

Council meeting

Thursday, 22 February 2024

Public meeting at 13.15

Public business

Standing Items

13.15	1. Welcome and introductory remarks	Gisela Abbam
	2. Declarations of interest – public items	Gisela Abbam
13.20	3. Minutes of the December meeting	24.02.C.01
	Minutes of the public session on 7 December 2023 – for approval	Gisela Abbam
13.20	4. Actions and matters arising	24.02.C.02
	<ul style="list-style-type: none">4.2 Update on Initial Assessment backlog4.3 Pharmacy First and relevant communications9.4 Consultation on Standards for Chief Pharmacists	Gisela Abbam
13.25	5. Workshop summary – December 2023	24.02.C.03
	For noting	Gisela Abbam
13.25	6. Strategic communications and engagement - Chair and Chief Executive's update	24.02.C.04
	For discussion	Duncan Rudkin
Regulatory functions		
13.35	7. Update on the regulation of online pharmacy	24.02.C.05
	For discussion	Duncan Rudkin
13.55	8. Draft consultation on the quality assurance of education providers	24.02.C.06
	For discussion and approval for consultation	Mark Voce
14.15	9. Registering international pharmacists	24.02.C.07
	For discussion	Damian Day
14.30	10. Registration assessment: Report of the November 2023 sitting For discussion	24.02.C.08
		Damian Day

Governance, finance and organisational management

14.45	11. Board Assurance Framework: Quarter 3, 2023/24	24.02.C.09
	For discussion	Duncan Rudkin
15.00	12. Annual Plan and Budget 2024/25	24.02.C.10
	For approval	Duncan Rudkin
15.30	13. Any other business	Gisela Abbam

Confidential business¹

Standing items

15.35	14. Declarations of interest – confidential items	Gisela Abbam
15.35	15. Minutes of the December meeting	24.02.C.11
	Minutes of the confidential session on 7 December 2023 – for approval	Gisela Abbam
15.40	16. Matters arising	Gisela Abbam

Regulatory functions

15.45	17. Fitness to Practise update	Dionne Spence
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Governance, finance and organisational management

None at this meeting

15.55	18. Any other business	Gisela Abbam
16.00	Meeting close	

Date of next meeting

Thursday 18 April 2024 – 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.

Minutes of the Council meeting held on 7 December 2023

To be confirmed on 22 February 2024

Minutes of the public items

Present:

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

Apologies:

Aamer Safdar
Selina Ullah

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
Laura McClintock	Chief of Staff and Associate Director, Corporate Affairs
Gary Sharp	Associate Director, HR and OD
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. Aamer Safdar and Selina Ullah had sent their 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 (23.12.C.01)

- 3.1 The minutes of the public session held on 9 November 2023 were approved as a true and accurate record of the meeting.

4. Actions and matters arising (23.12.C.02)

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

Update on the backlog at initial assessment

- 4.2 All healthcare regulators were seeing a rise in the number of concerns being received, mostly from patients and the public. The GPhC was now assessing more cases than it was receiving, meaning that the backlog at the initial assessment stage of the fitness to practise process was reducing. There had not been an increase in cases being referred for investigation.

Developments in pharmacy – Pharmacy First England

- 4.3 The Pharmacy First England programme had been announced for January 2024.

Registration Assessment results

- 4.4 The results of the November sitting had been published on Tuesday 5 December. The pass rate was 66%, which was higher than the previous two November sittings. Further information would come to the Council meeting in February.

5. Workshop summaries (23.12.C.03)

- 5.1 The Council noted the summaries of the workshops held at the October and November meetings.

6. Strategic Communications and engagement update (23.12.C.04)

- 6.1 There had been a considerable amount of activity since the last update, including a meeting with the Prime Minister's Special Advisor. The latest regional roundtable had taken place the previous evening and they would continue in 2024.

7. Chair's reflections on 2023 (23.12.C.05)

- 7.1 The Chair introduced her reflections on 2023, noting the achievements and challenges which had shaped the year and looking ahead to 2024. The focus was likely to be on the performance of pharmacy schools, the education and training of pharmacy technicians and independent prescribing.
- 7.2 The Chair thanked the members, executive and staff for their hard work during the year.

Regulatory functions

8. Tackling potential discrimination and bias: consultation on our hearings and outcomes guidance (23.12.C.06)

- 8.1 Hannah Fellows introduced the revised guidance which was being put to Council for approval. The paper included the report of the consultation which had taken place and set out the proposed changes to the guidance.
- 8.2 The revised guidance was designed to strengthen the approach to Fitness to Practise cases involving discrimination, harassment and bullying. Health and social care regulators had been criticised in the past for not taking racism and discriminatory behaviour seriously enough and therefore underestimating the impact that such concerns could have on public confidence and trust in the health and social care professions.
- 8.3 As a regulator, the GPhC needed to lead by example in tackling all forms of discrimination, making sure that policies, processes and guidance were clear and that such concerns were taken seriously. The paper set out a number of ways in which this was being done, with this guidance being one part of that work.
- 8.4 During the discussion, it was agreed that a report would come back to Council in 12 months' time exploring the impact of the revised guidance.
- 8.5 Following the discussion, the Council **noted** the analysis report from the consultation exercise and the proposed changes to the guidance and **approved the revised hearings and outcomes guidance**.

9. Standards for Chief Pharmacists (23.12.C.07)

Yousaf Ahmad declared an interest in this item in his role as a Chief Pharmacist.

- 9.1 Mark Voce presented the draft guidance for Chief Pharmacists. The draft had been discussed at the previous meeting, when members had provided some helpful feedback and the draft had subsequently been revised accordingly with a focus on making it clearly applicable to a range of settings.
- 9.2 The Council welcomed the changes to the draft, which members agreed strengthened the guidance.
- 9.3 Following the discussion, the Council **approved the draft guidance for Chief Pharmacists for consultation**.
- 9.4 The consultation would begin in January 2024.

10. Update from the advisory group on the post-registration assurance of practice (23.12.C.08)

- 10.1 Ann Jacklin presented the update. The work was on a steady path and the stakeholder group had agreed a risk-based approach. The various organisations involved were beginning to align their language in this area and there was a growing sense that safe pharmacy practice involved the whole profession and those who worked with it.
- 10.2 **The Council noted the update.**

11. Closure of the temporary register (23.12.C.09)

- 11.1 MV introduced this paper. The temporary register had been set up in March 2020 after the Secretary of State for Health and Social Care asked the GPhC to use its emergency powers in the Pharmacy Order 2010 to register fit, proper and suitably experienced people to assist in the national response to the Covid-19 pandemic. Similar request had been made to other healthcare regulators.
- 11.2 Approximately 6000 pharmacists and pharmacy technicians who met the requirements joined the temporary register and became available to assist the healthcare workforce.
- 11.3 A subsequent request to keep the temporary registers open until September 2024 to assist with Covid-related backlogs had been agreed with a revision to the criteria, which resulted in a significant reduction in the number of people temporarily registered. As of 15 November 2023, there were 84 pharmacists and 34 technicians still on the temporary register.
- 11.4 The Secretary of State had written to the healthcare regulators on 11 September 2023 to ask them to close their temporary registers on 31 March 2024, rather than the September 2024 date previously requested. This would allow those temporarily registered to assist with any winter pressures on the health service while also giving them time to join the permanent register if they wished to do so.
- 11.5 The GPhC had engaged with relevant sectors, including the remaining temporary registrants and the pharmacy sector employers. Further reminders were scheduled.
- 11.6 **The Council noted the update on the closure of the temporary register.**

12. Assurance and Appointments Committee (AAC) annual report to Council (23.12.C.10)

- 12.1 Elisabeth Davies, Chair of the AAC, joined the meeting to present the report.
- 12.2. The AAC had recently recruited 16 new Fitness to Practise Committee members, 11 registrant members and five lay. Interest in the roles and the quality of the candidates had been high and some of the new members were at earlier stages of their careers. In order to help ensure representative panels, benchmarking had been carried out against the register for registrant panellists and against census data for lay panellists.
- 12.3 The new hearings accommodation had originally generated some negative feedback from panellists but changes had been made and the new accommodation was now working well.
- 12.4 Approximately 20% of hearing days were in person and 80% online (although the in-person percentage was higher for substantive hearings). There would be an analysis of the move to holding most hearings online. Feedback from committees to date was positive in terms of improved registrant engagement and support.
- 12.5 Following a discussion, **the Council noted the Annual Report of the Assurance and Appointments Committee.**

Governance, finance and organisational management

13. Policy updates: Conflicts of Interest and Gifts and Hospitality (23.12.C.11)

- 13.1 Laura McClintock presented this paper.
- 13.2 The policies had been reviewed in line with the regular schedule and minor updates made. Under the Scheme of Delegation, approval of these policies lay with the Council. The

proposed amendments had been discussed by the Workforce Committee on 20 October and recommended to Council for approval.

13.3 The Council approved the updated Conflicts of Interest and Gifts and Hospitality policies.

14. Minutes of the Audit and Risk Committee, 21 September 2023 (23.12.C.13)

14.1 Neil Buckley presented the minutes of the public items discussed at the Audit and Risk Committee meeting on 21 September.

14.2 The Committee had held a thorough discussion with the executive about the serious incident review related to missing concerns (covered in section 7 of the minutes).

14.3 The Council noted the minutes of the public items discussed at the Audit and Risk Committee on 21 September 2023.

15. Any other business

15.1 DR informed the Council that the Department of Health and Social Care consultation on pharmacy supervision had been launched that day and would run until 29 February 2024.

15.2 The GPhC would be responding to the consultation, which would give context to the work on strengthening pharmacy governance.

15.3 Members paid tribute to Claire Bryce-Smith who would be leaving the GPhC at the end of the year.

15.4 There being no other business, the meeting closed at 2.50 p.m.

Council action log – February 2024

	Open and on track
	Overdue
	Rescheduled
	Complete

No.	Status	Minutes	Action	Lead	Update	Due date
10	Open	December 2023	Report on the impact of the revised hearings and outcomes guidance to come to Council after 12 months	DS		December 2024

Council workshop summary

Meeting paper for Council on 22 February 2024

Public

Purpose

To provide an outline of the workshop discussions at the Council meeting on 7 December 2023.

Recommendations

The Council is asked to note the discussions from the December workshop.

1. Introduction

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

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

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

2. December workshop summary

(a) Session with In-FACT

2.1 Emma Murphy and Janet Williams, the founders of the Independent Fetal Anti-Convulsant Trust joined the Council to talk about the impacts of fetal exposure to Sodium Valproate in pregnancy, the work of the Trust and their current campaigns. The Trust works with a range of healthcare organisations including the Department of Health and Social Care, the MHRA and the GPhC.

2.2 Fetal Valproate Spectrum Disorder can lead to a range of teratogenic problems including neurodevelopmental issues, heart and/or kidney malformation, cleft lip and palate and

Spinabifida and is known to have affected around 500 children per year between 1995 and 2012.

- 2.3 The Trust has driven a number of initiatives, including the introduction of the Valproate Toolkit in 2015 and the PREVENT pregnancy prevention programme in 2018 which seeks to ensure that all women who could become pregnant receive appropriate warnings about the use of Sodium Valproate in pregnancy.

(b) Further discussion of Strategic Aim 2 scorecard

- 2.4 Claire Bryce-Smith led a brief recap on the development of the scorecard to date. Members provided feedback to inform further development.

(c) Planning and budgeting

- 2.5 Members discussed the draft annual plan and budget for 2024-25, heard about the detailed discussion held with the Finance and Planning Committee (FPC) and provided feedback on the draft proposals.

- 2.6 The final annual plan and budget will be presented to the FPC for further scrutiny in early February and then to the February Council meeting for approval.

3. Recommendations

The Council is asked to note the discussions from the December workshop.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

13/02/2024

Strategic communications and engagement: Chair and Chief Executive update

Meeting paper for Council on 22 February 2024

Public

Purpose

To update the Council on Chair and Chief Executive strategic communications and engagement since the last meeting on 7 December 2023.

Recommendations

Council is asked to note and discuss the update.

1. Introduction

1.1 This paper updates Council on key insights and information arising from Chair and Chief Executive strategic engagements and wider events, as a regular standing item. These opportunities are identified, planned and managed in line with our Strategic Engagement Framework, developed last year.

2. Strategic engagements: December 2023 to February 2024

2.1 Below is a summary of key engagements and the issues discussed since the last Council meeting on 7 December 2023.

Policy makers (including parliamentarians and Government officials)

- 2.2 For context, in July 2023, the Chief of Staff prepared the GPhC's written submission to the Health and Social Care Committee's Call for Evidence on the Future of Pharmacy and updated Council on this in September 2023 through a regular item on public inquiries and independent reports. The inquiry is assessing the current status of pharmacy in England and considering what the future of pharmacy could look like. It is examining current challenges, particularly around the funding model, digital infrastructure and workforce recruitment, training and retention.
- 2.3 Following on from the initial Call for Evidence, the GPhC was invited to attend the Committee's oral evidence sessions on 16 January 2024. The Chief Executive joined a panel with representatives from the Pharmacists' Defence Association and the Association of Pharmacy Technicians UK. During the session, the Chief Executive discussed how the GPhC is working to make sure that the pharmacists and pharmacy technicians have the skills, confidence and capabilities to do their roles well and provide high quality care to patients;

discussed key challenges such as high demands and pressures, medicines shortages, and prejudice, discrimination and racism within the workplace; and emphasised the need for pharmacists and pharmacy technicians working in both the NHS and private services to have access to patient records, to improve patient safety and patient care. The Chief Executive also highlighted how legislation around pharmacy regulation could be reviewed, so we can make sure that regulation is right for the future, and we can work in a more agile, streamlined way. This included following up with an additional letter to the Steve Brine MP, Chair of the Committee.

- 2.4 The Committee will be writing a report with recommendations for the government. We look forward to seeing the Committee's report later this year and the government's response.
- 2.5 In this period, the Chief Executive also continued to meet with officials at the Department of Health and Social Care to discuss key developments and liaised with Chief Pharmaceutical Officers on recent GPhC communications to the sector on providing a wider range of services in community pharmacy safely.

Regulatory leaders

- 2.6 The Chief Executive attended the 'Chief Executives of Health and Social Care Regulators Steering Group' (CESG) on 15 December 2023. These meetings also include representatives from the Professional Standards Authority and senior officials from UK and Scottish Governments, covering health and social care, business and trade. Attendees shared key updates and developments with the group.
- 2.7 The Chair contributed written reflections on GPhC priorities to the PSA Chairs Roundtable on 15 January 2024. The Chair highlighted key areas of focus including our approach to engaging with patient groups; strengthening pharmacy governance; growing clinical focus for pharmacy; education and training reforms; online pharmacy regulation; and equality, diversity and inclusion.
- 2.8 The Chief Executive attended the 'Chief Executives of the Regulatory Bodies' (CEORB) meeting on 26 January 2024. The group discussed several issues of relevance to the health and care regulators, including pre-election planning and consistency of approach across the regulators and other recent developments such as the PSA consultation on rulemaking and the use of accepted outcomes in Fitness to Practise, linked to regulatory reform.
- 2.9 In terms of wider strategic communications, the Chief of Staff led the development of our second joint statement on meeting regulatory standards during periods of global or national shortage of medicines. The statement reinforced joint regulatory messages on professionalism and accountability and highlighted a new National Patient Safety Alert about ongoing supply issues with GLP-1 RAs. The statement was co-signed by other regulators including the GMC, NMC, PSNI and HCPC and shared across the regulated professions.

NHS and pharmacy leaders

- 2.10 The Chief Executive met with a number of pharmacy leaders in this period, including the Chief Executive of the Association of Independent Multiples (AIM) and the Chief Executive of the National Pharmacy Association (NPA).

Equality, diversity and inclusion engagements

- 2.11 The Chief Executive attended the Inclusive Pharmacy Practice (IPP) Board meeting on 15 January 2024 and gave a presentation on our work on diversity in senior professional

leadership. The presentation included insights and updates on our work on Council member appointments (including the impact of our bespoke Diversity Action Plans), Executive recruitment and the Assurance and Appointment Committee's work on recruitment to our statutory committees. It was also an opportunity to discuss some potential areas of focus for the future with the wider IPP Board.

Engagement events, forums and roundtables

2.12 We hosted our fifth regional stakeholder roundtable on 6 December 2023. This event was due to take place in London but had to be moved from an in-person event to a virtual event due to a train strike. Pharmacy professionals, students, trainees, and other key stakeholders attended the event. Themes which emerged during the roundtable discussions were wide ranging and included workforce pressures and wellbeing; valuing pharmacy technicians; integration and sharing data; independent prescribing; online pharmacy and communication from the GPhC.

2.13 In December 2023 we also held meetings of our three stakeholder forums. We discussed our consultation on draft Standard for Chief Pharmacists which each group, seeking their feedback on our messaging and communications.

- **Patient Voice** discussed inclusivity and digital exclusion. The group felt that while for many digital services were a positive, there was a risk some could be excluded. They also discussed the wider role of community pharmacy. While welcoming the introduction of new services, members raised concerns about pharmacies' capacity to deliver due to pressures. The group shared that they had seen pharmacies becoming busier and could see the pressures on pharmacy teams.
- **Student Voice** discussed the greater range of services in community pharmacy and again welcomed this but were concerned about capacity to deliver. The group also discussed independent prescribing in hospital, community pharmacy and GP practices, and the differences and similarities.
- **Pre-registration Trainee Pharmacy Technician Forum** discussed experiences of registration and improvements that could be made. They also discussed preparing to complete revalidation in the future.

Other external events

2.14 The Chief Executive attended the launch of the Patient Safety Commissioner's Redress Options Report for those harmed by pelvic mesh and valproate, held in Westminster. The report has found that thousands of women, children, and families have been harmed by these two medical interventions and that there is a compelling case for the government to award them redress. The report recommends the government creates a two-stage financial redress scheme. While we do not have a specific view on compensation, we will continue to follow this work closely, given its wider relevance to patient safety and our associated work engaging with patients on these issues.

3. Next steps

3.1 We have further strategic engagements planned between now and the next Council meeting in April. Updates on these engagements will be shared in our next report to Council.

4. Recommendations

Council is asked to note and discuss the update.

12 February 2024

Online pharmacies

Meeting paper for Council on 22 February 2024

Public

Purpose

To set out our proposed next steps for regulating online pharmacies.

Recommendations

Council is asked to discuss and agree the next steps.

1. Introduction

- 1.1 On 5 January, the BBC reported the outcome of an undercover investigation they had carried out to buy prescription-only medicines (anti-anxiety, painkillers and sleeping medication) from online pharmacies. Although 13 online pharmacies that sold at least one of these drugs refused to sell without access to some medical records, proof that the buyer had been prescribed them before by a doctor, or permission to contact the GP to carry out further safety checks, the BBC was able to buy over 1,600 items, including potentially fatal doses of the anti-anxiety medicine.
- 1.2 Responding to the investigation, we set out the actions that we have been taking to regulate online pharmacies. This includes guidance and enforcement action as set out below:

Guidance

- 1.3 Our guidance for registered pharmacies providing services at a distance, including on the internet, states clearly that selling and supplying medicines at a distance brings different risks which need to be appropriately managed to protect patient safety. Medicines are not ordinary items of commerce and must not be treated as such.
- 1.4 The guidance sets out our expectations that pharmacy owners carry out a risk assessment to identify which medicines are appropriate for supplying at a distance; identify requests for medicines that are inappropriate, too large or too frequent; and make sure that their staff are able to check the identity of patients and the safety and appropriateness of medicine supply for every patient.
- 1.5 It also makes clear that some categories of medicines are not suitable to be supplied online unless further safeguards have been put in place to make sure they are clinically appropriate for patients. This includes medicines liable to misuse and/or when ongoing monitoring is important, such as opioids and sedatives.

Enforcement

- 1.6 We have carried out 680 inspections of online pharmacies since April 2019. Only 72% met all standards compared to the overall historic benchmark of 84%. Enforcement action has been taken against 54 distinct online pharmacies to address patient safety risks; this includes 57 conditions notices and 12 improvement notices. Typically, enforcement action has been taken against online pharmacies supplying higher risk medicines for private prescriptions based on questionnaire type consultations with little or no evidence of involvement of the patient's usual GP. We have also focused on the use of overseas prescribers outside UK regulatory oversight.
- 1.7 Since 2019 there have been 1,985 concerns related to online pharmacies raised to Fitness to Practise and there are currently 263 open online Fitness to Practise cases which represents over 18% of our open caseload. There are 10 registrants who are subject to an interim order who were working in 5 different online pharmacies where concerns have been raised.

Insight

- 1.8 We have also begun to analyse our inspection and fitness to practise findings to identify some of the key themes where online pharmacies have not met our standards and where fitness to practise cases have been pursued. These have highlighted risks relating to modes of consultation; lack of information sharing; poor record-keeping and complexity of prescribing models. These are feeding into wider risks around clinical governance, particularly as models of delivery and roles change and evolve quickly.

2. Next steps

- 2.1 The BBC investigation with the ongoing risks to patients and the public provides a further stimulus to re-focus and specify more clearly the next stages of work in this area as one of our priorities for the remainder of this financial year and through 2024/25. The next section sets out seven strands of work.

Obtaining information from the BBC to consider appropriate enforcement action.

- 2.2 We have asked the BBC to provide the names of the online pharmacies from which they were able to obtain prescription-only medicines based on an online questionnaire without further checks being made. We await a response and will then conduct inspections to consider what enforcement action needs to be taken.

Updating and strengthening our guidance

- 2.3 We need to consider whether, and if so, how the guidance should be updated given the insight we now have from enforcement action and the ongoing concerns identified by the BBC investigation. In particular, we had already begun to develop work on the mode of consultation and believe further detail and clarification on this point, including the use of questionnaires, is necessary. As part of launching updated guidance, we also want to review the overall language and terminology and to consider how we can make it as accessible as possible, recognising the very strong links with the separate prescribing guidance. This may involve further consolidation or editing to ensure the key information is getting to the right people.

Enforcement action and establishing clear criteria for when and how we use our powers.

- 2.4 Anyone wishing to register a premises as a pharmacy for the sale of P medicines or the supply of P medicines or Prescription Only Medicines (POMs) against prescriptions, which requires the product to be labelled for a specific patient as a dispensed medicinal product must apply to do so. As part of the application process, they are required to demonstrate how they will meet the standards for registered premises and, if planning to operate a pharmacy service over the internet, must also demonstrate how they plan to meet our distance-selling guidance.
- 2.5 We should review how we are assessing these through the current frameworks used by registration and inspection colleagues to ensure consistency. In addition, we should establish clear criteria for the use of conditions at registration and how they should be utilised for online pharmacies.
- 2.6 We also need to set out criteria for the frequency of inspections for online pharmacies, particularly when new pharmacies are registered. The Pharmacy Order also enables the imposition of conditions on a pharmacy's registration. Again, we need to consider at the point of registration whether greater use is made of this power.
- 2.7 The BBC investigation was based a form of mystery shopping to identify whether it was possible to obtain high-risk medicines. We have considered previously how and if we could engage in similar activity as part of our overall inspection and enforcement approach. This does potentially engage the Regulation of Investigatory Powers Act 2000. We do believe, given the continued risks to patient safety, that we need to work through what is possible within the limits of the legislation.

Increasing and sharing our evidence base

Information we collect at registration and renewal.

- 2.8 The information collected at registration and renewal is limited to the effect that we do not have a systematic way of identifying which pharmacies are providing services at a distance or a further breakdown of volumes or types of medication. Initial work has been carried out with registration and inspection colleagues to establish what additional types of information could be collected and which could then be used to target inspection activity more effectively. This links to the wider piece of work relating to what we register both for pharmacies and for pharmacists and pharmacy technicians.

Insight from fitness to practise and inspection on the reasons why standards and guidance are not followed.

- 2.9 Due to the number of inspections and fitness to practise investigations of online pharmacies, we have a lot of information on the specific standards that are not met and the reasons why it is still possible for people to obtain high-risk medicines (see paragraph above). It would be useful to bring this together into a more comprehensive and regular report/update of themes and issues which can then be used to target further interventions. Importantly, it can be used to increase knowledge and awareness for the public and for pharmacy owners, pharmacists, pharmacy technicians and education and training providers.

Working with other regulators and governments

- 2.10 Concerns around online prescribing exist across several healthcare regulators. We have worked closely with MHRA, CQC and GMC on various occasions to produce guidance and to make specific interventions. Again, it would be helpful to ensure we are consistently sharing information on risks and how we are working together from a patient perspective to address these across the professions. This would include defining online provision and identifying regulatory gaps where the current structure of regulatory oversight does not lend itself easily to addressing all issues. This would include situations where pharmacists are not working in registered premises and are therefore not within the remit of our inspection powers and are also not working in environments regulated by the Care Quality Commission. With the CQC, we have previously highlighted this regulatory gap and should reaffirm with government this potential risk (as mentioned at the Health Care Select Committee.) This may then also involve further work with governments where, for example, the issue may require legislative change and/or involve actions beyond the remits of the regulators (e.g. integration of patient records).

Leadership roundtable event

- 2.11 We should consider initiating a conference or roundtable event to highlight and discuss issues relating to online pharmacies and online prescribing, potentially in tandem with a launch of updated guidance and our other actions. This might also be used to discuss the role and work of other organisations such as the professional bodies, highlight examples or case studies of good or poor practice and consider whether contractual or other forms of 'regulation' can be used differently.

Engaging with patients and the public; understanding their views and sharing information on what they can expect when going online for medicines.

- 2.12 We should ensure we are identifying and learning from existing research done by patient groups and then consider taking forward a further targeted piece of research with patients and the public about their views and experiences of going online for medicines, to help inform our updated guidance and further work in this area. We should also consider producing one or more resources aimed at patients and the public to help inform them about how to keep safe when going online for medicines.

3. Equality and diversity implications

- 3.1 Obtaining medicines online can be beneficial for many patients, particularly where there may be mobility or other issues affecting physical access to pharmacies. The risks for vulnerable patients are clear, though, as our own enforcement actions and the media investigations set out. The further work we are doing will take account of equality and diversity implications.

4. Communications

- 4.1 We will develop further plans for communication, taking account of discussions with other regulators.

5. Resource implications

- 5.1 The work forms part of our draft annual plan and falls within the budget proposed to Council which is being discussed later in the agenda today.

6. Monitoring and review

- 6.1 We have established a programme structure to manage and monitor the work, recognising the inter-related elements across different regulatory functions and teams. This will ensure there are clear roles and accountabilities and clear milestones for monitoring progress.

7. Recommendations

Council is asked to discuss and agree the next steps.

[Mark Voce, Chief Strategy Officer and Deputy Registrar
General Pharmaceutical Council

15/02/2024

Consultation on quality assurance of pharmacy education and training

Meeting paper for Council on 22 February 2024

Public business

Purpose

To provide Council with a proposed consultation on quality assurance of pharmacy education and training.

Recommendations

Council is asked to approve the consultation on quality assurance of pharmacy education and training.

1. Introduction

- 1.1 As the regulator for pharmacists, pharmacy technicians and registered pharmacies, the GPhC sets standards for education and training and is required to gain appropriate assurance that these standards are met. This is achieved by quality assuring (QA) education and training providers through conducting periodic reviews of their provision against standards and approving those that meet them.
- 1.2 We approve education and training by using the following two methodologies:
 - Accreditation - the methodology through which we quality assure all the processes around the management and delivery of a course and programme to ensure that it meets the relevant GPhC education and training standards or requirements.
 - Recognition - the methodology which relates to the approval of national qualifications delivered in Great Britain (GB). These qualifications are mapped to a relevant Regulated Qualification Framework and agreed national occupational standards and/or recognised framework. We do not directly approve the centre providers that deliver the qualifications on behalf of the awarding organisations, instead, we recognise the quality assurance processes and policies of the awarding organisations to meet the relevant GPhC education and training standards or requirements.
- 1.3 GPhC's strategic plan leading to 2025 requires us to drive improvements in pharmacy care by modernising how we regulate education and training, and shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy. This includes

developing our approach to regulating the post-registration education and training of pharmacy professionals as well as implementing a tailored and intelligence-led approach to accrediting and quality assuring initial education and training providers.

1.4 Standard 9 of PSA's Standards for Standards of Good Regulation also requires that:

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

1.5 We need to ensure that our quality assurance reflects the changes to initial education and training standards; take account of developments more generally across health regulation; is proportionate and increasingly anticipatory in its approach.

2. Proposals for consultation

2.1 Following earlier constructive workshop sessions with Council, we have developed a consultation focusing on four specific aspects of quality assurance in pharmacy education and training, namely:

- introducing annual monitoring with enhanced use of data
- defining clear lines of responsibility and criteria for making decisions about whether or not to re-approve
- adopting a more flexible approval and intervention process
- achieving greater scrutiny whilst aligning our QA methodologies

Annual monitoring

2.2 The current fixed cycle of reapproval/ interim events provides limited provide limited opportunity to identify and address concerns early. This can mean that students and trainees have not received the necessary support or interventions needed at the point where they most need them.

2.3 Although we do undertake an annual student data return for some programmes, such as the MPharm and Independent Prescribing programmes, this is not yet consistent across all education and training provision. The data provided – including numbers of admissions, progression and completion rates, equality monitoring information and student fitness to practise concerns – is useful and provides some level of assurance but does not have the qualitative element to develop the necessary continual oversight that we want to achieve.

2.4 Therefore, to enhance the quality assurance of pharmacy education and training, we propose to build on the existing process and introduce more comprehensive and structured annual monitoring. This will contribute to identifying and addressing concerns in a more time-effective manner, and ultimately, assure patients and the public that GPhC standards/ requirements for education and training continue to be met.

Intervention, escalation and decision-making

- 2.5 Our proposal to introduce annual monitoring and review in our quality assurance will require appropriate intervention methods and decision making for it to be effective. We recognise that every situation can differ and so can the approach to addressing challenges in education and training. Therefore, in order to achieve the most appropriate and effective outcome, we intend to review the annual monitoring returns on a case-by-case basis and consider both the impact and the effect to which the concerns found can affect education and training.
- 2.6 Thereafter, we are proposing four main interventions to help us ensure that any concerns are addressed through the most effective means and that their impact on the delivery of education and training is minimised as much as possible. These are requesting additional evidence, where necessary, completion of action plans; collaborative working with the provider to address issues; target meetings to highlight concerns; quality assurance visits to providers by the Accreditation and Recognition team with published reports, including where necessary, conditions or recommendations that the provider will need to meet before a decision is made about whether re-approval can be granted or, ultimately, where approval needs to be withdrawn.

Increased flexibility for approval and intervention

- 2.7 Informed by the annual monitoring, we propose to introduce increased flexibility to our quality assurance of education and training provisions. This will enable us to intervene where concerns are identified by working together with the providers to help address these in a time-effective manner. It will also ensure we are proportionate in our activity, focusing resources where they are needed.
- 2.8 Interim and reapproval events conducted by our Accreditation and Recognition teams will remain at the heart of our quality assurance processes. These enable us to take a holistic view of the education and training provided to confirm whether the provision is suitable to be approved. We also believe that it is important to provide the assurance to the public that all providers are visited on a regular basis
- 2.9 What we want to achieve is the balance between regular cyclical visits and the ability to be more flexible in our approach with greater focus more regularly for those providers where our annual monitoring indicates there are issues to address. Therefore, while we propose to maintain a three-yearly cycle as the default position, this will be varied based on performance, meaning some providers will have events brought forward to enable more timely interventions and others will have the time lengthened where performance remains satisfactory.

Aligned methodologies

- 2.10 Currently, we reapprove pharmacy technician and pharmacy support staff qualifications, which are delivered by national awarding organisations, on a 6-yearly basis and with an interim event held every 3 years. This is also the case for MPharm degrees delivered by higher education institutions. However, pharmacy technician and pharmacy support staff courses that are delivered by private providers, who are not subject to the same external quality oversight from other bodies, are reapproved on a 3-yearly basis. This reapproval arrangement also applies to pharmacist independent prescribing programmes and the Overseas Pharmacists' Assessment Programmes (OSPAP) delivered by higher education institutions.

- 2.11 By introducing annual monitoring to our processes, it will give us greater oversight of all courses of pharmacy education and training, including those delivered by national awarding organisations and private providers. Therefore, we propose to align our quality assurance methodologies, so that the same arrangements that apply to national awarding organisations and MPharm providers also apply to private providers and pharmacist independent prescribing providers.
- 2.12 In effect, this will result not only in greater scrutiny but an aligned quality assurance approach overall.

3. Equality and diversity implications

- 3.1 The proposed changes to the QA of education and training will bring about an increased focus on Equality, Diversity and Inclusion (EDI), including greater data collection and analysis of student and trainee data related to admissions and performance, alongside student and trainee surveys.
- 3.2 A full Equality Screening and Impact Assessment (ESIA) will be completed post-consultation to include respondents' views on the impact that our proposals may have.

4. Communications

- 4.1 We propose to consult publicly for 12 weeks in line with standard practice.

5. Resource implications

- 5.1 The consultation and analysis form part of our annual plan and budget provisions for 2024/25. Subject to the outcome of the consultation, we will need to consider whether some additional resource is required to ensure the necessary annual monitoring and data collection is carried out effectively.

6. Risk implications

- 6.1 The proposed changes to QA will help reduce the risks associated with the current fixed cycle of quality assurance events and enable us to address concerns in a more timely manner based on a clear set of evidence.

7. Monitoring and review

- 7.1 Subject to Council approval, we will consult shortly with the aim of concluding this in the summer and with analysis of responses and way forward presented to Council in the autumn.

8. Recommendations

Council is asked to approve the consultation on quality assurance of pharmacy education and training.

Mark Voce, Director of Education and Standards
Alex Lescaian, Policy Manager (Education)

General Pharmaceutical Council

15/02/2024

Consultation on quality assurance of pharmacy education and training

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The deadline for responding to this consultation is [Click here to enter a date](#)

About the GPhC

Who we are

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

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.

We set standards for pharmacy professionals and pharmacies to enter and remain on our register.

We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.

We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.

Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Foreword

As the regulator for pharmacists, pharmacy technicians and registered pharmacies, the GPhC sets standards for education and training and is required to gain appropriate assurance that these standards are met. This is achieved by quality assuring (QA) education and training providers through conducting periodic reviews against standards and approving those that meet them.

There have been some significant changes in pharmacy education and training over the last few years which affect the structure and expectations of such provisions. These changes include:

- new initial education and training standards for pharmacists (2021)
- the introduction of a foundation training year to replace pharmacist pre-registration training, which will be accredited by the GPhC (2025)
- new education and training standards for pharmacist independent prescribers (2022)
- new initial education and training standards for pharmacy technicians (2017), and
- new education and training requirements for pharmacy support staff (2020)

Over time, we have made improvements to the way that we quality assure pharmacy education and training, taking account of best practice in QA and that our standards have evolved. Since 2011, we have improved the tone and collaborative working in relation to approval events, so that providers are clearer about how events will be conducted and what is required of them. We have reviewed our approval submission requirements, such as sharing of learning outcomes to be sampled in advance of the event and bespoke submission templates for events to avoid repetition. More so, we have extended our data collection, which includes independent prescribing programmes since 2022.

We want to build on these developments to ensure our quality assurance methodologies meet the rapidly developing education and training provision and to ensure we are equipped to act promptly in the event of under-performance. This would support two of our strategic aims:

- to drive improvements in pharmacy care by modernising how we regulate education and training, and
- to shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy

This would also support PSA's 'Standards of Good Regulation', more specifically Standard 9, namely:

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

The consultation focuses on four specific aspects of the quality assurance methodologies for pharmacy education and training:

- introduce annual monitoring with enhanced use of data
- define clear lines of responsibility and criteria for making decisions about whether or not to re-approve
- adopt a more flexible approval and intervention process
- achieve greater scrutiny whilst aligning our QA methodologies

Through this consultation, we are asking for your views on the proposed changes.

The consultation process

The consultation will run for 12 weeks and will close on (DD/MM/YYYY). During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholders, including pharmacy education and training providers and their partners, pharmacy professionals, pharmacy owners, patient representative bodies, and others with an interest in this area.

After the consultation, we will publish a report summarising what we heard.

Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive and consider any changes that are needed.

Our governing Council will receive the analysis at a meeting in the second half of 2024 and will consider the responses when approving the new pharmacy education and training quality assurance methodologies.

We will publish our analysis of the responses and an explanation of the decisions we take. You will be able to see this on our website www.pharmacyregulation.org

Why we consult

We are required to consult before we set any standards or requirements under the Pharmacy Order 2010. We will also consult where necessary to ensure that we exercise our statutory functions effectively and proportionately to meet our overarching objective of protecting the public.

Responding to the consultation

How we use your information

We will use your response to help us develop our work. We ask you to give us some background information about you and, if you respond on behalf of an organisation, your organisation. We use this to help us analyse the possible impact of our plans on different groups. We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties. There is an equality monitoring form at the end of the survey. You do not have to fill it in, but if you do, it will give us useful information to check that this happens.

How we share your information

If you respond as a private individual, we will not use your name or publish your individual response. If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe that the information you have given is confidential.

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it, but we cannot guarantee that confidentiality can be maintained in all circumstances.

If you e-mail a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

Your rights

Under data protection law, you may ask for a copy of your response to this consultation or other information we hold about you, and you may also ask us to delete your response. For more information about your rights and who to contact please read our privacy policy on our website.

How to respond

You can respond to this consultation by going to www.pharmacyregulation.org/XXX and filling in the online questionnaire there.

We encourage respondents to use the online questionnaire. However, if you want to send a response by e-mail, please write your response to the consultation questions and send it to us at consultations@pharmacyregulation.org

Other formats

Please contact us at communications@pharmacyregulation.org if you would like a copy of the consultation survey in another format (for example, in larger type or in a different language).

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to: feedback@pharmacyregulation.org

or post them to us at:

Governance Team

General Pharmaceutical Council

One Cabot Square

London E14 4QJ

Please do not send consultation responses to this address.

Details of proposals and context

The requirement to quality assure pharmacy education and training

The Pharmacy Order 2010 sets our role in setting standards for the education and training of pharmacists and pharmacy technicians, and that of approving their qualifications and training. The purpose of this statutory obligation is setting and assuring education and training standards in order to gain assurance that:

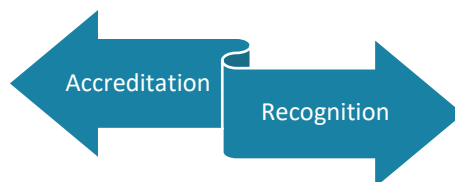
- pharmacy education and training takes place safely for all involved
- patients and the public can have confidence that pharmacists and pharmacy technicians joining the register are skilled and knowledgeable, and that they demonstrate appropriate professional behaviours as a result of their education and training, and
- pharmacy education and training is conducted in a way that is fair and provides a positive experience for students and trainees

We approve education and training provisions that have undergone quality assurance via our approval processes and have met our standards in full.

The education and training that we quality assure

At the point in which we receive assurance that education and training provision meets our standards, we can approve that provision. In order to do so, we use the following two approval methodologies:

In this methodology, we quality assure all the processes around the management and delivery of a course and programme to ensure that it meets the relevant GPhC education and training standards or requirements.



This methodology relates to the approval of national qualifications delivered in Great Britain (GB). These qualifications are mapped to a relevant Regulated Qualification Framework and agreed national occupational standards and/or recognised framework. We do not directly approve the centre providers that deliver the qualifications on behalf of the awarding organisations, instead, we recognise the quality assurance processes and policies of the awarding organisations to meet the relevant GPhC education and training standards or requirements.

We accredit the following education and training provisions:

- MPharm degrees and Overseas Pharmacists' Assessment Programmes (OSPAPs) that form part of the initial education and training pathway for pharmacists
- Foundation training programmes offered by statutory education bodies that leads to eligibility registration as a pharmacist (accreditation effective from 2025/26)
- pharmacist independent prescribing courses that lead to annotation as an independent prescriber

- pharmacy technician courses offered by private providers leading to registration as a pharmacy technician, and
- pharmacy support staff courses offered by private providers which allow individuals working in pharmacies to undertake a range of activities for the safe supply of medicines to patients and the public to meet our training requirements

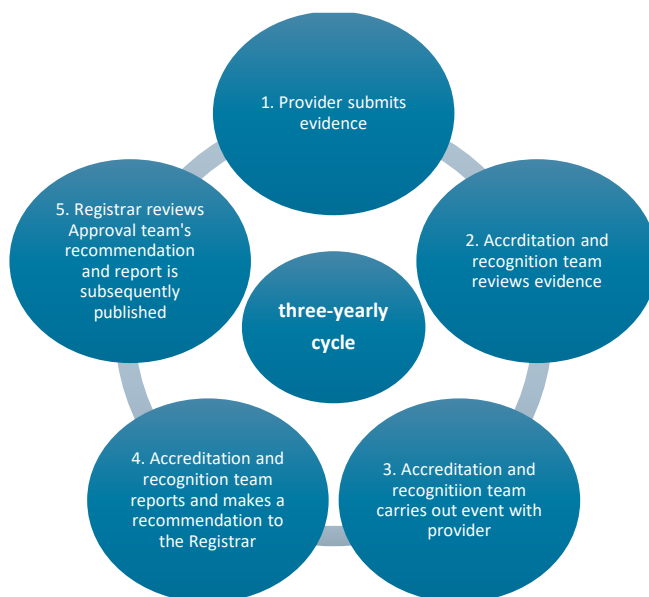
We recognise the following education and training provisions:

- integrated knowledge and competency qualifications that lead to pharmacy technician registration, and
- pharmacy support staff qualifications which allow individuals working in pharmacies to undertake a range of activities for the safe supply of medicines to patients and the public to meet our training requirements

Our main method to quality assure education and training provision is currently through cyclical approval events. We appoint a team drawn from our accreditation and recognition panel to review documentary evidence and a submission from the provider. The panel consists of professionals with expert knowledge in the field of pharmacy, including pharmacists, pharmacy technicians and academics, as well as lay members. This is followed by the approval event which involves meetings with staff and students remotely or on site for assurance that our standards/requirements are met/continuing to be met. Based on its findings, the team agrees a recommendation to the GPhC Registrar whether or not to approve the provision which may be subject to conditions, recommendations, and/or minor amendments.

In the current processes, an event is carried out every three years. For some provision, this event is a reapproval, whilst for others, the reapproval event takes place every six years but with an interim event occurring after three years as an assurance check.

Our current quality assurance approval process:



Our current quality assurance approval process by provision type:

MPharm degrees, and Pharmacy Technician and Support Staff national qualifications



OSPAP, Independent Prescribing, and Pharmacy Technician and Support Staff courses



Why we are reviewing our approach to quality assurance

While we have made various incremental changes and improvements to reflect feedback and the way that pharmacy training has evolved, our core approval methodologies have remained largely unchanged since the inception of the GPhC. It is important to review our quality assurance processes because of:

1. New standards

We have reviewed/ are in the process of reviewing all of our standards/requirements for pharmacy education and training. The new standards/requirements bring about significant changes to pharmacy education and training. For pharmacists, this includes the introduction of learning outcomes designed to provide new registrants with the skills, knowledge, and attributes required to prescribe independently upon registration. For pharmacy technicians, we will begin reviewing the initial education and training standards this year to ensure they are equipping pharmacy technicians for the increasingly varied roles and responsibilities they are carrying out. Therefore, we must ensure that the processes which we use to check the quality of pharmacy education and training continue to provide a robust, high level of assurance appropriate to the new standards.

2. Currency and fitness for purpose

We wish to make sure currency of the way that we understand and apply quality assurance processes to education and training and make sure that they remain fit for purpose. We have undertaken a review of quality assurance processes used by other healthcare regulators and can see potential advantages to the processes used. For example, the use of a wider range of data to better inform our quality assurance and monitoring processes within education and training.

3. Anticipation and proportionality

The way that we currently assure education and training to standards is strongly linked to particular points in time. These focal points of approval cycles bring about important benefits, such as ensuring regular and comprehensive scrutiny of all education and training providers in to standards on the basis of which patients and the public are assured at a fixed time.

Although the focal points of approval are important, due to only checking in with a provider every three years, issues may emerge and escalate to a stage where they can pose a serious concern to standards

and potentially compromise the quality of the education and training provision. Our current mechanisms and processes have limited our ability to identify/ anticipate concerns early, or to adjust our processes for reviewing providers as a result of the concerns identified. By monitoring education and training provisions between approval events, we will be better informed of providers' performance between the review cycles, which will allow us to identify and address concerns together with the providers in a more timely and proportionate manner.

A revised approach to quality assurance of pharmacy education and training

Our quality assurance of pharmacy education and training exists to ensure that future pharmacists and pharmacy technicians joining the register have the knowledge, skills and behaviours needed to provide the safe and effective care that patients and the public expect.

Our processes need to ensure that all approved education and training provisions meet our standards/ requirements, including through the use of recommendations for quality improvement to enhance existing provision.

Our proposal to revise our approach to quality assurance of pharmacy education and training is an important part of our strategic plan 2020-25, particularly in relation to a tailored and intelligence-led approach to approval and quality assurance.

Our four proposals

1. Annual monitoring

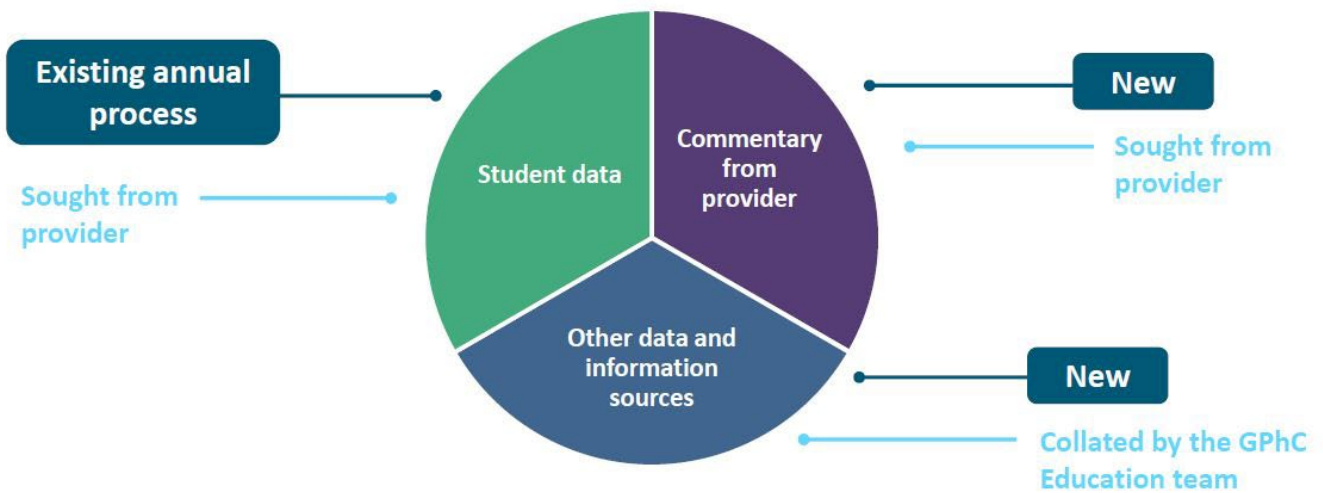
The current fixed cycle of reapproval/ interim events provides limited provide limited opportunity to identify and address concerns early. This can mean that students and trainees have not received the necessary support or interventions needed at the point where they most need them.

Although we do undertake an annual student data return for some programmes, such as the MPharm and Independent Prescribing programmes, this is not yet consistent across all education and training provision. The data provided – including numbers of admissions, progression and completion rates, equality monitoring information and student fitness to practise concerns – is useful and provides some level of assurance but does not have the qualitative element to develop the necessary continual oversight that we want to achieve.

Therefore, to enhance the quality assurance of pharmacy education and training, we propose to build on the existing process and introduce more comprehensive and structured annual monitoring. This will contribute to identifying and addressing concerns in a more time-effective manner, and ultimately, assure patients and the public that GPhC standards/ requirements for education and training continue to be met.

The illustration below sets out what this would look like:

Annual monitoring



We want to ensure that our quality assurance is proportionate without compromising the quality and safety of education and training. To achieve this, we are proposing to build upon the current annual data collection processes and timings, so that there is a single reporting point each year. This will allow for a more tailored approach to the timing of the approval activities to adapt the current three-yearly event cycle to, so that timings between events can be adjusted based on the outcome of annual monitoring. This also has the potential to significantly reduce the amount of information that providers would need to submit for reapproval/ interim events.

Annual monitoring will seek qualitative data that can be linked to various aspects of our standards. By qualitative data we mean that the provider will be asked to comment against a number of topical areas, such as performance in the registration assessment, to provide updates, developments or action plans and let us know of any information deemed relevant to their provision of education and training. By exploring these matters on a more regular, annual basis, it would allow us and providers to reflect on the education and training provided and identify and address concerns in a timely manner together.

The topical areas which we propose to consider as part of annual monitoring are:



Management, oversight and delivery of education and training

To explore challenges and resolution in relation to the management, oversight and delivery of education and training, including the delivery of the GPhC learning outcomes and collaborative working with other providers (e.g. SEBs).



Changes affecting education and training

To explore whether the provider has experienced or is anticipating any substantial changes that might affect the education and training provision, such as changes in staffing, infrastructure or financial resources.



Experiential and inter-professional learning

To provide insight into the experiential and inter-professional learning delivered through the course, such as independent prescribing for student pharmacists, and multidisciplinary team working for trainee pharmacy technicians.



Stakeholder feedback

To explore key themes emerged from stakeholder feedback, including students, trainees, supervisors and patients, and considerations given by the provider.



Internal and external quality assurance

To identify outcomes, including actions and recommendations, of internal and external quality applicable to the course of education and training approved by the GPhC.

This can include, but is not limited to: independent appraisals and reports from External Examiners (such as for MPharm degrees), External Quality Assurers (such as for Pharmacy Technician courses and qualifications), and Standards Verifiers (such as for Pharmacy Support Staff courses and qualifications).



Student and trainee admissions and performance (EDI)

To focus on provider's analyses of student and trainee admissions and performance data, and any trends in relation to protected characteristics (EDI) where found.



GPhC registration assessment performance

To give providers the opportunity to reflect upon the performance of their students or trainees in the GPhC registration assessment, and implement an action plan to address performance related concerns.

These areas may be amended from time to time, depending on external factors, trends identified or revisions to standards.

We would also collect additional data which we would review in conjunction with the information from providers. This will help us triangulate the evidence to inform our judgement as to whether an intervention is required and the timing of the next approval event. This would consist of:

Education experience survey data

The National Student Survey (NSS) is used by the regulator of higher education in England, Office for Students (OfS), to gather students' opinions on the quality of their courses across the UK which can help to drive improvements in student experience and support public accountability. In 2022, OfS have also piloted a Post Graduate Taught (PGT) version of the survey for post-postgraduate students with a potential launch yet to be announced.

The student experience NSS data at subject level will feed into the QA of MPharm degrees, respectively Pharmacist Independent Prescribing programmes in the event that PGT becomes available. In addition, we will consider any Pharmacy Technician and Pharmacy Support Staff student survey equivalents of such nature where available.

Student and trainee feedback collected by the GPhC

Student and trainee feedback is currently collected in QA events through focus groups, small surveys or phone interviews. This activity is well received by stakeholders and often triangulates evidence from providers.

We will start surveying students and trainees on an annual basis to feed into the QA of all types of pharmacy education and training provisions approved by the GPhC, including pharmacy technician courses and qualifications.

GPhC registration assessment performance data

The registration assessment is one of the ways in which we test that trainee pharmacists can demonstrate that they understand how to apply knowledge appropriately and in a timely way to make professional judgements in pharmacy practice. It also tests trainees' number sense and that they are able to perform the calculations necessary to practice as a pharmacist.

Our standards ask, for example, that systems and policies must be used in such a way that the degree is evaluated on the basis of evidence and that there is continuous improvement in its delivery. Therefore, candidate performance in the GPhC registration assessment can be considered an indicator of provider performance.

We will be analysing this data routinely for differences in performance that need addressing through QA applicable to MPharm, OSPAP and foundation training provisions.

Oriel assessment performance data

Oriel is the national recruitment platform through which MPharm and OSPAP students apply for foundation training. However, in order to successfully secure a training place, applicants need to pass an assessment called the Oriel assessment.

The assessment is formed of a situational judgement test designed to assess the professional attributes expected of a trainee pharmacist, and a numeracy practice paper that assess applicants' ability to carry out basic pharmaceutical calculations.

We will start reviewing candidate performance in the Oriel assessment and feed this into our QA of MPharm and OSPAP education and training provisions.

Other

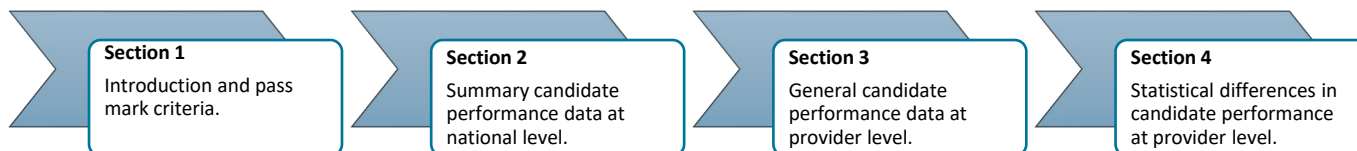
We will consider any other data as evidence, such as, for example, upheld education concerns against an awarding organisation of recognised pharmacy technician qualifications through the GPhC concerns process or ombudsman complaints.

This will inform our QA of all types of pharmacy education and training provisions approved by the GPhC, including courses and qualifications for pharmacy technicians and pharmacy support staff.

We have highlighted registration assessment performance data as one of the important pieces of data in relation to the quality assuring the initial education and training of pharmacists. To assist individual schools of pharmacy and statutory education bodies, we are also proposing to develop GPhC registration assessment performance data reports which we will share with them on a regular basis.

These reports will provide performance data applicable to their graduates for each sitting. They will also advise individual providers whether statistical evidence of differences in performance is found for either part of the registration assessment by using analysis methods such as Chi-Square tests. This will ultimately help determine the need for an appropriate action plan to address low performance.

The key indicative sections of these reports are summarised below:



The Quality Assurance team will manage the annual monitoring process. Where a recommendation that action needs to be taken, a subsequent review by an Approval team and/or team leader will take place. Course providers will receive feedback on their annual monitoring submissions along with the outcome. As an added benefit of annual monitoring and the cumulative nature of this process, providers will likely see more reduced paperwork needed for events in comparison to the current format.

We are also proposing a concerns matrix to help identify the levels of any concerns appropriately. We believe that the most reasonable and proportionate way to approach annual monitoring is through qualitative analysis based on evidence and professional judgement based on a concerns-based matrix. We developed a matrix that categorises concerns based on the level of impact on provision. By ‘impact’ we mean the scale to which a concern has the potential to compromise the delivery of education and training to GPhC standards/ requirements, and by ‘effect’ we mean the pace at which a concern has the potential to compromise the delivery of education and training to GPhC standards/ requirements.

Based on impact and effect, the concerns would be matched to a Red, Amber, Green (RAG) and ‘none’ scale that would determine whether the concern is high, medium, low, or none, as described below:

High: significant impact ↔ immediate effect


Medium: significant impact ↔ delayed effect

minimal impact ↔ immediate effect

Low: minimal impact ↔ delayed effect

None: no concerns identified

A visual representation of the concerns matrix with the associated colour coding can be seen below:

Levels of concern (matrix)					
		IMPACT	EFFECT		
I M P A C T	Significant			Immediate	E F F E C T
	Minimal			Delayed	
		IMPACT	EFFECT		

Below are some indicative examples of situations that would likely determine the different levels of concerns:

- *The outcome of a recent internal audit of a School of Pharmacy has found evidence of active discrimination against students from ethnic minorities on the MPharm degree. Such findings would likely determine a high-level concern (significant impact - immediate effect).*
- *Pharmacy Technicians trainee feedback collected by the GPhC shows that there have been delays in receiving feedback on their performance, but the respondents are satisfied that this was rectified by the provider in a timely manner. This would likely determine a low-level concern (minimal impact – delayed effect).*

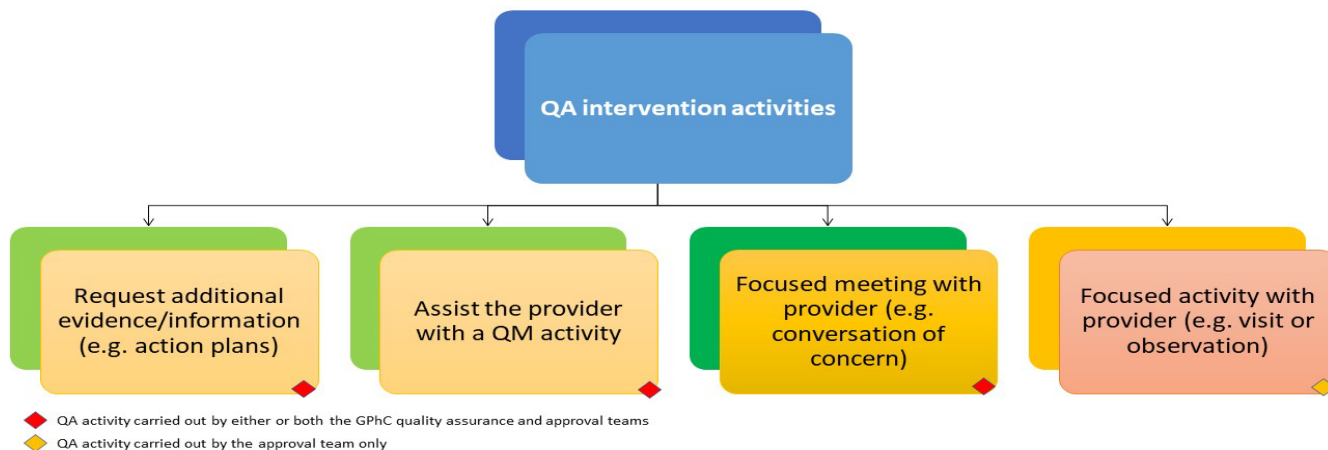
To be noted that concerns identified and measured through the concerns matrix will not be considered in isolation but in conjunction with the last event’s outcome and findings as well as the information/ evidence obtained from the event.

2. Intervention, escalation and decision-making

Our proposal to introduce annual monitoring and review in our quality assurance will require appropriate intervention methods and decision making for it to be effective. We recognise that every situation can differ and so can the approach to addressing challenges in education and training. Therefore, in order to achieve the most appropriate and effective outcome, we intend to review the annual monitoring returns on a case-by-case basis and consider both the impact and the effect to which the concerns found can affect education and training.

Thereafter, we propose four main interventions to help us ensure that any concerns are addressed through the most effective means and that their impact on the delivery of education and training is minimised as much as possible.

Our proposed QA intervention activities, subsequent events and the teams which are suitable to carry these are illustrated below:



In terms of the decision-making process leading to an intervention activity, we are proposing criteria that provides clear lines of responsibility and optimises the use of expert knowledge that members of the Accreditation and Recognition panel hold. The decision-making routes will be based on the level of assurance gained from providers and whether there is an identified need to intervene.

The initial review of annual monitoring and associated evidence will be conducted by the GPhC Education Quality Assurance team who will assess for any concerns regarding the education and training provision. Where concerns are found, the Quality Assurance team will decide on an appropriate intervention activity, such as a request for additional evidence. If the concerns are not addressed in this first instance (i.e., the review outcome reached by the Quality Assurance team is unsatisfactory), the information would then be escalated to the Accreditation and Recognition team for review.

They will determine and carry out the most appropriate intervention(s), such as an on-site visit. This will result in a report to the Registrar (or Deputy Registrar) and may contain recommendations or conditions that the provider must meet. The Accreditation and Recognition team will consider whether

recommendations and conditions have been met in full or in part. Where the Accreditation and Recognition team conclude that conditions have not been met, the issue will be escalated, through the Registrar, to the Council’s Quality, Performance and Assurance Committee for consideration of further action. This may include a further visit by the Accreditation and Recognition team on specific targeted issues or, ultimately, a recommendation to Council that approval is withdrawn.

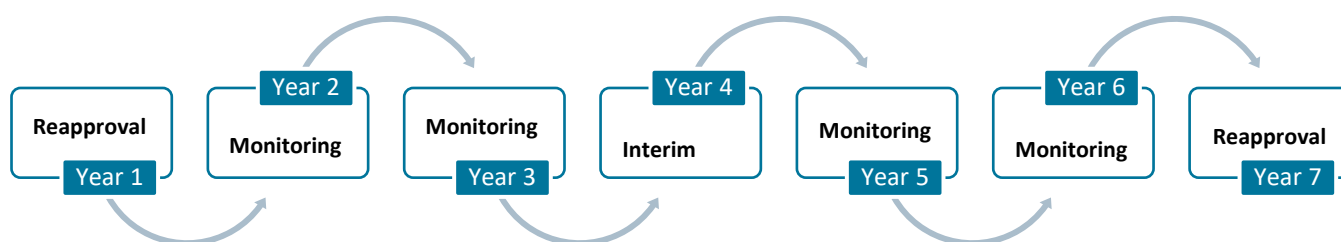
3. Increased flexibility for approval and intervention

Informed by the annual monitoring, we propose to introduce increased flexibility to our quality assurance of education and training provisions. This will enable us to intervene where concerns are identified by working together with the providers to help address these in a time-effective manner. It will also ensure we are proportionate in our activity, focusing resources where they are needed.

Interim and reapproval events conducted by our Accreditation and Recognition teams will remain at the heart of our quality assurance processes. These enable us to take a holistic view of the education and training provided to confirm whether the provision is suitable to be approved. We also believe that it is important to provide the assurance to the public that all providers are visited on a regular basis

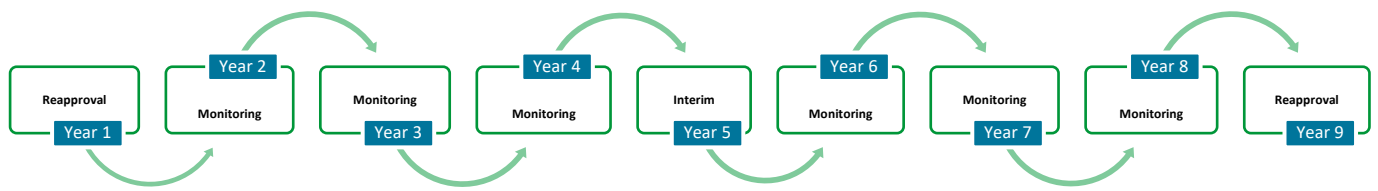
What we want to achieve is the balance between regular cyclical visits and the ability to be more flexible in our approach with greater focus more regularly for those providers where our annual monitoring indicates there are issues to address. Therefore, while we propose to maintain a three-yearly cycle as the default position, this will be varied based on performance, meaning some providers will have events brought forward to enable more timely interventions and others will have the time lengthened where performance remains satisfactory.

An indicative representation of our proposed QA activities on a ‘default’ schedule is illustrated below:



An event would still be expected to take place every three years as it is currently the case. However, it is important to note that the timing of events can change based on satisfactory annual monitoring and/or intervention outcomes, which may delay an interim or reapproval event by one or more academic years. This is because satisfactory outcomes may provide us with sufficient assurance which would potentially reduce the need for an approval event every three years.

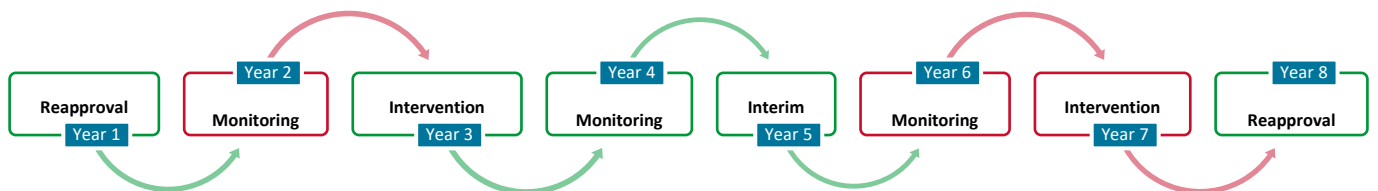
An indicative schedule where a course provider achieves satisfactory annual monitoring outcomes repeatedly, is illustrated below:



As an added benefit, providers will not be asked the same questions at reapproval/ interim events for which they have already shown good progress in annual monitoring. The aim is to reduce repetition in our QA processes and utilise the time resource allocated to events for the benefit of driving improvement in education and training.

Unsatisfactory monitoring or intervention outcomes, however, may result in additional meetings or events being scheduled, which are likely to be in addition to the standard reapproval or interim events. This would give us the adequate level of scrutiny needed to work with the provider and address the concerns identified in a timely manner.

An indicative schedule where a course provider achieves unsatisfactory annual monitoring and intervention outcomes is illustrated below:



In the event of unsatisfactory annual monitoring, an intervention activity will be held the following academic year. Also, in the event where the outcome of the intervention is unsatisfactory, the next approval planned event will no longer be delayed. This is because unsatisfactory outcomes would not give us sufficient assurance that standards continue to be met to justify a delay of the next planned reapproval/ interim event.

The areas in which good progress is shown through annual monitoring may not need repeating at events. Please note that the initial accreditation and recognition methodologies will not be affected by these proposals.

Withdrawal of approval

Through the increased flexibility and earlier interventions, our aim is to ensure that standards are met and to work collaboratively with providers to ensure any issues are addressed. Ultimately, if standards are not met, Council will consider whether it would be right to withdraw approval. Any such decision

would be notified in writing to the relevant institution with the reasons for the decision and the institution would have the right to appeal to the Appeals Committee. Should withdrawal of approval occur, Council would use its best endeavours, working with the relevant institution or provider, to ensure students or trainees are given the opportunity to attend an approved course offered by another institution or provider.

4. Aligned methodologies

Currently, we reapprove pharmacy technician and pharmacy support staff qualifications, which are delivered by national awarding organisations, on a 6-yearly basis and with an interim event held every 3 years. This is also the case for MPharm degrees delivered by higher education institutions. However, pharmacy technician and pharmacy support staff courses that are delivered by private providers, who are not subject to the same external quality oversight from other bodies, are reapproved on a 3-yearly basis. This reapproval arrangement also applies to pharmacist independent prescribing programmes and the Overseas Pharmacists' Assessment Programmes (OSPAP) delivered by higher education institutions.

By introducing annual monitoring to our processes, it will give us greater oversight of all courses of pharmacy education and training, including those delivered by national awarding organisations and private providers. Therefore, we propose to align our quality assurance methodologies, so that the same arrangements that apply to national awarding organisations and MPharm providers also apply to private providers and pharmacist independent prescribing providers.

In effect, this will result not only in greater scrutiny but an aligned quality assurance approach overall.

What do we expect the benefits of the changes to be?

By implementing the proposed changes to QA, we expect to:

- maintain a proportionate level of oversight between interim and reapproval events; this would allow a change in the focus of events away from questioning about narrow aspects of compliance with standards to more collaborative discussions on using providers' strengths to address concerns and challenges related to their education and training provision
- improve our ability to identify and address concerns about quality promptly and proportionately
- improve the quality and the extent of evidence that we use at events, and maintain consistency in our approach across providers and awarding organisations
- maintain regular communication with providers to allow us to keep up to date on course/qualification provision and developments
- reduce the amount of evidence needed from providers for interim and reapproval events, and
- make more effective use of resources to focus our education quality assurance activities based on risk

When will these changes happen?

Subject to the outcome of the consultation, we plan to develop these arrangements in incremental stages with the data monitoring being rolled out between 2024/25 and 2025/26. Additional aspects will be rolled out earlier than this, for example, we have started work on the development of student and trainee surveys for each type of education and training provision to allow us to increase the student/trainee input to our reapproval processes, which we plan to pilot starting with academic year 2024/25. Some changes can be introduced with immediate effect, such as provision of the GPhC registration assessment performance data reports for MPharm degree and OSPAP providers to help address any performance related concerns.

Response to the consultation on quality assurance of pharmacy education and training

Background questions

First, we would like to ask you for some background information. This will help us to understand the views of specific groups, individuals and organisations and will allow us to better respond to those views.

Are you responding:

as an individual (*the views expressed are your own*)

on behalf of an organisation (*the views expressed are those of an organisation you represent*)

Section A: Responding as an individual

Please tell us your:

first name:

surname:

email:

Where do you live?

England

Scotland

Wales

Northern Ireland

Other

If you selected 'other', please say where:

Are you responding as:

a pharmacist?

a student or trainee pharmacist?

a pharmacy technician?

a student or trainee pharmacy technician?

a pharmacy support staff?
a pharmacy support staff trainee?
a member of the public?
other?

If you selected 'other', please explain:

Free text box

Sector

Please choose the option below which best describes the area you mainly work in.

Community pharmacy (including online)

Hospital pharmacy

Prison pharmacy

GP practice

Care home

Primary care organisation

Pharmaceutical industry

Research, education or training

Other

If you selected 'other', please say what area you mainly work in:

Free text box

Size of community pharmacy (if this is relevant to you)

Which of the following best describes the community pharmacy you work in (or own)? *

Independent pharmacy (1 pharmacy)

Independent pharmacy chain (2-5 pharmacies)

Small multiple pharmacy chain (6-25 pharmacies)

Medium multiple pharmacy chain (26-100 pharmacies)

Large multiple pharmacy chain (Over 100 pharmacies)

Online-only pharmacy

Section B: Responding on behalf of an organisation

Do you consent for your organisation's name to be listed in the report of the consultation?

Yes

No

Do you want any part of your response to stay confidential? Important: we cannot guarantee that we can maintain confidentiality in all circumstances.

Yes

No

Please explain which parts you would like to keep confidential and why the information you have given is confidential.

Free text box

Please tell us your:

first name:

surname:

job title:

organisation:

address:

email:

Type of organisation

Please choose the option below which best describes your organisation.

Organisation representing patients or the public

Organisation representing pharmacy professionals or the pharmacy sector

Registered pharmacy

NHS organisation or group

Research, education or training organisation

Government department or organisation

Regulatory body

Other

If you selected 'other', please specify say what type of organisation you work for:

Free text

Type of registered pharmacy

Which of the following best describes the registered pharmacy you represent?

Independent community pharmacy (1 pharmacy)

Independent community pharmacy chain (2-5 pharmacies)

Small multiple community pharmacy chain (6-25 pharmacies)

Medium multiple community pharmacy chain (26-100 pharmacies)

Large multiple community pharmacy chain (Over 100 pharmacies)

Online-only pharmacy

Hospital pharmacy

Prison pharmacy

Other

If you selected 'other', please describe your pharmacy:

Free text

Consultation questions

The consultation focuses on the following aspects of our proposed quality assurance (QA) of education and training for pharmacy professionals:

1. Increased flexibility to approval and intervention
2. Aligned methodologies
3. Data and annual monitoring
4. Outcome-based intervention and decision making
5. Impact of our proposals

There will be questions on each of these areas and you will have an opportunity to provide comments.

Section 1: Increased flexibility for approval and intervention

The proposed update to the quality assurance of education and training will bring about flexibility to the approval of course provisions. This will enable us to intervene where concerns are identified by working together with the providers to help address these in a time-effective manner. Equally, to allow for the flexibility brought by the proposed annual monitoring and intervention processes, our public reporting of approval events would, therefore, move away from a predetermined end date to approval. Instead, a proposed date for the next planned interim/reapproval event will be published.

Q1: To what extent do you agree or disagree with taking a **flexible approach to the timing of interim/reapproval events**, meaning that these will not be restricted to take place once every three/six years?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q2: To what extent do you agree or disagree with taking a **variable approach to the periods of approval**, meaning that the approval status will not have a predetermined end date but remain subject to the outcome of the next planned interim and reapproval events?

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree
- Don't know

Q3: To what extent do you agree or disagree that a **QA intervention activity** should be carried out as a result of an unsatisfactory annual monitoring outcome?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q4: To what extent do you agree or disagree that a **QA event (interim/exceptional interim/reapproval)** should be held as a result of an unsatisfactory QA intervention activity outcome?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q5: Please provide comments explaining your answers to the above four questions about our proposals around flexible and continual approval.

Section 2: Aligned methodologies

In our current arrangements, pharmacy technician and pharmacy support staff qualifications delivered by national awarding organisations as well as Master of Pharmacy (MPharm) degrees delivered by higher education institutions are reapproved on a 6-yearly basis, with an interim event every 3 years. However, pharmacy technician and pharmacy support staff courses delivered by private providers, who are not subject to the same external quality oversight from other bodies, are reapproved on a 3-yearly basis. The 3-yearly reapproval arrangement also applies to the pharmacist independent prescribing programmes delivered by higher education institutions. By introducing annual monitoring, this will give us greater oversight of all courses of pharmacy education and training, including those delivered by national awarding organisations and private providers. Therefore, we propose to align our quality assurance methodologies, so that the arrangements that apply to national awarding organisations and MPharm providers also apply to private providers and pharmacist independent prescribing providers. In effect, this will result not only in greater scrutiny but an aligned quality assurance approach overall.

Q6: To what extent do you agree or disagree with our proposal to **align our QA methodologies** so that arrangements that apply to national awarding organisations also apply to **private providers of pharmacy technician and support staff courses**?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q7: To what extent do you agree or disagree with our proposal to **align our QA methodologies** so that arrangements that apply to MPharm providers also apply to **providers of independent prescribing programmes**?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q8: Please provide comments explaining your answer to the above two questions about our proposals around aligning methodologies.

Section 3: Annual monitoring

Part of our proposal is to make better use of our data and introduce an annual monitoring process to enhance the quality assurance of education and training. The data considered through annual monitoring will include a number of topical areas against which the provider will be asked to comment, such as the management, oversight and delivery of education and training, and the delivery of experiential and inter-professional learning for that particular academic year. In addition, we will consider data from other sources, such as National Student Surveys (NSS) and student and trainee feedback collected by the GPhC. The annual monitoring process will build upon the existing annual data collection processes and timings, so that there is a single reporting point each year. This will allow for a more tailored approach to the timing of the approval activities to adapt the current three-yearly event cycle to, so that timings between events can be adjusted based on the outcome of annual monitoring. It will help us, and the providers, maintain oversight of the quality of the education and training provision. It will also contribute to identifying and addressing concerns in a more time-effective manner, and

ultimately, assure patients and the public that GPhC standards/ requirements for education and training continue to be met.

Q9: To what extent do you agree or disagree that we should introduce **annual monitoring** to help bridge the current gaps between interim and reapproval events?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q10: To what extent do you agree or disagree that the proposed **topical areas** should be considered in the annual monitoring of **all education and training** providers?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q11: In addition to the topical areas, we are proposing to **collect more data** to further develop the evidence base which informs our quality assurance and enhance the evidence triangulation process. To what extent do you agree or disagree that each of these additional datasets will strengthen the quality assurance of education and training:

Student and trainee feedback collected by the GPhC

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

NSS, PGT and equivalent subject-level data

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

GPhC registration assessment performance data (pharmacist IET only)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Oriel assessment performance data (pharmacist IET only)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Other (e.g. upheld education concerns)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q12: To what extent do you agree or disagree that the proposed **annual monitoring** process will provide sufficient quality assurance between interim and reapproval events?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q13: Please provide comments explaining your answers to the above four questions about our proposals for data and annual monitoring.

Section 4: Intervention, escalation and decision-making

To help us review the information gathered through the annual monitoring process, we will need appropriate intervention methods and decision making for monitoring to be an effective method of quality assurance. Therefore, we propose a set of four intervention activities to be carried out by appropriate teams (GPhC quality assurance team and/or approval team). These will help us ensure that any concerns are addressed through the most effective means and that their impact on the delivery of education and training is minimised as much as possible.

Q14: We are proposing **four intervention activities** to ensure that any concerns are addressed through the most effective means to minimise their impact on the delivery of education and training. To what extent do you agree or disagree that each of these interventions will strengthen the quality assurance of education and training?

Request additional evidence/information (e.g. action plans)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Assist the provider with a quality management activity

- Strongly agree
- Agree

- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Focused meeting with provider (e.g. conversation of concern)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Focused activity with provider (e.g. visit or observation)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q15: To what extent do you agree or disagree that the **teams** allocated to each type of intervention activity are **appropriate decision makers**?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q16: Please provide comments explaining your answers to the above two questions about our proposals around intervention and decision making.

Section 5: Impact of our proposals

Q17: We want to understand the impact our proposals may have on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010.

Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics? *Matrix question - list all protected characteristics separately*

- Yes - positive impact
- Yes - negative impact
- Yes - positive and negative impact
- No impact
- Don't know

Q18: We also want to know if our proposals will have a positive or negative impact on other individuals or groups (not related to protected characteristics) - specifically, students and trainees, patients and the public, education and training providers and partners, pharmacy staff and employers.

Do you think our proposals will have a positive or negative impact on each of these groups? *Matrix question - list students and trainees, patients and the public, education and training providers and partners, pharmacy staff and employers separately*

- Yes - positive impact
- Yes - negative impact
- Yes - positive and negative impact
- No impact
- Don't know

Q19: Please give comments explaining your answer to the two impact questions above. Please describe the individuals or groups concerned and the impact you think our proposals will have.

Receiving updates

We would like to email you to update you on the progress of this consultation as well as about other work the GPhC does. Please tell us below if you would like to be contacted in the future.

- I would like to be contacted with updates on the consultation on quality assurance of pharmacy education and training
- I would like to be contacted with news and information about other consultations from the GPhC

Please give us an email address for updates and communications from the GPhC. Important: you can unsubscribe from our mailing list at any time by clicking on the 'unsubscribe' option within the email.

Equality monitoring

At the GPhC, we are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties.

We want to make sure everyone has an opportunity to respond to this consultation on quality assurance of pharmacy education and training. This equality monitoring form will give us useful information to check that this happens. Your answers will not be linked to your consultation responses. You do not have to answer these questions if you would prefer not to.

What is your age group?

Please tick one box

- Under 25
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 and over
- Prefer not to say

Do you consider yourself to have a disability according to the definition in the Equality Act 2010?

The Equality Act defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. If you have a condition which fits the Equality Act definition, please tick 'Yes' even if you are not limited by your condition.

Please tick one box.

- Yes
- No
- Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

Please tick one box

- Yes
- No
- Prefer not to say

What is your ethnic group?

Choose the option that best describes your ethnic group/cultural background. Please tick one box.

Asian or Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other Asian background (please fill in the box at the end of this section)

Black or Black British

- African
- Caribbean
- Other Black background (please fill in the box at the end of this section)

Mixed or multiple ethnic groups

- White and Asian
- White and Black African
- White and Black Caribbean
- Other Mixed background (please fill in the box at the end of this section)

White

- British, English, Northern Irish, Scottish, Welsh
- Irish
- Gypsy or Irish traveller
- Roma
- Other White background (please fill in the box at the end of this section)

Other

- Arab
- Any other ethnic group (please fill in the box at the end of this section)

Prefer not to say

- Prefer not to say

If you selected 'other' for any of the above, please give more information in the space below:

What is your religion?

Please tick one box

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion or belief
- No religion or belief
- Prefer not to say

If you selected 'other', please give more information in the space below:

What is your sex?

Please tick one box

- Female
- Male
- Other
- Prefer not to say

If you selected 'other', please give more information in the space below:

What is your sexual orientation?

Please tick one box

- Bisexual
- Gay or lesbian
- Heterosexual or straight
- Other sexual orientation
- Prefer not to say

If you selected 'other', please give more information in the space below:

Registering international pharmacists: an in-principle framework

Meeting paper for Council on 22 February 2024

Public

Purpose

To propose an in-principle framework for registering international pharmacists.

Recommendations

Council is asked to agree an in-principle framework for international pharmacists prior to our developing a consultation on it.

1. Introduction

- 1.1 We have focused our initial work on internationally trained pharmacists due to a) the recent revision of the initial education and training standards for pharmacists and b) the current pressure and demand for places on the existing OSPAP. We think the criteria and mapping set out below will also be our approach to internationally trained pharmacy technicians and will take this forward as part of our wider thinking this year on future revisions to their initial education and training.
- 1.2 Currently there are two main routes to registration for non-GB-trained pharmacists¹: 1. For non-EEA pharmacists education takes two years, comprising a year of study at university (the Overseas Pharmacists' Assessment Programme (OSPAP), a year of Foundation training and the Registration Assessment and 2. an automatic registration route for compliant² EEA pharmacists. The EEA route was due to be withdrawn but has been extended by the UK Government for a further five years from September 2023.
- 1.3 Another route has been introduced for European Free Trade Association (EFTA) countries (Iceland, Norway and Liechtenstein) and Switzerland for the reason explained in 2.1.3. Numbers using this route are estimated to be small, on the basis that the number of pharmacists registered currently from all four countries combined is <30. The legislation behind this route is different for EFTA and Switzerland but operationally they are the same

¹ The *Pharmacy Order* 2010 includes the mutual recognition of pharmacists registered with the Pharmaceutical Society of Northern Ireland (PSNI) by the GPhC, which is not germane to this paper.

² 'Compliant' means that a pharmacist's qualification is listed in *EC Directive 2005/36*. Non-compliant EEA pharmacists are assessed on a case-by-case basis.

and involve a case-by-case evaluation. Normally, if additional training is required it tends to be an adaptation period under supervision in a pharmacy.

1.4 Most pharmacists on the GPhC's register were trained in GB but a significant minority were not. In late 2023 the profile of the pharmacist register was:

- GB trained: 90% (c. 58000)
- EEA pharmacists: 5% (c. 3000)
- International non-EEA international pharmacists: 5% (c. 3000)

1.5 While patient safety must come first, current routes do raise issues of proportionality and equity. They are explored below.

2. Drivers for change

2.1 There are several drivers for revising the current routes to registration for internationally trained pharmacists:

- The need to re-visit the OSPAP standards in light of the revised initial education and training standards for pharmacists published in 2021.
- The *Professional Qualifications Act 2022*, which places an obligation on regulators and others to not place unnecessary barriers in the way of international professionals wishing to work in the UK;
- International agreements which require the GPhC to consider applications for registration from certain countries, specifically European Free Trade Association (EFTA) countries (Iceland, Norway and Liechtenstein) and Switzerland. We are aware that other agreements are being negotiated and may impact on our international registration work;
- That the OSPAP route is longer and more expensive than programmes offered in some other countries;
- That the OSPAP route treats all internationally trained pharmacists in the same way irrespective of the similarity (or not) of their initial education and training in comparison to GB education and training; and
- Currently there is a waiting list of several hundred people wanting to join an OSPAP and a lack of capacity in the universities currently offering the programme.

3. Preparatory work

3.1 We have convened a working group comprising statutory education bodies, OSPAP providers and other university representatives, PSNI and employers, which met twice in late 2023 and will continue to meet as the GPhC's international registration plans progress. We have also discussed the approach with the initial education and training for pharmacists Advisory Group.

3.2 The principles we are working to are: to ensure internationally trained pharmacists have demonstrated the necessary standard to register in the UK; to ensure that any requirements for additional education and training in the UK are proportionate so that applicants can enter the workforce as soon as possible; to take account of the education and training that international pharmacists have received in order to determine any additional requirements

in the UK. We are also very focused in ensuring that our approach is equitable and inclusive; we cover this more fully in section 6 below.

- 3.3 The approach we are proposing means we would move away from the current system where all internationally-trained pharmacists – other than EEA – are required to take the OSPAP programme plus a year’s Foundation training. While this has the benefit of simplicity, the length of the programme/training, the limited capacity and the potential duplication of learning for those who have already completed similar training in a different country suggests a more nuanced approach would help to both maintain standards and enable people to join the workforce more quickly.
- 3.4 Based on this, we have developed criteria to map initial education and training in other countries. These are: the length of the academic and learning in practice undertaken; the level of academic qualification (e.g., MPharm equivalence); the language in which education and training has been delivered; and the learning outcomes that students and trainees are expected to meet.
- 3.5 We have consequently mapped the education and training for those countries where we currently receive the highest number of applications to join the OSPAP; those where we have previously had agreements based on the similarity of education and training; and those where the UK has recently developed international free trade agreements which include particular requirements for registering other professionals. The mapping is designed to ensure there is an objective evidence base for decisions and, to verify the mapping, we have used a senior academic from a university currently running the OSPAP and has experience in interpreting learning outcomes from other countries.
- 3.6 The full list of countries we have mapped is:
- Australia
 - Canada
 - Egypt
 - Hong Kong (NB the training element only – degree learning outcomes are still to be mapped)
 - Iceland
 - India
 - Ireland (although Ireland, as an EU country, currently falls within the extended standstill arrangements)
 - Liechtenstein
 - New Zealand
 - Nigeria
 - Norway
 - Pakistan
 - South Africa
 - Switzerland

The list is not exhaustive and other mappings will be added as required.

- 3.4 To benchmark ourselves against some other pharmacy regulators and their approach to international registration we have approached pharmacy regulators in Australia, New Zealand and the Republic of Ireland. Their approach is very similar to the one we are proposing in this paper.

4. The proposed framework

- 4.1 The mapping we have done indicates there are potentially three routes for internationally qualified pharmacists which would form the core of a new framework.
- 4.2 Route 1 would be for pharmacists from countries where initial education and training is very similar to GB and where initial education and training and pharmacy is delivered in English – in the first instance the countries assigned to this route would be Australia, New Zealand and the Republic of Ireland³. We anticipate that the route would comprise three/four months working under supervision in a GB pharmacy with a practical assessment based on entrustable professional activities⁴.
- 4.3 Route 2 would be for pharmacists from EFTA countries, Switzerland (already in place) and other countries where initial education and training is broadly similar but sometimes with a science bias. We anticipate that an adaptation period would be required which is longer than that for Route 1 pharmacists and with a larger set of assessed entrustable professional activities. Route 2 applications would be dealt with on a case-by-case basis and would be evaluated by experts recruited by the GPhC (a process we have used before for similar purposes).
- 4.4 Route 3 would be for pharmacists from countries where initial education and training is dissimilar, including India, Pakistan and Nigeria. The working group agrees that an extended period of orientation in GB would be required and has suggested a one-year period of education and training integrating both university study and in-practice training and assessment and the Registration Assessment. The key change, integration of academic study and practice, means that knowledge is used more effectively. By not separating the two, academic learning is consolidated immediately in practice – the most effective form of learning. In terms of our learning outcomes, we would be moving from ‘knows’ and ‘knows how’ to ‘shows how’ and ‘does’ progressively across the whole year.
- 4.5 Note that of the of the 1644 OSPAP applications since 2021, 1066 were from India, Pakistan and Nigeria, which is 65% of the total number of applications.
- 4.6 This is a complicated project, but we are confident that our preparatory work means we can move forward with confidence and are asking Council for its approval to consult on the three-route approach described above.

5. Issues for further consideration

Regulated independent prescribing:

- 5.1 As it is understood in GB, independent prescribing is not used in many countries (and is to be distinguished from unregulated prescribing). This does mean that in the first instance prescribing will be excluded from our international routes and applicants would have to enrol on free-standing independent prescribing should they wish to prescribe.

³ We note that other languages may be used as well – Irish and indigenous Australian and New Zealand languages, but initial education and training will have been in English.

⁴ Entrustable professional activities are standardised common pharmacy activities. The GB schools of pharmacy have collectively developed a common set.

An entry examination:

- 5.2 The advisory group did suggest that we should consider introducing an entry examination, although perhaps not for applicants to all routes. The examination would be sat before beginning a route and would test basic pharmaceutical knowledge. While we see some merit in this and will consider the issue further, there would be additional cost implications.

Implementing routes:

- 5.3 After consultation, if Council approves the three-route approach, we believe route 1 could be implemented relatively quickly. The EFTA/Swiss route is already in place, due to legal deadlines, and only Route 3 would take further development. As we have a working group in place, we are confident we can expedite that process in time for the 2025 academic year.

6. Equality, diversity and fairness implications

- 6.1 We celebrate the diversity of the professionals on our register, including our professionals who have qualified in the EEA or overseas, and the positive contribution they make to patients and the pharmacy sector in Great Britain.
- 6.2 All routes would be based on a common set of learning outcomes, which means that while the routes are different, they are equitable in terms of their outcome. Having routes that are different recognises the diversity of initial education in different countries. The routes are fair because they recognise the diversity in initial education and training and do not require applicants to do any more than is necessary to demonstrate they can practise safely in GB. It is important to note that feedback from internationally trained pharmacists and groups representing them about the OSPAP is favourable as it helps ensure that individuals receive the necessary orientation for working as a pharmacist in the UK. As such, the requirements should not be seen as an unnecessary burden. What we are seeking to do with the proposed changes is to ensure it remains proportionate and helps people to meet the necessary standard in less time than at present.
- 6.3 Due to instability in particular regions, the GPhC does receive applications from refugees and stateless persons without verifiable credentials. Recent applications have been from pharmacists from Ukraine, Afghanistan and Iraq. We will treat applications from such applications on a case-by-case basis and will apply adaptation periods in GB as necessary. Application fees for refugees and stateless persons are waived.
- 6.4 Alongside technical questions about routes to registration, it's also important to recognise that international professionals can face many different challenges when transitioning to new social, cultural and professional working environments. This can include navigating new and different systems, clinical or work-culture differences, language barriers and even prejudice and discrimination. As our work in this area develops, we will continue to consider how we can best support, empower and enable people to demonstrate their professionalism, and that the environments they work in support them to do that.

7. Communications

- 7.1 We will continue to engage with our working group and the initial education and training standards for pharmacists Advisory Group. If Council is content with the in-principle framework, we will develop a consultation document in line with this for formal sign-off by Council (or Council Committee). That would be analysed in the usual way with recommendations then presented to Council before implementation.

8. Resource implications

- 8.1 We will manage development work and consultations within current budgets. However, once the new routes are in place there may be some additional costs, for example for evaluators and, more generally, the evaluation of applications.
- 8.2 The funding of working, adaptation periods and Route 3 will be a matter for applicants, universities and SEBs, and will depend on the final agreed routes.

9. Risk implications

- 9.1 The approach set out above is designed to help address the current risk whereby the demand from internationally trained pharmacists outstrips the supply of courses and programmes run by universities. A shorter programme which amalgamates study and learning will enable more courses to be run over an academic year and the creation of other routes for those with very similar education and training will reduce some of the pressure for entry onto programmes.

10. Recommendations

Council is asked to agree an in-principle framework for international pharmacists prior to our developing a consultation on it.

Damian Day, Head of Education
General Pharmaceutical Council

13/02/2024

Reporting on the November 2023 Registration Assessment sitting

Meeting paper for Council on Thursday, 22 February 2024

Public business

Purpose

To update Council on candidate performance in the November 2023 Registration Assessment sittings.

Recommendations

Council is asked to note the Board of Assessors' report to Council (Annex 2) and the assurance it provides about the November 2023 sitting; and the feedback from candidates following the assessment.

1. Introduction

- 1.1 Passing the GPhC/PSNI Registration Assessment is a pre-requisite for applying to register as a pharmacist in Great Britain or Northern Ireland. Normally, there are two sittings every year, in Summer and Autumn. This is the report on the November 2023 sitting.
- 1.2 Responsibility for the Registration Assessment is split between the GPhC and the Board of Assessors (the 'Board'). The Board sets and moderates the Registration Assessment and agrees reasonable adjustments for candidates with specific needs; the GPhC is responsible for operational matters and for overseeing the setting and publishing of papers, in collaboration with partner organisations.
- 1.3 The Board is responsible for the Registration Assessment through delegated authority in the GPhC's Scheme of Delegation.
- 1.4 There were no significant delivery issues in November 2023.

2. Candidate performance

- 2.1 As the Board notes, 1067 candidates sat and 700 passed, that is a pass rate of 65.60%.
- 2.2 Note that the Autumn/Winter sittings are always smaller than Summer ones and include a far higher percentage of resitting candidates. Given that a significant percentage of candidates have failed the Registration Assessment already this does mean that the pass rate tends to be lower.

Performance in Part 1 (pharmaceutical calculations)

2.3 All questions performed as expected and none were removed.

Performance in part 2 (applied clinical practice)

2.4 Two questions were removed and the number of available questions at the marking stage was 118. Removing questions (or sometimes accepting two answers) is normal practice if a question performs in an unexpected way and the Board can identify why that may have been the case.

Alleged misconduct

2.5 Four allegations of misconduct progressed to a hearing. Two candidates accepted the allegation before the hearing took place and one was upheld at the hearing stage.

2.6 Candidates sitting the registration assessment in 2024 will be reminded that they are expected to behave professionally when sitting the Registration Assessment and will be reminded of the types of behaviours that may result in an allegation of misconduct being made against them.

Performance data

2.7 The breakdown of performance for candidates relies on having a large enough cohort in each of the protected characteristics and university of study to ensure statistical viability. Given the smaller numbers in the November assessment, it meant that reporting was only viable for nine of the 30 schools of pharmacy and two ethnicities. As such, we have not provided the breakdown as it does not provide a helpful overall picture of candidate performance. We also believe that the individual snapshot from each sitting does not provide the full picture in terms of trends over time, success rates of candidates over all three sittings and analysis of the intersectionality between university of study, sector and country of training, age, sex and ethnicity. We are working on this with the aim of providing more comprehensive analysis for future sittings.

2.8 We are continuing to take forward actions in relation to universities where there is evidence of lower pass rates in successive sittings. This is being reported regularly to the Quality, Performance and Assurance Committee (QPAC) and we have now published the accreditation reports for three universities detailing the actions taken. We have also held meetings with four further universities based on the most recent figures from June and November and will report back to QPAC on further action with these.

3. Candidate feedback and operational considerations

3.1 After the sitting, a survey was sent to candidates and 183 responded. Overall:

- 90% were satisfied with the overall experience of applying to sit the assessment;
- 90% were satisfied with the registration process at the test centre and the clarity of instructions given by test centre staff;
- 75% were satisfied with the timings of the day; and
- 76% were satisfied with the overall experience of the day.

Some themes in the comments from the survey were:

- Positive comments regarding the ease of the application process;
- Complimentary feedback about some test centre staff and invigilators;
- Guidance provided in advance and the need for a more accessible website; and
- Having to sit both papers on the same day;

3.2 A petition was raised, with 600 signatures. The petition expressed concern that “a significant number of candidates found the exam to be excessively challenging, which has raised questions about its fairness and transparency.” Given the rigour with which the Board sets quality assures questions and sets the pass standard the Board (and the GPhC) is confident that the questions were appropriate for a day one pharmacist and that the Assessment was not excessively challenging. The value of a flexible pass rate is that it enables the GPhC, through the Board of Assessors, to set the pass mark based on the relative difficulty of all questions. The key point is that while the pass mark may vary from sitting to sitting, the pass standard remains the same.

4. Equality and diversity implications

4.1 As part of our ongoing work to deliver the GPhC’s EDI strategy and to address issues of differential attainment, we have undertaken a review of the questions in the assessment to check for bias. The results of the analysis undertaken by our psychometricians AlphaPlus will be presented to Council in April.

5. Communications

5.1 Candidates for the November sitting received regular updates to inform them about arrangements for sitting the assessment. No concerns were raised about communications.

6. Resource implications

6.1 The costs of running the Assessment were covered in the budget.

7. Risk implications

7.1 There were no significant operational issues with delivery of this assessment. The risks were mitigated as set out to the Quality, Performance and Assurance Committee.

8. Future developments

- 8.1 As part of our annual plan, we are committed to reviewing the longer-term approach to the registration assessment. Based on the principles agreed with Council, we are now taking this work forward and will be reporting progress initially to the Quality, Performance and Assurance Committee before a further discussion with Council.

Recommendations

Council is asked to note the Board of Assessors' report to Council and the assurance it provides about the November 2023 sitting; and the feedback from candidates following the assessment.

Mark Voce, Director of Education and Standards

Damian Day, Head of Education

Sarah Stein, Head of Registration and Customer Services

General Pharmaceutical Council

13 February 2024

Report on the November 2023 Registration Assessment sitting from the Board of Assessors

1. Introduction

- 1.1 The initial education and training of pharmacists leading to eligibility to register in Great Britain (GB) and/or Northern Ireland (NI) is:
- passing a four-year MPharm degree accredited by the GPhC/PSNI; then
 - passing 52 weeks of foundation training; and
 - passing the GPhC/PSNI Registration Assessment (hereafter the Registration Assessment¹).
- or
- passing a five-year MPharm degree, with integrated foundation training, accredited by the GPhC; and
 - passing the Registration Assessment.
- or
- passing a five-year MPharm degree, with a preparatory year, accredited by the GPhC; then
 - passing 52 weeks of foundation training; and
 - passing the Registration Assessment.
- or
- passing a one-year Overseas Pharmacists' Assessment Programme (OSPAP) accredited by the GPhC; then
 - passing 52 weeks of foundation training; and
 - passing the Registration Assessment.
- 1.2 During foundation training, trainees are signed-off on four occasions by a designated pharmacist supervisor (in GB) or Educational Supervisor (in NI) – at 13, 26, 39 and 52 weeks in GB/50 weeks in NI. To be eligible to sit the Registration Assessment in NI candidates must have completed 45 weeks of training successfully – this is a legal requirement. In GB and NI trainees must have been signed off as 'satisfactory' at 39 weeks to be eligible to sit.

¹ Alternatively called the Common Registration Assessment.

- 1.3 The assessment took place on the 2nd November 2023 in test centres across GB and NI.
- 1.4 The Registration Assessment is a computer-based examination with two papers - Part 1 and Part 2. It is based on the Registration Assessment Framework, which covers:
- the outcomes to be assessed;
 - the weighting - that is, the number – of questions in three categories of practice: high relevance, medium relevance & low relevance;
 - therapeutic areas which can be assessed;
 - high risk drugs which can be assessed;
 - paediatric issues which can be assessed and the proportion of paediatric questions in papers; and
 - the types of pharmaceutical calculations to be assessed.
- 1.5 *Part 1:* Part 1 is two hours long (120 minutes) and comprises 40 calculations questions with free text responses. Approved models of calculators are permitted in Part 1, as are on-screen calculators.
- 1.6 *Part 2:* Part 2 is two and a half hours long (150 minutes) and comprises 120 questions: 90 are single best answer questions (SBAs) and 30 are extended matching questions (EMQs). Calculators are not permitted in Part 2 because, from a numerical perspective, the questions in that part test general number sense and calculators are therefore not required.
- 1.7 Candidates with a recognised and documented disability are able to apply for a reasonable adjustment to be made in the conduct of the Registration Assessment.

2. Reporting to the councils

- 2.1 Normally, there are two sittings of the Registration Assessment every year, in June/July and September/November, and the Board of Assessors reports to the GPhC and PSNI councils after each one. This is the Board’s summary report for November 2023.

3. November 2023 summary statistics

Candidate categories	Candidate numbers – November 2023	% of total candidates – November 2023
Total number of candidates	1067	100%
First sitting candidates (excluding NI data)	500	47%
Second sitting candidates (excluding NI data)	457	43%
Third sitting candidates (excluding NI data)	85	8%
NI candidates	25	2%
NB Rounding up/down applies to all percentages in all tables. Note that candidate figures can change due to nullifications and other adjustments.		

Candidate performance – pass rates	Number of passes	% pass rate
Overall pass	700	65.6%
Overall fail	367	34.4%
First sitting candidates (excluding PSNI data)	303	61%
Second sitting candidates (excluding PSNI data)	329	72%
Third sitting candidates (excluding PSNI data)	50	59%
England	619	65%
Northern Ireland	Data are not available	
Scotland	42	66%
Wales	21	91%

4. Paper and question analysis

Question performance

- 4.1 A set of example questions is made available to candidates. Both live and example questions are written by the same group of question writers, to the same standard using the same style guide. All the example questions have been used previously in recent assessment sittings or are similar to questions that have been used.
- 4.5 The pass rate for the November 2023 sitting of 65.6% is comparable to other recent November pass rates (61%, and 69%, for example).

5. Passing standard

- 5.1 The methodology used for deriving the pass standard for November 2023 was the same as for previous sittings. First, the Board analyses the suitability and performance of questions based on its professional expertise in pharmacy practice and healthcare education. Then the Board uses Item Response Theory (IRT), an established statistical method, to corroborate and confirm its professional analysis.
- 5.2 *Pass requirements:* In order to pass the Registration Assessment, both Part 1 and Part 2 must be passed in the same sitting.

Comparisons with previous papers:

Paper difficulty:

- 5.3 Compared to November 2022, Part 1, the calculations paper, was slightly easier, resulting in a pass mark two marks higher being used to compensate for that. The Board noted that in that paper the candidate cohort was less able compared to November 2022. In Part 2 the assessment

was slightly harder, resulting in a pass mark five marks lower being used. The Board noted that the cohort was more able in the clinical paper. Council should note that the Board uses a nuanced approach to standard setting based on the relative difficulty of papers, which allows the Board to comment on the ability of a cohort in relation to other cohorts.

Factors linked potentially to performance:

- 5.4 As is always the case, the Autumn 2023 sitting comprised significantly more resitting candidates than Summer sitting, which tends to result in a lower pass rate (on the basis that candidates have demonstrated they have not been able to previously meet the required pass standard).

NI data:

- 5.5 The Board notes that the NI data set is incomplete, which makes reporting on the whole cohort difficult. The Board urges the GPhC and PSNI to resolve this anomaly before the June 2024 sitting and to report to the Board when it has been resolved.

The value of objective, reliable assessments:

- 5.6 As is always the case, this sitting highlights the importance of objective, reliable assessments in identifying gaps in knowledge and ability not identified by more subjective methods.

6. Feedback to candidates

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

7. Delivery concerns

- 7.1 The Board is pleased to note that there were few issues with delivery and would also like to note the open and transparent way in which the GPhC's Customer Services team has engaged with the Board.

8. Psychometrics (statistics relating to candidate performance)

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

9. Chair of the Board

- 9.1 The Board wishes to express its thanks to its outgoing chair, Professor Andy Husband, Newcastle University, for his stewardship during his tenure. The Board understands that the GPhC is seeking a new chair and looks forward to working with them.

The Board of Assessors

21 January 2024

Board Assurance Framework Report

Year 2023/2024, Quarter 3



Contents

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Section A: Chief Executive's overview

- A.1 Overall, across all 4 domains of the balanced scorecard this quarter our performance remains stable. The scorecard on pages 4 and 5 provides the high-level picture. Progress of some workstreams in our annual plan is the main area where there have been changes, with 2 strategic aims changing their RAG status this quarter to red and amber – strategic aim 1 (SA1) and strategic aim 4 (SA4) respectively. Delays to actions in SA4 are more minor and temporary in nature, with almost all those delayed being on track to be completed in Q4. Delays to some of the programmes of work in SA1 are more significant and is covered in more detail in Section C including actions that are being taken.
- A.2 In summary, most of our services are performing well with 4 out of 7 areas meeting expected performance measures overall, and 5 maintaining performance. In relation to changes, inspection performance improved this quarter and now meets performance standards. Information governance is the only area where performance reduced and is now rated at a red RAG status. This was because of the timeliness standard not being met for one data subject access request and a regrettable data breach that was reported to the ICO. Whilst no further action was taken by the ICO we have apologised to the registrant concerned and shared the necessary learning with the team. Appendix 1 contains the more detailed information governance update on both these issues. Fitness to Practise performance remains at a red RAG status due to not meeting 4 out of the 6 rebased timeliness performance standards, although positive improvements seen in productivity and timeliness at most stages of the process. Appendix 2 provides the fuller fitness to practise update.
- A.3 There are no significant changes in the organisation's strategic or corporate risk profiles this quarter for escalation to Council. Our financial position overall remains stable, although we have moved to an operating deficit this quarter which is higher than forecast (at £0.45m). This is due to higher than expected spend. Income remains in line with forecast and reserves remain comfortably within the 4 to 6 month target. Looking forward to the year-end we expect the deficit to be in line with the previous forecast. Finance and Planning Committee (F&PC) continue to closely monitor our financial position.
- A.4 As highlighted in the opening paragraph, it is in the progress of annual plan actions due for completion this quarter where there have been the most changes. Overall, 46% (16) of all actions were completed as scheduled, with 43% (15) subject to minor delays. Most of these will now be completed in Q4. There are 3 actions (9%) though which are now significantly behind: the review of our registration model (SA1), the progress of the quality programme of work including development of service quality measures (SA2), and the business systems and digital strategy work (SA5). These are all firmly part of the draft annual plan for 2024/25, which is also an item on this Council agenda.
- A.5 There are 2 areas of performance being escalated for council's attention this quarter which have a red RAG status. These are:
1. Progress of strategic aim 1, *'Deliver an adaptable standards framework that meets public and professional needs that are changing quickly'*.

2. Fitness to practise performance (around timely progression of FtP cases) and the linked progress of strategic aim 2, *'Deliver effective, consistent and fair regulation'*.

A.6 Both of these areas are covered in section C of this report in more detail, including what actions the Executive are taking.

A.7 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 issue with Council in our last 3 Board Assurance reports. It also 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. Section C of the report covers this in more detail. Relevant committees will continue to receive more detailed updates on capacity and organisational development going forwards.

A.8 One of the benefits of our board assurance reporting approach 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.9 Council are reminded that the more detailed reports forming the board assurance report are reviewed by the Executive. 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 being raised by the 4 committees for Council's attention this quarter.

Board Assurance Framework Report

Year 2023/2024, Quarter 3

Corporate risk register overview

Changes to corporate risk register:

- CR4: We fail to deliver a fit for purpose website ↓

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

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

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

Strategic risk register overview

RAG rating	Q4	Q1	Q2	Q3	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	→

RISKS

Quarter 2 performance

Customer Contact Centre G →	Registration G →	Fitness to Practise R →
Inspection G ↑	Corporate Complaints G →	Information Governance R ↓
		Human Resources A →

Overall performance remains largely stable this quarter

- Timeliness of the inspection process improved.
- There was a regrettable data breach, although no ICO action taken. Sickness absence continues to be higher than desired, although reducing. InFTP, timely progression of cases remains challenged against rebased performance measures.

SERVICE PERFORMANCE

- 2 out of the 6 re-based FtP timeliness performance standards were met this quarter
- Productivity improved at most stages with very positive increases at IA (triage) with the backlog reducing. At FTP, the highest no. of cases were closed. However, there was sizeable reduction in the no. of cases closed before IC compared to the previous quarter.
- Timeliness improved or stayed the same at most stages except at FtPC as older cases are moving through.



- As a result, the open caseload at investigation* remained stable and the proportion of cases older than 12 months increased marginally.

Quarter 3 Council Scorecard

Some changes to RAG ratings this quarter:

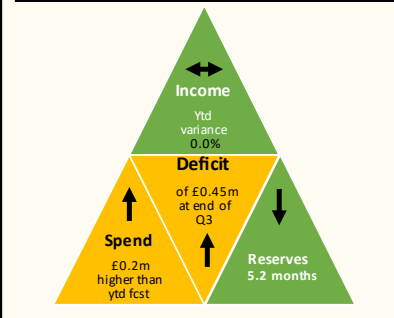
- SA1 moved to red largely due to sig. delays in the review of our registration model. This is being reshaped in Q4 and will become an important priority of the 2024/25 annual plan. SA4 moved to amber because of more temporary delays e.g. launch of new website, data collection from MHT training providers.
- FTP remains red due to improvement activities not yet impacting on timeliness in the progression of FTP cases in a sustained way.
- Out of the total 35 actions due this quarter, 46% (16) were completed as scheduled. 43% (15) of the actions due were subject to mostly minor delays and will largely be completed in Q4. 3 actions (9%) now sig. behind, (i) review of our registration model, (ii) quality programme of work incl. quality measures in SA2 (now being moved to 2024/25), (iii) the business systems and digital services strategy which will now be part of the development of the TOM.

STRATEGIC PLAN

Annual plan 2023/24 progress

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

FINANCE



We remain in a stable financial position this quarter

Income – At the end of Q3, actual ytd income is in line with forecast 2, and expected to continue to year end.

Spend – Is higher than expected ytd forecast by £0.2m. Mostly comes from committee costs with increased in FtP hearing days and revalidation volumes, consultancy, research cost and assessment facilitation costs were also ahead of expectation for the period.

Reserves – Remain within the target level of 4 -6 month for free reserves.

Deficit – £0.13m up on the forecast of £0.45m after interest and tax, driven by higher expenditure across different cost lines which have been partially offset by an underspend due to vacancy savings.

Investments – Market value is up £0.9m from closing position at the end of September 2023.

Board Assurance Framework Report

Year 2023/2024, Quarter 3

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 byproduct 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 implementation of 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	SLG has considered and approved business case for development of MyGPhC Pharmacy to bring registration process for pharmacy owners online. Business case in relation to wider review of what we register and why now scheduled for Q3 taking account of initial views from FPC.
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 and retention, and culture are key planned actions to mitigate. Consideration as to whether the risk around restructure subsumed here or new corporate/strategic risk needed.

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 has 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 3 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 has 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 of key work within strategic aim 1 (SA1), 'Deliver an adaptable standards framework that meets public and professional needs that are changing quickly'.

- C.1 As set out in paragraph A.5 the main factor driving the change to a red RAG status for SA1 is largely because of the significant delays to the work around reviewing our registration model. In 2023/24 the focus was on pharmacy premises registration set out in 2 stages. The first stage involved reviewing the overall purpose of registration and renewal and what we do. Stage 2 was looking at pharmacy premises registration specifically, including potential gaps in current arrangements and the impact of these on patient safety and our ability to regulate effectively. Due to capacity constraints this work has not progressed since initial work undertaken in Q1 around identifying additional information required at registration and renewal for pharmacy premises.
- C.2 Given the significant delay, but also because of the positive progress of the linked pharmacy professionals post registration assurance group in identifying their key risk areas of focus moving forwards, it has presented us with an opportunity to reflect on and re-shape this piece of work in light of developments elsewhere. A paper on the proposed principles governing how this piece of work should be taken forward was discussed with Finance and Planning Committee at their meeting in February and was positively received. The proposed re-shaped programme of work looking at what we register, the basis of registration and the information we collect and use at registration and renewal for both premises and professionals' is also one of the proposed non-negotiable priorities in the draft annual plan for 2024/25.
- C.3 For Council's reference, there were also some delays in other workstreams under SA1 this quarter which were more minor in nature. For example, the consultation on Chief Pharmacist standards will now commence in Q4 mainly because of additional pre-engagement work undertaken with Chief Pharmacists working in ICBs. This was to ensure the draft standards were as comprehensive as possible given the increasing variety of roles and settings that Chief Pharmacists are working in. The consultation will not now complete in Q4 as originally scheduled.
- C.4 And, whilst there has been continuing inspection and enforcement actions taken against online pharmacies that do not meet all our standards, there have also been delays in some of the work in the strengthening the regulation of online pharmacy programme. In particular, the delay in updating our definition of what we mean by online pharmacy has impacted the work to look at what good online provision looks like. Had that not been delayed, there would have also been capacity issues within the inspectorate that would have impacted on our ability to undertake that action. This was because of vacancies due to retirements, promotions, maternity leave and long-term sickness. Filling those vacancies has been a priority for Q3 and good progress has been made in that regard.

Fitness to Practise performance and progress under strategic aim 2. 'Deliver effective, consistent and fair regulation'.

- C.5 Council are aware of the issues associated with the current volume, age and complexity of the existing open caseload as previously reported and the impact these have and will continue to have on the pace of visible improvement in timeliness across fitness to practise for at least the next nine

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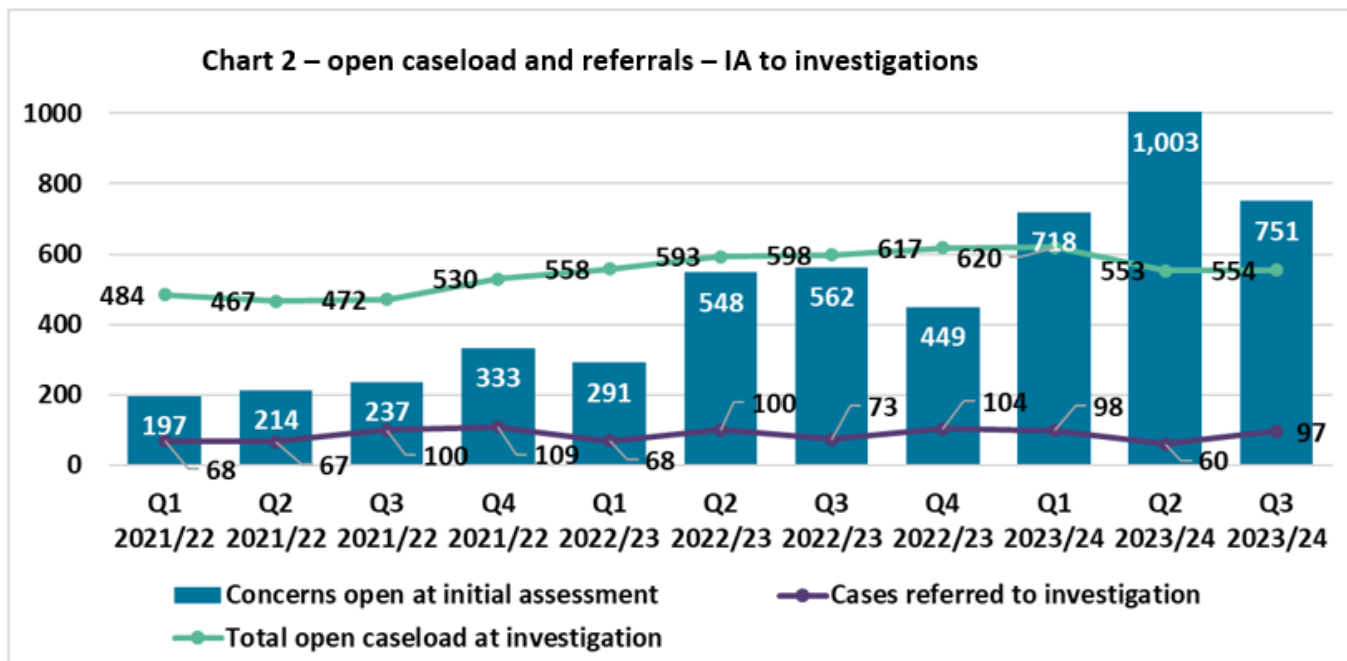
months. In relation to overall improvement activity, good progress continues to be made. The revised aims and objective were endorsed by ARC and we went live with the tender for a technology partner. We have, however, decided to reflect on whether now is the right time to progress to tender in light of ensuring that we focus our finite resource on securing the overarching aims of the improvement programme.

C.6 Appendix 2 sets out the fuller performance report for FtP this quarter and supporting narrative against the 6 performance measures. Council is asked to note that work continues on defining interim objectives and key performance indicators which will be reported on during 2024/25. We will continue to track performance against developing targets for each stage of the FtP function and the Audit and Risk Committee (ARC) will scrutinise progress on this separately.

Triage

C.7 We continue to see an increased volume of concerns coming through with 97% of the 2022/23 annual concerns being received by the end of Q3, a record 1405 in Q3 alone. Comparative decisions for the period sit at 92.5% but improved and sustained productivity within the triage team resulted in over a 33% increase in decisions against the previous quarter and a 102% increase against Q1 (1713 over 1290 and 846 respectively), resulting in an overall reduction in our triage open caseload of 17%.

C.8 Although we remain far below the re-based objective at this stage, the average time taken to triage concerns in Q3 reduced from 29.7 days to 17.6 days, a promising reduction to the previous quarter despite the significant increase in concerns received. We are conscious that the combination of increased concerns received and productivity in this area, increases the risk of failing to act on serious concerns effectively and we continue to work through our plans for mitigating that impact, reviewing decisions in this area through our quality control function and enhancing legal and clinical oversight at each stage.



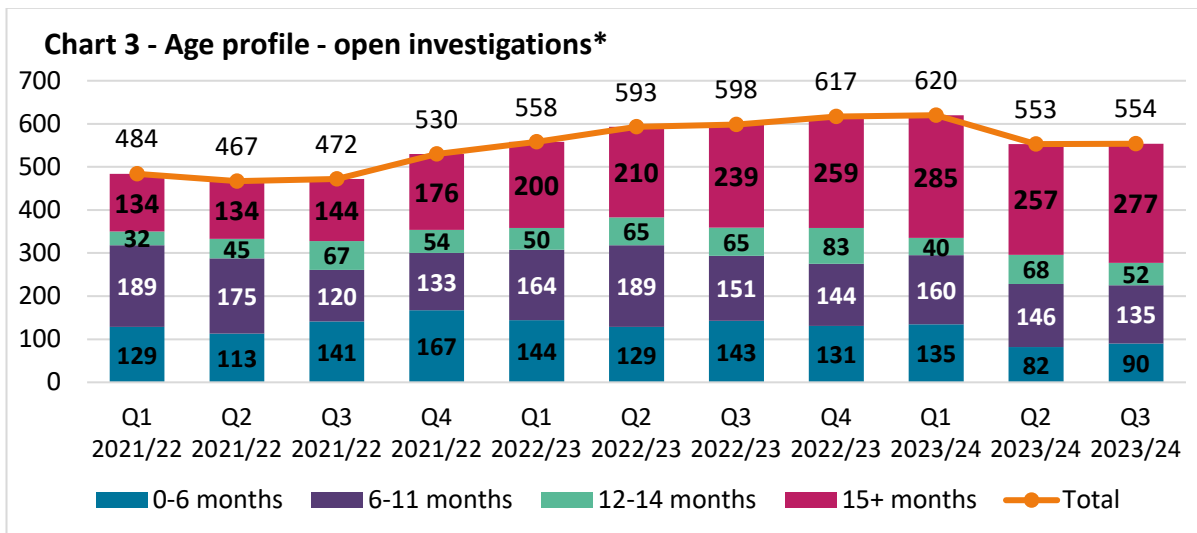
*Data for all quarters has been retrospectively updated for accuracy. Higher numbers now appear at initial assessment and lower numbers are at investigation than reported in the previous quarter.

Investigation

C.9 Q3 saw a dip in overall productivity in decisions at investigation stage which is proportionate to lost time over the festive break. This has been prioritised for recovery during Q4 and we expect a continuous improvement from that point on and the team are grateful for the broader corporate support in this area. There was no movement in the number of open cases at investigation stage this quarter although we expect this to rise in response to the increased productivity at triage which may also push older cases through.

C.10 There were marginal reductions in the age profile between 6 and 14 months. However, we note the increase in the age profile of cases over 15 months but are mindful that a significant proportion of these reflect the progress of some of our very aged cases including those involving remote prescribing concerns which mask more positive strides. For future reporting, we will aim to visualise this impact to better show the underlying direction of travel of newer investigations but indicatively, approximately 30% of all investigations involve online pharmacy concerns which we acknowledge have not progressed as quickly as they should have. We now have our approach to these concerns resolved and they will be progressing more efficiently through to IC and final hearing over the next few months.

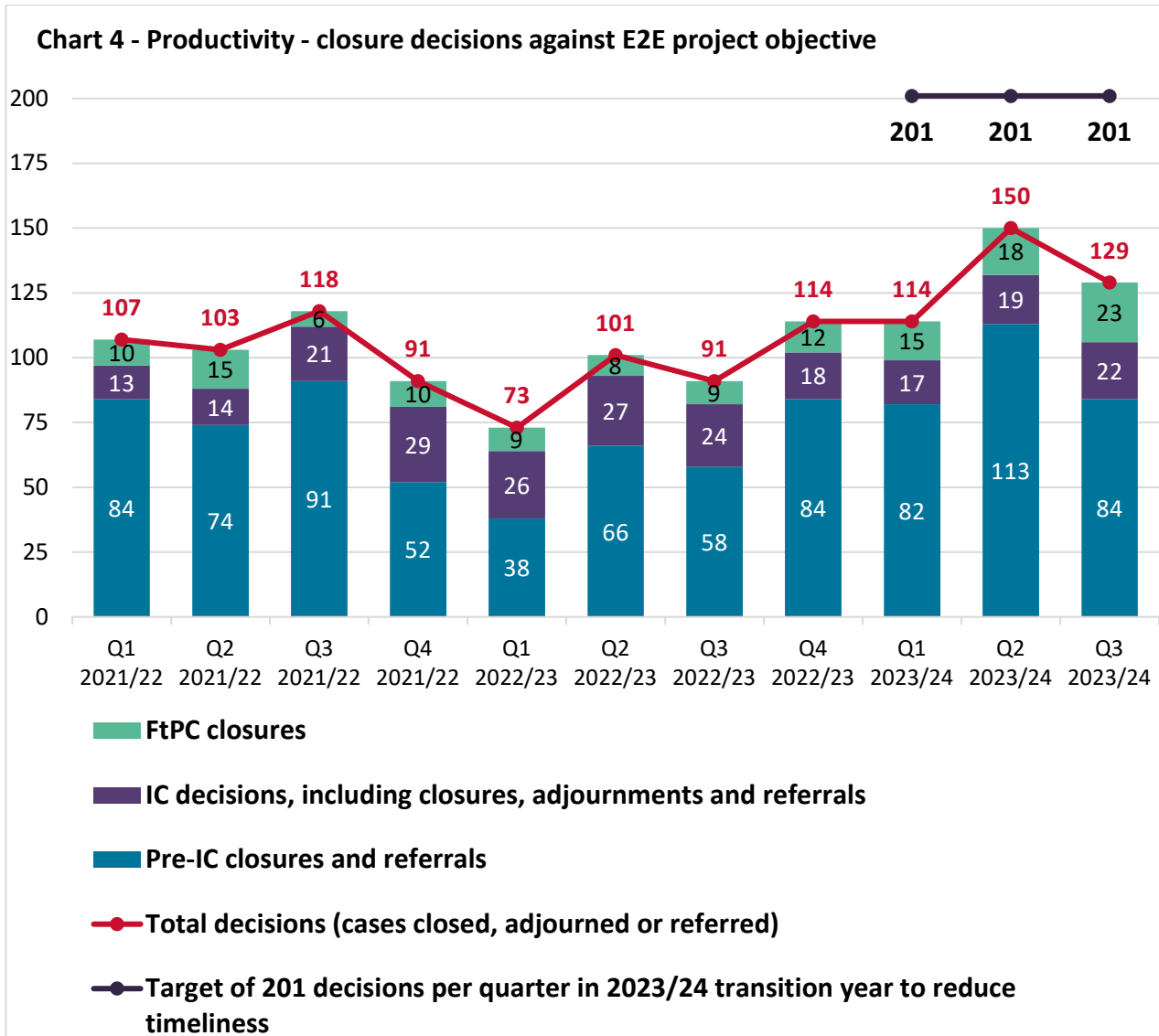
C.11 We closed 43% of cases pre-IC within 10 months, continuing the upwards trajectory, and sustaining the re-baselined objective. 24% of cases were referred to the IC within 12 months, more than doubling previous performance and falling just short of the re-baselined objective. We continue to be challenged to close cases at this stage and FtPC due to the legacy age profile of cases in this cohort. This is likely to remain the position until at least Q3 2024/25 when we anticipate all cases to be through IC and the vast majority through FtPC where appropriate.



*Data for all quarters has been retrospectively updated for accuracy. Lower numbers are at investigation than reported in the previous quarter.

Adjudication

C.12 Q3 delivered the highest number of FtPC closures this year at 23 and we expect these volumes to sustain as we ramp up hearing days. This reflects the caseload moving along in greater volumes but as noted, has the corresponding impact on the reportable age profile.



Organisational capacity

- C.14 As outlined in section A of this report, we have previously reported on organisational capacity which continues to bubble under the surface in all the domains of the board assurance framework report. This has continued in Q3 and is best illustrated in our annual plan in some of the minor and more significant delays to progress in the actions expected to have been completed this. Out of the 18 actions (52%) across the 5 strategic aims not completed as expected this quarter, 10 will now be completed in Q4 and 8 will be carried forward into next year's annual plan 2024/25. Whilst not all these delays are because of capacity issues, the slippages will in themselves add to work due for completion in Q4 and going forwards.
- C.15 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 ongoing initiatives around reward, retention and culture identified as key mitigation activities. These will also form a significant part of our proposed annual plan for 2024/25 moving forwards.
- C.16 The Executive continues to have capacity on its radar, not least because of the potential for a more significant cumulative impact moving forwards. It is also cognisant of the amount of change for staff as the organisation moves towards new ways of working this calendar year. Our HR performance in Q3 (amber) tells us that whilst our stability rate remains good, our absence rate of 4.5% – whilst reducing – is still above where we would like it to be. Stress/anxiety is cited as the highest contributor to these cases.
- C.17 Our draft plan for 2024/25 sets out 6 non-negotiable priorities for the organisation which need to be delivered. This will help us to proactively manage our capacity. Staff are aware that everything else within the draft 2024/25 annual plan, whilst remaining important may be subject to re-prioritisation if new programmes of work become necessary or capacity becomes stretched because of regulatory operational demands. This is important because the Executive is aware that there are some service areas which are involved in a number of workstreams moving forwards on top of their business-as-usual work. And there may need to be some further recalibration in the timing of work. Registration is an example of one of those service areas. There is also a specific piece of work in next year's annual plan under strategic aim 5 to develop a methodology for measuring workforce capacity and productivity to support the transition towards matrix working.

Appendix 1: Information governance performance monitoring report

Table 1: Overall performance this quarter

Quarter	RAG	DOT
Q3	R	↓

Performance summary

Overall performance in the quarter was red. We received a steady number of Freedom of Information Act requests, all of which were responded to on time. The number of data subject access requests received remained consistent with previous quarters. However, the timeliness standard was not met for one request. In that case, the Fitness to Practise team notified us of the request after the statutory deadline had already passed. We responded to this request the following day. Staff have been reminded about the statutory deadlines that we must comply with, and have been asked to send information requests to the IG team without delay, to enable us to respond promptly.

We had one notifiable data breach in this quarter. In this case, a Notice of Decision instead of a Determination was uploaded onto the website. This occurred because the incorrect file (Notice of Decision) was placed into the publication folder, instead of the Determination. Staff have been reminded to open and check each file before publishing on the website, in line with established protocol. The ICO informed us that no further action will be taken. We also notified the registrant of the incident and have apologised.

All eligible staff have completed Data Protection and Information Security training. We also continue to deliver tailored training to new members of staff.

Table 2: Information governance quarterly performance

Performance measure	Performance standard	Q3	RAG	DOT	Q2	Q1	Q4
Percentage of FOI requests responded to within statutory 20-days	100%	100% (28/28)	G	→	100% (35/35)	100% (36/36)	100% (36/36)
Percentage of data subject requests responded to within statutory one month or permitted extension	100%	87.5% (7/8)	R	↓	100% (6/6)	100% (8/8)	100% (12/12)
No. data breaches reported to the ICO	0	1	R	↓	0	1	3

Appendix 2: Fitness to practise performance monitoring report

Table 3: Overall performance this quarter

Performance summary

Quarter	RAG	DOT
Q3	R	→

Performance at triage continued to be challenging, with 13% of concerns triaged within the 5-day KPI, however, following staff recruitment, including some temporary over-recruitment, the backlog has been steadily reducing, as has the average time taken to triage (from 29.7 days in Q2 to 17.6 days in Q3).

With 93% of concerns not meeting the initial threshold for further investigation, we are considering how we might better serve those raising service level concerns or those unmeritorious for other reasons might be dealt with more efficiently and outside of the regulatory framework while supporting the profession in achieving local resolution.

Once opened, continuous improvement is evident in the number of cases being progressed to final resolution before IC, at the IC and at FtPC. While the cases before the IC and FtPC remain outside of the re-based timeliness objectives, this directly reflects the focus on resolving the oldest cases in the caseload and is likely to remain the position for some months to go.

We continue to develop and review initiatives designed to ensure the right level of oversight at the right stage in the process including more legal clinical and inspector input. This has had a demonstrable impact on the progress of newer cases, and we'll be considering how to fast-track the learning from this into BAU for Q4. We also continued our oversight of our aged caseload with dedicated legal resource conducting a risk-based review of all.

95 decisions were made by Professionals Regulation Managers in Q3, despite challenges with staffing levels in this area. We successfully recruited additional senior legal resource and expect to see the benefit that this will bring throughout Q4 and Q1 2024/25.

We continued our targeted focus on our older cases, with dedicated legal resource being allocated to undertake a risk positive approach to investigation and resolution. Early indications are slow but steady and we will assess the benefits of this at the end of Q4.

22 cases were concluded at the Fitness to Practise Committee in Q3 which is the highest we have seen for many years. The team have been working closely with Adjudications to manage cases through more quickly and increase our hearings capacity within the statutory limitation we have with FtPC chair appointments. We have increased the number of IC sitting days to maximise throughout and forecast continued strong performance in Q4.

12 interim orders were imposed during Q3, continuing the upwards trend. We maintained a low median time of 2.1 weeks from receipt of the information suggesting an immediate risk but are mindful to

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consider the time taken from receipt and consider if more can be done to obtain the relevant information at the earliest time.

Table 4: Fitness to practise quarterly performance¹

Performance measure	Re-based Performance standard (Original standard) ²	Q3	RAG	DOT	Q2	Q1	Q4
Concerns triaged within 5 working days	59% (80%)	13% (223/1,713)	R	→	13% (173/1,288)	26% (216/846)	47% (621/1,312)
Cases closed pre-IC within 44 weeks (10 months)	39% (80%)	43% (27/63)	G	↑	40% (37/92)	36% (24/66)	39% (27/69)
Cases referred to the IC within 52 weeks (12 months)	26% (80%)	24% (5/21)	R	↑	10% (2/20)	13% (2/16)	0% (0/15)
Cases closed or referred at IC which reach IC within 60 weeks (14 months)	27% (80%)	10% (2/20)	R	↑	6% (1/16)	8% (1/13)	12% (2/17)
Cases closed at FtPC within 104 weeks (24 months)	29% (85%)	10% (2/22)	R	↓	17% (3/18)	27% (4/15)	17% (2/12)
Median time (weeks) from receipt of information suggesting an immediate risk to interim order (IO) being imposed	(3 weeks)	2.1 wks (12 IOs)	G	↑	2.4 wks (7 IOs)	2.3 wks (7 IOs)	3.3 wks (8 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.



Annual plan and budget 2024/25

Meeting paper for Council on 22 February 2024

Public business

Purpose

To agree the Annual Plan and Budget for 2024/25

Recommendations

The Council is asked to:

- Note the proposed headline programmes of work for 2024/25 in **Appendix 1**
- Agree the Annual Plan 2024/25 as set out in **Appendix 2**
- Approve the 2024/25 budget as set out in **Appendix 3**

1. Introduction

- 1.1 As highlighted previously in the agenda, our current five-year strategic plan approved in February 2020 sets out the roadmap to 2025 of where we expect to be in achieving our long-term Vision 2030 for, *'safe and effective pharmacy care at the heart of healthier communities'*.
- 1.2 In line with our agreed planning framework, each consecutive annual plan is then drawn from the strategic plan. In setting the corresponding budget, our medium terms plans are also taken into consideration.
- 1.3 The proposed annual plan and budget for 2024/25 is the fifth and final set to support the delivery of our first five-year strategic plan.
- 1.4 Council has had high level oversight of the wider, integrated approach to planning and budgeting with the opportunity to provide input and feedback. Finance and Planning Committee (F&PC) have had more detailed scrutiny and input into the approach, along with the content of the draft 2024/25 annual plan and budget. Comments received from the committee's meeting in February 2024 have been incorporated into the draft plan and budget as appropriate.

2. Context

- 2.1 Council is asked to note the context in which this year's annual plan and budget have been developed when considering this item. As the organisation has started to move towards new

ways of working, this year will be very much a year of transition towards fully implementing that change internally, whilst working to deliver outcomes that will benefit patients and the public. With new Chief Officers only recently in post there are some items within the plan that are more placeholders at this stage, highlighted in paragraph 3.4. The more detailed content and outcomes of these will develop through the year as more work is done to scope out what is required.

- 2.2 It will also be a transition year between the final year of our existing strategic plan 2020 to 2025 and the development of our next medium term strategic plan. The work to develop this will be running in parallel to the delivery of the proposed annual plan and budget for 2024/25.
- 2.3 Finally, context wise, the annual plan has also been developed in the knowledge that we will be operating a deficit budget this year. Fee increases applied for the financial year have gone some way to reducing the deficit and we have also reviewed all of our activities to look to see where cost saving measures can be applied. Section 3 below helps to set out the changes we have made to help plan for success within this context. We are aware that managing our capacity, both in terms of money and staff resources is going to be key to its success. To help us manage this context we have taken the approach within this annual plan to:
- **Identify six clear non-negotiable priorities for delivery to help us proactively manage our capacity to deliver and well.**
 - **Tidy the plan to make it more manageable and digestible.**
 - **Ensure any work carried forward from the previous annual plan (2023/24) is incorporated.**
- 2.4 In doing so, if we need to make changes and adapt quickly because new pieces of work come in or if capacity becomes stretched, we know which areas of our annual plan can be re-prioritised in terms of timing. The Executive is aware that there are some service areas which are involved in a number of workstreams moving forwards on top of their business-as-usual work. And there may need to be some further recalibration in the timing of work. Registration is an example of one of those service areas.
- 2.5 Finally, by removing programmes of work that are more continuous improvement in nature, and by consolidating previously separate programmes of work which now logically fit together better, as well as better reflect our new ways of working, the annual plan this year has been reduced by ten programmes of work.
- 2.6 The next sections outline the main themes of the draft annual plan and budget for 2024/25 to draw to Council's attention.

3. Draft Annual Plan 2024/25

- 3.1 There are now 15 proposed programmes of work across the five strategic aims in the draft annual plan for 2024/25. The headline programmes are set out in Appendix 1 for Council's ease of reference. And the full draft annual plan is set out in Appendix 2. This provides a much greater level of detail of the actions being undertaken and when.
- 3.2 The proposed six non-negotiable priority programmes of work mentioned in paragraph 2.3 above are:

1. **Being recognised by the PSA for the progress we have made towards meeting and sustaining all the standards of good regulation.** *This will be through the delivery of an efficient, high quality, fair and proportionate fitness to practise function that protects the public.*
 2. **Strengthening pharmacy governance.** *So that the responsibilities and accountabilities of pharmacists and pharmacy technicians are set out clearly, enabling more effective service to patients and the public.*
 3. **Developing a strategic approach to registration.** *So that patients and the public have assurance that we collect and hold the right information from pharmacists' pharmacy technicians and pharmacy businesses to regulate effectively.*
 4. **Modernising how we regulate education and training.** *So that pharmacists and pharmacy technicians have the knowledge and skills needed to continuously improve care for patients and the public.*
 5. **Making sure we are organised for success.** *So that we can deliver effective pharmacy regulation for the public.*
 6. **Establishing a sustainable financial position.** *That will ensure effective funding of pharmacy regulation to provide ongoing confidence to the public in the standards of the profession.*
- 3.3 Our continuing programme around **Equalities, Diversity and Inclusion (EDI)** underpins all the proposed six non-negotiable priorities. The impact of this work is broad. It not only supports pharmacy professionals and pharmacy teams to deliver person centred care, but also in being more informed and able to speak up and challenge discrimination.
- 3.4 For council's reference, there are two new programmes of work this year in strategic aim 2 (SA2). '*Developing an enforcement strategy*' reflecting our transition to new ways of working, and the umbrella programme of '*Developing our approach to data, insight and reporting*'. With regards to the latter, five previously separate programmes of work have been merged under this more strategic umbrella. These covered research activities, our comprehensive evaluation programme, annual programme of insights reporting and collection of key good quality data that we didn't previously have, including information sharing agreements. Both these new programmes of work will develop over this year, as signposted in paragraph 2.1.
- 3.5 With regards to further tidying, three previously separate - but inextricably linked - programmes of work have been brought together in strategic aim 5 (SA5) under the umbrella of '*making sure we are organised for success*'. This now covers the work around the development of the target operating model, our digital and business systems strategy work, and our organisational development work to ensure we have a high skilled, specialist, dynamic and flexible workforce in line with our Vision 2030.
- 3.6 There are two areas of work in strategic aim 4 (SA4) which have been removed from this year's plan as they are more continuous improvement activities. These are the work around '*continuing to engage around regulatory reform and associated legislative framework development*', and our work around '*updating our approach to how we approach relationship management in inspection*'. And the previous standalone programme of work in SA5 around '*becoming a net zero regulator and supporting delivery of more sustainable pharmacy care*' is now embedded throughout all strategic aims.

- 3.7 And then lastly for completeness and for Council's reassurance, there are around nine pieces of work from the 2023/24 annual plan which will be carried forward into this year's annual plan. The Board Assurance Framework (BAF) report for Q3, which is also on Council's agenda today, highlights the work which we already know will not complete as expected during our current year's annual plan and the reasons why. The BAF report highlights that most of these are minor in nature and will be completed early in the 2024/25 annual plan. The three programmes subject to more significant delays have been reshaped and are all part of the proposed non-negotiable priorities set out in paragraph 3.2.
- 3.8 As with every year, we will continue to deliver our core regulatory functions. These range from setting the standards for pharmacy professionals and pharmacies to enter and remain on the register, maintaining a register of those who meet these standards through to regulating pharmacies and investigating concerns about the people or pharmacies we register. We will continually seek opportunities to improve how we deliver these core responsibilities.
- 3.9 Finally, as we move towards the last year of our five-year strategic plan, the content of this year's annual plan importantly demonstrates the continued progression of many of our earlier investments that are now moving at pace in implementation.
- 3.10 The proposed Annual Plan for 2024/25 is set out in **Appendix 2** to this paper.

4. Draft Budget 2024/25

- 4.1 The GPhC are proposing a budget for 2024/25 with an operating deficit of £1.4m including interest and tax. The projected operating expenditure is £30.6m against a projected operating income of £28.4m.
- 4.2 The 2024/25 budget has been developed to reflect the financial resources required for the organisation to deliver on its statutory duties and meet the objectives set out in the annual plan.
- 4.3 The budget proposal was also prepared with a number of key considerations in mind. These include:
- The impact of inflation and other cost pressures
 - The changing nature of the sector and scope to develop our models of service delivery.
 - Streamlined and prioritised approach to meeting strategic aims
 - The extent to which we can invest in initiatives to deliver efficiencies over the longer term.
 - The impact of other external and government decisions
 - Building the foundations to move toward a sustainable financial position and fund the next phase of the strategic plan.
- 4.4 The proposed budget for 2024/25 is set out in **Appendix 3** with supporting annexes.

5. Equality and diversity implications

- 5.1 Our aim is to embed equality, diversity, and inclusion in both our role as a regulator and as an employer and to make sure we deliver effective, consistent and fair regulation.

- 5.2 One of our key activities moving forwards is the delivery of our approved equality, diversity and inclusion (EDI) strategy through identified annual priorities. We will continue to monitor and demonstrate our progress towards achieving this.
- 5.3 Consideration of any EDI implications will also be an integral part of the development of the multi-year fees strategy which is a proposed non-negotiable priority this year.

6. Communications

- 6.1 Our Vision 2030 and associated plans will continue to sit at the heart of all our internal and external communications, so that we can explain our approach and priorities as an organisation, and what we will aim to achieve through our work. This is particularly important given a key part of delivering the vision successfully involves collaboration and joint working.
- 6.2 One of our key activities moving forwards is the delivery of our approved communications and engagement strategy through identified annual priorities. As with the EDI strategy we will continue to monitor and demonstrate our progress towards achieving this.
- 6.3 The decision on the annual plan and budget for 2024/25 will be clearly communicated to registrants through Regulate, the GPhC website and the pharmacy media.

7. Resource implications

- 7.1 This year, we continue to build on the positive progress made in recent years to integrate our planning and budgeting processes.
- 7.2 The resource implications for the budget year 2024/25 are laid out in the budget paper. The anticipated deficits are based on our current expenditure profile and does factor in the impact of the 2024 fee increase.
- 7.3 Although cash projections are not expected to fall below the required level, the sustained deficits currently projected will erode the amount of reserves we hold and take us below minimum levels. For us to achieve a more financially stable position we will have to adjust the management of income, expenditure, and reserves.

8. Risk implications

- 8.1 An inadequately prepared budget for the coming year could inhibit the GPhC's ability to manage risks and place a strain on existing resources. This in turn could compromise our ability to effectively deliver our statutory duties.
- 8.2 The Executive team will seek to manage these risks as much as possible within the proposed budget remit. The budget does include a contingent amount of resource to manage the uncertainty around developing work as well as a savings efficiency target.
- 8.3 If any risks arise that cannot be effectively managed within the proposed budget scope, then it may be necessary for the GPhC to call on its reserves.
- 8.4 The Executive team believes there is enough rigour in the underlying assumptions that the Council can be assured as far as possible that the necessary resources are available for it to be able to perform its regulatory responsibilities. The budget also allows for the flexibility to respond to potential changes that may arise.

- 8.5 Given the projected financial deficits the GPhC will need to consider how it ensures that both necessary resources are available to perform its regulatory responsibilities and sufficient flexibility exists to respond to potential changes that may arise.
- 8.6 Main risks associated with the delivery of pieces of work in the annual plan as well as quarterly financial information will be included as part of the quarterly board assurance framework report. The Finance and Planning Committee will continue to be informed and consulted on any major issues and risks relating to our plans and budgets. And the strategic risk register will continue to be reviewed as part of the management framework.

9. Monitoring and review

- 9.1 We will need to keep the vision, supporting plans and budget under regular review and be ready to assess them in light of any significant changes or issues that emerge.
- 9.2 The annual plan and budget will continue to be monitored through the following ways:
- Quarterly board assurance framework report
 - Relevant updates to Finance and Planning Committee
 - Executive oversight

10. Recommendations

The Council is asked to:

- Note the proposed headline programmes of work for 2024/25 in **Appendix 1**
- Agree the Annual Plan 2024/25 as set out in **Appendix 2**
- Approve the 2024/25 budget as set out in **Appendix 3**

Duncan Rudkin, Chief Executive and Registrar
General Pharmaceutical Council

22 February 2024

Appendix 1 - Headline programmes of work

Strategic aim 1

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

To help us achieve this overall aim, in 2024/25 we will have:

1. New standards for chief pharmacists in place
2. Consulted on standards for SP's and rules and standards for RPs
3. Strengthened our approach to the regulation of online pharmacies
4. Developed a strategic approach to registration

Strategic aim 2

Deliver effective, consistent and fair regulation

To help us achieve this overall aim, in 2024/25 we will have:

1. Been recognised by the PSA for the progress we have made towards meeting and sustaining all standards of good regulation
2. Developed our approach to data, insights and reporting
3. Delivered the third year of our EDI action plan in support of our five -year EDI strategy
4. Developed an enforcement strategy

Strategic aim 3

Drive improvements in pharmacy care by modernising how we regulate education and training

To help us achieve this overall aim, in 2024/25 we will have:

1. Continued with our reforms to initial education and training of pharmacists and pharmacy technicians
2. Taken forward our prioritised programme of work on post registration assurance of practice

Strategic aim 4

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

To help us achieve this overall aim, in 2024/25 we will have:

1. Delivered the third phase of activities in support of managing our five-year managing concerns strategy
2. Delivered our second set of annual priorities to support the achievement of our five -year communication and engagement strategy

Strategic aim 5

Enhance our capabilities and infrastructure to deliver our Vision

To help us achieve this overall aim, in 2024/25 we will have:

1. Improved customer experiences of our services
2. Made sure we are organised for success
3. Established a sustainable financial position

Strategic aim 1: Deliver an adaptable standards framework that meets public and professional needs that are changing quickly.

Over the remaining year of our strategic plan, our focus is on:

- Developing new regulatory standards for updated roles in medicines legislation.
 - Making sure our core standards and supporting guidance meet the changing needs of the public and professionals.
 - Reviewing what we register, the basis of registration and the information we collect and use at registration and renewal.
-

To help us achieve this overall aim, in 2024/25 we will have:

1. New standards for Chief Pharmacists in place.

Level 2 detail with indicative timelines.

- a. Analysis of consultation findings **(Q1)** (following on from consultation started 23 Jan Q4 of 2023/24 Annual Plan). Follow up engagement with key stakeholders including Chief Pharmacist groups, relevant regulators and updating of draft standards **(Q1-2)**. Approval of new standards for Chief Pharmacists approved by Council **(Q2)**. Publication of new standards for Chief Pharmacists **(Q3)**.

2. Consulted on standards for Superintendent Pharmacists and rules and standards for Responsible Pharmacists*.

Level 2 detail with indicative timelines.

- a. **Consulted on new rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists** (*government timetable dependent – govnt 12-week consultation ends Feb 2024).
 - i. Government input received about any proposed changes to legislation, including changes to supervision (based on feedback from 12-week government consultation) **(Q1)**. Consultation on RP / SP rules and standards **(Q3)** (may be together or done separately depending upon government timetable – both for rules and potentially separately for different standards.). Analysis, continued development and approval of new standards and rules for SP and RP pharmacists will be for the next 5-year strategic plan.

3. Strengthened our approach to the regulation of online pharmacies.

Level 2 detail with indicative timelines.

- a. **Carry out intelligence led inspections of online pharmacies (Q1)** (following request for information from BBC in Q4 of 2023/24 annual plan). Undertake any enforcement action as appropriate **(Q1)**. Secure improvements in relevant pharmacies' practice **(Q1-2)**.
- b. **Updated and strengthened our guidance for pharmacies providing services online.** Develop positions on mode of consultation and use of online questionnaires **(Q?)**. Review linkages with prescribing guidance and accessibility of overall language and terminology **(Q?)**. Update guidance as appropriate with insights from our regulatory work **(Q?)**. Launch updated guidance **(Q?)**.

- c. **Reviewed how we assess whether online pharmacies can meet our standards and guidance at registration and when we use our powers.** (The following content may require amendment post the outcome of the Council paper). Review our registration/renewal process (Q?). Establish clear criteria for the use of conditions at registration and how they should be utilised for online pharmacies (Q?). Review our powers (RIPA) and develop an approach to undertaking test purchases online (Q?). Explore the views and experiences of patients and the public relating to online pharmacy-related services (Q?) Consider producing one or more resources aimed at patients and the public on keeping safe online for medicines. (c/f 23/24)
- d. **Increasing and sharing our evidence base. Confirm next steps to facilitate closing regulatory gaps.** Address with government the need for speed in agreed regulatory changes to close already known regulatory gaps and work with key stakeholders such as CQC to address presenting risks in the interim (Q?).
- e. **Held a leadership roundtable event to look holistically at the issues relating to online pharmacies and online prescribing (Q?).**

4. Developed a strategic approach to registration.

Level 2 detail with indicative timelines.

- a. **Stage 1 – pharmacies.** Establish baseline and review what we do currently, information collected, how we make decisions, what is published and fees charged. Including current models of service delivery, information collected, regulatory powers and resolving how pharmacies subject to investigation/conditions apply for renewals. Make recommendations, including identification of quick wins with clear impacts on other regulatory policies such as fees. Identify resources and timetable for implementation of recommendations.
- b. **Stage 2 - pharmacy professionals (including students and trainees).** Linked to work and timetable of post registration assurance of practise group's work.

Strategic aim 2: Deliver effective, consistent and fair regulation

Over the remaining year of our strategic plan, our focus is on:

- Meeting all the standards of good regulation
 - Developing our approach to data insights and reporting
 - Regulating fairly, and taking action against discrimination
-

To help us achieve this overall aim, in 2024/25 we will have:

1. Been recognised by the PSA for the progress we have towards meeting and sustaining all the standards of good regulation

Level 2 detail with indicative timelines.

- a. ***Progressively reduced our current investigations backlog.***
Aiming for:
 - i. No more than 450 open investigations by the end of March **(Q4)**.
 - ii. No more than 35% of investigations open for more than one year **(Q4)**.
 - iii. No more than 8% of investigations open for longer than two years **(Q4)**.
- b. ***Minimised unnecessary delays and prevented a new backlog developing.***
 - i. For all concerns received after 1 April 2024:
 - The median time for triage decisions will be 8 weeks.
 - The median time for an investigation to proceed to an initial decision will be 40 weeks.
 - The median time for pre-IC decision will be 3 weeks from referral for a decision.
 - ii. The median time for hearings to be scheduled will be 20 weeks from the Rule 6 decision (Q4).
 - iii. Enhanced legal and clinical input into investigations from receipt through to conclusion (Q2)
 - iv. Developed closer working relationships between the inspectorate and investigations teams to ensure the proportionate and timely resolution of cases. (Q1)
 - v. Introduced improved performance management tools across the end-to-end fitness to practise process, including oversight of investigations completed by panel firms **(Q1-3)**.
- c. ***Commenced a capability and capacity review of the existing FtP CRM system*** to develop high level business requirements for a new or improved case management system **(Q3-4)**.
- d. ***Commissioned an independent audit of all decisions*** (Q2).
- e. ***Developed a lessons learned culture to inform future decision making*** (Q3).
- f. ***Undertaken an options analysis on the feasibility and cost benefit of an independent complaints handling function*** (Q2)

2. Developed our approach to data, insights and reporting.

Level 2 detail with indicative quarters.

- a. **Refined our use of data into priority areas to inform future policy, standards and operational approaches to regulation, including differential attainment, findings from inspection, FtP and EDI workstreams**
- b. **Expanded our reporting on the quality of our services and the performance of projects and programmes of work.**
 - i. Development of team performance measures with a particular focus on quality-of-service indicators: (c/f 2023/24) Including FtP, premises, HR, finance, inspection, registration of premises and registrants, customer service, revalidation, education including accreditation and registration assessment.
- c. **Continued to evaluate the impact of our key medium-term strategies and revalidation.**
 - i. **Complete interim evaluation report on impact of Managing Concerns strategy (Q4)** (FOR REFERENCE ONLY - Mtg later in January to plan what happens by quarters following on from establishment of the baseline report and dataset in 2023/24. Final evaluation report scheduled for completion Q3 2026)
 - ii. **Complete baseline report and dataset on impact of EDI strategy (Q4)**. Data collection (Q3); Analysis and write up in (Q3/Q4). (FOR REFERENCE ONLY: final evaluation report scheduled for Q3 2027)
 - iii. **Started baseline data collection from which to measure the impact of Communications and Engagement strategy** (including website). External procurement for establishment of baseline and dataset (Q1). (Baseline report Q3 2025 as part of next strategic plan). (FOR REFERENCE ONLY - Final evaluation report 2028)
 - iv. **Evaluated the impact of the Revalidation framework** to inform its review and future proposals(Q3). Commissioned evaluation (Q1) (following procurement of partner in Q4 23/24 annual plan). Evaluation completed (Q3) to inform future proposals for revalidation. Proposals for any changes to the revalidation framework will follow on in (Q4) for discussion with Council.
- d. **Obtained good quality data from pharmacy technician, MPharm and OSPAP training providers and Statutory Education Bodies.**
- e. **Delivered our annual programme of insights reports to inform our policy and operations.**
 - i. *Completed a themed review to gain insights into Sustainability best practise in pharmacies (Q2).*
 - ii. *Completed a themed review on Homecare services (Q2).*
- f. **To review information sharing agreements (ISAs) in place with Statutory Education Bodies (SEBs) .**
 - i. To consider changes needed as part of transfer of quality management of foundation training to SEBs from 2025/26

3. Delivered the third year of our EDI action plan in support of our five-year EDI strategy with key activity including:

Level 2 detail with indicative quarters:

- a. **Made a decision on our position on anonymisation of decision making at Investigating Committee.** Findings report to Council for decision on whether anonymisation in decision making at IC should become policy (Q1). Full implementation and any further work (Q2) onwards.
- b. **Undertaken further analysis into FtP outcomes, linked to publication of recent data** – Decision on what further exploration is required (Q2). Research / further analysis undertaken as appropriate (Q3). Finalising insights report and publication (Q4).
- c. **Undertaken work around improving EDI data collection at registration / renewal (Q4).**
- d. **Continued programme of publishing EDI insights each year** – externally focussed and linked to support pharmacy teams to deliver inclusive care -we will also be exploring other formats including video updates (Q2 and Q4).
- e. **Continued programme of EDI roundtables and associated work (Q3).**
- f. Work associated with the **RPS led Differential Attainment Task Group**, and collaborative working on the actions coming from that group (subject to RPS timelines).
- g. **Started to explore building a pharmacy technician pipeline for future Council recruitment (Q3).**

4. Developed an enforcement strategy.

Level 2 detail with indicative quarters:

- g.** *Updated our current enforcement processes as appropriate to ensure we can demonstrate that decisions are fair, proportionate and free of bias.* (Supports the overall aims of the EDI strategy by, improving transparency of decision making, and introducing record keeping to mitigate and monitor for un-justified variation or potential bias in decision making)
- i. Conduct initial review, consider findings and develop options for improvement as appropriate **(Q1)**. Approve and implement improvements **(Q2)**. Evaluation **(Q3)**.
 - ii. Ensure the qualified use of all available statutory powers to streamline our approach to enforcing compliance with our standards.

Strategic aim 3: Drive improvements in pharmacy care by modernising how we regulate education and training

Over the remaining year of our strategic plan, our focus is on:

- Refreshing standards for the initial education and training of pharmacists and pharmacy technicians
 - Developing our role in the post-registration assurance and practice of pharmacy professionals
 - Implementing a tailored and intelligence-led approach to accrediting and quality assuring initial education and training providers
 - Updating the delivery, content and timing of the registration assessment for pharmacists
 - Enabling the efficient registration of overseas pharmacy professionals considering Brexit
-

To help us achieve this overall aim, in 2024/25 we will have:

1. Continued with our reforms to initial education and training of pharmacists and pharmacy technicians.

Level 2 detail with indicative quarters:

- Completed accreditation of all 30 university pharmacy schools and 4 statutory education bodies to the new initial education and training standards for pharmacists (Q4).** Last three schools of pharmacy accredited (Q1). SEB's (Q3-4).
- Ensured all (underperforming) education providers meet required conditions by (Q4).** Continued quality assurance of 3 lower performing education providers and 4 on our radar throughout the year to secure improvements (Q1-4), including actions taken in respect of lower-performing providers.
- Approved a longer-term approach to the registration assessment.** Consultation commenced on longer term proposals for registration assessment in readiness for June assessment in 2026 (Q2). Analysis of feedback (Q3). Approval of proposed approach for future registration assessment (Q4).
- Started implementing updated requirements for registering overseas pharmacists and pharmacy technicians** (c/f from 2021/22 & 2022/23). Consultation on approach (Q1) (following approval of approach by Council in Q4 of 2023/24 annual plan). Analysis and approval by Council (Q2). Implementation, including procurement commences post approval (Q3 onwards).
- Consulted on new initial education and training standards for pharmacy technicians** (c/f 2023/24). Drafted new standards (Q3). Consultation commences (Q4). Analysis of feedback and approval of new standards will be in (Q1) of the new strategic plan.
- Modernised our approach to **reasonable adjustments**. End to end review of policy and processes for candidates requesting reasonable adjustments in the registration assessment. Review current policy and processes and identify any changes needed (Q2). Agree changes and viability (Q4). New policy and processes in place for 2025 registration assessment (Q4 to Q1 2025/26 annual plan).

2. Taken forward our prioritised programme of work on post-registration assurance of practice.

Level 2 detail with indicative quarters:

- Begun implementation of 3 key recommendations in relation to post registration assurance of practice.** [NOTE: mtg happening in Feb to develop plan of actions underneath each and by when (Q4 2023/24 annual plan).
 - Updated approach to revalidation approved.** Commenced development of proposals and commissioned an evaluation of our current revalidation framework (Q1). Development continues and informed by completion of evaluation (Q3). Proposals discussed and approved by Council (Q4). Implementation will take place in the next Strategic Plan.
 - Approved additional regulatory assurances for newly-qualified pharmacists.** Final development of actions required (Q1). Final agreement on actions (Q3). Commence implementation (Q4).
 - Agreed our approach to consultant pharmacists (Q1).** Plan developed, including consideration of potential annotations (Q2).

Strategic aim 4: Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy

Over the remaining year of our strategic plan, we will focus on:

- Practising an approach to how we regulate that is increasingly informed by intelligence.
 - Delivering the implementation plan for our strategy for managing concerns about pharmacy professionals
 - Building the views of patients and the public into our work and raising the public's awareness and understanding of the standards they should expect from pharmacy
-

To help us achieve this overall aim, in 2024/25 we will have:

1. Delivered the third phase of activities in support of our five-year managing concerns strategy

Level 2 detail with indicative quarters:

- a. New resources for employers to support referrals of pharmacy professionals and local resolution.**
 - i. Introduce materials **(Q1)** (following on from engagement with stakeholders to agree materials in Q4 of 2023/24 annual plan). Launch materials via webinar for employers **(Q1)**. Develop and introduce employer's insights bulleting **(Q3)**.
- b. Have improved guidance in place to support all those involved in the concerns we receive.**
 - i. Provide guidance to support vulnerable people and witnesses involved in a concern **(Q3)**.
 - ii. Guidance on sources of support for professionals and the importance of being represented **(Q1)**.
 - iii. Look at how we can target locum pharmacy professionals and tailor support materials for this group **(Q4)**.

2. Delivered our second set of annual priorities to support the achievement of our five-year communications and engagement strategy

Level 2 detail with indicative quarters:

- a. New corporate website.** Launch **(Q1)**. Ongoing evaluation and improvement **(Q2-4)**.
- b. Coordinated high-quality engagement and consultation with all key audiences for the strengthening pharmacy regulation workstream** and other key activities (timelines TBC)
- c. Co-produced (as a pilot) resources with patients and the public and other stakeholders about what the public can expect from pharmacy.** Scoping with Patient Voice **(Q1)**. Development and launch of at least one resource **(Q2-3)**. Evaluation **(Q4)**.
- d. Set up new stakeholder forums for pharmacists and pharmacy technicians**, and continued to support existing forums for students, trainees and patients and the public. New forums for pharmacists and pharmacy technicians set up **(Q1)**. All forums meet regularly, with ongoing evaluation **(Q2 onwards)**.
- e. Implemented and utilised a new online engagement and consultation tool** to improve our engagement with patients and the public and other stakeholders. Completed training and set-up **(Q1)**. Piloting **(Q2)**. Full introduction **(Q3)**. Evaluation **(Q4)**.
- f. Climate change – started communicating what we are doing externally (Q2/Q3)**

Strategic aim 5: Enhance our capabilities and infrastructure to deliver our Vision

Over the remaining year of our strategic plan, we will focus on:

- Improving customers' experience of our services
 - Making sure we are organised for success
 - Establish and maintain a sustainable financial position
-

To help us achieve this overall aim, in 2024/25 we will have:

1. Improved customer experiences of our services.

Level 2 detail with indicative quarters:

- a. **Updated MyGPhC Pharmacy platform for all premises owners, superintendents and defined administration staff and revalidation assessors ready for launching**
 - i. *Phase 1 – All premises owners, Superintendents and defined administrative staff able to access MyGPhC platform used by pharmacy professionals. Build and function test complete (login and user testing) (Q1). Renewal activities (build and functional testing) (Q2-3). External testing feedback, UAT and comms (Q3-4). (Roll-out will be for the new Strategic and Annual Plans summer 2025 (Q2) on track)*
 - ii. *Explore the feasibility of introducing online and automated direct debits (Q?).
Introduce web chat in the contact centre (Q3-4)*

2. Made sure we are organised for success.

Level 2 detail with indicative quarters:

- a. **Reviewed our managed services contract which underpins all of our technology.**
 - i. **Renewed our managed services contract.** Develop requirements catalogue (Q1). Issue tender (Q2). Evaluate and award contract (Q3). Transition (Q4).
 - ii. Greening our supply chain including carbon reporting of major ICT suppliers
- b. **Improved business operating models, process and systems and IT infrastructure to enable the GPhC to deliver its vision.**
 - i. **Delivered a target operating model to support the way we want our organisation to run**
 - 1. **Designed the model** (Phase 2) by June (Q1). **Deliver the model** (from Q2).
 - 2. Agree the programme of work to develop and implement improved business processes and delivery new and/or revised systems (IT and manual) to support the new business process to realise the target operating model. Deliver the programme, prioritising work to maximise value (cost and quality) whilst minimising risk
 - 3. Review and (where necessary) revise the model on an ongoing basis to deliver continuous improvement.
 - ii. Reviewed business systems and IT infrastructure to reflect the outcomes of the target operating model
 - iii. **Implemented a new budget and reporting tool.** Implementation starts (Q1). Parallel systems running June / July with go live Sept (Q2).
 - iv. **Reviewed our organisational approach to document management.**

v. **Implemented a Programme Management Office**^(c/f 2023/4)

c. 5. Continue to take forward our programme of work to deliver a high-skilled specialist dynamic and flexible workforce in touch with the public and the profession.

- i. **Strengthening matrix working.** This means:
 - a. Rolling out the streamlined matrix approach to optimise our operational processes, ensuring:
 - i. Clear governance structures with defined roles and responsibilities (Q1).
 - ii. Enhanced managerial capabilities and guidance to foster enterprise leadership and collaborative management (Q2).
 - iii. A validated method for measuring workforce capacity and productivity, aligning with our evolving operational framework (Q4).
- ii. **Strengthening Workforce Resilience.** This means:
 - a. Implementing the first year of our health and well-being plan which includes:
 - i. Enhancing mental health support through resilience training and stress management programmes (Q2).
 - ii. Initiatives focused on suicide prevention and self-harm mitigation (Q1).
 - iii. A volunteer programme fostering community engagement (Q4).
 - b. Revitalising our staff recruitment and retention strategies. This means:
 - i. Efficient integration of a new recruitment and onboarding platform, supplemented with extensive training (Q1).
 - ii. Introducing effective retention tactics including career progression opportunities and competitive benefits (Q3).
 - iii. Instituting a comprehensive succession plan for high-risk roles to preserve organisational knowledge (Q4).
- iii. **Renewing our culture for enabling success.** This means:
 - a. Fostering an organisational culture resonant with our core values, promoting innovation and teamwork (Q1).
 - b. Commencing implementation of a recognition and career development framework through a job family model to honour contributions towards performance enhancement and risk reduction, coupled with a plan for a new 360° performance management system for implementation by April 2025 (phasing from Q3 & Q4).
 - c. Ensuring our organisational culture continuously supports and rewards improvement and innovative practices (Q4).
 - d. Organising a GPhC-wide event to foster unity and shared purpose (Q1).
 - e. Assessing and refining our inclusive mentoring initiative for ethnic minority employees (Q2).
- iv. **Enhancing Regulatory Competence.** This means:
 - a. Considering the appropriate future engagement arrangements with our Associates and Partners (Q1)
 - b. Committing to significantly upgrading our workforce's clinical and technological proficiency, aligning with our business objectives (Q4).
 - c. Forming a cadre of highly skilled, adaptable internal pharmacy professionals and associates to provide current clinical and technical insights on-demand (Q4).
 - d. Evaluating the regulatory implications of technological advancements, including AI, in pharmacy practice, ensuring readiness to integrate requisite expertise (Q3 & Q4).

3. Established a sustainable financial position.

Level 2 detail with indicative quarters:

- a. **Develop options** for a basic¹ multi-year fees strategy for discussion with F&PC in May (Q1). **Approve basic multi-year fees strategy (Q2)**. Consultation document approved and **consultation commenced (Q3)**. **Complete consultation (Q4)**.

¹The reference to a basic multi-year fees strategy reflects the position that we know that other aspects of the fee's strategy will have to be addressed during the 3-year strategy itself, such as independent prescriber fees, online pharmacies and any changes at registration and renewal as part of the review of our registration model in general etc as these delayed pieces of work progress further.

(For reference only, the rest of the work to complete the multi-year fee strategy will continue into the next annual plan in 2025/26. In Q1 analysis of the consultation responses is scheduled to be completed and the basic multi-year fees strategy should also be approved. The new fees should be implemented from Sept Q2/Q3 of the 2025/26 Annual Plan).

- b. Responsible investments** (*ethical criteria towards net zero*). Options on Investment Strategy to May F&PC (**Q1**) (decision will be made on DOT as to whether to have an investment strategy at this point). Engagement to find an investment partner (**Q2**). Procurement exercise (**Q3**). Investment partner in place (**Q4**).

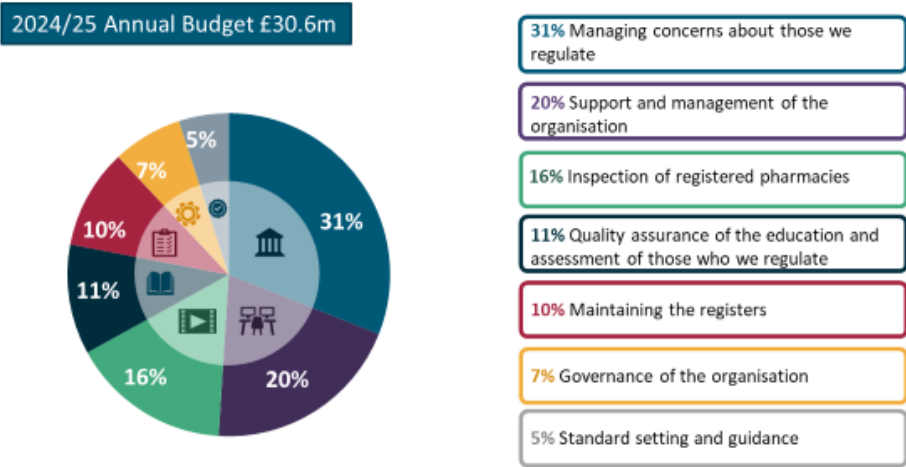
Appendix 3 -Budget 2024/25

1. Vision and strategy context

- 1.1 The proposed 2024/25 budget is expected to result in an operating deficit in the region of £1.4m. At present we also project that expenditure will continue to exceed income for future years. It is important to note that short term deficits can be tolerated, and sustainable financial positions must be managed over a period of time.
- 1.2 The 2024/25 financial year marks the last year of the 2020-25 strategic plan and the mid way point for the 10-year vision. The annual plan has been streamlined for this last year and the budget reflect the updated costings around non negotiables priorities, reorganisation of progressed deliverables and those works that continued to be progressed.
- 1.3 The 2024/25 budget also includes the estimated costs around the delivery of the current projects including a few items which extended across to the next financial year. The budget proposal is also mindful of the potential costs related to placeholder items and further scoping of activities for the next phase of the strategic plan.
- 1.4 The 2024/25 also incorporates our current understanding of trends such as the changes to the volumes, nature of incoming concerns, and the impact of external decisions including those affecting education and standards.
- 1.5 Other changes experienced in 2023/24 include the restructure of the organisation to meet the needs of changing sector that we regulate and effectively deliver services into the future.
- 1.6 Further embedding of savings efficiencies like the change in accommodation arrangements which was completed during 2023/24. All of which have been used to inform the 2024/25 budget.
- 1.7 Like many organisations, the GPhC have also been impacted by the growing inflation rate, rates of pay and other economic challenges. As much as possible the best available information has been considered and factored into the budget.
- 1.8 The 2024/25 budget steps included a detailed review of budget proposals, prioritisation of expenditure activities, proactive examination of cost reduction measures, operational efficiencies, and an awareness of investment in aspects such as technology and training that will help facilitate financial stability over the longer term.

2. Our Costs

2.1 Chart 1- Where money is spent?



3. Budget 2024/25

3.1 Table 1 - Budget summary

	2022/23 Actual	2023/24 Budget	2023/24 Forecast	2024/25 Budget	2025/26 Projected	2026/27 Projected
Income	£30.2m	£27.2m	£27.1m	£28.4m	£29.9m	£30.1m
Expenditure	£23.2m	£28.4m	£28.9m	£30.6m	£31.2m	£32.3m
Interest & Tax	£0.6m	£0.3m	£0.8m	£0.8m	£0.6m	£0.6m
Operating Surplus/(Deficit)	£7.6m	(£1.0m)	(£1.0m)	(£1.4m)	(£0.6m)	(£1.5m)

Please see Annex A.1 for a full breakdown

3.2 The 2024/25 budget proposes a deficit of £1.4m an increase of £0.4m when compared to the expected outturn deficit for 2023/24. The overall cause is the growth in our cost base being greater than the increase in income.

3.3 The main factors underpinning the growth in our cost base are:

- Investment to deliver strategic aims and capital projects.
- Impact of inflation and other economic pressures
- Expansion of resources to bring in skills to manage the changing scope of the sector and capacity to maintain operational effectiveness amidst growing volumes.

3.4 During the 2023/24 financial year the GPhC consulted on a 7.5% increase across all fee levels which is applicable from the 1st April 2024. This forms the initial phase of the longer term fee strategy and primarily addressed the rapid cost increases due to inflation.

3.5 Initial expenditure proposals were £0.5m higher than the current £30.6m, and we have actively sought out savings to bring expected expenditure levels down. We aim to continually review budgets seeking cost reductions, avoiding cost increases, and pursuing

efficiencies. We are also committed to managing emerging costs within the current expense envelope and this includes the introduction of a headcount cap.

4. Income and fees

4.1 We propose an overall income budget for 2024/25 of £28.4m, compared to £27.1m forecast for the current year. An increase of £1.3m (5.3%) is due in the main to the 7.5% flat rate increase applied across all fee groups.

4.2 Table 2: Income forecast.

Income type 24/25	Amount (£000s)
Pharmacist income	18,123
Pharmacies income	5,246
Pharmacy technician income	3,469
Pre-registration income	1,128
Accreditation income	366
Other income	56
Total income	28,388

Please see Annex A.2 for a detailed breakdown

4.3 Registrant fees are paid in advance, so we can reasonably predict income for the coming year.

4.4 With fees for individuals remaining the same since 2019 and no changes to all other fees since 2015. The pace at which inflation pushed up our costs, steered a need for us to take steps to address balancing the financial position. With a view to implementing a longer-term approach to fee setting at a time when there is better economic certainty. After consultation a 7.5% fee increase was agreed commencing from April 2024.

Table 3. Table illustrating impact of fee changes on annual renewal fees.

Registrant Groups	Current Fee	New Fee	Increase
Pharmacists	£ 257	£ 276	£ 19
Pharmacy Technicians	£ 121	£ 130	£ 9
Registered Pharmacies	£ 365	£ 392	£ 27

4.5 Changes in the volumes of registrant numbers have been applied using the most up to date trend analysis information available to us including the numbers coming through universities and education providers.

4.6 We have factored in a decline in the number of registered pharmacies which is based on the closure numbers announced publicly by multiples (Boots and Lloyds pharmacy).

4.7 We have also included a £0.2m increase in cost recoverable income from accreditation events predominantly focussed on the overseas courses.

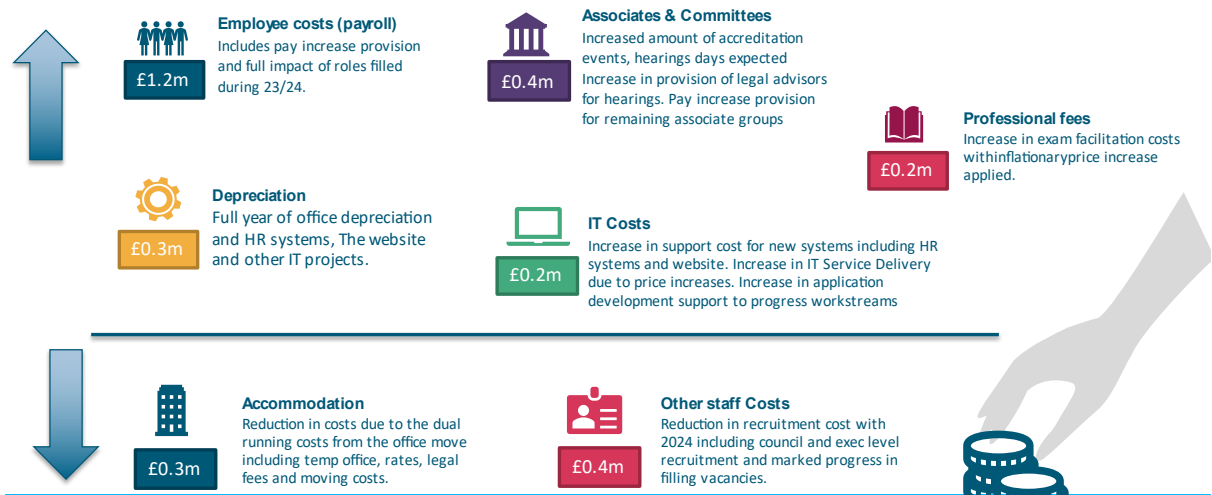
- 4.8 At present the longer-term projections include the future impact of the April 2024 fee change and no further increases have been applied. In line with the decision taken by council we will be looking at our future fee strategy to move to a regular and incremental approach to fee increases. Alongside this we will also be working on the development of the GPhC's future strategy and the longer-term financial plan.
- 4.9 We continue to closely monitor trends and the impact of external decisions, so changes are included on an ongoing basis in our forecasts.

5. Expenditure and Efficiencies

5.1 Expenditure for 2024/25 is budgeted at £30.6m ,this represents an increase of £1.6m (5%) when compared to the latest forecast for 2023/24. (Please see Annex A.3 for a detailed breakdown)

5.2 Areas of expenditure change

The main areas of expenditure change when comparing the budget with the most recent forecast for 2023/24 include:



5.3 Budget Challenge

We actively challenged ourselves to keep cost increases to a minimum and to use the resources we have as efficiently as possible. However, the scope for us to do this is limited as most of the expenditure is BAU, with the majority of cost being people related as expected for a service-based industry.

The next proportion of costs are fairly fixed because they relate to structural items such as the building, delivery of regulatory functions such as associates and committees, operating costs that we have to pay such as PSA levy, audit and support cost necessary to deliver services, such as software licences.

We have already sought reductions since the initial budget proposals, and have included a further 3% of productivity and efficiency savings target on the smaller variable element of our cost base. We will look to find these savings over the year to ensure we commit to keeping costs as low as feasibly possible. This will be subject to ongoing scrutiny by the Executive Team and the Finance and Planning Committee.

5.4 Resourcing

- a) Over the last 2 year our costs base has included a deliberate intention to increase our level of headcount resource as part of our strategic vision to deliver “*deliver a high skilled specialist dynamic and flexible workforce in touch with the public and profession*”. This included roles focussed on new skills providing regulatory effectiveness, improving service delivery and to increase capacity and resilience to maintain efficiency and effectiveness.
- b) The recruitment market had been challenging, but over the 2023/24 financial we have seen notable progression with roles been filled and a reduction in the vacancy rate which now stands at around 5-6%.
- c) **Table 4- Headcount table**

Measure	Forecast 2023/24	Budget 2024/25
Establishment Headcount	300	314
Average Headcount	293	295
Income	£27.1m	£28.3m
Expenditure	£29.1m	£30.6m
Surplus/(deficit) after Int & tax	(£1.2m)	(£1.4m)
Employee costs	£17.3m	£18.5m
Employee costs as % of expenditure	59%	60%

- d) A number of roles have been filled during the latter stages of 2023/24 and the 2024/25 budget recognises the full year impact of these changes.
- e) As part of the 2024/25 budget, we do not plan to add any further roles. We aim to use the current level of resources to embed the new structure and ensure that we are organised for success. We are committed to maintaining headcount costs within the current expense envelope, this will be aided by introduction of a headcount cap. Any emerging changes to headcount will need to go through a robust process of approval with a thorough review of all options.
- f) The budget includes a provision pot of around 5.5% for pay and reward changes. This does include a provision for pay increases, which will be agreed by the workforce committee out of the provision pot set aside. For us to maintain our workforce and progress the investment that we have made in resourcing we do need to be in a position to compete in the wider workforce environment.
- g) As standard practice as part of our budget setting, we do include a vacancy savings provision. This is at a rate of 6% and accounts for the fact that not all roles will be filled 100% of the time.

6. Reserves and investments.

Reserves

- 6.1 The GPhC reserves refers to the amount of funds or assets that we have set aside for future use or emergencies. Reserves are held to ensure financial stability, provide a buffer against unexpected expenditure or income shortfalls, and support long-term sustainability.
- 6.2 Our position is to maintain a level of reserves between 4-6 months' worth of operating expenditure. (Please see annex A.4 for more detail)
- 6.3 By the end of 2023/24 financial year, we anticipate that reserve will be around the target level of 4.9 months' worth of operating expenditure. There is the projected deficit of £1.4m for 2024/25 which can be funded through reserves and will take this down to around 4.3months.
- 6.4 The deficit predicted beyond 2024/25 if funded through reserves will take us below minimum levels and will hinder our ability to maintain financial stability. So, over the longer term we will have to look at the balance between income, expenditure and reserves, adjusting our levers across all three areas to manage down the deficit levels and achieve a more sustainable position.
- 6.5 During 2024/25 we will conduct a review of the reserves position including examining options around short term reductions, with a clear plan on replenishing reserves over a set period of time.

Cash & Investments

- 6.6 The GPhC expects to maintain a sufficient level of cash, the phasing of receipts and payments largely follow a similar pattern year on year. The balance will reduce over the year due to the budgeted deficit, but at no point do we expect the balance to fall below £14m. (please see Annex A.5)
- 6.7 The GPhC invested £15.0m through our investment partner Goldman Sachs a little over three years ago. The investment portfolio is made up of a combination of corporate bonds, sovereign bonds, and equities. The fixed portion of the investment has provided solid returns during the investment period.
- 6.8 The value of the market investments has been much more unpredictable and after a strong start, then decline. More recently we have seen progressive recovery in the investment performance. The net impact of any changes will be reflected in the GPhC's year-end financial position and are managed through the GPhC reserves.
- 6.9 The main purpose of the investment was to manage cash over the long term and was not expected to provide short term gains. The performance will be closely monitored and subject to review via the finance and planning committee. Any extremes will be proactively managed.
- 6.10 With the higher rates of interest currently available we also propose to engage in more agile management of short-term deposits to ensure we obtain the best returns for our funds.

7. 2024/25 and beyond

- 7.1 The 2024/25 budget is very strict and will result in a deficit by the end of the financial year which can be funded through reserves.

- 7.2 We are certain that the budget proposed can support the:
- ✓ Updates volumes and pricing for regulatory activities
 - ✓ Carried forward pieces of work from 2023/24
 - ✓ Scope to implement the steps to maintain an effective workforce.
 - ✓ Commitment to delivering the six non-negotiable priorities.
 - ✓ Provision to manage an element of expenditure related to developing the next phase of the strategic plan.

7.3 Looking to the future and beyond 2024, the UK pharmacy sector has undergone significant changes in recent years and further shifts in the sector push for the need for the GPhC to update the services we provide and allow us to grow and adapt alongside the sector.

7.4 We are also during this year developing the aspects of the next 5 year strategic plan. We will need to modernise the financial strategy so that we can appropriately support the organisation to deliver the strategic plan as well as build the foundation to achieve a sustainable financial position over the next plan period.

7.5

Risks and opportunities
● Unexpected increase in volume of operational activities such as in fitness to practice
● Unplanned or unexpected activities driving increased costs including restructure activities
● Investment: unpredictable and volatile market leading to lower returns
● Responding to changes in the external environment, including government decisions.
● Inflation – Increased costs being passed on from suppliers and the impact on purchasing power over the longer term
● Delays to capital projects: reducing risk for the current year by pushing costs further down the line to a different period (though it could be more expensive to complete if costs go up)
● Recruitment and retention: inability to recruit new staff efficiently in a highly competitive market can slow down workstreams
● Delays in changes to government policy and reform more time to implement changes

7.6 As highlighted throughout the paper we are exploring the extent to which we can exercise our financial levers of income, expenditure and reserves manage deficits down and provide enough flexibility to deliver the strategic priorities.

7.7 It is important to highlight that the need for continuous monitoring and evaluation, as well as the ability to adapt and identify risk in a changing environment.

Vanessa Clarke, Principal Finance Officer
General Pharmaceutical Council



Annex A: Budget Summary

1. Income and Expenditure

	2023/24 Budget £000's	2023/24 Reforecast 3 £000's	2024/2025 Budget £000's	2025/2026 Projection £000's	2026/2027 Projection £000's	2024/25 Variance £000's	2024/25 Variance %
Income							
Pharmacist income	17,344	17,183	18,123	19,253	19,638	940	5.5%
Premises income	5,248	5,297	5,246	5,430	5,430	(51)	(1.0%)
Pharmacy technician income	3,324	3,310	3,469	3,703	3,787	158	4.8%
Pre-registration income	1,144	1,091	1,128	1,128	1,128	37	3.4%
Other income	127	221	423	407	127	202	91.6%
Total income	27,186	27,101	28,388	29,921	30,110	1,287	4.8%
Expenditure							
Total employee costs: Payroll	17,158	17,269	18,459	19,386	20,465	(1,190)	(6.9%)
Total employee costs: Other	1,092	1,187	853	776	776	334	28.2%
Total employee costs	18,249	18,456	19,312	20,162	21,241	(856)	(4.6%)
Total committee and associate costs	1,683	2,112	2,520	2,358	2,358	(408)	(19.3%)
Total professional costs	1,975	1,773	1,995	1,874	1,875	(222)	(12.5%)
Total legal costs	918	1,092	1,018	878	878	74	6.8%
Total IT costs	1,846	1,908	2,108	2,191	2,354	(200)	(10.5%)
Total event costs	179	75	183	127	127	(108)	(142.8%)
Total office costs	154	198	137	141	145	60	30.5%
Total property cost	383	333	378	331	331	(45)	(13.4%)
Total service level and occupancy	1,617	1,654	1,370	1,370	1,370	284	17.2%
Total financial cost	296	321	308	309	309	13	4.1%
Total depreciation	919	731	990	1,143	990	(259)	(35.4%)
Total other costs	27	37	37	37	37	(0)	(0.7%)
PSA levy costs	225	227	238	250	262	(11)	(5.0%)
Efficiency savings	-	-	-	-	-	-	-
Total expenditure	28,471	28,917	30,594	31,172	32,277	(1,676)	(5.8%)
Interest and tax	285	818	835	635	635	17	2.1%
Net operating surplus/(deficit) after interest and tax	(1,000)	(999)	(1,370)	(617)	(1,532)	(372)	37.2%
<i>Change in Market Value on Investments</i>		767	-	-	-		
Surplus / Deficit for the Period	(1,000)	(231)	(1,370)	(617)	(1,532)		
Average Registrant numbers							
- Pharmacist	63,802	64,314	65,572	67,127	68,439		
- Premises	13,673	13,358	13,358	13,062	13,062		
- Pharmacy Technicians	26,274	25,941	26,636	27,349	27,900		

2.Income breakdown

	2023/24 Budget £000's	2023/24 Reforecast £000's	2024/25 Budget £000's
Pharmacist Income			
Practising Registrant Fees	16,303	16,333	17,253
Application & Upgrade Fees	388	359	373
Independent Prescriber Fees	137	173	164
Registrant Administration Fee	38	35	32
Scrutiny Fee - Pharmacist	-	-	-
Pharmacist Restoration Fee	120	82	95
Adjudicating Committee Fee	358	201	205
Total Pharmacist Income	17,344	17,183	18,123
Premises Income			
Premises Retention Fee	5,003	5,016	4,937
Premises Registration Fee	136	140	135
Premises Administration Fee	32	112	144
Premises Restoration Fee	75	28	30
Premises Internet Logo Fee	3	2	1
Total Premises Income	5,248	5,297	5,246
Pharmacy Technician Income			
Practising Pharmacy Technician	3,137	3,103	3,266
Application Fees	146	178	169
Scrutiny Fee Technician	-	0	-
Pharmacy Technician Restoration Fee	41	29	34
Total Technician Income	3,324	3,310	3,469
Pre-Registration Income			
Pre-Registration Training Fee	416	403	400
Pre-Registration Exam Fee	728	688	728
Total Pre-Registration Income	1,144	1,091	1,128
Total Fee Income	27,059	26,880	27,966
Room Hire Income	-	-	-
Data Subscription Income	34	33	33
Prison Visits	14	21	14
Accreditation Income	69	122	366
Grants	-	-	-
Other Income	9	44	9
Total Other Income	127	221	423
Total Income	27,186	27,101	28,388

*Other Income:- Inspection, Data Subscription

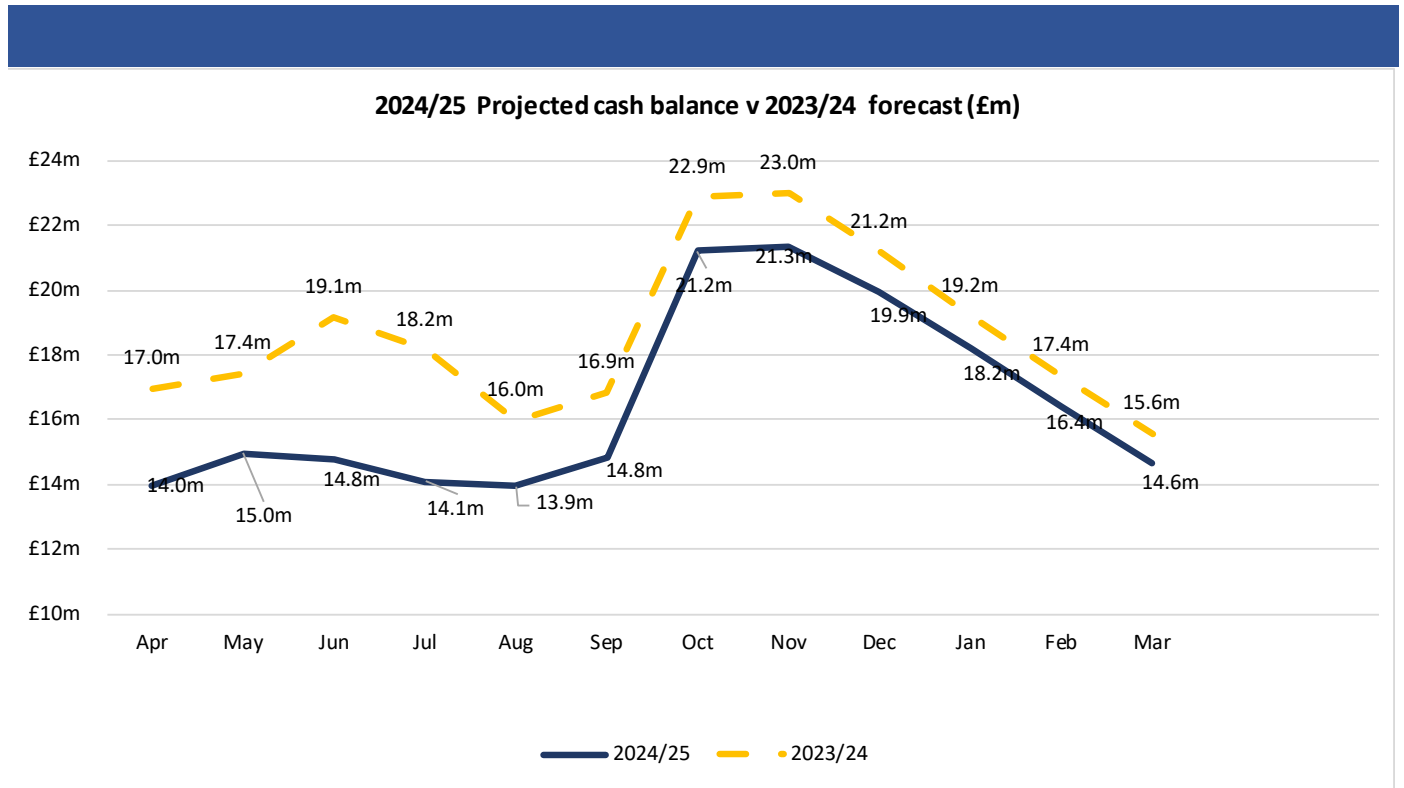
3.Expenditure by department

	2023/24 Budget £000's	2023/24 Reforecast 3 £000's	2024/25 Budget £000's
Council	443	480	313
Chief Executive	898	859	957
Governance	412	404	483
Application Development Support	842	770	994
Head of IT	236	207	205
Infrastructure Development	625	796	787
IT Service Delivery	1,816	1,656	1,722
Chief Executive	5,273	5,171	5,462
Communications	759	551	881
Head of Customer Services	1,973	2,236	2,305
Exam	759	809	977
Quality Assurance (Accreditation)	703	776	1,046
Head of Education & Registration	278	261	269
Exam Question Coordinator	471	427	403
Director of Education & Standards	504	381	435
Policy and Standards	369	323	352
Education & Standards	5,816	5,763	6,670
Director of Fitness to Practise	1,096	1,072	1,169
Professional Regulation	3,023	3,001	3,404
Quality, Monitoring & Concern	1,299	1,533	1,516
Fitness to Practise	5,418	5,606	6,089
Corporate Business Support & Development	433	377	434
Data and Insight	724	716	747
Director of Insight, Intelligence & Inspection	403	533	455
Information Governance	237	164	204
Inspections	3,502	3,328	3,755
Insight, Intelligence & Inspections	5,299	5,118	5,595
Finance & Procurement	1,439	1,490	1,707
Associates	265	280	287
Facilities Management	2,468	2,582	2,404
Hearings Management	472	515	610
Fitness to Practise Committee	459	892	990
Investigation Committee	65	64	58
Adjudication & Financial Services	5,169	5,822	6,056
Human Resources	1,286	1,523	1,422
Vacancy rate@ 5%	210	(85)	(700)
Efficiency savings			
Total Expenditure	28,471	28,917	30,594

4. Balance sheet

	Mar-22 £000's	Mar-23 £000's	Mar-24 £000's	Mar-25 £000's	Mar-26 £000's	Mar-27 £000's
Fixed assets						
Fixed assets	1,672	1,980	6,480	5,979	5,171	4,229
Investments	16,221	15,400	16,349	16,349	16,349	16,349
	17,893	17,380	22,830	22,328	21,520	20,579
Current assets						
Debtors	1,944	6,754	2,552	2,552	2,552	2,552
Bank and cash	16,006	18,646	13,479	13,197	14,125	13,453
	17,950	25,400	16,031	15,749	16,676	16,004
Creditors: amounts falling due within one year	(18,211)	(19,127)	(16,488)	(17,271)	(18,204)	(18,319)
Net current assets	(261)	6,273	(457)	(1,523)	(1,528)	(2,314)
Total assets less current liabilities	17,632	23,653	22,372	20,806	19,993	18,265
Creditors: amounts falling due after more than one year	(1,024)	(2,305)	(2,077)	(1,881)	(1,685)	(1,488)
Provision for liabilities	(1,851)	(54)	0	0	0	0
Total net assets	14,757	21,294	20,295	18,925	18,308	16,776
Funds employed						
Accumulated surplus						
-General Reserve	10,797	12,285	11,760	11,049	11,086	10,126
-Designated Reserve	2,000	2,000	2,000	2,000	2,000	2,000
-Accommodation (net)		6,052				
-Investment	287	-1,023	767	767	767	767
-Fixed Asset Reserve	1,672	1,980	5,768	5,109	4,456	3,883
Total funds employed	14,757	21,294	20,295	18,925	18,308	16,776
Months of operating	5.4	5.2	4.9	4.3	4.3	3.8

5. Cashflow



Excludes investments held with Goldman Sachs