications

- 5.1 Responding to this year's performance review has required increased staff time and resources, which included providing multiple, detailed written submissions on each of the areas covered by the new Standards, alongside responses to targeted review questions, datasets and redacted information relating to case decisions. We also provided updates on all policy and procedural changes over the course of the review period, as well as bundles of supporting documentary evidence in support.
- 5.2 In relation to fitness to practise, the report does not raise the need for any new or additional resources that have not already been identified through our ongoing action plan.

6. Risk implications

- 6.1 It is important that we respond appropriately to the feedback from the PSA. We welcome the constructive feedback from the PSA and are committed to improving as an organisation, so we can best support the needs of patients, the public and registrants.
- 6.2 The action plan established in response to the previous review has resulted in improvements to our processes, as identified by the PSA in its report. We continue to build on these improvements in line with our action plan and regularly evaluate our progress.
- 6.3 Our new strategy about how we will manage concerns about pharmacy professionals in the future, which we launched at the end of October, provides an opportunity for all stakeholders to share their views on how we can best achieve our aim of delivering a fitness to practise process that is more proportionate, person-centred and effective.

7. Monitoring and review

- 7.1 We will continue to monitor progress against our ongoing action plan as part of our quality assurance programme and we will continue to keep the Audit & Risk Committee updated on progress over the next 12 months, and in preparation for the 2020/21 performance review.
- 7.2 Additionally, on 6 October 2020, the Audit & Risk Committee noted an assurance review, carried out by our auditors, into the implementation of the fitness to practise action plan. The assurance review considered the actions undertaken to date, those scheduled for implementation, and how progress is being monitored within the Directorate through management team meetings and ongoing updates to the Audit & Risk Committee. Overall, the assurance review resulted in a green rating, indicating a substantial level of assurance.

8. Recommendations

The Council is asked to note the outcome of the 2019/20 performance review (Appendix 1)

Laura McClintock, Chief of Staff
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General Pharmaceutical Council

04 November 2011

performance review 2019/20

GENERAL PHARMACEUTICAL COUNCIL





ABOUT THE PERFORMANCE REVIEW PROCESS

We aim to protect the public by improving the regulation of people who work in health and care. This includes our oversight of 10 organisations that regulate health and care professionals in the UK. As described in our legislation, we have a statutory duty to report annually to Parliament on the performance of each of these 10 regulators.

Our performance reviews look at the regulators' performance against our [Standards of Good Regulation](#), which describe the outcomes we expect regulators to achieve. They cover the key areas of the regulators' work, together with the more general expectations about the way in which we would expect the regulators to act.

In carrying out our reviews, we aim to take a proportionate approach based on the information that is available about the regulator. In doing so, we look at concerns and information available to us from other stakeholders and members of the public. The process is overseen by a panel of the Authority's senior staff. We initially assess the information that we have and which is publicly available about the regulator. We then identify matters on which we might require further information in order to determine whether a Standard is met. This further review might involve an audit of cases considered by the regulator or its processes for carrying out any of its activities. Once we have gathered this further information, we decide whether the individual Standards are met and set out any concerns or areas for improvement. [These decisions are published in a report on our website.](#)

Further information about our review process can be found in a [short guide, available on our website.](#)

The regulators we oversee are:

General Chiropractic Council • General Dental Council • General Medical Council • General Optical Council • General Osteopathic Council • General Pharmaceutical Council • Health and Care Professions Council • Nursing and Midwifery Council • Pharmaceutical Society of Northern Ireland • Social Work England



Find out more about our work
www.professionalstandards.org.uk

General Pharmaceutical Council

performance review report 2019/20

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At the heart
of everything
we do is
one simple
purpose:
protection
of the public
from harm

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The General Pharmaceutical Council

key facts & stats

The General Pharmaceutical Council (GPhC) regulates pharmacy professionals and premises in Great Britain.

As at 31 March 2020, the GPhC was responsible for a register of:

**57,651 pharmacists,
23,705 pharmacy technicians
and 14,181 registered
pharmacies**

**Annual registration fee is:
£257 for pharmacists; £121
pharmacy technicians; and
£262 for pharmacy premises**

The GPhC's work includes:

- ▶ Setting standards for the education and training of pharmacists, pharmacy technicians, and approving and accrediting their qualifications and training
- ▶ Maintaining a register of pharmacists, pharmacy technicians and pharmacies
- ▶ Setting the standards that pharmacists and pharmacy technicians (pharmacy professionals) must meet throughout their careers
- ▶ Investigating concerns that pharmacy professionals are not meeting its standards, and, taking action to remove or restrict their ability to practise when it is necessary to protect patients and the public
- ▶ Setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- ▶ Inspecting registered pharmacies to check they are meeting the standards required.

Standards of Good Regulation met for 2019/20 performance review

	General Standards	5/5
	Guidance and Standards	2/2
	Education and Training	2/2
	Registration	4/4
	Fitness to Practise	2/5

Meeting, or not meeting, a Standard is not the full story about how a regulator is performing. You can find out more in the full report.

The General Pharmaceutical Council

Executive summary

How the GPhC is protecting the public and meeting the Standards of Good Regulation



This report sets out the findings of our annual performance review of the General Pharmaceutical Council (GPhC), which is one of 10 health and care professional regulatory organisations in the UK which we oversee. We assessed the GPhC's performance against the [Standards of Good Regulation](#) which describe the outcomes we expect regulators to achieve in each of their four core functions. We revised our Standards in 2019; this is the first performance review of the GPhC under the new Standards.

To carry out this review, we collated and analysed evidence from the GPhC and other interested parties, including Council papers, performance reports and updates, committee reports and meeting minutes, policy, guidance and consultation documents, our statistical performance dataset and third-party feedback. We also utilised information available through our review of final fitness to practise decisions under the Section 29 process¹ and conducted a check of the accuracy of the GPhC's register. We also sought information from the GPhC where we considered this necessary.

Further information about our review process can be found in our [Performance Review Process guide](#), which is available on our website.

General Standards

When we revised the Standards, we introduced a new set of General Standards covering a range of areas including: providing accurate, accessible information to registrants and

¹ Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

The GPhC's performance during 2019/20

From our initial review, we required further information about the GPhC's work in relation to its approach to feedback from external stakeholders, how it addresses poor performance in the registration assessment, the registration process for pharmacy premises and the action plan and activities being undertaken to address our concerns from last year. Following a targeted review, we concluded that the GPhC has not met Standards 15, 16 and 18.

the public; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk.

The GPhC uses its website as its primary means of providing information about its work. This year it launched a new inspections website to publish information relating to its premises inspection and enforcement work. The new website includes inspection reports and a knowledge hub with searchable examples of good, excellent and poor practice. The GPhC has used its new website to publish independent research it commissioned to identify the key patterns, trends and themes in pharmacy inspection reports. It will also be using the new website to publish reports from themed inspections it undertakes. Information provided by the GPhC about its purpose is clear and tailored appropriately and we have seen evidence of it undertaking activities that are in line with its statutory objectives.

The GPhC collects EDI data on a voluntary basis from stakeholders who interact with it. It has published analyses of the data it holds and has commissioned research in a number of areas which have identified further work that it is taking forward. An analysis of candidate performance in the registration assessment by characteristic led to a recommendation that the new standards for initial and training for pharmacists should include a requirement for schools of pharmacy to have proactive equality and diversity policies which should be reported on through the accreditation process. The GPhC is evaluating the effectiveness of its fitness to practise processes in ensuring fair decision-making and eliminating discrimination.

The GPhC considered the Gosport Independent Panel Report and the Williams review into gross negligence manslaughter in healthcare. It identified actions for itself arising out of the recommendations and is undertaking work resulting from them. It is part of an implementation working group convened by the Department of Health and Social Care in response to the Williams review.

We have seen evidence of the GPhC regularly consulting and working with all relevant stakeholders. It uses a variety of different channels to engage, consult on and publicise the work it is undertaking. The GPhC has agreed Memoranda of Understanding with a number of organisations across the health and social care sector to ensure information pertaining to patient safety is shared when appropriate.

Other key findings

New policy development framework

We had concerns about how far the GPhC was taking feedback from individuals into account when addressing risk and developing its policy. It has launched a new policy development framework for reviewing and developing guidance which provides examples of circumstances which might prompt the GPhC to review or develop guidance and key factors to consider when deciding whether new guidance needs to be produced. The framework does not contain any explicit mention of risk, either as a prompt to develop new guidance or as a factor to consider. The GPhC told us that risk assessment is part of its 'Project Initiation Document' and we consider that it is likely that some parts of the

framework may prompt consideration of risk. We understand that the framework is still in development and we consider the finalised framework should ensure that there is explicit consideration of risk.

Standards for initial training and education for pharmacists

The GPhC is continuing work on changes to its standards for the initial education and training of pharmacists. Responses to its consultation raised concerns about the learning outcomes and how the integration of education and training would be funded. The GPhC undertook further consultation and is now finalising the revised standards, with the reforms expected to begin in July 2021.

Registration assessment

The GPhC and the Pharmaceutical Society of Northern Ireland (PSNI), each manage and administer the registration assessment for candidates in their own jurisdiction. This year, the two regulators agreed to introduce a joint four-country wide assessment. The GPhC will primarily manage the arrangements, although the PSNI will continue to administer the examination in Northern Ireland. A partnership agreement has been put in place to ensure that Northern Ireland representatives have input into standards and question-setting and that the PSNI continues to have oversight in respect of quality assurance in Northern Ireland. The first joint assessment will take place in June 2021.

We asked the GPhC about action it had taken this year to address repeated and continued poor performance in the registration assessment. We were satisfied that the GPhC had taken appropriate steps, but noted that the actions described to us by the GPhC did not appear to be supported by a formal, documented process, such as a written policy. Formalising this process would assist consistency and business continuity and also ensure there is ongoing monitoring and follow-up of any issues identified.

Approach to pharmacy inspections

Shortly before the period under review, the GPhC updated its approach to pharmacy inspections. Inspections are now generally unannounced and are of three different types; routine, intelligence-led or themed. The GPhC's new approach involves a move towards more risk-based, intelligence-led approach. The GPhC has reported an increase in enforcement activity this year and attributes this to its new approach to inspections. Inspections undertaken during the period under review identified patient safety concerns in relation to the unsafe supply of high-risk medicines by some online pharmacies. As well as taking action against the individual pharmacies, the GPhC highlighted the issue to all online pharmacy owners and reminding them of the *Guidance on providing pharmacy services at a distance*.

Triage process

Last year we were concerned about the GPhC's triage process because we noted that factors that were not included in its guidance were being considered when decisions were being made. The GPhC did not update its guidance to address this point during the period under review. However, the GPhC has introduced additional oversight of cases closed at triage with no further action. It had already started piloting a further review of cases referred for further investigation. The GPhC's analysis of the impact of the additional oversight indicates that reviewers amend the outcomes originally recommended. This raises concerns about the robustness of the main triage process. The GPhC is reviewing

and redesigning this function. It also updated its triage guidance shortly after the period covered by this report. We will be monitoring this work closely.

Approach to risk assessments

Last year, we were concerned about the GPhC's approach to risk assessments because we could not always establish the reasons for the conclusions reached. The GPhC has begun reviewing its approach, but this work was not completed in the period under review.

Action plan in response to the Authority's 2018/19 performance review

In response to our performance review last year, the GPhC published a wide-ranging action plan designed to address the concerns we reported and improve its timeliness and customer service. We reviewed all the investigating committee decisions made in the last quarter of the period under review and saw evidence that the level of detail and reasoning has improved, warnings are set out explicitly when issued and there were no examples of the decisions heavily reflecting the wording of the GPhC's recommendation to the investigating committee. While we felt that the level of reasoning in the investigating committee decisions could be further improved, we concluded that, in the light of the overall improvements, we no longer have significant concerns about investigating committee decisions. Due to the timing of most of the other work in the GPhC's action plan, and the period covered by this report, our concerns about timeliness, customer service and the transparency and fairness of a number of fitness to practise processes are yet to be resolved. We therefore determined that Standards 15, 16 and 18 were not met.

How the General Pharmaceutical Council has performed against the Standards of Good Regulation

General Standards

Standard 1: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1 The GPhC uses its website as its primary vehicle to publish information about its work. The website provides information about the GPhC's different regulatory requirements, such as its education and training requirements and its registration requirements. Publications, including the GPhC's standards and guidance documents, are available to download. Users can also raise a concern or search the GPhC's registers via the website.
- 1.2 The GPhC has a *Publication and disclosure policy* setting out its approach to publishing information about fitness to practise decisions, inspections and enforcement action, its education-related function and the registers. The policy explains where information will be published and for how long.
- 1.3 Recent fitness to practise determinations are published in the GPhC's e-newsletter, *Regulate*, which is available on the GPhC's website. There is also a search function on the website for fitness to practise determinations.
- 1.4 In September 2019, the GPhC launched a new [inspections website](#) to publish inspection reports² and other information about its inspection work. With the launch of the new website, the GPhC also published two reports resulting from independent research it commissioned to identify the key patterns, trends and themes in pharmacy inspection reports from November 2013 to August 2018. One report was an analysis undertaken by the research company and the second was a report prepared by the GPhC summarising and further analysing the key findings of the research. The website also includes a knowledge hub which contains a searchable list of notable examples of good, excellent and poor practice and will be used to publish reports from themed inspections.
- 1.5 The GPhC also uses other channels to promote and publicise its work and the method used is tailored according to the piece of work it relates to. For example, prior to the launch of the inspections website, the GPhC provided face-to-face and written briefings to key stakeholder organisations and when the GPhC introduced new guidance for pharmacist prescribers in November 2019, all pharmacist prescribers and superintendent pharmacists were sent a targeted email in addition to the guidance being more generally publicised online. These key engagement and communications activities are reported to the GPhC's Council on a quarterly basis.

² In May 2018, changes to the Pharmacy Order 2010 took effect which gave the GPhC the power to publish outcomes of inspections.

- 1.6 The GPhC has a YouTube channel, a Twitter feed and a Facebook page. Videos about revalidation and inspections are available to view on the YouTube channel and live updates about Council discussions and Council decisions are published on the GPhC's Twitter feed.
- 1.7 The GPhC's main website and its inspections website both use the accessibility tool ReciteMe. The software enables users to customise the website to their needs, including a text to speech function, dyslexia software, an interactive dictionary and a translation tool with over 100 languages.
- 1.8 The GPhC told us that when it was developing its inspections website, it commissioned the Shaw Trust³ to test the accessibility of the website. The feedback from the Shaw Trust led to a number of improvements being made prior to the launch of the website.
- 1.9 The GPhC has quality assurance processes in place to ensure the information it publishes is accurate. It also has an ongoing auditing process to ensure that documents on its website are accurate and up-to-date. We have not identified any examples of inaccurate information being published during the period under review.
- 1.10 Based on the evidence we have seen, we are satisfied that this Standard is met and consider that the GPhC has taken important and very valuable steps in improving the transparency of the information available to patients and the public. We commend this.

Standard 2: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

Clarity of purpose

- 2.1 The GPhC's objectives and principal functions are set out in the [Pharmacy Order 2010](#). Its over-arching objective is the protection of the public, which involves pursuit of objectives to:
- protect, promote and maintain the health, safety and wellbeing of the public
 - promote and maintain public confidence in the professions regulated under the Order
 - promote and maintain proper professional standards and conduct for members of those professions
 - promote and maintain proper standards in relation to the carrying on of retail pharmacy businesses at registered pharmacies.
- 2.2 The GPhC's principal functions are:
- to establish and maintain a register of pharmacists, pharmacy technicians and premises at which a retail pharmacy business is, or is to be, carried on

³ The Shaw Trust is a charity which employs people with a wide range of disabilities and accessibility needs and supports organisations in checking the accessibility of their websites.

- to set and promote standards for the safe and effective practice of pharmacy at registered pharmacies
- to set requirements by reference to which registrants must demonstrate that their fitness to practise is not impaired
- to promote the safe and effective practice of pharmacy by registrants (including, for example, by reference to any code of conduct for, and ethics relating to, pharmacy)
- to set standards and requirements in respect of the education, training, acquisition of experience and continuing professional development that it is necessary for pharmacists and pharmacy technicians to achieve in order to be entered in the Register or to receive an annotation in the Register and to maintain competence
- to ensure the continued fitness to practise of registrants.

2.3 The GPhC's strategic and business plans for 2017-20 are linked to its objectives and principal functions and the GPhC's Council has oversight of progress against each of the strategic objectives through quarterly reports and through papers on relevant pieces of work. For example, the reports resulting from consultations conducted by the GPhC this year on its guidance for pharmacist prescribers and its guidance for pharmacies providing services at a distance explained how the work being consulted on was linked to the GPhC's strategic objectives.

Conflicts of interest

2.4 In September 2019, the GPhC updated its *Conflicts of interest policy* to include new guiding principles for identifying, managing and recording conflicts of interest. This was one of a number of policy updates completed by the GPhC as part of its regular reviews of its governance framework to ensure policies remain in line with relevant legislation and good practice. Council members and Directors continue to be asked to provide updated declarations of interests in March and September and are expected to provide updated information as soon as possible following a change in circumstances. The declarations are published on the GPhC's website and are also reported to the GPhC's external auditors as part of the year end processes.

2.5 The *Conflicts of interest policy* sets out what should be declared and how. Details of how conflicts will be managed in certain circumstances are set out through other policies and procedures, for example in its Standing Orders of the Council. The GPhC told us that guiding principles in the overarching policy provide it with the flexibility to respond appropriately to individual circumstances.

2.6 The GPhC told us about two examples of declarations that were made during the period under review and explained how they were managed. We did not identify any concerns about the way in which the declarations were managed.

Application of policies

2.7 The GPhC told us that it uses a flexible approach and a variety of different methods, such as different types of training and cross-team activities, when

embedding new policies. The methods used are dependent on the policy being implemented.

- 2.8 The GPhC then uses a range of tools to monitor the application of policies after they are introduced. These tools include internal quality assurance groups and external auditors and legal firms which conduct assurance audits and 'critical friend' reviews.

Application of learning

- 2.9 Between January and April 2019, the GPhC consulted on changes to the initial education and training for pharmacists. The consultation is discussed in further detail under Standard 5. However, we noted that the proposals incorporated a recommendation from the paper *Learning from the Registration Assessment 2010-18*⁴ that the revised initial education and training standards for pharmacists should require schools of pharmacy to have proactive equality and diversity policies which should be reported on through the accreditation process.
- 2.10 The GPhC has also set out its intention to use learning from research it has conducted or commissioned to inform its wider work. The learning from the analysis of inspection reports, mentioned under Standard 1, will be used to inform the development of the GPhC's new fitness to practise strategy, as well as its approach to inspections. And the GPhC's policy and operational work will be informed by an analysis of an online registrant survey which ran from June to July 2019. The purpose of the survey was to gain insight into pharmacy professionals' work, training, job satisfaction, professional practice and future plans. A similar survey was conducted in 2013 and the GPhC intends to run it again in future on a cyclical basis so that changes in these areas can be identified.
- 2.11 We have seen evidence of the GPhC undertaking activities that are in line with its statutory objectives, that it uses a mixture of internal and external resources to assure itself that policies are being applied appropriately and it uses learning from different areas of its work to inform others. We are satisfied that this Standard is met.

Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

- 3.1 The GPhC is developing an Equality, Diversity and Inclusion (EDI) Strategy which it plans to consult on in 2020. It currently has an *Equality, Diversity and Inclusion Statement* and an *Equality, Diversity and Inclusion Policy (HR)* which set out:
- the GPhC's commitment to EDI
 - the EDI work the GPhC has planned

⁴ The paper was presented by the GPhC to its Council in July 2018.

- how the GPhC will ensure that unlawful discrimination does not occur in its interactions with its employees or any of its service users, including members of the public and registrants.

- 3.2 The GPhC is a member of the Business Disability Forum, Wharfability Disability Network,⁵ Stonewall and building a case for Disability Confident. It also told us that it has established internal networks for staff to promote an inclusive workplace. These include Black, Asian and minority ethnic (BAME), women's, LGBT+ and disability networks. The GPhC has an EDI leadership group with representation from across the organisation which monitors and provides assurance on EDI practice.
- 3.3 The GPhC collects EDI data on a voluntary basis from people and groups that interact with it, such as students, registrants, partners, witnesses in fitness to practise proceedings and respondents to consultations.
- 3.4 We have seen examples of how the GPhC then uses and reports on this data. As mentioned under Standard 2, the GPhC conducted an analysis of candidate performance in the registration assessment by characteristic and identified recommendations relating to EDI practices, which the GPhC is currently taking forward. The GPhC will continue to report on candidate performance, including breakdowns by characteristic where this is possible without leading to individuals being identifiable.
- 3.5 The GPhC's Assurance and Appointments Committee (AAC) reports annually on its work and this includes an equality data analysis of the GPhC's associates and partners.⁶ The AAC reports data on six of the nine characteristics protected under the Equality Act 2010⁷ and provides a comparison of the associate and partner populations against both the UK and registrant populations.
- 3.6 The GPhC reported that its last recruitment campaign for associates and partners, which took place in Spring of 2018, was designed to attract applicants from as diverse a range of backgrounds and sections of the community as possible. The AAC reported that in 2017/18 the proportion of non-white panellists had risen since 2015, from 21 per cent to 25.9%. There has been no recruitment since the 2017/18 report, so the report for 2018/19 contains largely similar data.
- 3.7 The GPhC told us about the combination of tools it uses to ensure its processes do not impose inappropriate barriers or otherwise disadvantage people who share protected characteristics. The GPhC:
- provides regular EDI training to staff and associates, which includes equality and unconscious bias training, disability awareness training and mental health awareness training
 - uses multiple and joint decision-makers
 - conducts quality assurance of decisions

⁵ A network based specifically in Canary Wharf, where the GPhC's offices are located.

⁶ The GPhC's associates and partners are involved in different areas of the GPhC's work, including assessing applications to join the register and making fitness to practise decisions.

⁷ The data reported is on sex, disability, race, age, religion or belief and sexual orientation.

- removes identifiable information within its registration assessment processes.
- 3.8 The GPhC's consultation documents and Council papers include a section on the EDI implications of the work being proposed or undertaken, for example, the quarterly engagement and communications reports presented to Council.
- 3.9 The GPhC has also developed a toolkit which provides internal guidance on when an Equality Impact Assessment (EIA) should be completed and what it should include. Detailed EIAs are usually completed during the development of new policy, practice or guidance documents. During the period under review, the GPhC published the EIAs it had completed when updating its *Guidance for pharmacist prescribers* and for the changes proposed to the initial education and training standards for pharmacists.
- 3.10 The GPhC has completed, or commissioned, various pieces of research work relating to EDI in different areas of its core functions.
- 3.11 Following an initial scoping exercise on EDI in fitness to practise, the GPhC reported in September 2018 that it would be:
 - completing a further quantitative analysis of the EDI data it holds on fitness to practise processes
 - evaluating its fitness to practise processes and developing a model to measure and evaluate their effectiveness at ensuring fair decision-making and eliminating discrimination
 - reviewing work undertaken or commissioned by other regulators to understand if, and how, limitations in data and meaningful analysis were overcome.
- 3.12 A report on this work was due to be presented to Council in December 2019 alongside recommendations for any improvements identified. However, this report has been delayed. The GPhC reported that the work to understand the unintended impact of the fitness to practise process started later than planned although a logic model of the fitness to practise process has been developed. The model will be tested with internal colleagues and will feed into the development of the GPhC's wider fitness to practise strategy, which is discussed further under the Fitness to Practise Standards.
- 3.13 In October 2019, the GPhC published *Barriers and enablers to the pharmacy technician profession*, a report on research commissioned to explore pharmacy technicians' perceptions of the profession, understanding of the professional standards and possible barriers and enablers to the profession. The GPhC is using this research to identify any areas where it might be able to act or influence in response to the findings.
- 3.14 The GPhC also commissioned a registrant survey which ran from June to July 2019. The survey included a number of EDI questions and a separate EDI report was prepared and published alongside the main report in December 2019. The GPhC intends to use the findings from both reports to inform its ongoing work.

- 3.15 One of the priorities in the GPhC's business plan for 2017-20 is the development of its data and insight strategy and we have seen evidence of the GPhC conducting internal analyses of its own data, as well as availing itself of external resources, such as becoming members of disability groups and commissioning research, in order to better understand the diversity of individuals and groups it interacts with.
- 3.16 The GPhC publishes EDI data and research reports and it has committed to using this information, as well as research undertaken by other health and social care regulators, to inform its work going forward.
- 3.17 The GPhC has incorporated EDI considerations into its documents to ensure that they are embedded in all aspects of its work and it has a range of mechanisms in place designed to ensure its processes do not impose inappropriate barriers or otherwise disadvantage peoples with protected characteristics. It is continuing to develop its understanding through a number of ongoing pieces of work aimed at identifying any further action it may be able to take in this area.
- 3.18 We are satisfied that this Standard is met.

Standard 4: The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

- 4.1 We were contacted by a small number of individuals who told us about corporate complaints they had raised with the GPhC. We were aware that the GPhC was reviewing its corporate complaints policies so we carried out a targeted review to better understand the GPhC's approach to considering feedback from external stakeholders.
- 4.2 For the period under review the GPhC's approach to handling complaints and feedback from external stakeholders was set out in its *Customer service feedback procedure* and *Complaints and Feedback Management Policy*. Shortly after the period under review, the GPhC replaced the *Complaints and Feedback Management Policy* with a *Guide to giving feedback or making a complaint about our service*. The new guide does not change the complaints process but is designed to provide clearer information about how to provide feedback and how feedback will be handled.
- 4.3 The GPhC has a separate *Raising concerns* policy for internal stakeholders, such as staff and committee members, to use. It covers whistleblowing and provides for escalation to the Chief Executive & Registrar, the Chair of Council or the Chairs of the Committees. The policy does not provide a similar escalation route for external stakeholders but it is not an outlier amongst the regulators in this regard. The GPhC's Council maintains oversight of complaints through quarterly monitoring reports, which provide a breakdown of the number of complaints by theme, allowing any trends to be identified. We have not identified any significant concerns about the approach being taken.

- 4.4 As part of our assessment of this Standard, we also looked at evidence of the GPhC reporting on its own performance and considering the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.
- 4.5 The Pharmacy Order 2010 requires the GPhC to annually report on its EDI arrangements, fitness to practise information and a strategic plan. In addition to this, the GPhC provides quarterly performance monitoring reports and quarterly annual plan progress reports to its Council. The performance monitoring reports include information on operational performance against internal key performance indicators. The work of the GPhC's three statutory⁸ and four non-statutory committees⁹ is also reported to Council through meeting minutes and annual reports.
- 4.6 After the publication of the Gosport Independent Panel Report and the Williams review into gross negligence manslaughter in healthcare, the GPhC identified actions for itself arising out of the recommendations. Both reports were published in June 2018 and the GPhC completed a number of actions prior to the period under review, including producing a reflection and learning resource for registrants¹⁰ and developing new guidance for staff on undertaking parallel investigations. The GPhC continues to liaise and work with the Department of Health and Social Care (DHSC) on the report's recommendations and it is part of an implementation working group which is consolidating expertise in gross negligence manslaughter in healthcare and developing an agreed and clear explanatory statement of the law in this area.
- 4.7 Last year, we reported concerns about a number of different aspects of the GPhC's fitness to practise function. The GPhC responded very constructively and quickly and published an action plan designed to address the concerns identified. The work being undertaken as part of the action plan is discussed in further detail under the relevant Fitness to Practise Standards.
- 4.8 There is clear evidence that the GPhC regularly reports publicly on its performance, beyond what is required by its legislation. It looks at the implications for it of the findings of public inquiries and other relevant reports about healthcare regulatory issues. The GPhC has identified and completed pieces of work in light of findings from public inquiries and it has put an action plan in place to address the concerns we identified about it through our performance review last year.
- 4.9 We are satisfied that this Standard is met.

⁸ Investigating Committee; Fitness to practise Committee; Appeals Committee

⁹ Audit and risk Committee; Remuneration Committee; Assurance and Appointments Committee; Finance and planning Committee (previously the Efficiency and Effectiveness Assurance and Advisory Group).

¹⁰ The GPhC led on the development of this resource, working in collaboration with the Royal Pharmaceutical Society and the Association of Pharmacy Technicians UK.

Standard 5: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

- 5.1 The GPhC works with a wide range of stakeholder groups and organisations, including representatives of patients and registrants. It provides quarterly reports to its Council on its communications and engagement activities. The reports show that the GPhC uses a variety of channels to engage and consult with its stakeholders and publicise the work it is undertaking. This year, the GPhC's activities have included:
- stakeholder events and speaking engagements
 - patient focus groups
 - webinars
 - social media and direct email campaigns
 - press releases
 - media interviews.
- 5.2 The GPhC has a structured process in place to consult with stakeholders. During this review period, we saw the process in operation when the GPhC consulted on changes to its *In practice: Guidance for pharmacist prescribers* and its initial education and training standards for pharmacists. The GPhC reported on the consultation responses it received and how those responses were taken into account.
- 5.3 Following the consultation on the *In practice: Guidance for pharmacist prescribers*, the GPhC strengthened the information in the guidance about remote prescribing and access to medical records, particularly where a patient lacks capacity. The finalised version was published in November 2019.
- 5.4 Last year we reported on the GPhC's consultation on proposed changes to its standards for the initial education and training for pharmacists, which ran from January to April 2019. We noted that in light of the responses, the GPhC was undertaking further work and engagement with stakeholders before finalising its proposals. The GPhC has since reconvened a working group to finalise the revised standards and the reforms are expected to begin in July 2021 using a phased approach to implementation.
- 5.5 The GPhC has Memoranda of Understanding (MoUs) in place to aid and govern information-sharing with a number of organisations across the health and social care sector.¹¹ All of the MoUs are published on the GPhC's website and explicitly refer to patient safety as one of the aims of the information-sharing arrangements.
- 5.6 The GPhC works closely with the regulator for pharmacists and pharmacies in Northern Ireland, the Pharmaceutical Society of Northern Ireland (PSNI),

¹¹ Examples include the Pharmaceutical Society of Northern Ireland, the Medicines and Healthcare Regulatory Agency, the Care Quality Commission, the Joint Council for Cosmetic Practitioners, NHS England, Healthcare Inspectorate Wales and the majority of Trusts in Scotland.

particularly in education and training for pharmacists. During the period under review, the GPhC and PSNI agreed to introduce a joint four-country registration assessment which will replace the current arrangement of the GPhC managing and administering a registration assessment in Great Britain and the PSNI managing and administering a registration assessment in Northern Ireland. The new arrangements will be governed by a partnership agreement between the two regulators. The introduction of the four-country registration assessment is discussed in further detail under Standard 9.

- 5.7 There is clear evidence of a number of pieces of work that demonstrate the GPhC consulting and working with stakeholders to identify and manage risks to the public in respect of its registrants. We are satisfied that this Standard is met.

Guidance and Standards

Standard 6: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

- 6.1 The *Standards for pharmacy professionals* were introduced by the GPhC in May 2017. They are not yet due for review as the GPhC's ongoing programme of cyclical reviews are generally carried out on a five-year cycle. There have been no developments in the regulatory landscape during the period under review that would prompt the need for an early review of the standards.
- 6.2 We have not seen any evidence that the *Standards for pharmacy professionals* have become outdated or that they fail to prioritise patient or service user centred care and safety.
- 6.3 We are satisfied that this Standard is met.

Standard 7: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

- 7.1 The GPhC publishes a range of guidance documents to support registrants in meeting the *Standards for pharmacy professionals* and the *Standards for registered pharmacies*. During this review period, the GPhC published *In practice: Guidance for pharmacist prescribers* and *Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet*.
- 7.2 The GPhC's *Regulatory Standards Policy*, which set out the GPhC's approach to developing, publishing, monitoring and reviewing standards and guidance, and which was published on its website, has been in place since 2013.
- 7.3 We carried out a targeted review of this Standard because we wanted to further understand the GPhC's approach to developing new guidance and how it takes account of feedback from external stakeholders as part of its process. We had

received an example where the GPhC had not appeared to consider concerns raised by an individual about poor practice so we asked for further information to understand how the GPhC had responded when the concerns were initially raised.

- 7.4 In respect of the individual concern, the GPhC provided us with a detailed chronology of its interactions with the stakeholder, which included a number of discussions and meetings. The GPhC told us that the issues are complex as they encompass several parts of the wider health and social care system, and this required the GPhC to work carefully in conjunction with other relevant stakeholders. We agree with this analysis. Nonetheless, having regard to the chronology, we felt that the GPhC could have acted sooner to consider what should be done about the matters raised. The GPhC has started taking work on the issue forward.
- 7.5 The GPhC has launched and implemented a new policy development framework which replaced the *Regulatory Standards Policy* that had been in place since 2013. This was part of a piece of work to update the GPhC's approach to managing policy development across the whole organisation and will be developed further.
- 7.6 The framework sets out examples of what might prompt the need for guidance to be reviewed or developed, including when a gap or need is identified by the GPhC or other stakeholders. The framework also lists key factors the GPhC considers when deciding whether guidance needs to be produced.
- 7.7 The new framework does not contain any specific mention of guidance being used to address areas of risk. The GPhC told us that risk assessment is part of its 'Project Initiation Document'. We also considered that some of the drivers and key factors listed by the GPhC in the framework may identify risks. The framework documents provided by the GPhC do not indicate the timeframes for scheduled reviews of Standards or policies. The GPhC told us that it aims to review documents a year after publication and then between three and five years after their publication. The GPhC also told us that the new framework is still being developed and further elements will be added, including additional information about the general principles underpinning its approach to regulatory standards. We consider the finalised framework should ensure that there is consideration of risk, irrespective of the source of the information.
- 7.8 Overall, the evidence we have seen does not give rise to concerns about the guidance the GPhC currently has in place. The new policy development framework should ensure any new or revised guidance is up to date and prioritises patient and service user centred care and safety, as it refers to the need to ensure guidance is up to date and includes a reminder that patients and service users also use guidance published by the GPhC. We are therefore satisfied that this Standard is met.

Education and Training

Standard 8: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

- 8.1 In the past two years we have reported on work that the GPhC has been undertaking to review its standards of education and training for the whole pharmacy team. The GPhC has continued this work.
- 8.2 In May 2019, the GPhC published an evidence framework to accompany the *Standards for the education and training of pharmacist independent prescribers*, which were revised in January 2019. The evidence framework aims to support pharmacist independent prescribers, their designated prescribing practitioners and course providers.
- 8.3 In December 2019, the GPhC's Council approved new education and training requirements for unregistered pharmacy support staff. This followed feedback received by the GPhC that its involvement in approving the training requirements was valued by stakeholders due to its independence. The requirements will come into effect in October 2020 and changes include:
- broadening the scope from two community-oriented roles to all staff who support registered pharmacy professionals in the provision of pharmacy services, including dispensing, supply and giving of advice
 - strengthened criteria for approving courses, for example in respect of EDI.
- 8.4 Last year we reported that the GPhC was consulting on changes to its standards for the initial education and training for pharmacists, which included revising the learning outcomes so that they are set around four domains:
- person-centred care
 - professionalism
 - professional knowledge
 - skills and collaboration.
- 8.5 The Authority did not respond to the GPhC's consultation as we have not identified any concerns about the changes the GPhC has proposed. The proposed learning outcomes reflect a number of the GPhC's *Standards for pharmacy professionals*, including the first standard, which is to provide patient-centred care.
- 8.6 As we noted under Standard 5, prior to finalising its proposals the GPhC intends to undertake further stakeholder engagement in light of the responses it received to its consultation. We will continue to monitor the GPhC's work in this area and review the final proposals it puts forward.
- 8.7 The GPhC has also been monitoring the implementation of the revised *Standards for the initial education and training standards for pharmacy*

technicians, which it introduced in October 2017. No concerns have been identified about their implementation.

- 8.8 The GPhC has continued its programme of work to review its standards for education and training to ensure they are up-to-date and fit for purpose. The activity we have seen this year includes examples of the GPhC taking account of stakeholders' views, publishing an evidence framework to assist course providers in understanding and meeting the standards and monitoring the implementation of the revised standards it has introduced. We have not identified any concerns about the current standards or the changes the GPhC is proposing to make to its standards in terms of whether they prioritise patient and service user centred care and safety. We are satisfied that this Standard is met.

Standard 9: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

- 9.1 There have been no changes to the GPhC's process for quality assuring education programmes and the GPhC continues to publish reports from approval visits on its website.
- 9.2 We carried out a targeted review of this Standard to understand how the GPhC addresses continued or repeated poor performance in the registration assessment. This was because the GPhC reported that it had contacted five universities to discuss low pass rates for the June 2019 registration assessment and some of the schools were reported to have previously been in a similar position.
- 9.3 The GPhC told us that where the information from the registration assessment indicates a low pass rate for candidates who attended particular universities, it contacts the university to understand the reasons for the results and confirm that actions are being taken to address any reasons identified.
- 9.4 The GPhC also told us that the information it obtained through these discussions is being used to inform its ongoing review of the initial education and training standards for pharmacists and a wider review of its accreditation methodology.
- 9.5 The activity described to us by the GPhC does not appear to be supported by a formal, documented process, such as a written policy explaining the steps the GPhC may take if it identifies repeated or continued poor performance in the registration assessment. Having a formal process assists consistency and business continuity and also ensures there is ongoing monitoring and follow-up of any issues identified.

Four-country registration assessment

- 9.6 Under Standard 5 we noted that the current arrangements for the registration assessment, whereby the GPhC and PSNI each manage and administer the

examination in their own jurisdiction, will be replaced by a joint four-country registration assessment.

- 9.7 The PSNI and GPhC already collaborate on several aspects of their education and training functions, including the accreditation of courses leading to registration. The new arrangements will be governed by a partnership agreement between the two regulators.
- 9.8 The joint assessment will be managed by the GPhC on behalf of both regulators, including questions and standards-setting and the handling of enquiries and appeals. However, the PSNI will continue managing the Northern Ireland examination venue, invigilation and handling and communication of results. The introduction of the joint assessment does not make any substantive changes to the quality assurance process the GPhC has in place or the level of oversight it will have in terms of standard and question-setting. The first sitting of the joint registration assessment will take place in June 2021.
- 9.9 We have seen evidence of the GPhC monitoring performance relating to its education and training function and also using the data to inform both its quality assurance activities and the development of its registration requirements. We are satisfied that this Standard is met.

Registration

Standard 10: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

- 10.1 No concerns about the integrity of the register have been reported during this review period.
- 10.2 We conducted a check of the GPhC's register by selecting a random sample of the appealable decisions reported to us during the period under review and the pharmacies with an inspection report published about them during the period under review.
- 10.3 We did not identify any inaccuracies and the information published for each entry, including any restrictions, was as expected and in line with the GPhC's *Publication and disclosure policy*.
- 10.4 We are satisfied that this Standard is met.

Standard 11: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

- 11.1 For our assessment of this Standard, we considered the GPhC's registration processes for pharmacy professionals and for pharmacy premises separately. We carried out a targeted review of this Standard to obtain further information about the process for pharmacy premises.

Pharmacy professionals

- 11.2 The GPhC continues to efficiently process applications from pharmacists and pharmacy technicians, with the median timeframe in 2019/20 being under one week.
- 11.3 In January 2020, the GPhC launched a new online application process for UK-qualified pharmacy technicians. It does not change the way the GPhC makes decisions about the applications it receives but enables applicants to submit part of their application electronically through the myGPhC portal.

Pharmacy premises

- 11.4 Information about the registration process for pharmacy premises is published on the GPhC's website. Applications are reviewed by a GPhC inspector and assessed against the *Standards for registered pharmacies*. The assessment may involve an inspection of the proposed premises, following which the inspector will make a recommendation to the GPhC as to whether the application should be accepted or refused or whether further information should be obtained before a decision is made. The process can take up to three months. If an application is refused, this decision is appealable to the GPhC's Appeals Committee.¹²
- 11.5 Some of the documents relating to the registration process for pharmacy premises were updated during the period under review.
- 11.6 We were concerned by evidence from an appeal hearing which suggested that the processes for recording and communicating inspectors' recommendations may not have been robust. We also saw one case where the GPhC appears to have offered to reconsider an application rather than have the matter appealed. We asked the GPhC to provide further information about its processes for the registration of pharmacy premises, and any changes to those processes.
- 11.7 The information provided by the GPhC confirmed that, although the guidance about the registration process was updated during the period under review, this was simply to provide further detail and the process itself did not change.
- 11.8 We did not have concerns about the GPhC's documented processes for the registration of pharmacy premises. The GPhC has a template recommendation form for inspectors to record and communicate their recommendation and reasons to the GPhC. It requires inspectors to record which standards would not have been met, and why, if they recommend that registration be refused. This addressed our concern about the GPhC's approach to recording and communicating inspectors' recommendations.
- 11.9 The GPhC confirmed that, in line with its legislation, a refusal decision is appealable to the Appeals Committee so we were concerned by the GPhC's offer to reconsider an application that had been refused. However, the GPhC subsequently told us that where an applicant presents new information, it may reconsider the application without requiring the applicant to proceed through a formal appeal. Where new information is submitted by an applicant, it appears to be proportionate for the GPhC to consider the application afresh, provided

¹² Under Articles 39 and 40 of the Pharmacy Order 2010.

that the applicant is informed of the different routes available to them and the distinction between submitting an appeal and a new application. We considered that the GPhC's processes for registration operate proportionately, fairly and efficiently.

11.10 We are satisfied that this Standard is met.

Standard 12: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

- 12.1 The GPhC has not reported taking any action in respect of non-registrants or premises using a protected title during the current period under review. From previous reviews, we know that the GPhC has taken action in the past and the GPhC has not reported a change in its approach or policy to managing risks resulting from non-registrants using a protected title.
- 12.2 The introduction of the Investigatory Powers (Codes of Practice and Miscellaneous Amendments) Order 2018 in July 2018 made changes to the Regulation of Investigatory Powers Act 2000 (RIPA) which provided powers to the GPhC to use general surveillance and covert (directed) surveillance in its investigations providing certain statutory tests are met. The legislation does not authorise the GPhC to use covert human intelligence sources, such as using an informant or someone acting undercover.
- 12.3 The GPhC has started developing a governance framework around the use of its new powers, including a *Regulation of Investigatory Powers (RIPA)* policy which:
- sets out the definitions of different types of surveillance
 - states what the GPhC has the power to do and what it does not have the power to do
 - explains the circumstances when authorisation for the use of RIPA powers is needed and when it is not needed
 - provides examples of the surveillance activities which are available to the GPhC and which are not.
- 12.4 In May 2019, the Investigatory Powers Commissioner's Office (IPCO)¹³ examined the arrangements the GPhC has in place to secure compliance with the legislative provisions governing the use of covert surveillance. The IPCO report was complimentary about the arrangements put in place by the GPhC and a further visit is expected to take place approximately 18 months after the first one.
- 12.5 We will continue to monitor implementation of the governance framework. We are satisfied that this Standard is met.

¹³ The IPCO has responsibility for reviewing the use of investigatory powers by public authorities to ensure compliance with Home Office Codes of Practice.

Standard 13: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

- 13.1 In April 2018, the GPhC introduced revalidation for pharmacy professionals. As part of its evaluation of the policy, the GPhC checked whether this had led to a significant number of registrants seeking removal from the register. Its work did not suggest that this was the case.¹⁴ The GPhC will be undertaking and reporting on further evaluation activities in 2020/21 and 2021/22.
- 13.2 The GPhC's quarterly performance monitoring reports provide ongoing data on revalidation, including the number of registrants entered into revalidation remediation and the number of registrants removed from the register. There are currently no identifiable trends or patterns in the data which give rise to concerns about how revalidation is working or the impact it is having. We will continue to monitor the reports and evaluation activities being undertaken by the GPhC.
- 13.3 For pharmacy premises, the GPhC conducts inspections to assess whether they continue to meet the *Standards for registered pharmacies*.
- 13.4 Shortly before the period under review, the GPhC updated its approach to regulating registered pharmacies. Inspections are now generally unannounced and are of three different types: routine; intelligence-led; or themed.
- 13.5 A 2015 study commissioned by the GPhC reported that pharmacy professionals found inspection reports and inspector feedback useful in helping them to meet the standards and improve services. The GPhC has continued making these resources available to registrants and pharmacy owners. As we noted under Standard 1, the GPhC has also started publishing all inspection reports on its new inspections website, which it also uses to publish notable examples of practice and reports from themes arising from the inspections completed.
- 13.6 Should an inspection identify concerns about a pharmacy, there are a range of enforcement options available to the GPhC:
- Improvement action plans
 - Conditions
 - Improvement notices
 - Disqualification of a pharmacy owner
 - Removal of the premises entry from the register
 - Suspension of the premises entry from the register.
- 13.7 The GPhC's *Registered pharmacies enforcement policy* sets out how the GPhC will decide which enforcement tool to use, if any. Decisions are guided by the following five principles:
- proportionality
 - consistency

¹⁴ Only 0.6% of registrants who provided a reason for requesting voluntary removal cited revalidation as their reason.

- transparency
- targeting
- accountability.

- 13.8 Improvement action plans will generally be the GPhC's first response to concerns. It will follow these up to ensure the improvements have been made and the standards fully met before the action plan is removed.
- 13.9 The GPhC reports data on its inspection and enforcement activity in its quarterly performance monitoring reports and its annual report. In 2019/20, the GPhC inspected 2,892 pharmacies. Action plans were agreed with 430 pharmacies.¹⁵ As of quarter three of the 2019/20 financial year,¹⁶ the GPhC reported issuing six improvement notices and imposing conditions on 16 premises. The GPhC reported that there has been an increase in enforcement activity, which it said was an expected consequence of its new risk-based, intelligence-led approach to inspections.
- 13.10 During the period under review, pharmacy inspections undertaken by the GPhC identified patient safety concerns in relation to the unsafe supply of high-risk medicines by some online pharmacies. As well as taking action in respect of the individual pharmacies, the GPhC published an article reminding pharmacy owners of its *Guidance on providing pharmacy services at a distance*, which was updated in April 2019.
- 13.11 After the updated guidance was published, the GPhC wrote to all online pharmacy owners to highlight the changes and ask that they inform the GPhC how they planned to meet the guidance. Following the concerns highlighted by the pharmacy inspections, the GPhC wrote a further letter to all online pharmacy owners asking those who had not already responded to provide a copy of their risk assessment of online services and information about any changes they had made to ensure compliance with the guidance. The GPhC intends to use the responses to inform and prioritise its inspection programme.
- 13.12 From the evidence we have seen, we are satisfied that the GPhC has proportionate requirements in place to satisfy itself that its registrants, including premises, continue to be fit to practise.
- 13.13 We are satisfied that this Standard is met.

¹⁵ These data relate to the financial year 2019/20 so some of the activity took place after the period under review.

¹⁶ At the time of writing, the GPhC had not yet published its quarter four data.

Fitness to Practise

Standard 14: The regulator enables anyone to raise a concern about a registrant.

- 14.1 Last year we concluded that the equivalent Standard¹⁷ was met, although we reported concerns about the GPhC deviating from its documented triage process in making decisions.
- 14.2 In response to our audit findings from last year, the GPhC introduced peer review of triage decisions to take no further action. It developed an action plan to address the concerns we reported last year which included a quality assurance audit of these decisions.
- 14.3 The GPhC did not change its internal triage guidance significantly during the period under review, but it reported an increase in the number and proportion of cases closed at triage and a decrease in the number of cases considered by the investigating committee (IC), despite receiving an increased number of referrals. The GPhC attributed the increase in closures at triage to the use of other mechanisms to dispose of cases, such as the passing of soft intelligence to its inspectorate team, and the introduction of additional senior oversight of cases recommended for further investigation.
- 14.4 We carried out a targeted review of this Standard to better understand why fewer cases are progressing through the GPhC's fitness to practise process and the implications this might have for individuals trying to raise a concern about a registrant.
- 14.5 According to the GPhC's guidance, at triage there are two overarching outcomes; cases can be closed or they can be referred for further investigation. Each of these outcomes have different options within them.
- 14.6 Cases can be closed with:
- no further action
 - signposting
 - guidance
 - follow-up or pre-IC undertakings (in health cases).
- 14.7 Cases that are referred for further investigation are referred via one of two routes:
- Stream 1 for investigation by the GPhC's inspectorate team¹⁸
 - Stream 2 for investigation by the GPhC's professionals regulation team.¹⁹

¹⁷ Standard 1 of the previous Fitness to Practise Standards

¹⁸ Cases that are assessed as being unlikely to meet the threshold criteria for referral to the IC are referred to Stream 1.

¹⁹ Cases that are assessed as meeting, or likely to meet, the threshold criteria for referral to the IC are referred to Stream 2. Cases can be cross-referred between the two streams as enquiries progress. Protection of title concerns are managed through this investigation stream.

- 14.8 The GPhC introduced additional oversight measures relating to two types of triage decisions; closures with no further action and referrals to Stream 2.
- 14.9 Decisions to close cases with no further action were initially verified through a peer review process. This was later replaced by a Closure Review Forum (CRF), where the full Monitoring and Concerns team considers cases that have been recommended for closure. A case officer from the professionals regulation team also attends the CRF to assist with the consideration of cases.
- 14.10 Recommendations for further investigation via Stream 2 are reviewed by a Concerns Oversight Panel (COP) which consists of senior members of the fitness to practise directorate.
- 14.11 After introducing the peer review process, the GPhC conducted a quality assurance audit of triage decisions to close cases with no further action. This led to the peer review process being replaced by the CRF, which was also reviewed after its introduction to assess its impact. The GPhC provided information to us about both of these reviews and it also provided data on the outcomes of cases considered by the COP, together with a copy of the COP's Terms of Reference.
- 14.12 The quality assurance audit of triage decisions to close cases with no further action took place in December 2019 and looked at almost half of the decisions made between 1 October and 7 November 2019. The audit found that just over half of the cases reviewed were appropriately closed at triage. It found good examples of well-maintained case files and further enquiries being carried out, but the GPhC told us that it also found a number of cases where further enquiries or improved signposting would have been preferable. The GPhC told us that it found only three cases which it considered were closed inappropriately and it took action to address each of these cases. Through the audit, the GPhC also identified a number of areas for improvement and as a result decided to replace the peer review process with a pilot of the CRF.
- 14.13 The CRF was introduced in December 2019 and a sample of the cases it considered were reviewed by the GPhC in March 2020. The GPhC told us that the review found that the CRF is having a positive impact on decision-making, with most recommended closures being approved, although some cases were approved for closure with signposting or forwarded to inspectors as soft intelligence to consider at future inspections²⁰ rather than being closed with no further action. The CRF disagreed with 12% of the cases proposed for closure and directed that further enquiries be conducted before a decision could be made. It also decided that 5% of cases recommended for closure would be more appropriately referred to Stream 1. The GPhC told us that its review of the CRF identified additional areas for improvement and it is taking these forward as part of a redesign of its triage function.
- 14.14 The GPhC told us that the COP was introduced as a pilot in December 2018 to give senior oversight and assurance that triage decisions to make a referral to Stream 2 were appropriate and proportionate and that there was consistency in the approach. It was also designed to pilot the type of enquiries that could

²⁰ We note that this is not an outcome listed in the GPhC's triage guidance.

appropriately be made at triage to ensure that the GPhC used the right regulatory levers and only used the investigation route when necessary. It told us that this means that some of its decisions will go beyond the triage guidance.

- 14.15 According to the Terms of Reference, the COP makes its decisions by considering whether the information suggests potential grounds for investigating whether a pharmacy professional's fitness to practise may be impaired. Examples of the type of information the COP can consider include:
- information provided by an employer
 - accompanying evidence such as a clear and logical narrative, copies of notes and statements or documentary records of any admissions made
 - evidence of remediation and insight
 - whether there is an available alternative that is proportionate in the circumstances.
- 14.16 The Terms of Reference also state that where an employer is undertaking an investigation and there is no immediate public safety or public interest risk, the GPhC may decide to close the case and ask the employer to contact them again and provide a copy of the investigation report once the investigation has concluded.
- 14.17 The GPhC told us that during this reporting period, the COP reviewed 127 cases that were recommended for further investigation under Stream 2, which resulted in:
- 16 cases (13%) closed with no further action
 - 17 cases (13%) referred to Stream 1
 - 56 cases (44%) referred to Stream 2
 - 38 cases (30%) referred back to the triage team for further enquiries to be conducted.
- 14.18 We were concerned by the findings of all of the GPhC's internal reviews because the reviewing bodies amend or revise a high number of initial decisions. While the changes may not be significant, they suggest that the first level of decision is not as robust as it should be.
- 14.19 We were also concerned that the COP's Terms of Reference allowed consideration of remediation and insight at triage and the possibility of cases being closed when employers' investigations are ongoing.
- 14.20 When we responded to the GPhC's consultation on its new threshold criteria,²¹ we expressed concerns about consideration of remediation and insight at that stage of the process as it is our view that this may allow cases to be closed prematurely with the potential to result in public protection risks. The GPhC appears to have now informally introduced consideration of these factors at an even earlier stage of its process.

²¹ The GPhC consulted on its proposals between December 2016 and March 2017 and introduced its new threshold criteria in February 2018.

- 14.21 Closing cases while an employer's investigation is ongoing might lead to public protection risks because the GPhC may not be notified of changes in risk and employers may not subsequently re-refer cases when necessary. The GPhC told us that its most recent internal review of the COP had also identified this as a risk and it is reviewing how to ensure it is appropriately managed in these cases.
- 14.22 We considered whether the observations we have set out above, when combined, suggest that the GPhC's approach is presenting barriers to concerns being raised, either directly or indirectly.
- 14.23 We have significant queries about the robustness of the GPhC's triage process. However, we have not seen evidence that this is leading to cases being closed when they should not be, as opposed to one type of closure being recommended when another would be more appropriate. We have taken account of the fact that our audit last year did not find that cases were being inappropriately closed at triage and we note that, this year, the GPhC's internal reviews did not find that significant numbers of cases were being closed inappropriately.
- 14.24 We are reassured that the GPhC is actively reviewing and redesigning its triage function. It has put some control mechanisms and processes in place, such as the CRF, which are identifying issues and are preventing cases being closed inappropriately. We note that there are early indications that the introduction of the CRF has improved decision-making at triage.
- 14.25 The GPhC confirmed that its triage guidance was updated in line with the timeframe set out in its action plan, which was by the end of March 2020. This falls outside the current period of review so will be assessed in next year's performance review.
- 14.26 We have concluded that the Standard is met, but we considered the decision to be finely balanced. We will be closely monitoring the triage data and the work of the CRF and the COP and this Standard may be subject to a more detailed review next year if we continue to have concerns.

Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

- 15.1 We carried out a targeted review of this Standard to obtain further information about the work the GPhC is doing to address the concerns we reported last year about the timeliness, transparency and fairness of the GPhC's fitness to practise process.
- 15.2 We were concerned about the timeliness of the process because improvements we were expecting to see in the overall end to end timeframe for concluding

cases had not materialised²² and our audit found avoidable or unexplained delays in a high proportion of the cases we reviewed.

- 15.3 Last year, we were concerned about the transparency and fairness of the process because our audit found the following:
- **The triage process:** the process being operated deviated from the GPhC's internal guidance for staff because it took account of factors that were not set out in the guidance
 - **The pre-IC undertakings process:** there was no guidance in place on the circumstances in which it would be appropriate to offer pre-IC undertakings to registrants
 - **The process for health cases:** outcomes were being used that were not described in the guidance and registrants were asked to provide further health information or agree to pre-IC undertakings without being provided with full and transparent information about this request
 - **The 'informal guidance' process:** the GPhC issued 'informal guidance' to registrants without telling them it was such and without explaining what the future consequences might be
 - **The process for IC warnings:** registrants were not provided with full and transparent information when invited to comment on or accept a warning issued by the IC.
- 15.4 In response to our findings, the GPhC put an action plan in place and began implementing a range of measures to address our concerns, including reviewing and updating the guidance associated with each of the processes listed above. The content of template letters and forms related to IC warnings were also being reviewed.
- 15.5 With the exception of the guidance for pre-IC undertakings, which was published in February 2020, all of the reviews and updates were due to be completed by the end of March 2020 which is after the period under review.
- 15.6 The guidance for pre-IC undertakings, which have been renamed 'voluntary agreements', is aimed at both staff and external stakeholders, such as registrants and their representative bodies. It explains the purpose of voluntary agreements and when they may apply. It also explains that the agreements are voluntary and differ from IC undertakings because IC undertakings are statutory whilst agreements are not.
- 15.7 The introduction of these guidance documents is a positive step but given the timing of the changes made, there has been a limited impact on performance in the period under review. The changes therefore do not significantly affect our assessment of this Standard.

²² In our 2015/16 performance review the GPhC told us that its focus on disposing of its oldest cases had led to an increase in its median timeframe from receipt of complaint to the final fitness to practise committee (FtPC) decision. We accepted this was a short-term consequence and reported that we expected to see improvements in the overall timeframe. Subsequent reports noted sustained rather than improving performance.

- 15.8 In terms of timeliness of the GPhC's fitness to practise process, the table below shows the key timeliness data we ask regulators to provide.

Measure	2015/16 Annual	2016/17 Annual	2017/18 Annual	2018/19 Annual	2019/20 Annual
Median time (in weeks) from:					
Receipt of referral to final IC decision	48.4	52.4	52	49.1	60.4
Final IC decision to final FtPC decision	34	34	34.8	37.7	39.9
Receipt of referral to final FtPC decision	96.6	93.7	95	93.7	98.3
Number of open cases older than:					
52 weeks	106	114	105	105	108
104 weeks	37	34	28	34	35
156 weeks	10	12	10	16	23

- 15.9 The median timeframes have increased for all three of the key stages of the fitness to practise process.
- 15.10 There has also been a small increase in the total number of cases older than 52 weeks old. We do not consider the increase to be large enough to be significant at this time but we note that there was a similar-sized increase last year and we will continue to monitor this.
- 15.11 As part of our targeted review, we asked the GPhC to provide copies of the IC decisions from the last quarter of the period under review. These are discussed in more detail under Standard 16, however, of relevance to this Standard, we noted that in a number of decisions the IC explicitly commented on significant delays in the GPhC's investigation. Two cases were rescinded, in part because of the length of time that had passed without further reported incidents. We recognise that this is a small number of cases and there were other reasons involved, such as the disengagement of witnesses. However, we were concerned by this evidence of delays affecting the viability of allegations, and potentially the continued engagement of witnesses, and the impact this could have on public protection. We will monitor this closely.
- 15.12 The GPhC's action plan includes a programme of training and development aimed at improving both timeliness and customer service. It is developing its existing case monitoring tools, such as its case review process,²³ to highlight cases which are not progressing within key performance indicators. The GPhC also told us that it is making more proactive use of exception reporting. However, these activities have clearly not yet resulted in any improvement in timeliness overall.

²³ Senior oversight of cases is maintained through case review meetings which take place at least once a month between the Case Officer and Senior Case Officer where case progression is reviewed and discussed.

- 15.13 The GPhC is undertaking a significant amount of work to address the concerns we raised last year. However, this has yet to demonstrate any tangible improvements during the period under review and there has been a decline in the timeliness of case progression. We have therefore concluded that this Standard is not met. We will continue to monitor and review the progress and impact of the GPhC's action plan.

Standard 16: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

- 16.1 We carried out a targeted review of this Standard to obtain further information about the work the GPhC is doing to address concerns we raised last year about the reasoning and consistency of decisions made at the initial stage of the GPhC's fitness to practise process.
- 16.2 The GPhC has three main decision-making points at the initial stage of its fitness to practise process; triage, the conclusion of an investigation and IC.
- 16.3 Last year, our audit found that decisions at all three points were not always accompanied by full, clear, accurate and appropriate reasons. As we have noted under Standard 14, we found that triage decisions were being made based on criteria which were not described in the GPhC's guidance. We also reported that when the IC issued advice or a warning, it did not usually specify the wording of the advice or warning to be provided to the registrant and we were concerned by a number of IC decisions we saw which heavily reflected the wording of the GPhC's recommendation²⁴ with little or no evidence of the IC's independent consideration of the factors in the case.
- 16.4 We have set out in detail under Standard 14 the reasons why we continue to have concerns about the GPhC's triage process. The GPhC's internal reviews indicate that the triage decisions being recommended are not consistently in accordance with its own processes. We also note that the triage decisions made may have continued to deviate from the guidance because the guidance for staff was not significantly updated during the period under review.
- 16.5 In February 2020, the GPhC reported the findings from an evaluation it had conducted of the impact of its new threshold criteria, which were introduced in February 2018. The evaluation looked at all threshold criteria decisions made in February 2019. The findings reflected those of our audit last year, which had included a sample of threshold criteria decisions made between March 2018 and February 2019.
- 16.6 In light of the findings, the GPhC provided scenario-based training to staff and planned to provide further training and guidance on giving good reasons. It also planned to amend the template form used to capture decisions in order to support better recording of reasons. The progress and impact of this work will

²⁴ When making a referral to the IC, the GPhC's regulations enable it to make a recommendation to the IC for the disposal of the case.

be monitored through the GPhC's quality assurance programme. Most of the improvement activities resulting from the GPhC's evaluation commenced after the period under review. This means that our concerns about the threshold criteria stage of the process remain.

- 16.7 Prior to our audit, the GPhC had identified that its IC decisions required improvement and had begun work in this area. The work was incorporated into the action plan the GPhC published in response to our performance review last year. Training was provided to statutory committee members in June, July and November 2019 so we asked the GPhC to provide all, or a sample of, the IC decisions made in December 2019, January 2020 and February 2020 together with the accompanying recommendations made by the GPhC to the IC. The GPhC provided all 17 of the IC decisions made during this three-month period and the accompanying recommendations.
- 16.8 We did not identify any concerns about the IC decisions made and we noted a number of improvements. In all but one of the cases where the IC decided to issue a warning, the wording of the warning was explicitly set out in the decision and none of the decisions heavily reflected the wording of the GPhC's recommendation. We also considered that the IC decisions contained an improved level of detail and reasoning as in most of the decisions the allegation was clear, the evidence considered was clear and the decision explained why the IC considered there was a realistic prospect of the facts alleged being found proven.
- 16.9 However, in our view the decisions lacked reasoning for other aspects of the IC's consideration, namely the reasons for deciding:
- there was a realistic prospect of impairment being found (separate to why the IC considered there was a realistic prospect of the facts being found proven)
 - the behaviour could not be addressed by advice (where relevant)
 - a warning was considered to be the proportionate outcome (in cases where a warning was imposed).
- 16.10 The GPhC's *Good decision making: Investigation committee meetings and outcomes guidance* sets out that the IC should first consider whether there is a real prospect of the facts being proven and, if so, then separately consider whether there is a real prospect of impairment being found. The IC decisions we reviewed appeared to conflate these two tests, with only one set of reasons being given for both.
- 16.11 Although there are still aspects of the IC decisions which could be further improved, on the basis of the improvements we have seen, we no longer have significant concerns about the IC decisions. Moreover, the GPhC told us that the sample of IC decisions we reviewed predates further improvements it has introduced, including the use of new guidance on warnings and a number of new templates. We will review these changes next year.
- 16.12 While we have not identified concerns about the final hearing decisions made by the GPhC during the period under review or seen evidence which suggests that the concerns we have identified are leading to incorrect decisions being

made, we remain concerned that the processes underlying triage and threshold criteria decisions are not ensuring that those decisions are made in accordance with the processes and are consistent and fair. We have therefore concluded that this Standard is not met and we will continue to monitor the improvement work that the GPhC is undertaking.

Standard 17: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

17.1 We carried out a targeted review of this Standard to obtain further information about three areas of the GPhC's work; risk assessments, interim orders and cases placed on hold.

Risk assessments

17.2 Last year, the equivalent Standard²⁵ was met, but we said that we would monitor the GPhC's approach to risk assessments because our audit found that the way they were documented²⁶ meant that we could not always establish the reasons for the conclusions reached. We also found that in linked cases²⁷ involving more than one registrant, the risk assessment was completed on one form which did not always separately assess the risk presented by each registrant.

17.3 In response to our audit findings, and prior to the publication of our report last year, the GPhC told us it had instructed staff to complete separate risk assessments for each registrant in linked cases and reminded staff of the importance of including further information in the risk assessment so that the issues considered can be identified. Since then, the GPhC has made a number of changes to its case review process which are aimed at supporting improvements in case progression including a requirement for a risk assessment to be completed during the case review meeting if one has not been completed since the last meeting.

17.4 In addition, the GPhC told us that it has begun the review of its approach to risk assessments as part of a wider review of the document it uses to record details of the investigation conducted. This work was not completed during the period under review so, while it is clear that work has happened and is taking place, our concerns about the GPhC's approach to risk assessments have not yet been addressed.

Interim orders

17.5 In last year's report we noted that there had been increases in:

²⁵ Standard 4 of the previous Fitness to Practise Standards

²⁶ Risk assessments were completed using a Yes/No checklist with little or no accompanying narrative to explain the answers given.

²⁷ Cases against different registrants are sometimes linked and investigated together or in parallel when they relate to the same incident(s).

- the median time taken to obtain an interim order from receipt of information indicating the need for an interim order
- the number of applications made by the GPhC to the High Court for interim orders to be extended

17.6 We accepted that a number of cases with interim orders were subject to a complex investigation being undertaken by the Medicines and Healthcare products Regulatory Agency (MHRA) and this had contributed to the increase in the number of High Court applications. We also noted that all of the applications were granted by the court, which provided some assurance that the investigations in these cases were not being delayed unnecessarily by the GPhC.

17.7 The data from this year is set out in the table below.

Median time (in weeks) to make Interim Order decisions:	2016/17 Annual	2017/18 Annual	2018/19 Annual	2019/20 Annual
From receipt of complaint	13.3	16.6	19.9	10.4
From receipt of information indicating the need for an interim order	2	2.1	2.9	3.1
Number of High Court extensions to interim orders:				
Applied for	16	17 ²⁸	24	30
Granted	15	16	24	30
Rejected	1	0	0	0

17.8 The data shows that there have again been small increases in the median time taken to obtain an interim order from the receipt of information indicating the need for one and the number of High Court applications for interim order extensions. However, this is contrasted by a significant reduction in the time taken by the GPhC to apply for an interim order from receipt of the referral, which suggests that the GPhC continues to identify and prioritise serious cases. We also note that all of the High Court applications were granted.

Cases placed on hold

17.9 In certain circumstances, for example where there is a real risk of prejudicing external concurrent proceedings, the GPhC may decide to place its own investigation on hold. The GPhC reports the number of cases it has on hold, and the reasons why, in its quarterly performance monitoring reports.

17.10 We asked the GPhC for further information about some of the reasons why cases were on hold. We also asked the GPhC about the outcome of a review it conducted of all its on-hold cases against its *Undertaking parallel investigations* guidance, which was introduced in December 2018.

²⁸ One of the High Court extension applications made in 2017/18 was withdrawn following the revocation of the interim order by the GPhC's FtPC.

- 17.11 We were satisfied by the GPhC's response that it only puts cases on hold where it is necessary to await the outcome of an external investigation before progressing with fitness to practise proceedings.
- 17.12 The GPhC told us that the review of all on-hold cases took place in January 2020 and found that further work was needed to embed the *Undertaking parallel investigations* guidance. In February 2020, the GPhC introduced a new form to be used during case review meetings which includes a reminder that cases on hold should be reviewed against the guidance. The GPhC had planned to undertake a repeat review in March 2020 to further assess progress in embedding the guidance; however this was delayed due to the Covid-19 pandemic. The GPhC also intends to use a planned internal quality assurance audit of the new case review arrangements to assess progress in embedding the guidance.
- 17.13 The GPhC's own review appears to have identified an issue with some cases in this category not being progressed as swiftly as possible. However, we note that the GPhC is taking steps to address this so we will continue to monitor this work and will consider the outcomes of the GPhC's further reviews next year.
- 17.14 We were concerned that the points we raised last year about the GPhC's approach to risk assessments have not yet been addressed but we acknowledge that the GPhC is taking steps to do so.
- 17.15 Our audit last year did not find that serious cases were not being identified or prioritised by the GPhC and, overall, the data on interim orders this year suggests that the GPhC continues to identify and prioritise serious cases.
- 17.16 We have concluded that this Standard is met but we will continue to monitor the work being done by the GPhC and we will also continue to closely monitor the dataset measures.

Standard 18: All parties to a complaint are supported to participate effectively in the process.

- 18.1 We carried out a targeted review of this Standard to obtain further information about the activities the GPhC has planned in order to address the concerns we reported about customer service last year and the anticipated timeframes for completion.
- 18.2 Last year, the GPhC did not meet the equivalent Standard²⁹ because our audit found that:
- parties were not kept updated on their cases
 - processes were not being clearly explained
 - outcomes were not always sent
 - there were avoidable or unexplained delays on a significant number of cases
 - parties were given short response deadlines.

²⁹ Standard 7 of the previous Fitness to Practise Standards.

- 18.3 The GPhC will be using two overarching pieces of work to improve its customer service, both of which commenced prior to the publication of our 2018/19 report; a Communications Forum³⁰ and a new fitness to practise strategy.
- 18.4 The Communications Forum has developed an action plan setting out a programme of work aimed at improving the GPhC's front-end fitness to practise communications. This will include work to review the template letters used and the introduction of documents such as a glossary of terms, FAQs and a set of fitness to practise 'promises' explaining what stakeholders can expect from the GPhC throughout the process. In developing these documents, the GPhC intends to seek input from people who have been through the fitness to practise process.
- 18.5 Prior to our audit last year, the GPhC had started to develop a new fitness to practise strategy. The GPhC told us it will be using the learning from our audit to inform the development of a more person-centred approach as part of this wider fitness to practise strategy work. The work includes training, workshops and events with staff. In the last quarter of the period under review, the GPhC delivered training sessions in handling conversations with vulnerable stakeholders and held a workshop with staff, which included hearing from a registrant who had been a witness in a fitness to practise hearing.
- 18.6 Unsurprisingly, the timeframes for both overarching pieces of work have been impacted by the Covid-19 pandemic. The Communications Forum action plan was initially expected to be completed by Autumn 2020. The bulk of the activity has now been delayed with activities scheduled to continue during the summer and beyond, although the scope may be dependent on restrictions being lifted. The GPhC is also exploring alternatives to face-to-face training where feasible.
- 18.7 The GPhC told us that it originally intended to implement its new fitness to practise strategy this year, after a consultation in Spring 2020. However, it continues to develop the strategy and the GPhC currently expects to present it to Council for approval in September 2020, with a public consultation to follow. The implementation of the strategy is unlikely to commence before early 2021, although the GPhC told us that elements which are not dependent on the consultation have already commenced.
- 18.8 We welcome the GPhC's commitment to addressing our concerns about customer service. Its work in this area is focused on improving its communications with parties and the clarity and transparency of those communications, which we consider are key to ensuring parties are supported to participate effectively in the process. However, most of the work the GPhC is undertaking has yet to be completed so its impact will not have been seen during the period under review. Consequently, we have concluded that this Standard is not met. We will continue to monitor progress of the GPhC's activities in this area.

³⁰ This was previously named the Customer Service Forum.

Useful information

The nature of our work means that we often use acronyms and abbreviations. We also use technical language and terminology related to legislation or regulatory processes. We have compiled this glossary below, spelling out abbreviations, but also adding some explanations.

Below the glossary you will find some helpful links where you can find out more about our work with the 10 regulators.

Glossary

A

Accreditation	The GPhC accredits training programmes which meet its standards for initial education and training. Once full accreditation is granted, the programme is subject to the full reaccreditation process every six years, with an interim visit every three years.
Appeals Committee	An independent committee of the GPhC which considers appeals against certain types of registration decisions made by the GPhC.
Assessment	In our performance reviews , the assessment is the first stage, where we decide the scope of our review. You can find more information about our performance review process on our website.
Assurance and Appointments Committee	The AAC is one of the GPhC's non-statutory (not required by law) committees. It is responsible for the selection, recruitment training and development of statutory committee members. It reports to the GPhC's Council on its work.
Audit (of FTP cases)	A review of a sample of fitness to practise cases closed by the regulator, to assess how its processes operate in practice and whether the decisions made protect the public and maintain public confidence in the regulator and profession. The audit involves us accessing the regulator's systems and looking at how cases have been managed. We may decide to carry out an audit as part of a targeted review. We can also audit other areas of the regulator's work, such as its registration function. You can find more information about our performance review process on our website.

C

Case to answer	A professional has a case to answer about their fitness to practise if the regulator decides that there is a reasonable chance that a serious concern about the professional might be found proved at a hearing.
Closure Review Forum (CRF)	A forum introduced by the GPhC to review all cases which are potentially suitable for closure with no further action at triage. The forum consists of the full Monitoring and Concerns team and a member of staff from the Professionals Regulation Team.
Concerns and Oversight Panel (COP)	A panel introduced by the GPhC to review all cases that are recommended for further investigation via Stream 2. The panel consists of senior members of the fitness to practise directorate.
Consultation	A formal process by which an organisation invites comments on proposed changes to how it works.
Corporate complaint	A complaint to a regulator about something the regulator has done, for example a service it has provided.
Council	The GPhC's Council is responsible for ensuring that the GPhC fulfils its statutory objectives. It sets the strategic direction for the organisation and oversees the implementation of that strategy and the performance of the organisation.

D

Designated Prescribing Practitioners (DPP)	A pharmacist prescriber who is responsible for overseeing a trainee pharmacist prescriber during their period of learning in practice.
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E

Equality Act	The law that protects people from discrimination in the UK.
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Equality Impact Assessment (EIA) | A process of considering the likely impact on different groups of people of a project or piece of work, intended to ensure that the work does not discriminate against anyone.

F

Fitness to Practise (FtP) | Regulators have a duty to consider information, such as complaints, which indicates that a **registrant** may not be fit to practise. If a regulator decides that a **registrant's** fitness to practise is impaired, it may take action to protect the public, to maintain public trust in the profession and/or declare and uphold professional standards.

Fitness to Practise Committee (FtPC) | An independent committee of the GPhC which makes final decisions about whether a registrant's fitness to practise is impaired.

I

Inspection | A visit undertaken by the GPhC to assess whether a pharmacy meets the Standards for registered pharmacies.

Inspectorate team | A team within the GPhC's Insight, intelligence and inspection directorate responsible for carrying out inspections of pharmacies and managing Stream 1 investigations.

Interim Order | A decision by a regulator to restrict the practice of a professional while the regulator investigates a concern about their fitness to practise. Interim orders can only be imposed if they are necessary to address serious risks.

Investigating Committee (IC) | An independent committee of the GPhC which considers fitness to practise complaints to decide whether a professional has a case to answer.

K

Key Performance Indicator (KPI) | Regulators measure and report on their own performance, including to their Council. A regulator may set and report on performance targets in areas of its work it considers particularly important. These are known as KPIs.

M

Median	The middle number in a set of data: for example, the median time it takes a regulator to process registration applications means that half the applications were processed within that time.
Medicines and Healthcare products Regulatory Agency (MHRA)	Medicines and Healthcare products Regulatory Agency (MHRA) The organisation responsible for regulating medicines, medical devices and blood components for transfusion in the UK.
Memorandum of Understanding (MoU)	An agreement between two or more organisations about how they will work together.
Monitoring and Concerns team	A team within the GPhC's fitness to practise directorate which is responsible for triaging cases on receipt and monitoring compliance of registrants subject to conditions, Investigating Committee undertakings or voluntary agreements.
myGPhC portal	An online portal for registrants to electronically manage various aspects of their GPhC registration, including renewal and revalidation.

O

Over-arching objective	The Health and Social Care (Safety and Quality) Act 2015 introduced legislative amendments which set out that the over-arching objective of the regulators and the Authority in exercising their functions is the protection of the public.
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P

Performance Review	Our annual review of how well a regulator is performing. You can find more information about our performance review process on our website.
Pharmacist independent prescribers (PIP)	Pharmacists who have undertaken additional training to enable them to independently prescribe, supply and administer medicines and medical devices. Registrants with this additional qualification have their entry on the GPhC register annotated accordingly.

Pre-IC undertakings	See voluntary agreements.
Professionals Regulation Team	A team within the GPhC's fitness to practise directorate which is responsible for managing and investigating fitness to practise concerns about pharmacy professionals.
Protected act	An activity which only a registered professional is allowed by law to carry out. For example, only registered dentists can legally carry out dentistry in the UK.
Protected characteristic	The Equality Act 2010 makes it illegal to discriminate against someone on the basis of any of the following: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. These are known as protected characteristics.
Protected title	A title which only a registered professional is allowed by law to use. For example, only a registered osteopath can use the title osteopath in the UK.

R

ReciteMe	Accessibility software which enables users to customise a website to their needs.
Register	Each regulator maintains a register, that is, a list of the people it regulates and who have met its criteria for registration. The GPhC also maintains a register of pharmacy premises that have met its criteria for registration.
Registrant	A professional on a register is known as a registrant .
Registration assessment	The examination that prospective registrants must pass after completing their qualifications and training in order to be eligible to register with the GPhC.
Rescission	The process used by the Investigating Committee to cancel a referral to the Fitness to Practise Committee in certain circumstances. The Investigating Committee can rescind all or part of a case against a registrant.

S

Section 29	Each regulator we oversee has a fitness to practise process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels . We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the NHS Reform and Health Care Professions Act 2002 (as amended).
Stakeholder	A person or organisation who has an interest in a regulator's activities, for example a group that represents patients or professionals.
Standards for Pharmacy Professionals	The standards of conduct, competence and safe practice that registered pharmacy professionals must follow
Standards for Registered Pharmacies	The standards of safe and effective operation that all registered pharmacies must meet.
Statutory functions	The activities a regulator must carry out by law. The regulators we oversee are required to set standards for the professions they regulate, hold a register of professionals who meet those standards, assure the quality of training for entry to the register, and take action if a registrant may not be fit to practise. Some regulators have other statutory functions as well.
Statutory regulators	The regulators we look at in our performance reviews are statutory regulators. This means that their powers and responsibilities are set out in law.
Stream 1 investigation	One of two investigation routes used by the GPhC if a fitness to practise concern progresses past triage. Cases which are assessed as unlikely to meet the threshold criteria after further investigation are investigated via Stream 1, which is managed by the GPhC's inspectorate team.
Stream 2 investigation	The second of two investigation routes used by the GPhC for cases which progress past triage. Cases which meet, or are likely to meet, the threshold criteria after further investigation are investigated via Stream 2, which is managed by the GPhC's Professionals regulation team.

T

Targeted review	Part of our performance review where we seek more information about how a regulator is performing. You can find more information about our performance review process on our website.
The Pharmacy Order 2010	The Order made under powers in the Health Act 1999, as amended by the Health and Social Care Act 2008, that gives the GPhC its powers and responsibilities. You can find the Pharmacy Order 2010 at www.pharmacyregulation.org/about-us/what-we-do/legislation
The Shaw Trust	A charity which employs people with a wide range of disabilities and accessibility needs and supports organisations in checking the accessibility of their websites. You can find out more about their work at https://www.shaw-trust.org.uk/ .
Threshold Criteria	The criteria used by the GPhC to decide whether a fitness to practise concern should be referred to its Investigating Committee for consideration. These criteria are applied to cases that progress past triage to further investigation, after the further investigations have been conducted.
Triage	The initial assessment undertaken by the GPhC when it receives a fitness to practise concern. The GPhC may decide to close the case or to further investigate the concerns raised.

V

Voluntary agreements (previously known as Pre-IC undertakings)	A non-statutory agreement between the GPhC and a registrant setting out specific terms the registrant agrees to comply with for a defined time period.
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W

Whistleblowing

Disclosing information about wrongdoing within an organisation.

Useful links

Find out more about:

- the 10 regulators we oversee
- the General Pharmaceutical Council
- the evidence framework we use as part of our performance review process
- the most recent performance review reports published
- our scrutiny of the regulators' fitness to practise processes, including latest appeals

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Engagement and communications report

Meeting paper for Council meeting on 12 November 2020

Public business

Purpose

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

Recommendations

The Council is asked to note this paper.

1. Introduction

1.1 This report outlines key communications and engagement activities since June 2020 and highlights upcoming events and activities.

2. COVID-19 pandemic

2.1 During the last quarter, our communications and engagement activity has continued to focus on responding to the impact of the COVID-19 pandemic.

2.2 We have summarised below key activities directly linked to the impact of the pandemic.

Registration assessment

2.3 A priority during this period has been to update candidates eligible to sit the registration assessment about our progress in rescheduling the registration assessment and moving it online. We have sent regular updates throughout this period and responded to correspondence from individuals and organisations.

2.4 In September, we sent an update to candidates to confirm that we have identified a preferred supplier for the online registration assessment and were in contractual discussions with them. The update advised that we were intending to hold the registration assessment in the first quarter of 2021, while avoiding the first two weeks of January. We committed to providing further information about the assessment as soon as it is available, including through a webinar.

2.5 We are planning to send a further update to candidates in early November.

Provisionally-registered pharmacists

- 2.6 In September, we sent a survey to all provisionally-registered pharmacists who joined the register in August 2020 to enable us to check that employers had fulfilled their obligation to conduct a risk assessment. We also took this opportunity to ask provisionally-registered pharmacists about their employment and the pharmacy settings they work in, whether they have a named senior pharmacist and whether they have access to clinical advice and guidance if they need it.
- 2.7 The survey findings were published on our website and were also shared with key stakeholders. We then repeated the survey in October and invited those who had not participated in the first survey, and those who had joined the provisional register since August, to respond. We are expecting to publish an updated report containing the data from both surveys in the first half of November and will also share it with key stakeholders.

Changes to revalidation

- 2.8 We have advised registrants that we have changed the revalidation requirements in recognition of the pressures that they are facing during the pandemic. Pharmacy professionals renewing their registration before 1 May 2021 have received direct emails to let them know they will only have to submit a reflective account when renewing their registration.
- 2.9 We have also promoted the change in revalidation requirements through our website, social media, the pharmacy media and through stakeholder engagement.

Promoting good practice during the pandemic

- 2.10 Through our social media channels, our e-bulletin Regulate and media coverage we have continued to promote over 130 examples of notable practice within pharmacies responding to the challenges and issues they are facing at this time, that have been identified by our inspectors.

Safe Spaces for people experiencing domestic abuse

- 2.11 We have continued to encourage pharmacies to participate in the 'Safe Spaces' initiative led by Hestia, a charity which supports people experiencing domestic abuse, including through articles in Regulate. Hestia recently reported that over 1 in 4 pharmacies in the UK are now involved and Safe Spaces have been used on over 3,700 occasions.
- 2.12 Hestia submitted an entry to the Third Sector Awards for our joint work to implement Safe Spaces in pharmacy consultation rooms. The Third Sector Awards recognises the achievements of charities and voluntary organisations and we were delighted to receive 'Highly Commended' in the Corporate Partnership of the Year category.

COVID-19 testing

- 2.13 In July, we wrote to pharmacy owners and superintendent pharmacists via email to highlight our position concerning the provision and sale of COVID-19 rapid antibody tests from community pharmacies.
- 2.14 Since then, we have continued to engage closely with other regulators and public health bodies with leading roles and responded to queries from stakeholders about our position.
- 2.15 We have recently written again to the public health bodies, including Public Health England, to ask them to confirm their current position in relation to the provision of rapid antibody

testing, rapid antigen testing and other forms of COVID-19 testing within settings such as community pharmacies. We have also updated stakeholders on our work to review our position.

Other key issues relating to the pandemic

2.16 We have continued to respond to emerging issues relating to the COVID-19 pandemic and to work with other organisations to issue joint statements or letters where appropriate. Our statement in June reminded employers of **the need to use occupational risk assessments within the workplace** to help identify and protect staff at increased risk in relation to COVID-19. We also issued a statement and Regulate article reminding employers of their duty to **report instances of exposure to Covid-19 in the workplace to the Health and Safety Executive** (HSE).

2.17 Our Chief Executive and the Chief Executive Officer of the Competition and Markets Authority wrote a **joint letter to pharmacy owners and superintendent pharmacists** in Great Britain. The letter highlights that both regulators have received reports alleging that a small minority of pharmacies are seeking to benefit from the coronavirus pandemic by charging unjustifiably high prices for essential products.

In October, we published an article in Regulate with advice on **protecting patient safety when managing high demand for flu vaccinations and other services**.

Virtual events and conferences

2.18 We have participated in a wide range of virtual events and conferences during this period, to enable us to speak directly to registrants and other key stakeholders and update them on our work and our approach during the pandemic. These virtual events have included webinars organised by the Pharmacy Show, Clinical Pharmacy Congress and Association of Pharmacy Technicians UK (APTUK). We have also participated in virtual meetings and conferences organised by the National Pharmacy Association (NPA), the Association of Independent Multiple Pharmacies (AIM) and the Professional Standards Authority (PSA).

3. Reforms to the initial education and training of pharmacists

3.1 In July, we issued a **joint letter along with the UK Chief Pharmaceutical Officers and the Pharmaceutical Society NI** to provide an update to stakeholders on the major reforms to the initial education and training of pharmacists that are being taken forward across the United Kingdom.

3.2 We then sent an **update to current MPharm students across the UK** in September about the planned reforms to the initial education and training of pharmacists.

3.3 The update for students was developed with input from members of the IETP working group and was sent to students via the pharmacy schools and BPSA. It explains the key changes that are expected to take place to initial education and training of pharmacists from next year and what these changes may mean for current students.

3.4 There have also been opportunities to update students, trainees and other stakeholders through a range of events and conferences, including webinars organised by the BPSA and Clinical Pharmacy Congress.

- 3.5 We are currently working with key partners to develop a shared narrative and strategic communications plan for the next phases of the reforms to the initial education and training of pharmacists.

4. Consultation on our strategy for managing concerns about pharmacy professionals

- 4.1 We launched our major public consultation on our strategy for managing concerns about pharmacy professionals on 29 October 2020. We are encouraging everyone with an interest in this area to respond to our consultation through a wide range of channels, including targeted emails.
- 4.2 The consultation is open for 12 weeks until January 2021. During this time we are planning to hold a number of virtual events and focus groups, as well as individual meetings, to hear views from key stakeholders about the draft strategy.

5. Consultation on English language guidance

- 5.1 In September, we launched our consultation proposing that applicants to the registers of pharmacists and pharmacy technicians could use a recent pass of the Pharmacy Occupational English Language Test (OET) as evidence of English language competence.
- 5.2 We promoted this consultation through a range of channels, including through targeted messages to stakeholders and social media. The consultation closed on 6 November, and we have received over 400 responses.

6. Updated guidance on managing concerns about students and trainees

- 6.1 In September we launched our updated guidance on managing fitness to practise concerns in pharmacy education and training. Previously the guidance only applied to schools of pharmacy, but now applies to all providers of education and training that lead to pharmacy professional registration, including courses for pharmacy technicians.
- 6.2 We promoted the new guidance via media coverage, targeted emails to stakeholders, a Regulate article and social media activity. We also highlighted a set of case studies to accompany the guidance to help individuals and organisations understand the principles and put them into practice.

7. Engagement on our approach to quality-assuring education and training

- 7.1 During October, we held four pre-consultation engagement events to help us understand our stakeholders' expectations about our quality assurance (QA) of education and training providers.
- 7.2 These engagement events were held with patients and the public, recent registrants, students and trainees, and education and training providers and other key stakeholders.
- 7.3 These events provided good opportunities for thoughtful and dynamic discussions, and the feedback received will help develop a proposed model of QA for consultation. Thank you to the Council members who were able to join the virtual events.

8. Enforcement action against pharmacies

- 8.1 During this period, we have communicated about enforcement action we have taken against a number of pharmacies supplying inappropriate volumes of codeine linctus, and the improvement notice we have issued for Clear Chemist pharmacy.
- 8.2 In September we issued a press release announcing that we had taken enforcement action against six separate pharmacies following intelligence-led inspections relating to unusually high volumes of sales of codeine linctus. This received coverage across the pharmacy media. We are continuing to work with the inspection team to raise awareness of our ongoing action in relation to inappropriate supplies of codeine linctus from community and online pharmacies.
- 8.3 An article in the Times on 8 October highlighted concerns about Clear Chemist pharmacy and its role in dispensing private prescriptions from the GenderGP online clinic. We have published statements explaining the action we have taken in response, including issuing an improvement notice. We have also engaged directly with key stakeholders and responded to correspondence we received from current patients and other members of the public.

9. Stakeholder update

- 9.1 Alison Strath has been appointed as the Interim Chief Pharmaceutical Officer for Scotland following the retirement of Rose Marie Parr from the role on 30 September 2020.

10. Recent events and meetings

- 10.1 In partnership with the Association of Pharmacy Technicians UK, we hosted the first meeting of the pharmacy technicians of the future advisory group on 5 October 2020. The meeting brought together key stakeholders to discuss a vision for the future of the pharmacy technician profession.
- 10.2 Please see appendix 1 for a list of key events and meetings that have taken place since February 2020.
- 10.3 Council members are reminded to liaise with the office before accepting external invitations to speak on behalf of the GPhC in order to minimise overlap and ensure they have the most up-to-date supporting material.

11. Upcoming events and activities

- 11.1 Please contact Laura Oakley, Stakeholder Engagement Manager, at laura.oakley@pharmacyregulation.org if you would like to attend any of these virtual events:

Fitness to Practise (FtP) strategy consultation stakeholder meeting, 23/11/2020

14:00-16:00

Fitness to Practise (FtP) strategy consultation public focus group, 26/11/2020

14:00-16:00

Fitness to Practise (FtP) strategy consultation webinar for pharmacy professionals, 02/12/2020

19:00-20:30

Fitness to Practise (FtP) strategy consultation public focus group, 04/12/2020

10:00-12:00

12. Consultations

- 12.1 Please see appendix 2 for the grid of active and new external consultations to which we have considered responding.

13. Equality and diversity implications

- 13.1 We are continuing to work closely with colleagues internally and externally to consider the implications in relation to equality, diversity and inclusion in relation to our response to the COVID-19 pandemic and to consider what engagement and communications activity we should undertake in response.

14. Recommendations

The Council is asked to note this paper.

Rachael Oliver, Head of Communications
General Pharmaceutical Council

04 November 2020

Appendix 1

Events from 11 June 2020 – 10 November 2020

Royal Pharmaceutical Society, British Pharmaceutical Students Association and General Pharmaceutical Council webinar, 12/05/2020

Mark Voce (Director of Education and Standards) presentation on plans for provisional registration, the pre-registration exam and proposed timelines

Association of Pharmacy Technicians UK (APTUK) Pre-registration Pharmacy Technician Webinar, 18/05/2020

Mark Voce (Director of Education and Standards) was on a panel to discuss “Registration, supporting education, health and wellbeing.”

Royal Pharmaceutical Society and British Pharmaceutical Students Association webinar, 04/06/2020

Mark Voce (Director of Education and Standards) was on a panel to discuss pre-registration, the registration assessment, working as a provisional registrant and those not able/ready to provisionally register

Health Education and Improvement Wales (HEIW) online tutor training, 22/06/2020, 23/06/2020, 02/07/2020, 07/07/2020

Lisa Gilbert (Pre-registration Training Facilitator) presented a series of online sessions for HEIW tutors

National Pharmacy Association (NPA) virtual conference, 13-16/07/2020

Duncan Rudkin (Chief Executive) spoke at a session on 'COVID-19 and risk assessment requirements for at risk employees' on Wednesday 15 July from 12.30-13:30.

Keele University Pre-registration Study Day – Making the Most of Your Pre-reg Year, 12/08/2020

Lisa Gilbert (Pre-registration Training Facilitator) spoke on "GPhC and your pre-reg year"

Pre-reg presentation NHS East Midlands and NHS West Midlands, 12/08/2020

Lisa Gilbert presented two 30-minute sessions for pre-reg trainees.

Pre-reg Pharmacy Technicians presentation for Health Education and Improvement Wales, 03/09/2020

Liam Anstey (Director for Wales) presentation to pre-reg pharmacy technicians

National Pharmacy Association (NPA) Forum, Wednesday 09/09/2020

Claire Bryce-Smith (Director of Insight, Intelligence and Inspection), Julian Graville (Head of Inspection), Stephanie Jackson (Inspector) and Andrew Mikhail (Chief Pharmaceutical Officer's Clinical Fellow and Specialist Inspector) presented on 'Distance selling of medicines: key insights and learnings'

Clinical Pharmacy Congress virtual conference, Wednesday 23/09/2020

Mark Voce (Director of Education and Standards) participated in panel discussion on Initial Education and Training of Pharmacists (IETP) reforms/ Interim Foundation Pharmacist Programme

Health Education and Improvement Wales pre-reg pharmacy technician event, 23/09/2020

Liam Anstey (Director for Wales) presentation to pre-reg pharmacy technicians

Scottish pre-registration webinar, 24/09/2020

Deborah Zuckert (Inspector) and Carole Muir (Inspector) presentation to pre-reg pharmacists

Clinical Pharmacy Congress virtual conference, 25/09/2020

Carole Auchterlonie (Director of Fitness to Practise) presentation on 'Managing concerns about pharmacy professionals - our strategy for change'

GPhC and APTUK Pharmacy Technicians of the Future Advisory Group meeting, 25/09/2020**British Pharmaceutical Students Association conference, 08/10/2020**

Mark Voce (Director of Education and Standards), presentation on IETP reforms

Pharmacy Show webinar, 08/10/2020

Claire Bryce-Smith (Director of Insight, Intelligence and Inspection), Chris Barnes (Inspector) and Shelley Edmonds (Inspector) presentation on 'Pharmacy regulation during the COVID-19 pandemic: Protecting the public and supporting pharmacy professionals'

GPhC Roundtable on multi-compartment compliance aids, 15/10/2020**Association of Independent Multiple Pharmacies Virtual Conference, 15/10/2020**

Duncan Rudkin (Chief Executive) presentation on updates from the regulator

GPhC quality assurance review focus group with recent registrants and recent annotated independent prescribers, 22/10/2020

GPhC quality assurance review stakeholder meeting with course providers, commissioning bodies, employers, professional bodies, trade bodies, 28/10/2020

GPhC quality assurance review focus group with students and trainees, 29/10/2020

GPhC quality assurance review public focus group, 30/10/2020

Initial education and training of pharmacists (IETP) Advisory Group, 03/11/2020

Professional Standards Authority (PSA) Symposium: “Is regulation too white?”, 05/11/2020

Duncan Rudkin (Chief Executive) participated in a panel discussion on equality, diversity and inclusion issues in regulation.

National Pharmacy Association (NPA) conference, 10/11/2020

Claire Bryce-Smith (Director of Insight, Intelligence and Inspection) presentation on 'Providing pharmacy services at a distance, including via the internet – key learnings and insights from the GPhC'

Meetings from 11 June 2020

Listed below is a non-exhaustive selection of significant meetings since the last engagement and communications report to Council. Initials are as follows: Nigel Clarke (NC), Duncan Rudkin (DR), Carole Auchterlonie (CA), Claire Bryce-Smith (CBS), Jonathan Bennetts (JB), Laura Fraser (LF), Liam Anstey (LA), Mark Voce (MV)

Chair (Nigel Clarke):

- Public Health England Pharmacy and Public Health Forum
- Meeting with Health Education England on education and training of pharmacists (with DR)
- Meeting with Chair and Chief Executive, Professional Standards Authority (with DR)
- Meeting with Chief Executive and President, Royal Pharmaceutical Society (with DR)
- Meeting with Chair and Chief Executive, General Osteopathic Council (with DR)
- Royal Pharmaceutical Society Education Governance Oversight Board (EGOB) (with DR, MV)
- Meeting with Minister for Health and Social Services Wales, Vaughan Gething (with LA)

- Meeting with Parliamentary Under Secretary of State at the Department of Health and Social Care, Jo Churchill (with DR)
- Meeting with Scotland Minister for Public Health, Sport and Wellbeing, Joe FitzPatrick (with LF)
- Professional Standards Authority symposium (with DR)

Staff:

- Meeting with Health Education England on education and training of pharmacists (DR with NC)
- Meeting with Chair and Chief Executive, Professional Standards Authority (DR with NC)
- Meeting with Chief Executive and President, Royal Pharmaceutical Society (DR with NC)
- Meeting with Chair and Chief Executive, General Osteopathic Council (DR with NC)
- Royal Pharmaceutical Society Education Governance Oversight Board (EGOB) (DR, MV with NC)
- Meeting with Minister for Health and Social Services Wales, Vaughan Gething (LA with NC)
- Meeting with Parliamentary Under Secretary of State at the Department of Health and Social Care, Jo Churchill (DR with NC)
- Meeting with Scotland Minister for Public Health, Sport and Wellbeing, Joe FitzPatrick (LF with NC)
- Professional Standards Authority symposium (with NC)
- Meeting with Scotland Regulators (LF)
- Meeting with NHS England & NHS Improvement and Health Education England (MV)
- Meeting with Pharmaceutical Services Negotiating Committee (CBS)
- Meeting with National Pharmacy Association (CBS)
- Meeting with Community Pharmacy Wales (LA)
- Meeting with Community Pharmacy Scotland (LF)
- Meeting with Scottish Government (LF)
- Bi-weekly meeting with Welsh Government (LA)
- Meeting with NHS Education for Scotland (LF)
- Healthcare Improvement Scotland QIPP quarterly meeting (LF)
- Health Education and Improvement Wales and Royal Pharmaceutical Society Wales (LA)
- Care Quality Commission Primary Care Quality Board (CBS)
- Meeting with Department of Health and Social Care (DR)
- NHS England and NHS Improvement Restoration and Recovery pharmacy roundtable (DR)
- NHS England and NHS Improvement - COVID-19: Weekly Hospital Chief and CCG Lead Pharmacist Webinar (DR)
- Community Pharmacy Scotland (LF)
- Community Pharmacy Wales (LA)
- Meeting with Scotland Directors of Pharmacy (LF)
- Meeting with Royal Pharmaceutical Society Wales (LA)
- Health Education and Improvement Wales Pharmacy Advisory Board Meeting (LA)
- National Pharmacy Association Magazine interview (DR)
- COVID-19 - Welsh regulators catch up (LA)

- Meeting with Health Education and Improvement Wales: Memorandum of Understanding and information sharing (LA)
- Meeting with Scottish Regulatory Forum (LF)
- NHS England & NHS Improvement COVID-19 primary care clinical stakeholder forum (DR)
- Skills for Health-Welsh Apprenticeship Pharmacy Services Steering Group (LA)
- Meeting with Royal Pharmaceutical Society Scotland (LF)
- Health Education England update on credentials: Stakeholder Roundtable (MV)
- Disclosure Scotland (LF)
- Meeting with NHS Education for Scotland: Pharmacy Additional Cost of Teaching Oversight Group (LF)
- Joint Regulators BAME network meeting (CA)
- Chief Executives Steering Group (DR)
- Royal Pharmaceutical Society National Foundation Programme Board (MV)
- Meeting with National Pharmacy Association (CBS)
- Meeting with Company Chemists' Association (CBS)
- Meeting with Numark (CBS)
- Meeting with Medicines and Healthcare products Regulatory Agency (CBS)
- NHS Leadership Academy - Summit on future of BBS Returners (DR)
- Meeting with Professional Standards Authority (CBS, CA)
- Welsh NHS Confederation Policy Forum (LA)
- Meeting with Pharmacy Schools Council (MV)
- Meeting with Home Office (CBS)
- Healthcare Improvement Scotland and NHS Education for Scotland - Quality, Innovation, Productivity and Prevention (QIPP) Programme (LF)
- Meeting with NHS FIFE and Healthcare Improvement Scotland (LF)
- Association of Independent Multiple Pharmacies (DR)
- Meeting with Company Chemists' Association (DR)
- Health Education England - Interim Foundation Pharmacist Programme Steering Group (MV)
- Meeting with Chief Executives of Regulatory Bodies (DR)
- National Voices webinar (CA)
- London School of Economics Regulators forum (CBS)
- National Steering Group: Maximising Leadership Learning in the Pre-Registration Healthcare Curricula (MV)
- Association of Pharmacy Technicians UK, Health Education and Improvement Wales and Royal Pharmaceutical Society Wales weekly meeting (LA)
- National Roundtable on Inclusive Pharmacy Professional Practice (DR, CBS)
- Department of Health Northern Ireland - pharmacy inspections meeting (CBS)
- Meeting with Healthcare Regulators on the Welsh Language Standards (LA)
- Alumnus Chief Pharmaceutical Officers Fellows Network launch event (CBS)
- Healthcare Improvement Scotland quarterly meeting (LF)
- NHS England and NHS Improvement and Health Education England weekly pharmacy call (MV)
- Meeting with National Education for Scotland - Pharmacy Diploma Funding (LF)
- Diversity and Inclusion Leaders webinar (DR)
- Meeting with Pharmaceutical Society of Northern Ireland - Pre-reg and foundation (MV)

- General Medical Council engagement meeting (LF)
- Meeting with APTUK - Pharmacy technician education and training stakeholder event (MV)
- Meeting with NHS England and NHS Improvement - Pharmacy Integration Clinical Reference Group (CBS)
- Meeting with Care Quality Commission - Emerging Concerns protocol (LM)
- Joint regulator meeting on Advanced Practice (MV)
- NPA Forum - presentation on 'Distance selling of medicines: key insights and learnings' (CBS)
- Consultation meeting with Department of Health and Social Care (CBS, DR, LM, MV)
- Institute for Apprenticeships and Technical Education - Pharmacy Occupational Specialism Working Group (MV)
- Home Office - "Ask for ANI" Advisory Group (CBS)
- Pharmacy Services Steering Group (LF)
- Medicines and Professional Practice Group (DR)
- Care Quality Commission - Responding to Concerns Partnership Group Meeting (LM)
- Controlled Drugs Accountable Officers' Network Scotland Executive Group (LF)
- Learning to Lead in Health and Care Webinar (MV)
- Professional Standards Authority Inter-regulatory forum (LM)
- Welsh Government Healthcare Summit (LA)
- Welsh NHS Confederation webinar: The economic impact of Covid-19 (LA)
- Royal Pharmaceutical Society Inclusion and Diversity meeting (DR, LM)
- Care Quality Commission Health and Social Care Regulators Forum (DR)
- Health Education England - Quality task and finish group (MV)
- Health Education England: Blended Learning Degrees – Standards Task and Finish Group (MV)
- Wales GMC, NMC, GDC & GPhC and Healthcare Inspectorate Wales catch up (LA)
- Department of Health and Social Care - Meeting with Devolved Administrations and Regulatory Bodies about Regulatory Reform (MV, LM)
- Meeting with Robert Gordon University (LF)
- Regulators' Network meeting (DR)
- Pharmaceutical Society of Northern Ireland and Pharmaceutical Society of Ireland (LM)
- Meeting with Scottish Government - 2021 Regulatory Event Planning Teleconference (MV, LF)
- Edinburgh Regulation Conference (MV)
- Meeting with General Medical Council Wales (LA)
- Royal Pharmaceutical Society EDI catch up (LM)
- General Medical Council - EDI meeting (LM)
- Scottish Pharmacy Clinical Leadership Fellow (SPCLF) Scheme - Introduction event (LF)
- House of Commons Committee on Standards (DR, LM)

Appendix 2

Active and new consultations

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

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

Table 1: Active and new consultations

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Caldicott Principles: a consultation about revising, expanding and upholding the principles</u>	National Data Guardian (NDG)	The NDG is seeking views on proposed revisions to the seven existing Caldicott Principles; proposed extension of the Caldicott Principles through the introduction of an additional principle which makes clear that patients' and service users' expectations must be considered and informed when confidential information is used; the proposal that the NDG uses her statutory power to issue guidance about	03/09/2020	Responded to	Online response form	CG (Information Governance)	We have closely followed developments in this area and on wider data sharing arrangements. We have therefore submitted a short response to the online survey, addressing only the questions relevant to us.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		organisations appointing Caldicott Guardians to uphold the Caldicott Principles.						
<u>Doubling maximum sentence for assaulting an emergency worker</u>	Ministry of Justice	Consultation seeks views on increasing maximum penalty for assaulting an emergency worker from 12 months to two years in prison	07/08/2020	Responded to	Formal written response	Policy and standards team	We share the widespread view across pharmacy that there should be zero tolerance for abuse or violence against pharmacy staff and we are supportive of measures which afford emergency workers further protection. We have limited our response to where we feel our work is directly relevant.	https://www.pharmacyregulation.org/sites/default/files/document/gphc-response-to-ministry-of-justice-consultation-on-assaults-on-emergency-workers-july-2020.pdf
<u>The Recognition of Professional Qualifications and Regulation of Professions</u>	BEIS	This call for evidence seeks insights on the UK's approach to the recognition of professional qualifications and the regulation of professions.	23/10/2020	Responded to	Formal written response	DD (Education), MP (Registration and international policy)	As we have established processes in place to recognise professional qualifications and the regulation pharmacy professionals, we were able to provide a detailed response to	https://www.pharmacyregulation.org/sites/default/files/document/gphc-response-consultation

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
							this consultation as it was directly relevant to our work.	<u>-recognition-professional-qualification-s-regulation-of-professions-oct-2020.pdf</u>
<u>Changes to Human Medicine Regulations to support the rollout of COVID-19 vaccines</u>	DHSC	This consultation focuses on changes to Human Medicine Regulations to support the rollout of COVID-19 vaccines.	18/09/2020	Responded to	Formal written response	Policy and standards team	Whilst all the proposals are of interest to us, we have limited our response to areas where we feel our work is directly relevant to the proposed changes. These relate to the proposed expansion to the workforce eligible to administer vaccinations, and making provisions for wholesale dealing of vaccines	<u>https://www.pharmacyregulation.org/sites/default/files/document/gphc-response-to-uk-government-consultation-changes-to-human-medicine-regulations-october-2020.pdf</u>
<u>Consultation on the proposal for the supply and administration of medicines</u>	NHS England	UK-wide consultations on proposals to change the medicines responsibilities for eight healthcare professions; dental hygienists, dental therapists, biomedical	10/12/2020	Reviewed and being responded to	Formal written response	Policy and standards team	We are in the process of developing a response to some of the key areas that are relevant to us in this consultation.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>using patient group directions across the United Kingdom</u>		scientists, operating department practitioners, podiatrists, physiotherapists and paramedics						
<u>Pharmaceuticals – safe and affordable medicines (new EU strategy)</u>	EU Commission	The EU is launching a new strategy to improve and accelerate patients' access to safe and affordable medicines and to support innovation in the EU pharmaceutical industry.	07/07/2020	Reviewed but not responding	No response	MP (Registration and International policy)	We have reviewed this consultation, but it is not relevant to our core role and functions.	
<u>MHRA draft guidance on the licensing of biosimilar products</u>	MHRA	This consultation is seeking views on new guidance from the MHRA to developers of similar biological products (also known as biosimilars) more clearly understand the requirements for biosimilar products in the UK.	15/11/2020	Reviewed but not responding	No response	Policy and standards team	We have reviewed this consultation, but it is not relevant to our core role and functions.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Digital social care information</u>	Professional Record Standards Body	PRSB has launched a survey about information that should be shared between health and social care to improve and join up care for adults. The surveys will help NHS and social care services to develop standardised health and care records for adults that can be viewed on digital devices like laptops and tablets in health and care settings.	30/07/2020	Reviewed but not responding	No response	Policy and standards team	We have considered this consultation, but felt that it does not directly relate to our key role and functions,	
<u>National Covid-19 Workforce Survey</u>	Skills for Health	Seeking views from healthcare workforce on their experiences as related to the coronavirus pandemic.	30/06/2020	Reviewed but not responding	No response	Policy and standards team	We are supportive of the objectives that this survey is aiming to achieve and agree that maintaining and improving skills training will play a major part in rebuilding the health and social care sector. We have decided not to respond on this occasion as we feel it is more for frontline staff such as employers and staff to comment on.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Support in the workplace for victims of domestic abuse</u>	BEIS	The government has launched a review of employment rights for survivors of domestic abuse.	09/09/2020	Reviewed but not responding	No response	Policy and standards team	Whilst we have decided not to respond on this occasion we broadly support the government's review of employment rights for survivors of domestic abuse. Recently, we have encouraged all pharmacies to consider becoming a Safe Space, to help people experiencing domestic abuse access vital support they may need.	
<u>ICO consultation on the draft Statutory guidance</u>	ICO	This consultation is regarding an updated version of the Statutory guidance on how the ICO will exercise its data protection regulatory functions of information notices, assessment notices, enforcement notices and penalty notices.	12/11/2020	Reviewed but not responding	No response	CG (Information Governance)	We have reviewed the draft guidance, but we have felt that we could not make any substantive contribution to the issues raised in the consultation, on this occasion.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Reducing bureaucracy in the health and social care system: background and questions</u>	DHSC	This consultation is seeking views on how to get rid of 'unnecessary bureaucracy' tasks and processes in health and social care that need a lot of work but add little value.	13/09/2020	Reviewed but not responding	No response	LM (Chief of Staff)	This consultation is not directly targeted at us, so we shall not be providing a response. However, we will follow any developments closely.	
<u>Consultation on changes to the standards of proficiency</u>	HCPC	This consultation seeks the views of stakeholders on proposed changes to the standards of proficiency for all 15 of the professions regulated by the HCPC.	30/10/2020	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation, However, we are following developments, as there might be relevant implications for our work.	
<u>Consultation on the HCPC's draft corporate strategy</u>	HCPC	The draft strategy seeks to ensure the HCPC upholds the highest standards in the professions it regulates; protecting the public and inspiring their confidence.	02/11/2020	Reviewed but not responding	No response	Executive office	We are not responding to this consultation, as it does not directly relate to our core functions.	
<u>Provision of Services Guidance</u>	PSNI	This consultation seeks the views of stakeholders on draft Guidance on the Provision of Services for pharmacists in Northern Ireland.	30/09/2020	Reviewed but not responding	No response	Policy and standards team	We are in regular contact with the PSNI and will follow any developments related to our work.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Consultation on draft guidance on insurance requirements for osteopaths</u>	GOsC	This consultation is on guidance which has been created to provide information about the insurance requirements for osteopaths and those intending to register as osteopaths with the GOsC.	13/10/2020	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work	
<u>Covid-19 statements</u>	GOC	This consultation seeks views on how the GOC can continue to support its registrants and the optical sector throughout the COVID-19 pandemic as different parts of the UK experience local and potentially national restrictions now and in the future.	15/10/2020	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work	
<u>Consultation on proposed temporary changes to the GOC's Accreditation and Quality Assurance Handbook</u>	GOC	This consultation focuses on proposed temporary changes to the GOC's Accreditation and Quality Assurance Handbook: Routes to registration in Optometry, 2015, in light of the Covid-19 pandemic	06/08/2020	Reviewed but not responding	No response	Education Team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work	

Review of expenses policy for Council members, associates and partners

Meeting paper for Council on 12 November 2020

Public

Purpose

To set out the updates and revisions to the current non-staff expenses policy.

Recommendations

The Council is asked to approve the updated Council member, associates and partners expenses policy, as recommended by the Remuneration Committee.

1. Introduction

- 1.1 The non-staff expenses policy (which applies to Council members, associates, partners and others carrying out work on behalf of the GPhC) was last updated in 2017.
- 1.2 The Senior Governance Manager, Associates and Partners Manager and Senior Finance Manager have recently reviewed the policy and recommended a number of clarifications and updates. The updated document is attached as Appendix 1, with the proposed changes highlighted for ease of reference. The proposed changes are also summarised below.
- 1.3 The updated policy was discussed by the Remuneration Committee at its meeting on 18 September 2020. The Committee agreed to recommend the updated policy to Council.

2. Proposed changes

Title and introduction

- 2.1 The title has been changed from 'Non-staff expenses policy' to 'Council members, associates and partners expenses policy' as this better describes the groups to whom it applies.
- 2.2 We have made some drafting amendments to the introduction which do not involve any policy change.

Order

- 2.3 We have made a number of changes to the order in which the information appears, in an attempt to make the document flow better. These are not highlighted as to do so would have made the document confusing to read.

Cancellations and changes to arrangements

2.4 Paragraphs 6.13-6.15 have been added for clarity and reflect current practice.

Air and rail travel

2.5 The like-for-like explanation (paragraph 7.4) has been added following some differences in interpretation by claimants. The proviso that a railcard must be able to be used when travelling on GPhC business (paragraph 7.5) has been added because some railcards cannot be used when travelling at certain times.

Other travel sections

2.6 The text in relation to VAT in paragraph 7.7 has been added at the request of the Finance team.

2.7 References to the Low and Ultra-low emission zones (paragraph 7.8) and to the DLR (paragraph 7.10) have been added.

Accommodation and breakfast

2.8 Following concerns expressed by some associates who sit on Fitness to Practise panels, some changes have been made to the entitlement to accommodation. The current policy has meant that some panellists, in addition to sitting on a hearing for a number of consecutive days, have also had to travel for up to six hours per day. We considered that this was too onerous and have suggested changes as follows:

- In paragraph 7.12 a condition that the claimant must have left the GPhC later than 7.30 p.m. has been replaced with one that they would arrive home later than 9.00 p.m; and
- In paragraph 7.13 the requirement that the claimant would have to travel more than six hours per day every day has been replaced by four hours and included as a separate point for clarity.

2.9 The rates payable for accommodation expenses have not been increased as we are advised by Procurement staff that we are still able to obtain accommodation within these prices with our preferred providers.

2.10 Paragraph 7.17 has been added for clarity and reflects current practice.

Subsistence

2.11 We also reviewed the subsistence rates in the current policy and concluded that they remain sufficient. The highlighted text in paragraphs 7.19i and 7.19ii has been added for clarity.

3. Equality and diversity implications

3.1 This policy applies equally to all members, partners and associates irrespective of protected characteristics. However, we have tried to make the policy more openly inclusive by making clear the support which is available for parents or others with childcare responsibilities, carers and people with disabilities which allows us to recruit people from a broad range of backgrounds.

4. Communications

- 4.1 Once approved by Council, the policy will be published and will be communicated to the associates and partners via their newsletter. Information for staff dealing with expenses claims will be published on the intranet.

5. Resource implications

- 5.1 As there are no changes to accommodation or subsistence rates, the resource implications of the revisions are not significant.

6. Risk implications

- 6.1 A clear policy helps to ensure that only legitimate business expenses are claimed and paid.
- 6.2 Asking potential claimants to discuss any issues with us beforehand reduces the risk that they may incur expenses which the GPhC will not reimburse.
- 6.3 Being explicit about the support available reduces the risk that we exclude those who share particular protected characteristics.

7. Monitoring and review

- 7.1 The policy will be kept under review and will be fully reviewed again no later than 2022.

8. Recommendations

The Council is asked to approve the updated Council member, associates and partners expenses policy, as recommended by the Remuneration Committee.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

03 November 2020

Council members, associates and partners expenses policy

GPhC 0033 Version 2

This policy sets out information and guidance on expenses which may be claimed by Council members, associates, partners and others who incur expense when undertaking activity on behalf of the GPhC



Policy details

Policy reference	GPhC 0033
Version	2
Policy author	Janet Collins, Governance Manager
Approved for issue by	Council, [Approved date]
Effective from	[Effective date]
Next review	01 October 2022

Version control tracker

Version	Approved date	Description of change	Amendments by
1	June 2017		Matthew Hayday, Head of Governance
2	Tbc	Wording updated and clarified	Janet Collins, Governance Manager

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Council members, associates and partners expenses policy

GPhC 0033 Version 2

1. Introduction

- 1.1 The GPhC has a number of people who carry out work on its behalf, including Council members, associates and partners. It is important that such people are not financially disadvantaged by incurring genuine business expenses and it is also important that the GPhC manages its funds well and is clear about what is – and is not – a genuine expense.
- 1.2 A clear expenses policy helps those carrying out work on behalf of the GPhC to understand what they may claim for, how that should be done and the limits of what is payable and also supports staff dealing with and making decisions on expenses claims.

2. Purpose

- 2.1 This policy provides information and guidance to those who incur expenses when carrying out activity on behalf of the GPhC and those who deal with expenses claims and requests.

3. Scope

- 3.1 The policy applies to Council members, associates, partners and others who incur expense in undertaking activity on behalf of the GPhC.

4. Exclusions

The policy does not apply to GPhC staff, whose expenses are dealt with separately in the Staff Expenses Policy.

5. Responsibilities

i. Remuneration Committee and Council

The Remuneration Committee is responsible for considering the policy and recommending it to Council. The Council is responsible for approving the policy.

ii. Staff, Council members, associates and partners

Council members, associates and partners are responsible for making sure that they understand and comply with the policy. The Senior Finance Manager and the Governance Manager are responsible for providing advice to members, associates and partners who have queries in respect of the policy, as well to staff who are dealing with claims and requests.

6. Claiming expenses

- 6.1 The main categories of expenses, the items which may be claimed for and the amounts which may be claimed are set out below. On the rare occasions that an expense is incurred which is not covered by the policy, you should seek advice from the GPhC governance team or finance team.
- 6.2 When advice is needed, it should be sought before the expense is incurred, if at all possible. However, there may be exceptional circumstances when someone who is entitled to claim expenses needs to make a reasonable judgement about what is appropriate, for example when tickets need to be booked or arrangements changed at the last minute in a genuine emergency.
- 6.3 The final decision on whether to reimburse any expense rests with the GPhC. Submitting an expenses claim or invoice does not in itself mean that the expense will be reimbursed.

Council members, associates and partners expenses policy

GPhC 0033 Version 2

- 6.4 Compliance with this policy will help to ensure that Council members do not incur tax liability in respect of expenses. Associates, partners and other claimants will need to ensure that they have arrangements in place to assess any tax liability that could result from expenses.

Expenses claims and invoices

- 6.5 Council members must make expense claims using the expenses claim form. Expenses must be itemised and each expense accompanied by the appropriate receipt. Members' expenses will be paid via payroll.
- 6.6 Associates and partners must submit an invoice for expenses, which will be paid via BACS transfer.
- 6.7 Anyone other than Council member, associates and partners eligible to claim expenses should ask their staff contact whether they should use a claim form or submit an invoice.

Receipts

- 6.8 All expense claims must be supported by receipts, except those for bus or tube travel (see paragraph 7.7 below).
- 6.9 Receipts must be itemised. Summary credit card receipts will not be accepted.
- 6.10 We accept electronic expenses claims and invoices, accompanied by scanned or photographed images of receipts and email confirmations for travel and hotel bookings (provided that they show payment). You must keep your original receipts for one year in case they are required for audit purposes.
- 6.11 Where only part of a receipt relates to a claim, please make this clear. Do not amend or alter receipts as claims with amended or altered receipts will not be reimbursed.
- 6.12 All claims and invoices should be submitted electronically where possible, not by post. If expenses are submitted by post, the GPhC will not reimburse the cost of postage.

Changes to arrangements

- 6.13 If the GPhC has to re-arrange a meeting or other activity and you have already made travel and/or accommodation arrangements for the original date, the GPhC will cover the cost of any adjustments (such as a fee for changing a train ticket) as well as any difference in the costs themselves.

Cancellations

- 6.14 If a Council, committee or other meeting is cancelled and you have already made travel and/or accommodation arrangements which cannot be refunded, you can claim for those costs. Please make clear on your claim that the costs relate to a cancelled meeting.
- 6.15 For arrangements which apply when a Fitness to Practise hearing is postponed, please refer to the *Cancellation policy for statutory committee meetings and hearings (for committee members, legal and clinical advisers)*.

7. Types of expenses

- 7.1 This section lists the types of expenses which may be claimed and sets out the parameters for each.

Council members, associates and partners expenses policy

GPhC 0033 Version 2

7.2 No expenses outside of these categories will normally be payable.

Travel

Air and rail

7.3 Travel by air or rail on GPhC business must be in standard or economy class. First class travel will not normally be authorised.

7.4 You must purchase the lowest price ticket available and book in advance where possible. 'Lowest price' in this context means when comparing like-for-like. For example, it would not be acceptable to purchase a first class ticket in advance because it was cheaper than a standard fare bought on the day of travel, as this would not be comparing like-for-like.

7.5 The cost of a railcard (16-25, Senior or other type) will be reimbursed if it can be used when travelling on GPhC business and you can demonstrate that the savings to the GPhC are greater than the cost of the rail card over its lifetime. Please seek authorisation before buying the railcard.

Car

7.6 Where a car is the most cost-effective means of travel, you may claim mileage in line with HM Customs and Revenue (HMRC) rates. The GPhC will not pay mileage for travel within London, where public transport is much more cost-effective.

7.7 You may claim for car parking with an appropriate receipt. (Please note that, in most cases, parking charges already include VAT, so if you submit a VAT invoice please do not double count the VAT as this will delay payment).

7.8 The GPhC will not pay congestion charges, Low Emission Zone or Ultra Low Emission Zone charges, charges for fixed penalty notices or charges incurred when a vehicle has been clamped or towed away.

7.9 If you do use your car when travelling for business, please ensure that you have appropriate car insurance in place. The GPhC does not cover costs for car insurance.

Bus, tube and the Docklands Light Railway (DLR)

7.10 You may claim for the cost of travel on buses, tubes and the DLR without a receipt. You should itemise your journeys on the expenses claim form or on your invoice.

Taxi

7.11 The use of taxis is not an entitlement and you should seek authorisation before using them if possible. Taxis should only be used in exceptional circumstances. If you are claiming for the use of a taxi, you must provide an explanation with the receipt when submitting a claim or an invoice. Claims which do not have prior authorisation and/or a reasonable explanation will not be paid.

Accommodation and breakfast

7.12 Where it is impractical to travel from home for a morning meeting or to travel home at the end of the day, you may claim for accommodation. This means where journeys are longer than three hours and/or would require you to leave home before 6.00 a.m. or arrive home later than 9.00 p.m.

Council members, associates and partners expenses policy

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- 7.13 If you are likely to be away from home for more than one day (for example, panellists sitting for a fitness to practise hearing), you may claim for accommodation if you would have to travel for more than four hours each day
- 7.14 The GPhC negotiates rates for hotels that are convenient for the location of its meetings. Accommodation for business in London must be booked by GPhC staff.
- 7.15 If you have a membership or scheme that is more cost effective for staying in London, you may claim for this if it has been authorised in advance by the Governance Manager (for Council members) or by your staff contact *but please see paragraph 7.17 below*.
- 7.16 The maximum amount that will be reimbursed for accommodation and breakfast is an average of £150 per night including VAT (over the total stay) in London and an average of £130 per night including VAT outside London.
- 7.17 If the cost of accommodation and breakfast booked through your membership or other scheme exceeds the amounts shown in paragraph 7.18, you may still use it to stay in your preferred accommodation but the GPhC will only reimburse you up to the relevant maximum amount shown.
- 7.18 Costs other than accommodation and breakfast, such as newspapers, items from the minibar or room service (i.e. the additional cost for having food delivered to your room) will not be reimbursed.

Subsistence

- 7.19 The cost of lunch and dinner may be claimed when required and up to the following limits:
- i. Breakfast: up to £6
This expense is available when no overnight stay is involved and where you have to leave home before 6.00 a.m. It cannot be claimed where a hotel stay with breakfast is already being claimed.
 - ii. Lunch: up to £8
This expense is available when you are away from home for eight hours or more and no official lunch is provided. It cannot be claimed when lunch is provided as part of the meeting or event.
 - iii. Dinner: up to £30 in London or up to £25 outside London
This expense is available when you are away from home for twelve hours or more and no evening food is provided.
- 7.20 The cost of alcoholic drinks will not be reimbursed.
- 7.21 The cost of travel to and from restaurants will not be reimbursed.
- 7.22 In line with HMRC guidance, service charges included within the total allowance can be claimed but tips (cash or otherwise) cannot. We will follow this guidance when assessing claims.

Council members, associates and partners expenses policy GPhC 0033 Version 2

Childcare and other caring costs

- 7.23 You may claim for childcare which you need because you are away from home on GPhC business. This includes the costs of nursery, a childminder or a babysitter. You will need to provide an invoice or receipt when making your claim.
- 7.24 You may claim for carer's expenses which you need because you are away from home on GPhC business. You will need to provide an invoice or a receipt when making your claim.
- 7.25 Costs for childcare and other forms of care should be discussed with us in advance, to ensure that they are within budget.

8. Adjustments for people with disabilities

- 8.1 This policy will be adjusted to cover the requirements of Council members, associates and partners with disabilities. For example, the use of taxis instead of public transport; the cost of adapted hotel rooms where these are not available within the usual limits; or paying expenses incurred by someone providing necessary support to the person making the claim.
- 8.2 Please discuss any adjustments which you need with us in advance so that we can provide the appropriate support, by contacting the Governance Manager or your staff contact.

9. Review

- 9.1 This policy will be reviewed at least every two years.



Minutes of the Audit and Risk Committee meeting held on 6 October 2020

Minutes of the public items

Present:

Neil Buckley (Chair)

Yousaf Ahmad

Ann Jacklin

Aamer Safdar

Jayne Salt

Helen Dearden

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Jonathan Bennetts	Director of Finance
Francesca Okosi	Director of People
Janet Collins	Governance Manager
Rob Jones	Risk and Audit Manager
Alicia Marsh	Head of Professionals Regulation (Items 8 and 11)
Stephen Lawrence	Facilities Manager (Item 15)
Ashley Norman	TIAA
Chris Barrett	TIAA
Tim Redwood	Crowe Clark Whitehouse
Andy Herron	Workplace Safety Solutions

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting, which was being held by Zoom due to the ongoing pandemic. There were no apologies.

2. Declarations of interest

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

3. Minutes of the last meeting – public session on 2 June 2020

- 3.1 The minutes of the public session held on 2 June 2020 were approved.

4. Actions and matters arising

- 4.1 Actions due for this meeting were included on the agenda. The remaining action was due for the December meeting.

5. Item 7 – Chief Executive's update

- 5.1 Duncan Rudkin (DR) updated the committee on the current context for the GPhC.
- 5.2 The organisation had responded well to the 'acute' phase of working during the pandemic – the transition to home working, the moving of Fitness to Practise (FtP) hearings online and the establishment of the provisional register had all gone well. While the same pressures still applied to the work as had applied at the start, it was clear that organisations were now entering a longer period of uncertainty. It was also clear that people were tired and that the likely continued uncertainty was a challenge to resilience which needed to be managed.
- 5.3 The Reset and Renewal Project Team had achieved its short-term objectives and the challenges now were around medium to long-term changes to ways of working.
- 5.4 The move to an online pre-registration assessment was challenging but was progressing. The team understood the anxiety of pre-registration trainees, the reputational risk and the need for clear and frequent communication with those affected. There was some discussion about what would happen for those who failed the assessment.
- 5.5 The committee asked for its good wishes and thanks to be passed to the staff for the work they were doing.
- 5.6 DR asked for feedback on this item and ideas about what the committee would find helpful. It was agreed that it would be useful for the update to include any key risks which were high on his agenda and the actions which were being taken in relation to them.
- 5.7 The committee noted the Chief Executive's update**

6. Item 9 – FtP assurance framework

- 6.1 DR and Alicia Marsh (AM) presented **20.10.ARC.01**, the FtP Assurance Framework.

- 6.2 The Framework had been reviewed in line with the improvements being made to the FtP process. In terms of assurance, the later stages of the FtP process were well covered – including by statutory appeal mechanisms but the earlier stages, while cases were more numerous, were less so. This was where the internal assurance programme was being prioritised. Current assurance activity was being focussed on triage and the Investigating Committee stages, with work on the assurance of investigation decisions planned for Q3.
- 6.3 An external law firm would be commissioned to carry out a review of investigation decisions, including the quality of reasoning. This would be completed by the end of December 2020.
- 6.4 A number of actions has been taken, including improved induction and training, strengthened review processes and increased oversight by the management team. Work on making the FtP process more person-centred had included improvements to the letters sent to participants in the process, including persons who had raised concerns which were not being taken forward
- 6.5 The Chair thanked AM for her helpful participation in the meeting.
- 6.6 **The committee noted the progress made on the review of the FtP assurance framework and the proposed action to ensure that the framework sufficiently covers areas of risk in light of the FtP strategy development.**

7. Item 13 – Internal audit

- 7.1 Ashley Norman (AN) of TIAA presented **20.10.ARC.05** which included the FtP action plan assurance review in relation to the Professional Standards Authority's (PSA's) report, the audit recommendation tracker and audit progress report.
- 7.2 The assurance review into the implementation of the action plan (**20.10.ARC.05a**) had given a green rating, indicating a substantial level of assurance. For all of the 19 actions identified, the rationale behind the planned activities was considered appropriate in tackling the issues identified by the PSA.
- 7.3 There were 12 actions with implementation dates prior to the assurance review and testing had shown that all 12 had been completed. There was evidence that the directorate was monitoring its progress against the PSA action plan through management team meetings and updates to the committee.
- 7.4 The recommendation tracker (**20.10.ARC.05b**) included ten recommendations with revised implementation dates. While some of these were an inevitable result of re-prioritisation of work due to the pandemic, it was important that they were now progressed and that those which had substantially revised dates should not have them revised again.
- 7.5 **The committee noted the three reports.**

8. Item 15 – Health and Safety annual report

- 8.1 Francesca Okosi (FO) presented **20.10.ARC.07**. Andy Herron of Workplace Safety Solutions and Stephen Lawrence joined the meeting for this item. The paper included a statement of the GPhC's health and safety management for 2019-20 and its intentions for 2020-21, giving an overview of the arrangements in place to ensure that the organisation's statutory responsibilities in relation to health and safety were being fulfilled. FO also updated the committee on the organisational response to Covid-19 in health and safety terms.
- 8.2 A number of improvement measures had been implemented. There had been four meetings of the Health and Safety Committee, three of them during the pandemic. The staff induction had been updated and mandatory annual health and safety training introduced.
- 8.3 The Chair asked for clarification on legal responsibility for health and safety – namely whether it lay with the CEO or the Council. It was important that this was both clear and correct in the policy.
- 8.4 In discussion, FO confirmed that the GPhC worked very closely with Citi on health and safety issues in the wider building, including those related to the pandemic. It was also confirmed that staff had been required to take a home-working specific health and safety training module and had been provided with necessary furniture and equipment where relevant. Further assessments would be carried out now that the situation was likely to be longer term than had first been thought.

9. Incidents of fraud or possible fraud

- 9.1 This was a standing item on the agenda. There were no incidents of fraud or possible fraud to report at this meeting.

10. Dates for future meetings

- 10.1 The suggested dates would be circulated to members by email. They were:
Tuesday 2 March
Tuesday 25 May
Tuesday 21 September and
Tuesday 7 December.
- 10.2 the next scheduled meeting would be on Tuesday 15 December. It was likely that an additional meeting would be needed before then, on a date to be agreed.

11. Any other business

- 11.1 There was no other business.