General Pharmaceutical Council

Council meeting

Thursday, 09 November 2023

Public meeting at 13.00

Public business

Standing Items

13.00	**1. Attendance and introductory remarks**	Gisela Abbam
	2. Declarations of interest – public items	Gisela Abbam
13.05	**3. Minutes of the October meeting**	**23.11.C.01**
	Minutes of the public session on 12 October 2023 – for approval	Gisela Abbam
	4. Actions and matters arising	**23.11.C.02** Gisela Abbam
13.10	**5. Strategic communications and engagement - Chair and Chief Executive's update** *For discussion and noting*	**23.11.C.03** Duncan Rudkin
13.20	**6. Developments in pharmacy** *For discussion and noting*	**23.11.C.04** Mark Voce

Regulatory functions

13.30	**7. Delivering equality, fostering inclusion and improving diversity: Six-month strategic update (Year 2)** *For discussion and noting*	**23.11.C.05** Laura McClintock
13.45	**8. Strengthening pharmacy governance - Guidance for Chief Pharmacists** *For approval for consultation*	**23.11.C.06** Annette Ashley
14.10	**9. Update from the advisory group on the Initial Education and Training of Pharmacists** *For discussion and noting*	**23.11.C.07** Arun Midha and Rose Marie Parr

Governance, finance and organisational management

14.25	**10. Fee review decision**	**23.11.C.08**
	(This item is not included in the public papers but will be published after the meeting)	Jonathan Bennetts
	For decision	
14.50	**11. Board Assurance Framework Report - Q2 2023/24**	**23.11.C.09**
	For discussion and noting	Duncan Rudkin
15.10	**12. Any other business**	Gisela Abbam

Confidential business[1]

Standing items

15.15	**13. Declarations of interest – confidential items**	Gisela Abbam
15.15	**14. Minutes of the October meeting**	**23.11.C.10**
	Minutes of the confidential session on 12 October 2023 – for approval	Gisela Abbam
15.20	**15. Matters arising**	Gisela Abbam

Regulatory functions

None at this meeting

Governance, finance and organisational management

None at this meeting

15.20	**16. Any other business**	Gisela Abbam

- Update on issue with MyGphC

15.30 Meeting close

Date of next meeting

7 December 2023 – in person

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

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

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

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

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

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

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

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

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

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

General Pharmaceutical Council

Minutes of the Council meeting held on 12 October 2023

To be confirmed on 9 November 2023

Minutes of the public items

Present:

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

Apologies:

None

In attendance:

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

Standing items

1. Attendance and introductory remarks

1.1 Gisela Abbam (GA) welcomed those present to the meeting. There were no apologies.

2. Declarations of interest

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

3. Minutes of the last meeting (23.10.C.01)

3.1 The minutes of the public session held on 14 September 2023 were approved as a true and accurate record of the meeting.

4. Actions and matters arising (23.10.C.02)

4.1 The action log was up to date. There was one matter arising:

Original pack dispensing (minutes of the September meeting, paragraph 6.2)

4.2 Duncan Rudkin (DR) gave an update. The regulations on original pack dispensing and whole pack dispensing of medicines containing sodium valproate had come into force on 11 October 2023. The affected medicines must now be supplied in their original packaging (with certain exceptions) as split-pack dispensing could lead to safety warnings not being provided. The GPhC had issued joint communications on this with the Medicines and Healthcare products Regulatory Agency and GPhC inspectors would be continuing checks when visiting pharmacies.

5. Workshop summary – September meeting (23.10.C.03)

5.1 The Council noted the summary of the September workshop.

6. Strategic Communications and engagement report – our new approach (23.10.C.04)

6.1 DR presented this item. Council members had asked for a Chair and Chief Executive's report to be added into Council papers as a regular item and this paper was a step towards that. The paper was presented by themes rather than by activities.

6.2 Following a discussion, the Council **noted** the paper and commended the wide-ranging stakeholder engagement it described.

Regulatory items

7. Report on the June sitting of the registration assessment (23.10.C.05)

7.1 Mark Voce presented this paper, which had three elements – an overview of the assessment, candidate data and the Board of Assessors' report.

7.2 Members discussed the five allegations of misconduct raised over the June sitting. Five was not an unusual number and all had related to possible cheating, rather than issues which could have arisen as a result of unclear communication with candidates (such as using a calculator in the wrong paper).

7.3 In addition to the schools already under scrutiny, pass rates for three others were a cause for concern. Their graduates' performance would be evaluated in the November sitting and action taken to address the concerns if needed.

7.4 There was a discussion about the demographics of candidates. It was noted that the GPhC's role did not include responsibility for promoting pharmacy as an attractive career option.

7.4 An increasing number of candidates were requesting reasonable adjustments for the assessment, particularly sole-occupancy rooms. This meant that, for some, a balance had to be struck between allocating them to a test centre that was convenient for them and one that could meet their requirements.

7.5 Further information would be provided after the November sitting.

7.6 Following the discussion, **the Council noted the candidate performance data and Board of Assessors' report for the June 2023 sitting of the registration assessment.**

8. Professional Standards Authority performance review report 2022/23 (23.10.C.06)

8.1 DR presented this item. In 2022/23, the Professional Standards Authority (PSA) had concluded that the GPhC had met all but one of the Standards of Good Regulation. All the general standards were met, as were all standards relating to guidance and standards; education and training; and registration. Four of the five standards in relation to Fitness to Practise (FtP) had been met while one had not.

8.2 In relation to standard 3, the PSA had highlighted the GPhC's work in relation to equality, diversity and inclusion.

8.3 In relation to FtP, improvements in decision-making, the provision of clear reasons for decisions and customer service had led to the GPhC regaining standards 16 and 18. However, the fact that standard 15 had still not been met had led the PSA to use its powers to escalate its concerns about timeliness to the Secretary of State and the Chair of the Health and Social Care Committee. The GPhC had also written to both setting out its plans to meet the standard and the letters had been shared with the Council.

8.4 The Council discussed the work that was taking place to support meeting standard 15 and the oversight of that work by the Audit and Risk Committee (ARC), which had requested a more explicit set of metrics towards achieving timeliness. Neil Buckley (NB - Chair of the ARC) confirmed that the Committee was scrutinising the work closely and had confidence in the team. The Committee also had confidence that standard 15 could be met, whilst recognising that predicting when this would be achieved was not an exact science, and more work was needed on the topic. Improving timeliness in FtP would continue to be a major focus for the organisation.

8.5 The Council noted that it was pleasing that all other standards were being met and work in all other areas was going well.

Governance, finance and organisational management

9. Risk management policy (23.10.C.07)

9.1 Rob Jones presented the updated Risk management policy, Risk appetite statement, Risk Matrix and Risk significance indicators. The developments followed Council workshops on risk in April and May 2023.

9.2 The updated Risk appetite statement included a longer section on equality, diversity and inclusion.

9.3 NB supported the proposed changes, which had been reviewed by the ARC.

9.4 **The Council approved the updated Risk management policy, Risk appetite statement, Risk matrix and Risk significance indicators.**

10. Any other business

10.1 There was no other business.

Date of next meeting

Thursday 9 November 2023.

General Pharmaceutical Council

Council action log – November 2023

	Open and on track
	Overdue
	Rescheduled
	Complete

No.	Status	Minutes	Action	Lead	Update	Due date
8	Open	December 7.6	Further status update on the temporary register to be provided in 12 months	MV		December 2023

General Pharmaceutical Council

Strategic communications and engagement: Chair and Chief Executive update

Meeting paper for Council on 09 November 2023

Public

Purpose

To update Council on Chair and Chief Executive strategic communications and engagement since the last meeting in October 2023.

Recommendations

Council is asked to note and discuss the update.

1. Introduction

1.1 At its last meeting on 12 October 2023, we updated the Council on our revised approach to identifying, scheduling and implementing Chair and Chief Executive strategic engagement activity and presented a report in a new format – moving away from providing lists of meetings attended by senior staff and instead focussing on sharing key insights and information arising from Chair and Chief Executive strategic engagements and wider events.

1.2 The Council welcomed the new approach and supported the inclusion of Chair and Chief Executive update as a regular standing item.

2. Strategic engagements: October to November 2023

2.1 Below is a summary of key engagements and the issues discussed since the last Council meeting:

Pharmacy leaders

2.2 The Chief Executive presented at the Association of Independent Multiple (AIM) Superintendent Forum held alongside The Pharmacy Show on 16 October. The presentation focused on regulating the changing role of pharmacy.

2.3 The Chair and Chief Executive attended a follow up session with Pharmacist Support on 25 October, to continue exploring how we can help to raise awareness of the support available to members of both pharmacy professions at different points in their careers. Discussions included the strengthening pharmacy governance work and the need to get the right balance between expectations we and others place on individual professionals and the responsibilities of employing organisations.

Regulatory leaders

2.4 The Chief Executive attended a regular meeting with the Chief Executives of the ten health and social care professional regulators on 24 October. Discussions included regulatory reform and proposals by the Professional Standards Authority to develop guidance for regulators on certain aspects of reform, such as rule making and accepted outcomes in Fitness to Practise.

2.5 The Chair and Chief Executive met with their counterparts at the General Medical Council on 25 October and the Nursing and Midwifery Council on 1 November. The discussions focussed on sharing updates on respective priorities, including EDI, as well as topical items including regulatory reform and developing clinical roles.

2.6 The Chief Executive attended a meeting of the Health and Social Care Regulators Forum on 31 October. This meeting included senior representatives from across the health and care professional and systems regulators in England. The discussion included an update on our shared Emerging Concerns Protocol, regulatory bodies' responsibilities with respect to sustainability and healthcare cultures.

Equality focused engagements

2.7 The Chief Executive attended the Royal Pharmaceutical Society's event to celebrate Black History Month in October and had the opportunity to engage with pharmacy stakeholders.

2.8 The Chief Executive also attended the Inclusive Pharmacy Practice Advisory Board meeting on 23 October. Discussions focused on inequalities in mental health in the population and inclusive practice in this context; the ongoing implementation of actions following the publication of the first Pharmacy Workforce Race Equality Standard in England; and, IPP Board advocacy and visibility. The GPhC will be continuing to support this work, including preparing a contribution for the next IPP bulletin early next year (*please note the EDI team also sit on the IPP sub-group and have already contributed three IPP bulletin case studies to date on cardiovascular disease, differential attainment and diversity in senior leadership*).

GPhC strategic engagement events and roundtables

2.9 We hosted the third and fourth of our regional stakeholder roundtables alongside The Pharmacy Show in Birmingham on Sunday 15 October. Our events were attended by pharmacy professionals, students, trainees and other key stakeholders. Themes which emerged during the roundtable discussions were wide ranging and included independent prescribing; future standards for Superintendent Pharmacists; support for new pharmacy owners; experiences of foundation training and the registration assessment; workforce pressure; additional communications and support the GPhC could provide; and the future of pharmacy and pharmacy regulation.

2.10 We also had an exhibition stand at The Pharmacy Show on 15 and 16 October and we hosted drop-in sessions with the Chair and/or Chief Executive across both days. We received a large number of visitors to our stand. While there were a wide variety of questions asked and topics raise, the most common themes were independent prescribing and safe and effective distance-selling pharmacies.

2.11 On 31 October, we hosted a joint webinar with NHS England and Community Pharmacy England for new pharmacy owners. Further follow up webinars are being discussed.

3. Next steps

3.1 We have a number of strategic engagements planned between now and the next Council meeting in December, including new engagements with the Chief Workforce, Training and Education Officer at NHS England (along with the Chief Pharmaceutical Officer) and the Chair of the RPS Welsh Pharmacy Board.

3.2 The Chief Executive will also be presenting at the UK Sigma Community Pharmacy Conference on 5 November 2023 – Sigma is one of the largest independent wholesalers in the UK. Other presenters will include Lord Dolar Popat (Prime Minister's Trade Envoy to Rwanda, Uganda and DRC), Steve Brine MP (Chair, Health and Social Care Committee) and various community pharmacy leaders.

3.3 Further updates on these engagements will be shared in our next report to Council.

4. Recommendations

Council is asked to note and discuss the update.

General Pharmaceutical Council

31/10/2023

General Pharmaceutical Council

Key developments in pharmacy - update

Meeting paper for Council on 09 November 2023

Public

Purpose

To set out the most significant developments in the external pharmacy and wider healthcare regulatory environment. This is to enable Council to utilise these in formulating and taking forward our own strategy and to gain the necessary assurance that we make the relevant connections and understand the opportunities and implications.

Recommendations

The Council is asked to note and discuss the key developments set out in **Appendix 1**.

1. Introduction

1.1 This 'key developments in pharmacy update' follows discussions with the Chair of Council and Council members about how Council can be informed of the main external strategic developments in pharmacy and receive assurance that our policies and plans are taking account of the opportunities and implications.

1.2 An initial version of this was discussed by Council in September and received broad approval. Based on those discussions, we have also included a named GPhC contact for each of the issues highlighted should Council members require more detailed information as a follow-up.

1.3 There is a balance to be struck in terms of the volume and nature of entries in these updates. Covering every external development would quickly result in an unwieldy and lengthy document of limited value. Our approach continues to be based on including items as follows:

- Regulatory and professional developments, including proposals/decisions on regulatory reform and policies/consultations issued by other healthcare regulators);
- Developments in pharmacy practice, including consultations and legislative changes;
- Other relevant healthcare and patient issues (e.g., reports from patient groups; data protection changes); and
- Education and training developments in pharmacy

1.4 **Appendix 1** sets out developments relating to EDI in these updates based on the criteria set out above and in this period highlights work led by the RPS (and involving the GPhC) on addressing the differential attainment gap in education. The annex also sets out the territorial application of each development.

2. Equality and diversity implications

2.1 The appendix sets out developments relating to EDI in these updates based on the criteria set out above and in this period highlights work led by the RPS (and involving the GPhC) on addressing the differential attainment gap in education. The appendix also sets out the territorial application of each development.

3. Communications

3.1 These updates are part of public business in Council meetings (subject to any confidential items) and stakeholders and the public will be able to see how external developments in pharmacy are reflected in the Council's work. The annex highlights those areas where communications have also been issued by the GPhC

4. Resource implications

4.1 Nothing additional at this stage. We will monitor the level of resources required to provide these updates.

5. Risk implications

5.1 Without regular sight of the major external developments, Council may not be in the best position to ensure that policy and other proposals from the Executive have taken full account of the opportunities, risks and interdependencies presented by wider developments.

6. Recommendations

The Council is asked to note and discuss the key developments set out in **Appendix 1**.

Mark Voce, Director of Education and Standards
General Pharmaceutical Council

26/10/2023

General Pharmaceutical Council

Appendix 1

Key developments September-November 2023

1. Developments in regulation and professional leadership

Establishment of the UK Pharmacy Professional Leadership Advisory Board

1.1 The UK Chief Pharmaceutical Officers have announced the establishment of the UK Pharmacy Professional Leadership Advisory Board with Sir Hugh Taylor as its independent Chair.

1.2 Establishment of the Board as the vehicle for greater collaboration across the UK pharmacy professional leadership bodies (PLBs) and specialist professional groups (SPGs) over a three-year period initially was the principal recommendation of the UK Commission on Pharmacy Professional Leadership's report, published in February 2023.

1.3 The Board has two main objectives:

- To develop and oversee a three-to-five-year programme to implement the five key recommendations of the UK Commission; and
- To support and steer the transition to a sustainable and effective structure of pharmacy professional leadership across the UK.

1.4 The five UK Commission recommendations which form the remit of the Board are:

1) **Leadership, policy and professionalism:**
To convene a transitional, collaborative Pharmacy Leadership Council tasked with developing an inclusive federation involving existing UK pharmacy professional leadership bodies and specialist professional groups, with an independent chair and other expert members:

   - The Board will lead delivery of the UK Commission on Pharmacy Professional Leadership's vision and recommendations for the benefit of patients and the public.
   - This professional leadership framework will include robust processes for governance and accountability and outline a clear identity for the federation and its unique proposition and goals.

2) **Regulatory support:**
Through the Board, continue to facilitate the development of professional standards to

support the practice of pharmacy to develop in the public interest, with standards on professional values and behaviours a priority.

- PLBs and SPGs are expected to have a 'duty to collaborate' with each other and the regulators and to manage conflicts of interest effectively.

- The development of standards would include a process to quality assure, accredit, update or endorse professional standards including standards developed by special interest groups or faculties

3) **Regional, country and international relations and engagement:**
Through the Board, lead an approach to develop a coordinated and authoritative voice for pharmacy professional leadership, enabling federation members to work together to support and develop greater engagement with priority audiences including:

- Patients, the public, governments and third parties.

- **Pharmacy** PLBs and SPGs and individual pharmacy professionals across all career stages. 6

- Across countries (including **internationally**) and with other profession.

4) **Scope of practice for future pharmacy professionals:**
Through the Board, enable PLBs and SPGs to be aspirational for and optimise the contribution of pharmacy professionals, supporting the vital role and expertise of pharmacy professionals in the safe and effective use of medicines, promoting excellence, and championing research, clinical academic development, innovation and the development of new areas of practice, and supporting their adoption.

- This includes putting in place the infrastructure to keep abreast of current and emerging research, medicines and practice, and commissioning scopes of practice, best practice standards and guidance.

- The work would need to include and represent the diversity of patient- and nonpatient facing practice within the professions across the continuum of pharmacy and medicines practice, supported by visible role models.

5) **Professional education and training:**
Through the Board, contribute to the collaborative development of aligned UK curricula for post-registration education and training for integrated pharmacist and pharmacy technician practice.

- This will include: post-registration practice standards; credentialing or its equivalents, linked to the further development of career pathways including specialisms; and an assessment process aligned to current and future service need.

- There is a need to facilitate a UK educational infrastructure to support recording and assessment of post-registration education and training activities for pharmacists and pharmacy technicians and ensure equity of access for both professions to enhance professional mobility.

Composition

1.5 The Board will consist of representatives from nine professional leadership body and specialist professional groups:

- Association of Pharmacy Technicians UK
- British Oncology Pharmacy Association
- British Pharmaceutical Students Association
- College of Mental Health Pharmacy
- Pharmacy Forum of Northern Ireland
- Primary Care Pharmacy Association
- Royal Pharmaceutical Society
- UK Clinical Pharmacy Association
- The Academy of Medical Royal Colleges

There will also be nine independent expert members who are currently being recruited.

Stakeholder forum

1.6 The formation of the Collaborative Stakeholder Forum outlined in the UK Commission's report would need to be discussed by the Board. The UK Commission recommended that it involve other groups such as trade bodies, trade unions, regulators, education bodies and patient representative bodies. We are in touch with the Chief Pharmaceutical Officers to explore how the GPhC can most appropriately inform and support the work of the Board.

Key GPhC contact for further information: Duncan Rudkin

2. Developments in pharmacy practice

New rules on the way medicines containing valproate are dispensed

2.1 Further to the detailed information provided in the update at the Council meeting in September, the new rules came into force on 11 October. The rules require the manufacturer's original full pack dispensing of medicines containing valproate. This is to ensure that women always receive information about the harms of valproate during pregnancy as the original full pack includes specific warnings and pictograms, including a patient card and the patient Information Leaflet.

These documents alert patients to the risks to unborn babies if valproate is used during pregnancy.

2.2 The new rules also enable pharmacists to supply up to 10% more than or less than the amount on a prescription of medicines other than those containing valproate, so that they can dispense a manufacturer's original full pack instead of splitting the pack, known as original pack dispensing (OPD).

2.3 The rules apply in England, Scotland and Wales and are to be regarded as good practice in Northern Ireland. The MHRA has issued guidance to accompany the rules, including exceptional circumstances, and the GPhC has sent an email update to all pharmacy professionals and included information in the latest edition of Regulate (link below).

https://www.pharmacyregulation.org/regulate/article/new-legislation-original-pack-dispensing

Key GPhC contact for further information: Laura Turton

3. Developments in Healthcare

Patient Safety Commissioner Bill for Scotland

3.1 The Bill aims to establish a Patient Safety Commissioner for Scotland who would:

- Support system-wide improvement in the safety of healthcare; and
- Promote the importance of the views of patients and members of the public in relation to the safety of healthcare.

3.2 The Bill has completed its passage through the Scottish Parliament and is awaiting Royal Assent.

3.3 The Commissioner will have various functions, including the power to investigate healthcare safety issues. During an investigation, the Commissioner can require health care providers or individuals to provide relevant information. The Commissioner must publish reports on health care safety issues and make recommendations as to how these issues can be addressed. The Commissioner can require a health care provider or an individual to respond to any recommendations.

3.4 The Scottish Government has introduced the Bill in response to recommendations made by the Independent Medicines and Medical Devices Safety Review ("the Cumberlege Review"). The Cumberlege Review was launched by the UK Government. It was created in response to a number of cases where patients' concerns about the safety of their medical treatment had not been listened to, resulting in harm.

3.5 The Patient Safety Commissioner for England, Dr Henrietta Hughes, was appointed in July 2022. There are no current plans to appoint a Commissioner in Wales. The Welsh Government has said this would create additional complexity and highlighted that medicines and medical devices are not devolved to Wales. It has strengthened the powers of the Public Service Ombudsman for

Wales to undertake their own investigations and introduced new duties of quality, including safety, and candour for NHS bodies. It has also created Llais to give a stronger voice to people in all parts of Wales on their health and social care services. It has a specific remit to consider patient safety and has the power to make representations to NHS bodies and local authorities and undertake work on a nationwide basis.

3.6 Once the Commissioner for Scotland is appointed, the GPhC Director for Scotland will engage with her regularly.

Key GPhC contact for further information: Siobhan McGuinness

4. Developments in pharmacy education and training

Addressing the differential attainment and awarding gap

4.1 The GPhC has joined a new group, led by the Royal Pharmaceutical Society (RPS) to address the differential attainment and awarding gap experienced by Black pharmacy students and Foundation Trainees.

4.2 The RPS has **published a statement** about the working group, which includes plans for collaborative work to develop recommendations and actions to improve the differential attainment and awarding gap in a meaningful and sustainable way.

4.3 This work will focus on fostering a more inclusive and supportive learning environment and the recommendations will be based around the following themes:

- Inspiration, aspiration and role models;
- Cultural competence training for tutors;
- Debiasing processes and supporting transition into the workplace; and
- Data collection.

4.4 The GPhC has already started work on tackling differential attainment, which included significant changes to our initial education and training standards for pharmacists in 2021 and enhanced requirements relating to equality, diversity and fairness, to help combat health inequalities and discrimination.

4.5 This will continue to be an important area of focus for the GPhC going forward, linked closely to the commitments in our Equality, Diversity and Inclusion (EDI) Strategy.

Key GPhC contacts for further information: Damian Day and Laura McClintock

General Pharmaceutical Council

Delivering equality, fostering inclusion and improving diversity: Six-month strategic update (Year 2)

Meeting paper for Council on 09 November 2023

Public

Purpose

To update Council on the delivery of Year 2 of our EDI strategy.

Recommendations

To note and discuss the six-month strategic update for Year 2 (2023/24), attached at **Appendix 1**.

1. Introduction

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

1.2 We delivered the first full year of our EDI strategy in 2022/23. In line with our agreed governance processes, we provided Council with a six-month strategic update as well as a full end of year report. The end of year report for Year 1 was published on our website **here** and shared with stakeholders through our social media channels.

1.3 We are now in Year 2 of our EDI strategy. **Appendix 1** sets out the main EDI activity carried out under each of our three strategic themes in Q1 and Q2 of 2023/24. This is essentially a snapshot of our activity at the midpoint of Year 2 and reflects the work carried out across all parts of the organisation.

2. Key considerations

2.1 Overall, we are currently on track to deliver against agreed actions for Year 2, with most either in progress or completed. Other actions are scheduled for Quarters 3 and 4, and some actions are scheduled to commence in Year 3 and beyond.

2.2 In the first half of this financial year, we have covered a wide range of EDI topics, protected characteristics and other issues in our work. While it has not been possible to cover everything in a single year, we have continued to listen to what matters to our stakeholders and consider how this can help shape our regulatory work. We will continue to focus on new and different issues as the strategy progresses.

2.3 Overall, we have seen good levels of positive engagement with the strategy, both internally and externally. Events in the external context and the priorities of our stakeholders and partners have also continued to shape our EDI work, which has required a degree of flexibility in our approach.

2.4 The strategy sets out our ambitions over a five-year period and we have already started to collect baseline data linked to our evaluation framework. In addition to progress updates every six and twelve months, we will be producing an interim evaluation report after three years, and a further report at the end of the strategy period. Ultimately, the evaluation will focus on whether the strategy has made a difference for the public and for pharmacy, affected our reputation as a regulator and made the GPhC a more inclusive place to work.

3. Communications

3.1 Regular updates on strategy progress are shared internally, including with our EDI Strategy Leadership Group (formed under the new governance arrangements for strategy delivery) and with our staff Inclusion Network.

3.2 We have also improved the EDI page on the GPhC external website, with updates about our EDI strategy and associated work, including topical articles, case studies and other resources in one place. These strategic update reports are also published on these pages and shared with stakeholders through our social media channels, and through our engagement on EDI issues.

4. Resource implications

4.1 All Year 2 activity has been undertaken within existing resources. In terms of forward planning, action owners have been asked to consider any activity which may require additional resources for Year 3 and beyond. This forms an important aspect of the regular EDI Strategic Leadership Group discussions, and colleagues from our Finance team are part of that group. Identification of EDI related priorities is also important aspect of our wider, corporate business planning discussions.

5. Risk implications

5.1 The agreed approach for reporting to Council every six months supports the delivery of the EDI strategy by ensuring that Council is sighted on progress and can help provide strategic guidance and support. We continue to report to Council on individual EDI items as and when more in-depth discussion, and Council members have been supporting us with many aspects of our EDI work through sub-groups, other activities and general expertise / guidance.

5.2 Recently, we worked with the Audit and Risk Committee to update our risk appetite statement to ensure that EDI is reflected appropriately, and this was subsequently approved by the Council.

6. Recommendations

To note and discuss the six-month strategic update for Year 2 (2023/24), attached at **Appendix 1**.

Laura McClintock, Chief of Staff
General Pharmaceutical Council

01/11/2023

General Pharmaceutical Council

Appendix 1

Delivering equality, fostering inclusion and improving diversity: our strategy for change

Year 2 (2023/24): Six-month strategic update

Overview

Below is a summary of the main EDI activity carried out under each of our **three strategic themes** in **Q1** and **Q2** of **2023/24**. This is essentially a snapshot of our activity at the **midpoint of Year 2** and reflects work across all parts of the organisation.

In line with our agreed governance process, we will present our full annual report on our EDI work to Council at the end of the financial year.

1 **To make regulatory decisions that are demonstrably fair, lawful and free from discrimination and bias.**

Key activity in the period included:

- We designed and delivered our **second racism in pharmacy roundtable** on the theme of **"Accountability Counts"**, with a specific focus on Fitness to Practise. This included a presentation from GPhC colleagues about our initial analysis of diversity data of professionals involved in the Fitness to Practise process and updates on our wider work on tackling discrimination and bias in this context. The event also included presentations from the Professional Standards Authority (PSA) about recently commissioned research on discriminatory behaviours in health and social care and from the Solicitors Regulation Authority (SRA) about their work to understand why solicitors from Black, Asian and minority ethnic backgrounds are over-represented in reports to, and resulting investigations by, the regulator. The event was very well attended, with representatives from across pharmacy, patient groups, and wider health and policy organisations and think tanks. The report of the event will be published in Q3.

- We **published the initial analysis of diversity data of professionals involved in our Fitness to Practise** process shortly after our roundtable event, looking specifically at concerns received and investigated, statutory outcomes of closed concerns and progression through the process. In parallel, we also published a statement from the Chair and the Chief Executive, explaining how the feedback from the event will be used to inform our next steps. A more detailed report of the data and the statistical findings will also be published in Q3.

- We published our second **diversity dataset for our registers** (pharmacists and pharmacy technicians), as well as specific diversity datasets for the three countries that we regulate. The routine publication

of this data is designed to support transparency, visibility and intelligence sharing across the sector. We know that other stakeholders are now using this data to inform and develop their own policy and EDI work.

- We continued to run our **anonymised decision-making project for Investigating Committee cases**. This project remains on target for a review and analysis in early in 2024 by which time the project will have been running for 12 months. The project involves anonymising the registrant's name and any reference to their ethnicity and nationality within the case papers considered by the committee – this is a paper-based process and aims to give increased confidence in the fairness of our decision-making.

- We analysed the consultation feedback on our proposal to strengthen our decision-making guidance for Fitness to Practise committees, to take account of **discrimination, bullying and harassment** as well as **cultural factors when deciding on an outcome.** The full consultation analysis and revised guidance will be presented to Council for approval in Q3. A sub-group of Council members have also been supporting the team to refine the final guidance during this period.

- We started to **collect diversity data from people raising concerns** in this period, based on the new corporate diversity data policy that we developed and launched in the previous year. To supplement the standard diversity monitoring approach, we also introduced wider and more qualitative questions to improve our understanding of the barriers people experience when raising a concern, and, whether these barriers have an impact on people from specific groups. The feedback will be analysed and used to shape our regulatory approach going forward. This work also responds directly to recommendations for all regulators in the PSA's Safer Care for All report on tackling inequalities.

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

Key activity in the period included:

- We co-produced a **Patient Safety Spotlight: Menopause Awareness Month special** about the risks of prescribing and supplying hormone replacement therapy (HRT) with an external menopause specialist. This included examples where women may have received inappropriate combinations of HRT and highlighted best practice to help pharmacy professionals provide menopause management safely and effectively. This also included **clinical information on common confusions between combination preparations and single constituent preparations for HRT**, information about **relevant serious shortage protocols**, and **patient and pharmacy team education**.

- We published an article on the training and **responsibilities of pharmacy staff providing a delivery service**. This was prompted by our work to identify any themes and learning points from our contact with Coroners in England and Wales, and focused on supporting pharmacy owners across the whole of Great Britain to make sure there are standard operating protocols in place for delivery drivers and to make sure the wider team to know what to do and who to contact if they find that a **patient has had a fall or is at risk in other ways**. We also highlighted ways to **ensure children and vulnerable adults are safeguarded**.

- We led the development and co-ordination of a new **joint statement on regulatory standards during periods of global or national shortages**, following concerns about **people with Type 2 diabetes are experiencing problems** accessing GLP-1 receptor agonists (GLP-1 RAs). This involved drafting the statement, co-ordinating with other regulators including the GMC, NMC, HCPC and PSNI, and liaising with the Department of Health and Social Care to raise awareness of relevant national patient safety alerts.

- We published an **Equality Insights Snapshot** for pharmacy teams, to encourage learning and support professionals to provide inclusive care, reducing health inequalities in their communities. This **learning tool** included information from a range of sources about intersectional health inequalities across **four protected characteristics** and highlighted advice for pharmacy teams on how to apply these considerations to the care they provide. **Topics and issues in this edition** included:

Age	• Older people and poor health literacy. • Young people and social deprivation across different parts of Great Britain, specifically the established links to outcomes such as increased levels of mental health problems (including anxiety and self-harm), sexual health and substance misuse.
Disability	• The link between disabilities and non-communicable diseases. • Role of healthy living pharmacies in promoting targeted interventions for different types of disabilities. • The impact of visual impairment and its prevalence among older people. • Increases risks of diabetic eye disease in South Asian people and the strategies that pharmacies can use to support patients.
Gender reassignment	• Examples of poorer outcomes and access to care for trans and non-binary people. • Information about the Scottish Government's NHS gender identity services: strategic action framework 2022-2024 and the work of Healthcare Improvement Scotland to develop national standards for gender identity healthcare services for adults and young people. • Guidance on contraceptive choices for trans and non-binary people where there is a risk of pregnancy.
Sex	**Women's health** • Information about the different women's health strategies across England, Scotland and Wales – including the key pharmacy angles. • The need to ensure women and girls' voices are heard in every interaction with healthcare professionals. • Evidence of women from ethnic minority backgrounds experiencing stereotyping, discrimination and cultural insensitivity when using maternal and neonatal services • Access to contraception, including pilot services in pharmacy.

	• Language barriers and the specific challenges for women relying on family members as interpreters *(we included this issue in our article after hearing about it from stakeholders at our language barriers roundtable mentioned below – which demonstrates how we are joining up and sharing insights and feedback).* • The role of pharmacy teams in safe dispensing of sodium valproate. **Men's health** • Prostate cancer and how Black men are more likely to develop this form of cancer than their white counterparts. • The cultural factors that affect Black men's interaction with prostate cancer screening and health related services. • The role of pharmacy teams in signposting men who may be concerned about their health and ways to support early identification of symptoms. • Links to other learning materials and toolkits such as those from the Centre for BME Health.

- We published an article to highlight that **patients of all backgrounds and communities** need to feel **safe** when accessing pharmacy services, so they can place their trust in pharmacists and pharmacy technicians and receive the care they need. This also highlighted that **pharmacy professionals must be able to work in an inclusive environment free from harassment and prejudice**. The article reinforced an important message that our standards need to be met at all times, not only during working hours, including when online or using chat groups such as Whatsapp.

- We designed and delivered a **'Language Barriers and Health Inequalities'** roundtable with attendees from patient, equality and pharmacy groups, and open to anyone with an interest. The event included updates from the GPhC, as well as external presentations from pharmacist Jay Patel on the **"Impact of Language Barriers on Patient Care"** and Rebecca Curtayne (Public Affairs Lead at Healthwatch England) on **"Lost for Words: Healthwatch Evidence on how language barriers contribute to health inequalities"**. Through the plenary discussion, we also heard from a wide range of stakeholders (including individual pharmacy professionals and technology providers) on important themes such as the diversity of communication challenges, strategies and examples for overcoming barriers and technology and digital services.

- We continued our work to accredit universities to the new initial education and training standards. This includes assessing whether they are meeting the standard on Equality, Diversity and Fairness.

- We joined a new **working group on tackling differential attainment** in education, led by the Royal Pharmaceutical Society. We attended the first meeting and contributed to the draft report on planned actions and next steps. We also published our own press release about our involvement in this new group, to raise awareness with our stakeholders.

- We continued to support the **Inclusive Pharmacy Practice** initiative, by attending and contributing to Board meetings and meetings with the National Improvement Best Practice Sub-Group. We are now

working on our contribution for the next IPP bulletin for early 2024, which will focus on mental health.

- We worked with the Head of the Centre for Research Equity at Oxford University, to explore potential collaborative work on **inclusive clinical research**. This included facilitating a session with the Chief Executives of the other regulatory bodies, to raise awareness of the Centre and its work.

- We continued to meet with partners and stakeholders to discuss EDI priorities and build our networks and insights. Examples in this period include meeting with **APTUK to discuss EDI issues relating to pharmacy technicians** and the team at **Healthcare Improvement Scotland**, who are leading work to develop new national standards for gender identity healthcare services for adults and young people.

3 To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others.

- We launched our new **Inclusive Mentoring Programme** for Black, Asian and minority ethnic colleagues as a form of **Positive Action**, under our new strategic approach and guidelines. The programme is designed to support mentees to develop their skills and knowledge to grow in their role and have greater opportunity for professional development. For mentors, the aim is to build confidence in being a more inclusive leader, by providing a greater understanding of the barriers people from different backgrounds can face at work. Mentors and mentees were selected through a formal application process, led by the external provider Inclusive Employers.

- We published further information for all staff about our new **equality screening and impact assessment guidance**, toolkit and approach launched last year, to reinforce the key messages for any new joiners and to support continuous learning and improvement across teams.

- We updated our internal equality screening and impact assessment following the move to the new office, with input from our Inclusion Network. An additional staff survey on the new office will be conducted in Q3 and will include targeted questions around inclusion.

- We invited colleagues with lived experience of menopause and perimenopause to join an internal working group, to help us develop an approach to creating a **menopause friendly workplace**. Around **20 colleagues with direct lived experience** of menopause met to share why they wanted to support this work, how their own symptoms have affected them at work and what the GPhC could do to help raise awareness, educate and support those affected. We collected examples of best practice from other organisations and attended a webinar for HR and wellbeing professionals, which identified further areas for us to explore. We also launched a short staff survey and other internal communications to help us identify what support would be helpful and to inform next steps. We will be developing out action plan for implementation in 2024.

- In line with our corporate Learning Needs Analysis, we ran our first training session for staff on **religion and belief in the workplace** with an external provider – the Religion and Belief Literacy Partnership. There were also two further sessions in Q3, and these will be reported on in more detail in the next update. Other topics in this period including learning on **microaggressions** and **refresher training for our mental health first aiders**.

- We presented our **Workforce Data Analysis and Review** to our Workforce Committee. This included **trends in relation to protected characteristics** across our workforce. The report also highlighted the key activities being undertaken to improve the diversity of our workforce including the new recruitment system to facilitate blind recruitment, multiple and wide ranging activities around attraction strategies, recruitment, selection and panels, and developments in relation to key HR policies.

- We started work to regularise collection and reporting of **HR EDI metrics**. This included analysing and taking account of the recent **Pharmacy Workforce Race Equality Standard** metrics, and consideration of how these might apply to our own workforce.

- We launched our recruitment campaign for new Council members, including the implementation of our bespoke **Diversity Action Plan**, covering all aspects of the process from design, procurement, attraction, application, selection and interview. This year, we also provided specific learning packs and training materials for the selection panel on **affinity bias**, **confirmation bias and other strategies to minimise risk of bias** in the process, based on external good practice such as the recent "No More Tick Boxes" report. This process is still "live" so further detailed updates will be provided to Council when the appointments are confirmed in 2024. We are also collecting and analysing diversity data at all stages of the process, to help inform future work in this area.

- Our staff **Inclusion Network continued to grow** in this period and now has 26 members from across the organisation. The network met in September 2023 to discuss the inclusion topics that matter to them and to start to plan for marking key inclusion events in 2024. Inclusion Network members have also continued to support the organisation's EDI approach by writing InfoPoint blogs and supporting awareness raising activities.

- We continued to implement our **EDI Communications Plan** across the organisation, involving both internal and external communications teams. In this period, we worked with staff with different lived experiences to produce a series of new InfoPoint blogs, articles and learning materials on topics including:
    - **"Why I'm supporting access to communications – Deaf Awareness Week"** (181 views, 22 interactions)
    - **"What is the Jewish festival of Passover all about"** (150 views, 35 interactions)
    - **"Questions of religion, faith, no faith and spirituality"** (141 views, 27 interactions)
    - **"Proud to be celebrating Pride"** (243 views, 10 interactions)
    - **"Rosh Hashanah – A Time for Reflection"** (147 views, 27 interactions
    - **"World Menopause Day: help us create a menopause friendly workplace"** (147 views, 21 interactions)
    - **"Black History Month – Salute your sisters"** (121 views, 15 interactions)
    - **"Living with sickle cell anaemia"** (180 views, 29 interactions)

- ❖ **"South Asian Heritage Month – Stories to Tell"** (121 views, 14 interactions)

These publications generated a significant number of comments and positive feedback from staff across the organisation, including appreciation of raising awareness and experiences in an open and honest way, to inform and educate colleagues.

- We organised and facilitated a number of **virtual and in-person staff events**, linked to our EDI Communications Plan. This included an in-person/hybrid event for Pride on **"Bring your whole self to work"**, and a virtual event for Black History Month about the contributions of "**Black female serving pharmacy technicians in the armed forces and the role of men as allies for gender equality"**. These events were well attended by our Inclusion Network Members and staff from across the GPhC, leading to insightful discussion and contributions on EDI issues.

- We produced **Edition 6** of our **EDI Legal Insights Reports**, focusing on **five external cases** dealing with different EDI and human rights issues. This edition looked specifically at pregnancy discrimination and the complex issue of decision-makers being influenced in a discriminatory way by others; the specific types of discrimination faced by people with experience of the care system (even though this is not a legally protected characteristic); external insights and research on the lack of workplace support for women going through reproductive health issues and fertility treatment; and, the latest case law and developments pertaining to the issue of gender critical beliefs and protection under the Equality Act 2010.

October 2023

General Pharmaceutical Council

Consultation proposals for Chief Pharmacist standards

Meeting paper for Council on 09 November 2023

Public business

Purpose

To agree draft Chief Pharmacist standards for consultation.

Recommendations

Council is asked to approve the consultation proposals for the Chief Pharmacist standards.

1. Introduction

1.1 Please note that the foreword from the Chair and Chief Executive will be added to the standards for Chief Pharmacists (see Appendix 1), before the launch in January 2024.

1.2 **The Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022** commenced on 1 December 2022. The purpose of this Order is to extend the defences that already apply to pharmacy staff working in registered pharmacies, to pharmacy staff working in relevant pharmacy settings, such as hospitals, care homes and prisons. This will provide consistency across the pharmacy sector and enable and incentivise the reporting of preparation and dispensing errors, leading to increased shared learning from errors, thereby improving patient safety.

1.3 To benefit from the defences as set out in the Order, the hospital (or other eligible pharmacy setting) must have a Chief Pharmacist or equivalent in post, who must be a registered pharmacist with the appropriate skills, training, and experience. Where an organisation chooses to have a Chief Pharmacist or equivalent role in post, we will require the postholder to meet the standards set out in Appendix 1.

1.4 The Order specifies that the title 'Chief Pharmacist' is not a required term, and other titles, such as Director of Pharmacy are often used. Regardless of whether the title of Chief Pharmacist is used or another title, organisations should ensure the postholder's job descriptions includes the following requirements and responsibilities if the organisation intends for their pharmacy staff to benefit from the defences to prosecution:

- the postholder plays a significant role in the making of decisions about how the whole or a substantial part of the activities of the pharmacy service are to be

managed or organised, or the actual managing or organising of the whole or a substantial part of those activities

- the postholder has the authority to make decisions that affect the running of the pharmacy service concerning the sale or supply of medicinal products, and is responsible for securing that the pharmacy service is carried on safely and effectively.

1.5 Under the provisions of the Order, the GPhC now has the power to set professional standards for this role, including a description of their professional responsibilities.

1.6 The development of the Chief Pharmacist standards is the first part of a programme of work to strengthen pharmacy governance. The programme also includes the production of rules and professional standards for Responsible Pharmacists, and professional standards for Superintendent Pharmacists. The second stage of this work will commence later in 2024/25.

2. Background

2.1 Following extensive engagement with a broad range of external stakeholders from across the pharmacy sector in England, Scotland, and Wales, we analysed the feedback we received and used it to inform our consultation proposals. Stakeholders included pharmacy sector organisations; membership bodies; equality networks; pharmacy professionals, including Responsible and Superintendent Pharmacists, and Chief Pharmacists from hospitals, both NHS and independent, mental health trusts, care homes, Integrated Care Board (ICBs), prisons, and ambulance trusts. Once the consultation has launched, we will also hold tailored focus group sessions with patients and the public to make sure that we capture the views of people who use pharmacy services.

2.2 We have also used feedback received from Council at a recent workshop to inform the proposals, including arranging further discussions with ICBs; positioning the standards as good practice and a means of strengthening pharmacy governance even for those settings which do not want to benefit from the defences; and exploring the use of existing processes such as revalidation, to monitor and evaluate the new standards.

2.3 Due to scheduling conflicts, we are still engaging with a small number of external stakeholders. Although the consultation proposals have been drafted, we will take note of all feedback and analyse it alongside the consultation responses and use it to inform the final version of the standards.

3. Standards for Chief Pharmacists

3.1 The standards have been developed to reflect the important role that Chief Pharmacists play in making sure pharmacy services are delivered safely and effectively. The standards, like those for **pharmacy professionals** and those for **registered pharmacies**, are outcome focused to provide some futureproofing and to be flexible enough to cover the variety of settings which have Chief Pharmacists. The standards for Chief Pharmacists are aligned with our existing standards.

3.2 To make sure that our standards are aligned with those of other relevant health care regulators, we are also working with other regulators including the Care Quality Commission, Healthcare Improvement Scotland, and Healthcare Inspectorate Wales.

3.3 The proposals are for four over-arching standards which are intended to apply to all Chief Pharmacists regardless of the setting in which they work. Each standard also includes examples of how they can be met in practice (see Appendix 1).

3.4 Chief Pharmacists must meet the following standards:

- Provide strategic and professional leadership,
- Develop a workforce with the right skills, knowledge, and experience,
- Delegate responsibly and make sure there are clear lines of accountability,
- Strengthen governance to ensure safe and effective delivery of pharmacy services.

3.5 Chief Pharmacists are personally accountable for meeting the standards and must be able to justify their conduct and the decisions they make. Alongside these standards, Chief Pharmacists must also meet the GPhC's standards for pharmacy professionals which need to be met by all pharmacy professionals.

4. Key considerations

4.1 It should be noted that the legislation is enabling, which means that an organisation can choose not to benefit from the defences, in which case they will not be required to have a Chief Pharmacist or their equivalent role, and in those circumstances our standards for Chief Pharmacists will not apply. However, we would encourage organisations to acknowledge and follow the standards as good practice, and to strengthen pharmacy governance.

4.2 Where an organisation chooses to have a Chief Pharmacist or equivalent role in post, the postholder is required to meet the standards set out in Appendix 1. In these circumstances, if a Chief Pharmacist fails to meet these standards, it may lead to us investigating concerns about a Chief Pharmacist's fitness to practise.

4.3 Some stakeholders have asked whether guidance, with case studies, will be provided. The consultation feedback will provide an indication of the need for guidance, and further discussions will take place once analysis of the responses has been completed.

5. Timeframe

5.1 The consultation, subject to Council approval, will be open for 12 weeks and we propose to launch it in January 2024.

6. Equality and diversity implications

6.1 An Equality Screening and Impact Assessment (ESIA) is being undertaken for the strengthening pharmacy governance programme of work. The section on Chief Pharmacists will be published on the GPhC website, together with the consultation analysis report, when the standards have been signed off by the Council, the Privy Council, and Secretary of State.

6.2 With regards to meeting our standards, expectations are the same for all pharmacy professionals regardless of whether they identify as having one or more of the protected characteristics under the Equality Act 2010.

7. Communications

7.1 Extensive engagement with a broad range of stakeholders has already been carried out using various channels, including individual one-to-one meetings, virtual focus groups, and webinars.

7.2 A communications and engagement plan has been developed for the consultation. Communications will be sent to stakeholders using regular channels including the GPhC website, email, and social media.

8. Resource implications

8.1 The resources for this work have been accounted for in existing budgets.

9. Risk implications

9.1 Although Chief Pharmacists may not provide care directly to patients and the public, their actions have an impact on the safe and effective care that patients and the public receive, and on the confidence that members of the public have in pharmacy.

9.2 Failure to effectively engage with a wide audience, including patients and the public could undermine the standards and their future use.

9.3 Failure to develop robust standards for Chief Pharmacists may mean that staff will not feel confident about reporting errors and consequently may not learn from their mistakes or those of colleagues, thereby reducing patient safety.

9.4 In relation to regulatory standards, Council has indicated acceptance of a greater degree of risk in maintaining and updating standards. This is because being too risk averse, or conservative, in setting standards could become counter-productive and mean we fail to deliver a regulatory model that meets society's and pharmacy's needs.

10. Monitoring and review

10.1 The standards will be monitored and reviewed on an on-going basis with the normal review cycle being five years.

10.2 As a means of monitoring and evaluating these standards (and those for Responsible and Superintendent Pharmacists), we are looking to the work being done by the 'Post-registration assurance of practice advisory group', and considering how revalidation could be used by those in leadership roles to demonstrate how they are developing their practice and improving patient safety.

11. Recommendations

Council is asked to approve the consultation proposals for the Chief Pharmacist standards.

Mark Voce, Director of Education and Standards
General Pharmaceutical Council

Annette Ashley, Head of Policy and Standards
Balraj Pawar, Policy Manager, Policy and Standards

09/11/2023

2023

Appendix 1

Standards for Chief Pharmacists (or equivalent)

Foreword

[From the Chair and Chief Executive/Registrar. To be added].

About us

The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and registered pharmacies in Great Britain.

What we do

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services. Our main work includes:

- Setting standards for the education and training of pharmacists and pharmacy technicians, and approving and accrediting their qualifications and training,
- Maintaining a register of pharmacists, pharmacy technicians and pharmacies,
- Setting the standards of conduct and performance that pharmacy professionals must meet throughout their careers,
- Setting the standards of continuing professional development that pharmacy professionals must achieve throughout their careers,
- Investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this 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 if they are meeting our standards.

Introduction

The Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022

The purpose of this 2022 **legislative order** is to remove the threat of criminal sanctions for inadvertent preparation and dispensing errors for pharmacy staff working in hospitals and similar settings. The Order extends the defences that already apply to pharmacy staff working in registered pharmacies, to pharmacy staff working in hospitals, and other relevant pharmacy settings, such as care homes, Integrated Care Boards (ICBs), ambulance trusts, prisons, and other places where people are lawfully detained. This will provide consistency across the sector and enable and incentivise the reporting of preparation and dispensing errors, leading to increased shared learning from errors, thereby improving patient safety.

The Order gives the GPhC various new powers, such as the power to set professional standards for Chief Pharmacists, including a description of their professional responsibilities.

To benefit from the defences as set out in the Order, the hospital (or other eligible pharmacy setting) must have a Chief Pharmacist in post, who must be a registered pharmacist with the appropriate skills, training, and experience. Where an organisation chooses to have a Chief Pharmacist or equivalent role in post, the postholder is required to meet the standards set out in this document.

It should be noted that the legislation is enabling, which means that an organisation can choose not to benefit from the defences, in which case they will not be required to have a Chief Pharmacist or their equivalent role, and in those circumstances our standards for Chief Pharmacists will not apply. However, we would encourage organisations to acknowledge and follow the standards as good practice, and to strengthen pharmacy governance.

The development of the Chief Pharmacist standards is the first part of a programme of work to strengthen pharmacy governance. The programme also includes the production of rules and professional standards for Responsible Pharmacists, and professional standards for Superintendent Pharmacists.

The Chief Pharmacist role

The 2022 Order requires eligible pharmacy settings to have a Chief Pharmacist or equivalent postholder in place if those organisations wish to benefit from the defences from criminal prosecution in the event of an inadvertent preparation or dispensing error. We require the postholder to meet both our **standards for pharmacy professionals** as well as the new standards for Chief Pharmacists. The new standards describe the role and responsibilities of Chief Pharmacists and set standards of conduct and performance in relation to them.

Chief Pharmacists are senior healthcare professionals responsible for providing leadership, expertise, oversight, and management of pharmacy services within an organisation. The role includes planning and allocating resources, enhancing productivity, providing value for money, as well as making sure that pharmacy services meet the needs of the communities they serve and improve health outcomes. Their work contributes to the safe, high quality and effective provision of services in these settings.

The title ‘Chief Pharmacist’ is not a required term, and other titles, such as Director of Pharmacy are often used. If a title other than Chief Pharmacist is used, the requirements set out in these standards must be included in the job description and must be met if the organisation wants to benefit from the defences.

The Medicines Act 1968 sets out the role of the Chief Pharmacist (or equivalent) as someone:

Who plays a significant role (irrespective of whether other individuals also do so) in:

I. The making of decisions about how the whole or a substantial part of the activities of the pharmacy service are to be managed or organised, or

II. The actual managing or organising of the whole or a substantial part of those activities

- Has the authority to make decisions that affect the running of the pharmacy service as far as concerns the sale or supply of medicinal products, and
- Is responsible for securing that the pharmacy service is carried on safely and effectively.

The Chief Pharmacist must satisfy these requirements in order for their organisation’s pharmacy staff to benefit from the defences to prosecution. We have built upon these requirements in producing the

standards for Chief Pharmacists. Failing to meet these standards may lead to us investigating concerns about a Chief Pharmacist's fitness to practise.

The standards for Chief Pharmacists

The standards for Chief Pharmacists set out the professional responsibilities, as well as the knowledge, conduct, and performance required by a Chief Pharmacist to support the organisation, and its staff, to deliver safe and effective pharmacy services including the preparation and dispensing of medicines.

The standards are designed to be outcome focused, and Chief Pharmacists should make sure that they can demonstrate they are meeting the standards whilst considering the requirements of the setting in which they work. The standards are also a statement of what patients and those working with Chief Pharmacists can expect of them.

The Chief Pharmacist plays a critical leadership role in making sure pharmacy services are delivered safely and effectively. Chief Pharmacists must meet the following standards:

1. **Provide strategic and professional leadership,**
2. **Develop a workforce with the right skills, knowledge, and experience,**
3. **Delegate responsibly and make sure there are clear lines of accountability,**
4. **Strengthen governance to ensure safe and effective delivery of pharmacy services.**

Applying the standards

The standards have been developed to apply to all Chief Pharmacists regardless of the setting in which they work. Although Chief Pharmacists may not provide care directly to patients and the public, their actions have an impact on the safe and effective care that patients and the public receive, and on the confidence that members of the public have in pharmacy.

Chief Pharmacists are personally accountable for meeting the standards and must be able to justify their conduct and the decisions they make. Alongside these standards, Chief Pharmacists must also meet the GPhC's **standards for pharmacy professionals** which need to be met by all pharmacy professionals. Chief Pharmacists should also follow their organisation's policies and procedures; and meet the requirements and follow the advice from other relevant regulatory bodies, such as the Care Quality Commission (CQC), Healthcare Improvement Scotland (HIS), Healthcare Improvement Wales (HIW) and the Medicines and Healthcare products Regulatory Agency (MHRA), as well as any other relevant legislation.

There will be times when Chief Pharmacists are faced with conflicting legal and professional responsibilities. Or they may be faced with complex situations that mean they have to balance competing priorities. The standards for pharmacy professionals and those for Chief Pharmacists provide a framework to help them when making professional judgements. We expect Chief Pharmacists to consider these standards, their legal duties and any relevant guidance when making decisions including those covering medicines legislation.

Standard 1: Provide strategic and professional leadership.

As leaders, Chief Pharmacists play a central role in setting the strategic direction required to deliver safe and effective pharmacy services. It is part of the role of the Chief Pharmacist to help empower and guide pharmacy professionals and the wider workforce to deliver improved patient outcomes.

Chief Pharmacists must:

- **Have a clear vision and strategy to deliver safe and effective pharmacy services,**
- **Lead by example, taking responsibility for their own professional growth and development,**
- **Be able to influence and work collaboratively to meet the needs of patients and contribute to shared organisational and system objectives,**
- **Embrace research, technology, and innovation to enhance safety and support service transformation.**

Examples of how to meet this standard.

Below are examples of how Chief Pharmacists can meet this standard. It is not an exhaustive list and should be used as a prompt and not as a checklist:

- Able to build effective relationships at all levels both internally and externally and across organisational boundaries,
- Build and develop partnership working,
- Meet organisational, local, and national performance targets,
- Make sure staff understand their impact and the wider impact of pharmacy on patients,
- Able to solve problems in high-pressure situations,
- Able to analyse and interpret complex data and information to inform decisions,
- Demonstrates good decision-making skills that impact how pharmacy services are delivered,
- Adapts and innovates to meet the changing needs of patients and how pharmacy services are delivered,
- Keeps informed of developments in the pharmacy sector and applies any relevant learning to their organisation,
- Supports and facilitates a culture of research and innovation (within financial constraints),
- Provides clinical leadership in the procurement and management of medicines,
- Provides professional support and expert pharmacy advice to colleagues.

Standard 2: Develop a workforce with the right skills, knowledge, and experience.

To deliver high-quality, efficient, and safe pharmacy services with positive patient outcomes, it is essential to equip staff with the right skills, knowledge, and experience. As part of their overall responsibility, Chief Pharmacists must make sure that the pharmacy workforce receives the necessary development and training. They must also put succession planning in place.

Chief Pharmacists must:

- **Be aware of what skills, knowledge and experience are needed to deliver safe and effective pharmacy services in their setting,**
- **Optimise resources, and get the right skill mix in each team to deliver safe and effective pharmacy services,**
- **Support and value staff, consider their health and wellbeing, and create a transparent and inclusive environment, which extends to patients and the public,**
- **Promote a culture where staff feel safe to report errors and near misses and learn from them.**

Examples of how to meet this standard.

Below are examples of how Chief Pharmacists can meet this standard. It is not an exhaustive list and should be used as a prompt and not as a checklist:

- Be aware of the skill mix of each team, making sure that gaps are identified, and any necessary actions taken,
- Develop recruitment and retention strategies, as well as succession planning, to address any workforce or staffing issues,
- Maintain education and training plans that support the workforce in their ongoing development, including when innovation and new technologies are introduced,
- Encourage staff to work collaboratively, including as part of integrated and multi-disciplinary teams,
- Embed organisational policies and procedures in team management practices, for example, diversity training,
- Make sure systems are in place so that the workforce can provide feedback and suggestions,
- Identify good practice and share with all relevant staff,
- Make sure staff have regular development reviews and any needs are addressed,
- Develop a culture which supports openness and honesty in line with the duty of candour, and where staff feel confident raising concerns.

Standard 3: Delegate responsibly and make sure there are clear lines of accountability.

Chief Pharmacists have wide-ranging responsibilities and often need to delegate to make sure that services are delivered safely and effectively; to make sure that this happens Chief Pharmacists must delegate responsibly. As senior leaders, when delegating, Chief Pharmacists are responsible and accountable for making sure the lines of accountability are clear. Details of delegation must be recorded, including who is responsible and accountable; this will reduce errors and foster a culture of transparency and accountability.

Chief Pharmacists must:

- **Provide clarity about the roles, responsibilities, and accountabilities of the pharmacy workforce,**
- **Undertake appropriate risk assessments and only delegate to those who have the relevant skills, knowledge, and experience, and who are confident about assuming the additional responsibility,**
- **Communicate effectively and record delegation decisions accurately.**

Examples of how to meet this standard.

Below are examples of how Chief Pharmacists can meet this standard. It is not an exhaustive list and should be used as a prompt and not as a checklist:

- Able to successfully manage and mitigate clinical, safety, financial, and reputational risk,
- Make sure risk assessments are undertaken and that relevant staff are consulted/involved. Also need to make sure that assessments are reviewed as necessary, for example, if any changes take place,
- Allow staff to refuse a delegated task if they have good reason, for example, if they feel the task is outside of their scope of practice,
- Make sure staff are aware of their responsibilities, and the reporting structure.

Standard 4: Strengthen governance to ensure safe and effective delivery of pharmacy services.

Strengthening and establishing clear governance is a key component of the Chief Pharmacists' role. It involves several aspects, such as having arrangements for managing risks and oversight about how the pharmacy is managed and operated. To demonstrate this, Chief Pharmacists must communicate effectively at all levels and take a strategic approach when making decisions that affect how pharmacy services are delivered and organised.

Chief Pharmacists must:

- **Have oversight, and make sure that there is effective management of all pharmacy services,**
- **Establish and communicate clear lines of reporting,**
- **Make sure that there is a mechanism to capture feedback including interventions, errors, and incidents, and they are reviewed regularly and appropriately managed.**

Examples of how to meet this standard.

Below are examples of how Chief Pharmacists can meet this standard. It is not an exhaustive list and should be used as a prompt and not as a checklist:

- Regularly review governance procedures, including SOPs, and provide oversight of how the pharmacy is run and how services are delivered,
- Make sure necessary records are kept and maintained,
- Make sure that an effective records management system is in place, and that relevant staff are trained how to use it,
- Undertake robust performance measurement and reporting, and implement changes as necessary,
- Have oversight and input to the review and development of policies,
- Have mechanisms in place to anticipate, identify, and respond to risks,
- Make sure systems are in place to identify and report errors, including preparation and dispensing errors, and that errors are reviewed and appropriately managed,
- Internal and external complaints and concerns are reviewed regularly and are actioned,
- Plan effectively including any financial, audit and budgetary requirements.


Strategic and professional leadership
Developing the workforce
Standards for Chief Pharmacists
Accountability and delegation
Strengthen governance

General Pharmaceutical Council

Appendix 2

Chief Pharmacists: Draft consultation questions

Background

The Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022, extends the defences from criminal prosecution arising in the event of inadvertent preparation and dispensing errors to pharmacy staff working in hospitals and other relevant pharmacy settings, such as care homes and prisons. The defences have been available to pharmacy staff working in registered pharmacies since 2018. The purpose of the Order is to ensure the same protection from prosecution applies to pharmacy staff working in a variety of different settings.

The Order amends the Medicines Act 1968 and introduces a number of conditions which must be satisfied for pharmacy staff to benefit from the defences. The first condition is that the pharmacy service has to serve a facility where certain regulated activities are carried on. The legislation contains the full list of eligible pharmacy settings. Examples include hospitals, care homes, places where people are lawfully detained (such as prisons and pre-departure accommodation for people facing deportation) and other similar facilities. The second condition is that the pharmacy service must have a Chief Pharmacist (or equivalent role), in post.

Some of the requirements of the role of the Chief Pharmacist are specified in the Order. These include that the Chief Pharmacist must be a pharmacist who plays a significant role in making decisions about how the activities of the pharmacy services are managed or organised, or actually manages or organises those activities. The postholder must have the authority to make decisions about the running of the pharmacy service relating to the sale or supply of medicinal products and must be responsible for ensuring the pharmacy service is carried on safely and effectively.

The Order also made changes to our legislation the Pharmacy Order 2010, so that we now have the power to further describe the responsibilities of Chief Pharmacists and to set professional standards of conduct and performance for postholders. Where an organisation chooses to have a Chief Pharmacist or equivalent role in post, the postholder is required to meet these standards. Failing to meet these standards may lead to us investigating concerns about a Chief Pharmacist's fitness to practise.

Below are the proposed standards that Chief Pharmacists must meet:

- Provide strategic and professional leadership,
- Develop a workforce with the right skills, knowledge, and experience,
- Delegate responsibly and make sure there are clear lines of accountability,

- Strengthen governance to ensure safe and effective delivery of pharmacy services.

Consultation questions

1. **We have identified four standards for Chief Pharmacists; do you think the standards will:**
    a. **Strengthen pharmacy governance in the interests of patient safety?**

       Yes/No/Don't know

    b. **Provide a governance framework which will support staff to report preparation and dispensing errors, and to learn from those errors?**

       Yes/No/Don't know

       Please explain your answers

       [Free text box]

2. **Thinking about the significance of the Chief Pharmacist role in making sure that pharmacy staff can benefit from the defences for preparation and dispensing errors. Are there any other standards for Chief Pharmacists that you think are missing which would further enhance pharmacy staff's ability to benefit from these defences?**

   Yes/No/Don't know [If yes, what are the standards you think should be included?]

   [Free text box]

3. **The standards have been developed to apply to Chief Pharmacists regardless of the setting in which they work. Are there any settings where you think these standards could not be applied/met?**

   Yes/No/Don't know [If yes, please identify the setting and why the standards could not be applied/met]

   [Free text box]

Equality and impact questions

Impact on those sharing protected characteristics

We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010.

4. **Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?**

	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Age					
Disability					
Gender reassignment					
Marriage and Civil partnership					
Pregnancy and maternity					
Race					
Religion or belief					
Sex					
Sexual orientation					

5. **Please describe the individuals or groups concerned and the impact you think our proposals will have.** [Free text]

Impact on other groups

We also want to know if our proposals will have an impact on other individuals or groups (not related to protected characteristics) - specifically, patients and the public, Chief Pharmacists, pharmacy owners/employers, pharmacy staff, other healthcare professionals and pharmacy students/pre-registration trainees.

6. **Do you think our proposals will have a positive or negative impact on any of these groups?**

	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Patients and the public					
Chief Pharmacists					
Pharmacy owners/employers					
Pharmacy staff					
Other healthcare professionals					
Pharmacy students/pre-registration trainees					

7. **Please describe the individuals or groups concerned and the impact you think our proposals will have.**
   [Free text box]

8. **Is there anything else related to the Chief Pharmacist standards that you would like to raise?**
   [Free text box]

General Pharmaceutical Council

Advisory Group for the initial education and training of pharmacists

Meeting paper for Council on 09 November 2023

Information

Purpose

To provide Council with an update on the work of the Advisory Group for the initial education and training of pharmacists.

Recommendations

The council is asked to note and discuss the update.

1. Introduction

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

1.2 The standards are driving significant reforms to the initial education and training of pharmacists, with those registering as pharmacists being trained to be more clinically and diagnostically focused and able to prescribe at the point of registration. This forms part of wider developments in healthcare with increasing use of multi-professional teams and settings working collaboratively to deliver improved care.

1.3 The previous update to Council on the work of the Advisory Group highlighted the work done to develop a clear timetable for full implementation of the standards by 2025/26 at which point. It also highlighted the development of a revised accreditation methodology and the changes to the standards for independent prescribing for those currently on the register with greater focus on relevant experience and recognising, understanding and articulating the skills and attributes required by a prescriber rather than a specific two-year period.

2. Latest developments

2.1 In line with the work programme for this year, there has been a particular focus on **implementation of experiential learning, clinical placements and prescribing** and on **accreditation of universities** to the new standards.

Experiential learning, clinical placements and prescribing

2.2 The new standards set out a fundamental change to the way the Foundation Training Year (formerly pre-registration training) is quality assured and managed. Responsibility for delivery of the training and the design, management and monitoring is moving to the statutory education bodies (SEBs): NHS England Workforce, Training and Education Pharmacy Team; NHS Education for Scotland; and Health Education and Improvement Wales.

2.3 The Advisory Group is therefore receiving regular progress reports on the implementation of the new standards from the SEBs. All have developed clear timelines and governance for the work. The introduction of prescribing has been a particular focus for discussion at the Advisory Group with SEBs developing their approaches to how this is to be delivered:

- **Capacity:** During the period of learning in practice relating to prescribing, trainees must be supervised by a Designated Prescribing Practitioner (DPP). It is therefore essential that there are enough DPPs by 2025/26 and SEBs are taking forward work to address this. The overall number of prescribers is increasing and SEBs continue to promote the benefit of more registrants becoming prescribers.

  The Advisory Group has also worked through the practicalities of how a DPP carries out the supervision which has helped to ensure greater consistency and indicated where flexibility can be built in to maximise the resources available. For example, DPPs will be able to supervise a number of different trainees during the year; they may be based in a different sector depending on circumstances and virtual supervision and communication can be involved where appropriate; and the 90 hours of prescribing training can be completed in different blocks of time over the training period.

- **Assessment:** There is considerable focus by the SEBs on how prescribing is assessed during the Foundation Training Year. The DPP will need to sign off that the trainee has completed the necessary number of hours and achieved the relevant learning outcomes. A range of evidence is being considered by the SEBs (including mapping activities to the RPS Prescribing competency framework; clinical logs, patient feedback; OSCEs).

- **Multi-sector training:** This will be a feature of the Foundation Training year, with placements in the NHS, including acute trusts and mental health trusts; community pharmacy and general practice. SEBs are working through the practicalities of this, including how the rotation is divided and the number of weeks spent in each sector.

Accreditation of universities and SEBs to the new standards

2.4 The Advisory Group has also discussed the accreditation by the GPhC of universities to the new standards. Given the significant nature of the reforms, and our aim of intervening earlier as part of our revised approach to quality assurance, a revised methodology has been developed. This involves a two-part process with both events needing to be

completed by the end of the 2024/25 academic year. Most universities have now completed the Part 1 events with 26 visits having taken place.

2.5 The Part 1 event highlights whether the accreditation panel believes the standards are:

- **Met:** The accreditation team is **assured after reviewing the available evidence** that this criterion/learning outcome is met (or will be met at the point of delivery).
- **Likely to be met*:*** The **progress to date**, and any **plans** that have been set out, **provide confidence** that this criterion/learning outcome is likely to be met by the part 2 event. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (or will be met at the point of delivery).
- **Not met:** The accreditation team **does not have assurance** after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented **does not demonstrate sufficient progress** towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or **they lack detail or sufficient clarity to provide confidence** that it will be met by the part 2 event **without remedial measures (condition/s**).

2.6 Most universities were at an expected stage of progress for part 1 of the process. For some, intervention was required for assurance the standards will be met in full by the part 2 event. This includes conditions being set for 16 providers in relation to particular standards and additional monitoring events before the Part 2 event for two providers.

2.7 The main areas where conditions were set related to: **curriculum design and delivery**, notably in connection with interprofessional and experiential learning; and **assessment** with plans not clearly articulating how the outcomes will be assessed to the level of competence required and standard setting of assessment not in place.

3. Future meetings

3.1 The final meeting for this calendar year takes place in December and will provide further information on development of the Foundation Training Year. In taking forward the programme of work for next year, we need to ensure there is a shared understanding across health professions and healthcare regulators, and Governments, about how the increasingly clinical roles of pharmacists fit within wider healthcare delivery. This will be a priority for the Advisory Group going forward. In addition, we will want to focus on our approach to the registration assessment, building on the constructive workshop discussion at Council in October, developments for international students and how forthcoming proposals to consult on requirements dovetails with the Foundation Training Year, and ongoing implementation of arrangements for prescribing. Importantly, we will be linking ever more closely with the Post-Registration Assurance of Practice Advisory Group as attention turns to the support and oversight of Year 6 pharmacists able to prescribe at the point of registration.

4. Future updates

4.1 We will provide Council with an update from the Post-Registration Assurance of Practice Advisory Group at the meeting in December.

Recommendations

The council is asked to note and discuss the update.

Rose Marie Parr, Arun Midha,
Co-chairs Initial Education and Training for Pharmacists Advisory Group

27/10/2023

General Pharmaceutical Council

Board Assurance Framework Report

Year 2023/2024, Quarter 2

Contents

Section A: Chief Executive's overview

A.1 Overall, quarter 2 (Q2) has seen some mixed but sustained performance across the four domains of our board assurance framework. The Council scorecard on pages 4 and 5 provides the high-level picture for this quarter.

A.2 In summary, the majority of our services are performing well with 4 out of 7 meeting expected performance measures overall. There is one red RAG status being raised with Council in respect of Fitness to Practise (FtP). We remain on track with a significant amount of what we set out to do this quarter within our annual plan under each of the 5 strategic aims. However, there are delays to some programmes of work due to capacity and re-prioritisation, delay in project delivery (externally driven), changes in approach, and some areas of work which need to be addressed by the executive so that progress can be maintained. There are no significant changes in the organisation's strategic risk profile or corporate risk profile for escalation to Council. And overall, our financial position is stable this quarter, albeit with a slightly higher surplus than expected.

A.3 There are 2 areas being escalated for council's attention this quarter which have a red RAG status. These are:

1. Fitness to practise performance.
2. Progress of strategic aim 2, '*Deliver effective, consistent and fair regulation'*.

A.4 In addition, we are continuing to flag with Council, an underlying theme across all the four domains of the Council scorecard around capacity to deliver our regulatory responsibilities well, whilst delivering on an ambitious agenda. We've raised this with Council in our last two Board Assurance reports (Q4 2022/23 and Q1 2023/24), and it continues to be on the Executive's radar as something to watch and to pro-actively intervene where required regarding cumulative capacity overall of our staffing resources. Our new board assurance reporting approach positively provides us with a greater degree of flexibility and maturity to raise issues with Council which have the potential to become more significant in the future and highlight what we are doing about them.

A.5 In relation to the 2 areas escalated for council's attention, these relate to fitness to practise for both the service performance and progress of strategic aim 2. As before, whilst in different domains these are inextricably linked by ongoing challenges around timeliness of case progression in FtP. This is because the key strategic success measure for strategic aim 2 is to meet all 18 Professional Standards Authority (PSA) standards for good regulation.

A.6 Appendix 1 provides the more detailed performance monitoring report for fitness to practise. This provides the 6 performance measures and narrative covering performance this quarter. In terms of productivity there was an increase in all stages of the fitness to practise process. However, from a performance perspective there was a decrease in timeliness at all stages except closure pre-IC. Given the links, we will take both performance of FtP and progress under strategic aim 2 together in C.1 to C.7.

A.7 Of note, and as part of ongoing monitoring of our performance, under strategic aim 2 the programme of work to establish strategic aim metrics across the year was re-prioritised changing the order originally planned. Also, following approval of the governance approach to our evaluation

work, the sign-off for the Equality, Diversity and Inclusion (EDI) and communication and engagement strategies was delayed against the original timetabled activity.

A.8 In relation to the capacity issue on the Executive's radar and being raised for Council's awareness, Section C unpacks this in more detail to provide our current position, progress of improvement activities, and what is coming next. Anything capacity-wise to note in relation to FtP is picked up as part of the performance reporting in that area. Relevant committees will continue to receive more detailed updates on capacity and indeed organisational development going forwards.

A.9 Council are reminded that the more detailed reports forming the board assurance report are reviewed by the Senior Leadership Group (SLG), acting in its capacity as the Performance and Delivery Board. Any necessary interventions are reviewed and actioned by the Executive, with appropriate escalation of identified performance to Council.

A.10 We previously outlined an intention for Council committees to escalate issues for Council's attention as part of the Board Assurance framework report following their individual meetings. This seeks to better connect our various governance mechanisms and ensure coherence. There are no specific issues for Council's attention this quarter.

Quarter 2 Council Scorecard

RISKS

Corporate risk register overview

Changes to corporate risk register:

- There are no changes to report this quarter

RAG rating	Q3	Q4	Q1	Q2	DOT
Red	0	1	1	1	→
Amber (outside risk appetite)	10	4	3	3	→
Amber (inside risk appetite)	11	9	11	11	→
Green	6	9	7	7	→

Strategic risk register overview

No significant changes in strategic risk register this quarter. To highlight:

- SR1: Development of competent pharmacy professionals/continued development and professionalism ⟺
- SR2: Supporting open and transparent engagement with regulation/culture of professionalism ⟺
- SR3: Anticipatory and proportionate approach to regulation ⟺
- SR4: Capacity and capability ⟺

RAG rating	Q3	Q4	Q1	Q2	DOT
Red	0	0	0	0	→
Amber (outside risk appetite)	2	2	2	2	→
Amber (inside risk appetite)	2	2	2	2	→
Green	0	0	0	0	→

SERVICE PERFORMANCE

Quarter 2 performance

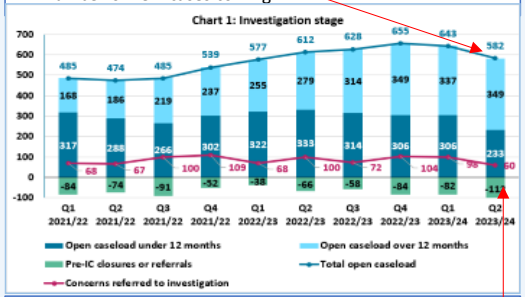
Customer Contact Centre	Registration	Fitness to Practise
G →	G →	R →

Inspection	Corporate Complaints	Information Governance	Human Resources
A ↓	G →	G ↑	A →

Overall performance remains largely stable this quarter

- Inspection has moved to amber due to a more complex enforcement action taking longer, and HR remains at amber due to high sickness absence
- FtP remains at a red RAG status due to performance being challenged against rebased measures

- Only 2 out of the 6 rebased FtP timeliness performance standards were met this quarter. But, importantly, productivity at all stages of FtP process has increased, representing a positive direction of travel.
- As a result, at investigation the open caseload continues to reduce, as more cases were closed/referred than the number of new cases coming in.



- The trend in high number of concerns received continues with highest ever recorded (1,373). Whilst productivity increased at triage, a backlog has developed and referrals to investigation have fallen (pink line).
- Proportion of cases older than 12 months increased (60%)

STRATEGIC PLAN

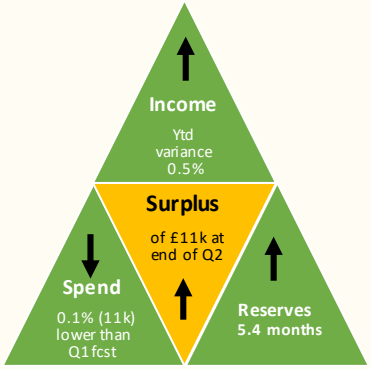
Annual plan 2023/24 progress

No significant issues to report on the progress of our annual plan this quarter:

- SA3 and SA4 are mainly on track with what we set out to do
- SA2 remains at a red RAG status largely due to timeliness in the progression of FtP cases as previously reported. Planned FtP improvement activities remain largely on track.
- There have been some delays in aspects of the wor planned in SA1 and SA5. These are principally dow to capacity and reprioritisation, delay in project delivery (externally driven) and approach to some areas of work moving forward to be agreed.
- Examples include: programme of work on registration of pharmacy premises, aspects of our priority work in the regulation of online pharmacies, further delay to a WorldPay upgrade, work on an organisation approach to document management and Council/Committee engagement on climate change strategy and action plan.

	Q1	Q2	Q3	Q4	DoT
Strategic aim 1	A	A			→
Strategic aim 2	R	R			→
Strategic aim 3	G	G			→
Strategic aim 4	G	G			→
Strategic aim 5	A	A			→

FINANCE



We remain in a stable financial position this quarter

Income – Marginal 0.5% ytd increase this quarter, mainly down to higher -than-expected fee revenue from changes in ownership of registered pharmacies

Spend – The is broadly in line with Q1 projections

Reserves – Remain within the target ranged of 4 -6 month for free reserves, however we do expect this to reduce in the coming months in line with forecast expectations.

Surplus – £0.1m over where we expected to be at half year and mostly driven by the marginal increase in income

Investments – At half year the value of investments is £15.4m which is up £0.2m from end of Q1

Strategic risk	RAG	DOT	Issue	Planned action
1. Our regulatory programme does not support the development of competent pharmacy professionals or assure their continued development and professionalism	10	→	Risk concerned with ensuring pharmacy professionals are trained to meet ever changing public needs	A number of reviews into standards, accreditation and ongoing training being undertaken
2.The delivery of our strategy and wider regulatory activities do not support open and transparent engagement with regulation or a culture of professionalism	8	→	Concerned that a bi-product of change (or failing to change) might be regulating in a manner that leads to patients / public and profession not engaging with us	Planned actions linked to implantation of FtP strategy and stakeholder engagement roundtables. ,mitigations also linked to equality and diversity strategy and the way we manage interventions more generally
3. We are unable to practice an anticipatory and proportionate approach to regulation	12	→	We undertook a root cause analysis at a planning session and identified that a review of our registration models was required to establish whether this (and indeed our powers) supported an anticipatory and proportionate approach to regulation	We have identified a series of planned action required to lower this risk starting with a review of our registration models in 2023/24. SLG will be considering business case on resourcing this work in Q1/Q2 2023/24.
4..We do not have the capacity and capability to deliver our strategic objectives to a good quality standard	12	→	Risk relates to firstly to having the resource to deliver plans and in turn using that resource efficiently and effectively	Fee review and initiatives around reward, retention and culture are key planned actions to mitigate To review how risk around restructure is positioned.

RISK ASSURANCE

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)
R	Red	Performance judged to have fallen short of performance standard(s) and outside of tolerance(s)

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

Service Performance KEY

Quarter 2 Council Scorecard

Strategic aim	Description
SA1	Deliver an adaptable standards framework that meets public and professional needs that are changing quickly
SA2	Deliver effective, consistent and fair regulation
SA3	Drive improvements in pharmacy care by modernising how we regulate education and training
SA4	Shift the balance towards more anticipatory, proportionate, and tailored approaches to regulating pharmacy
SA5	Enhance our capabilities and infrastructure to deliver our Vision

Strategic Plan KEY

Display	Description	Meaning
G	Green	On track/completed
A	Amber	Some issues emerging, aims still achievable
R	Red	Significant issues, aims may not be met on time/budget/ quality
B	Black	Not started/ scheduled to start

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

Finance KEY

Description	Meaning
Income	Money we receive within current financial year
Spend (expenditure)	Money we spend within the current financial year
Reserves	Accumulation of funds for future purposes and to respond to risks and opportunities
Surplus	When what we receive is greater than what we are spending within the current financial year
Deficit	When what we are spending exceeds the income we receive within the current financial year
Investments	Monies placed in funds via investment partners for the longer term, to address the time value of money

Section C. Key areas for Council's assurance

Progress under strategic aim 2 and fitness to practise performance

C.1. As set out in paragraph A.5 the main factor driving the Red RAG status for strategic aim 2: '*Deliver effective, consistent and fair regulation'*, is the continued timeliness performance of case progression at fitness to practise (FtP). Council will be aware of the existing size, age and complexity of the existing open caseload which will take time to close and the continuing trend of increased numbers of concerns being received which has had an impact on the timeliness for all stages. Within this context, this quarter saw an increase in productivity at all stages however, as the cases are aged, there was a decrease in timeliness at all stages except for closures at investigation which improved.

C.2. Appendix 1 sets out the fuller performance report for FtP this quarter and narrative against the 6 performance measures currently reported. Interim targets and indicators will be reported in future quarters as we begin to track performance against these from 2023/24. Q1 and Q2 have been used to implement some changes and from Q3 FtP will report the tracked performance against the new interim performance targets for the different stages of the process (see paragraph C5 for further detail). Audit and Risk Committee continue to scrutinise progress.

C.3. In summary, overall performance against rebased timelines performance standards has remained at a red RAG status this quarter, but there are some important and continued improvements in productivity at all stages of the fitness to practise process. This is important as it means the caseload is starting to be moved along in greater volumes. Council will have noted from Chart 1 in the Quarter 2 Council Scorecard that the overall number of open cases still at investigation is reducing and now stands at 582 (from 643 the previous quarter).

C.4. Chart 2 below illustrates the continuing upward trend in productivity in more detail. Council will note productivity levels are not yet reaching the desired target of 201 decisions (referrals as well as closures) a quarter, but the direction of travel is positive. Quarter 2 represents a step change from the previous quarter with 149 decisions made compared with 114 - a 31% increase in productivity from the last quarter.

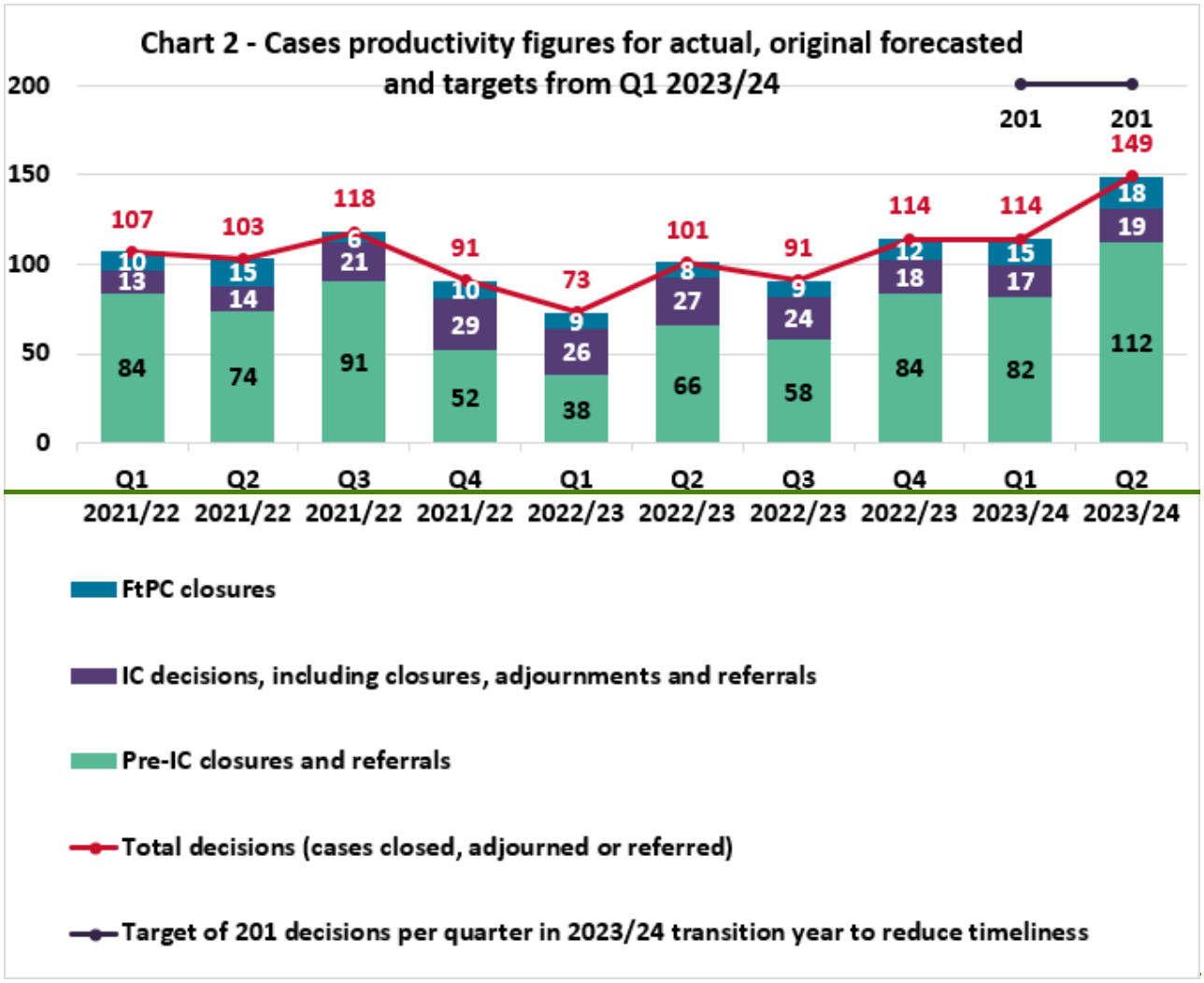
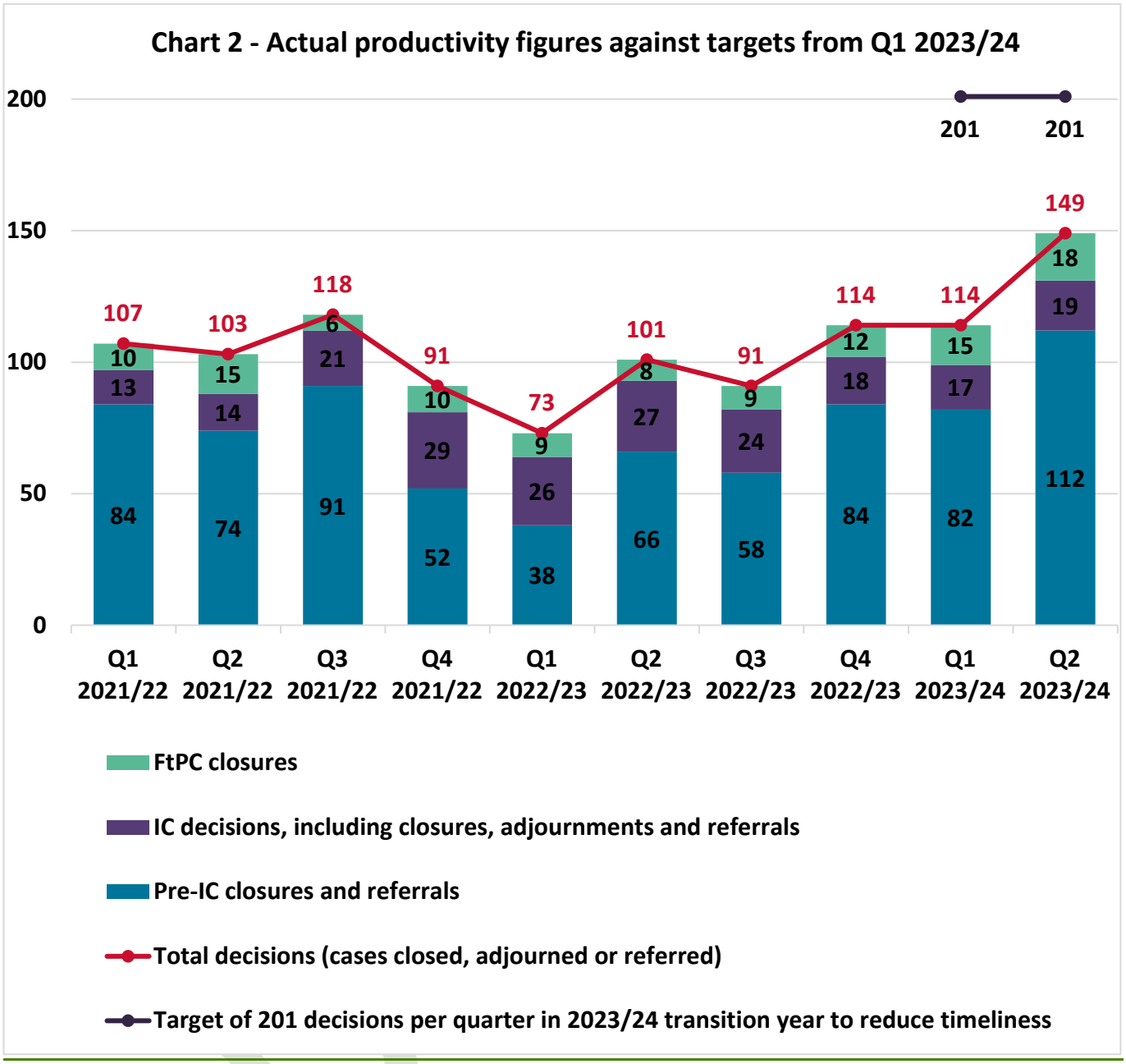


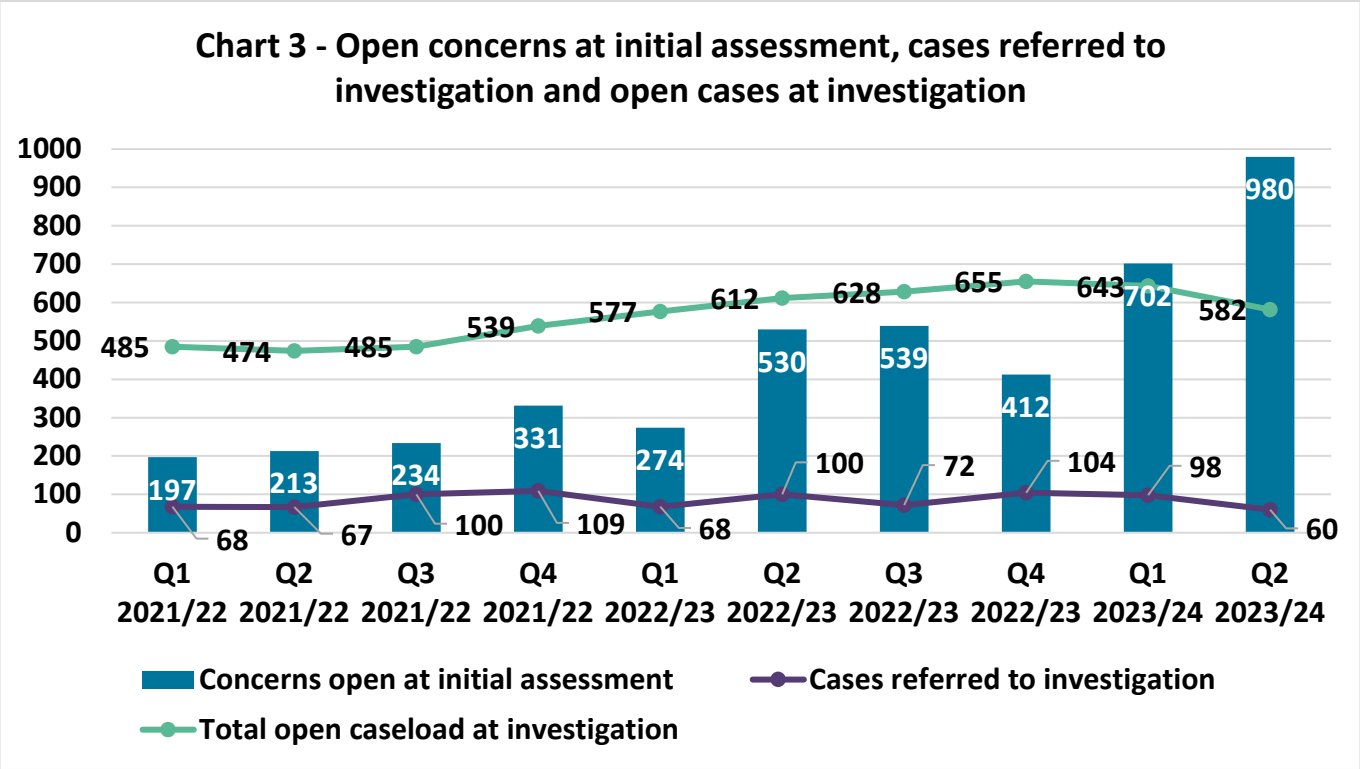
Chart 2 - Cases productivity figures for actual, original forecasted and targets from Q1 2023/24
200
150
100
50
0
107
103
118
91
73
101
91
114
114
201
201
149
10
13
84
15
14
74
6
21
91
10
29
52
9
26
38
8
27
66
9
24
58
12
18
84
15
17
82
18
19
112
Q1 2021/22
Q2 2021/22
Q3 2021/22
Q4 2021/22
Q1 2022/23
Q2 2022/23
Q3 2022/23
Q4 2022/23
Q1 2023/24
Q2 2023/24
FtPC closures
IC decisions, including closures, adjournments and referrals
Pre-IC closures and referrals
Total decisions (cases closed, adjourned or referred)
Target of 201 decisions per quarter in 2023/24 transition year to reduce timeliness



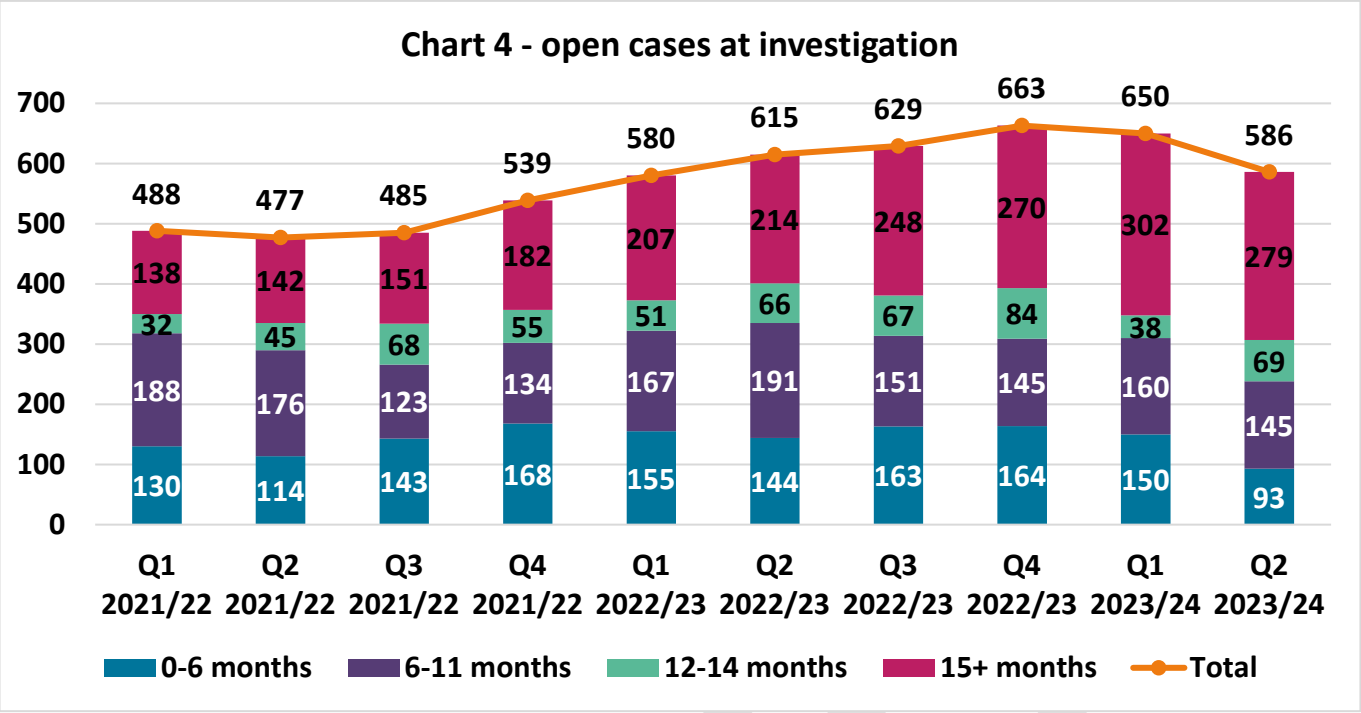
C.5. The reductions seen in the open caseload at investigation have occurred predominantly in cases under 6 months old. This tallies with a reduced number of new cases being referred for investigation because of a backlog which has built up at the front end of the fitness to practice process – the initial assessment stage. Whilst more cases were triaged this quarter, record levels of concerns were received (at 1,373). At the end of quarter 2 there were 980 concerns open at initial assessment. Council should also be aware that with a backlog at triage there is an increased corporate risk that we fail to act on information indicating an immediate threat to patient safety quickly. **Appendix 1** sets out more detail about actions that have been taken to address this backlog and to ensure it does not build again, as well as actions taken to minimise the risks.

C.6. It is likely that as the backlog at triage is cleared more concerns will be referred for investigation during the next quarter. As a result, it is possible that the overall caseload may start to rise a bit in Q3 and that when they are referred to investigation, they will already be older than they would normally be. Chart 3 below provides the picture over time of the number of open concerns at the

initial assessment stage at the end of each quarter. In addition, it plots the number of concerns that are referred for an investigation each quarter (purple line) and the size of the open caseload at investigation (green line).



C.7. Lastly, whilst the overall open caseload at investigation has reduced this quarter, it is getting older. The proportion of cases over the age of 12 months old has increased to 348 cases - 60% of the overall caseload. Chart 4 below illustrates the age profile over time. Whilst there are positive improvements in moving cases through, they are not yet enough to make inroads into reducing the number of cases in the system over 12 months old.



C.7 Whilst current timeliness performance continues to be challenged, progress continued this quarter on FtP improvement activities under strategic aim 2 relating to our FtP PSA standards:

- A time limited FtP Standards Board chaired by the Chief Executive continues to operate to enhance organisation-wide support to meet and retain PSA Fitness to Practise standards. Current initiatives include a project to resolve our aged cases, a separate team to investigate new cases and identifying resources from across the GPhC that could be redeployed to support the drive to meet all PSA standards. We will continue to update Council on further areas of activity and focus.
- With regards to the end-to-end process review, all of the phases set out in the roadmap have been completed, including delivering the agreed improvement actions under the people, process, technology and pilot workstream. Some of the changes that will require longer development time are now being taken forward as part of continuous improvement activities or as part of our technology-enabled change to address our current and future challenges.
- Whilst work on our managing concerns strategy remains positive, the pace of this change is still subject to capacity, as well as a focus on PSA standards related priorities.

Organisational capacity

C.8 As outlined above, we have previously reported on organisational capacity which continues to surface in all the domains of the board assurance framework report, albeit at a continued although not insignificant level at present. There are a number of examples highlighted below that the Executive has noted the potential for a more significant cumulative impact moving forwards. However, C.12 then provides a narrative on successful resourcing outcomes in a response to the challenges faced.

C.9 One of our key strategic risks set out in the risk domain of the scorecard relates to not having the capacity and capability to deliver our strategic objectives to a good quality standard, using that resource efficiently and effectively. Whilst this risk has not increased, it remains at an amber status, with the fee review and initiatives around reward, retention and culture identified as key mitigation activities.

C.10 Whilst not always directly linked with capacity, there are some delays or slow-down in the progress of a handful of areas in Q2. Some of these were subject to a change in approach or for address by the senior leadership group so progress can be maintained, external-led delays, whilst other areas were affected by capacity or prioritisation (including rescheduling) with an ambitious organisation-wide agenda. Examples include the programme of work on registration of pharmacy premises, areas of priority work in the regulation of online pharmacies, a WorldPay upgrade (the payment portal for application and renewal payments – albeit this is affected by external factors), organisational approach to document management and rescheduling of activities relating to engagement on climate change, strategic metrics, as well as our approach to evaluation.

C.11 Whilst it may not be directly linked, we have seen an upturn in our sickness absence which has increased to 4.7% (0.7% above our performance standard). This is also above the public sector median of 3.8% but below the upper quartile (which is 5.2%) of that indicator for comparison purposes. Stress/anxiety were cited as the highest contributor to these cases, so we are continuing to support managers to address sickness through expert advice, absence management and occupational health support, and will keep this under close review. It is envisaged that sickness rate will increase as we have had an unprecedented amount of long-term sickness cases.

C.12 There have been some successful resourcing outcomes in Q2. This quarter we have welcomed 24 new joiners in comparison to the 16 in Q1, which is an increase of 50%. Most of these joiners were appointed into roles within our Fitness to Practise teams (8), which equates to around 33% of our new starters. Our vacancy rate at the end of Q2 stands at 5.3% (284/300) which is lower than any comparable point in the last year. To note, we also had the 'soft-launch' of a new recruitment platform as part of our integrated HR system, with full go-live now in place.

C.13 In addition to the above, voluntary turnover has been reported as 13.3%. We are within the target range of this indicator. We continue to maintain a healthy stability rate of 85.3% which is highest compared to other regulators in our sector who use this measure.

C.14 In relation to finances, as at the end of September the actual financial position was an operating surplus of £11k, which was £0.1m above reforecast one expectation. So, performance is very much in line with expectation with slight reductions in expenditure mainly attributable to timing variances being offset by marginal increase in income.

C.15 As part of our emerging planning towards 2023/24, capacity was highlighted with both Council and Finance and Planning Committee. We will continue to keep both informed moving forwards as well as being subject to ongoing monitoring as far as capacity is concerned. To help us more proactively manage our capacity, we identified seven non-negotiable priorities for the organisation, which need to be delivered. Staff are aware that everything else within the 2023/24 annual plan, whilst remaining important may be subject to re-prioritisation if new programmes of work become necessary or capacity becomes stretched because of regulatory operational demands.

C.16 This more dynamic approach to managing capacity will be managed by the Executive and furthermore regular updates will be provided to the Finance and Planning Committee moving forwards. As referenced in section A.4 the executive and SLG are continuing to consider and make decisions around understanding the cumulative capacity overall of our staffing resource and capacity and will continue to raise with Council and Committees as appropriate.

Appendix 1: Fitness to practise performance monitoring report

Table 1: Overall performance this quarter

Performance summary

Quarter	RAG	DOT
Q2	R	→

Performance in FtP during Q2 has remained red overall, however, productivity across all metrics has improved. There has been sustained increased performance in relation to our closure of cases; however, we know that we need to continue this upward trajectory to reach our revised KPIs. We also continue to focus on our older cases, at whatever stage to bring down the number of cases over 12 months.

Performance at Initial Assessment has been significantly challenged owing to a period where staffing levels were below compliment, coupled with historically unprecedented levels of new concerns. This has resulted in only 13% of concerns being triaged within the 5-day KPI, and the build-up of a backlog of concerns awaiting triage. Periodic reviews have been undertaken of cases waiting allocation to see if there are any obvious high-risk cases and, additionally, new concerns are given a quick review when received. Where any potentially serious issues are identified, these are prioritised, rather than being dealt with in date order.

At the end of Q2 new staff were recruited and trained, with an additional short-term over-recruitment to address the backlog. It is therefore anticipated that a sustained period of improved performance will be seen in the coming weeks and months, subject to staffing levels remaining stable. To bolster resilience, work is also being explored to train staff across the directorate, to avoid similar problems occurring in future. The team continue to work hard going through the backlog of concerns, as they do so we anticipate seeing an increase of cases being referred for investigation.

The number of investigations closed pre-IC rose again from 69 to 90 in Q2. In addition to an increase in productivity, there was also an increase in timeliness with 40% of cases closed within 10 months / 44 weeks meeting the rebased lowered target (40%). This reflects efforts across the team to ensure cases opened since April 2023 are being dealt with in a timely manner as well as focusing on bringing aged cases to a conclusion. We referred 21 cases to the IC this quarter and closed or referred 16 cases at IC. This shows an increase in productivity, however a fall in timeliness to 10% of referrals made to the IC within 12 months and 6% of cases closed or referred at the IC within 14 months. This reflects the continued focus on progressing our oldest cases which have already exceeded the KPI. We anticipate this will be a continued trend for some time as we work through the older cases.

We have successfully recruited 7 Case Officers to the team in Q2 and have managed to overrecruit meaning that moving into Q3 we will have a headcount of 28 Case Officers (representing an additional 3 posts). This will provide additional resilience across FtP and allow us to increase productivity in bringing down our overall caseload. The additional resource also provides an opportunity for us to use Case Officer resource flexibly, including providing support to the IAT team when required.

The number of cases closed at the Fitness to Practise Committee increased again to 18, reflecting the team's work with Adjudications to manage cases through that part of the process more quickly and increase our hearings capacity.
The Fitness to Practise Committee imposed 7 interim orders during Q2, which continues the trend of increased numbers of orders imposed. The median time taken was 2.4 weeks which is broadly the same as the previous quarter and is within KPI. We continue to see the benefits of the review of our interim order and risk assessment processes, the final phase of which is due to be rolled out to the teams in January 2024.

Table 1: Fitness to practise quarterly performance[1]

Performance measure	Re-based Performance standard *(Original standard)*[2]	Q2	RAG	DOT	Q1	Q4	Q3
Concerns triaged within 5 working days	59% *(80%)*	**13%** (173/ 1,290)	R	↓	26% (216/ 846)	47% (621/ 1,311)	28% (306/1,093)
Cases closed pre-IC within 44 weeks (10 months)	39% *(80%)*	**40%** (36/90)	G	↑	36% (24/66)	40% (27/68)	22% (10/45)
Cases referred to the IC within 52 weeks (12 months)	26% *(80%)*	**10%** (2/21)	R	↓	13% (2/16)	0% (0/15)	25% (3/12)
Cases closed or referred at IC which reach IC within 60 weeks (14 months)	27% *(80%)*	**6%** (1/16)	R	↓	8% (1/13)	12% (2/17)	6% (1/18)
Cases closed at FtPC within 104 weeks (24 months)	29% *(85%)*	**17%** (3/18)	R	↓	27% (4/15)	17% (2/12)	22% (2/9)
Median time (weeks) from receipt of information suggesting an immediate risk to interim order (IO) being imposed	*(3 weeks)*	**2.4 wks** (7 IOs)	G	→	2.3 wks (7 IOs)	3.3 wks (8 IOs)	3.4 wks (2 IOs)

[1] *Data for all quarters has been retrospectively updated to include the most accurate data.*

[2] *The re-based figures show the average performance for 2021/22 for comparison against to provide a more realistic baseline for timeliness to track improvement over time. The figures in brackets are the previous performance standard target.*