

# Annual report

Annual fitness to practise report

Annual accounts

2023/24



# Annual report

Annual fitness to practise report

Annual accounts

2023/24

**Annual report and annual fitness to practise report presented to Parliament and the Scottish Parliament pursuant to Paragraph 8 of Schedule 1 to the Pharmacy Order 2010**

**Annual accounts presented to Parliament and the Scottish Parliament pursuant to Paragraph 7 of Schedule 1 to the Pharmacy Order 2010**



© General Pharmaceutical Council 2024

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [\*\*nationalarchives.gov.uk/doc/open-government-licence/version/3\*\*](https://nationalarchives.gov.uk/doc/open-government-licence/version/3).

The text of this document (but not the logo and branding) may be reproduced free of charge in any format or medium, as long as it is reproduced accurately and not in a misleading context. This material must be acknowledged as General Pharmaceutical Council copyright and the document title given. If we have quoted third-party material, you must get permission from the copyright holder.

If you have any questions about this document please email [\*\*communications@pharmacyregulation.org\*\*](mailto:communications@pharmacyregulation.org) or phone our customer contact centre on **020 3713 8000**.

You can also read this document on our website at [\*\*www.pharmacyregulation.org/annualreport\*\*](https://www.pharmacyregulation.org/annualreport) and download it from [\*\*www.gov.uk/official-documents\*\*](https://www.gov.uk/official-documents)

# Contents

Annual report .....	3
Our year at a glance.....	6
Foreword.....	7
About us .....	10
The register.....	11
Our work in 2023/24.....	12
Annual fitness to practise report .....	22
Our reporting requirements .....	27
How we govern ourselves .....	28
Governance statement 2023/24.....	40
Financial statements for the year ended 31 March 2024.....	45
Statement of comprehensive income for the year ending 31 March 2024 .....	54
Statement of financial position as at 31 March 2024 .....	55
Statement of cash flows for the year ended 31 March 2024.....	56
Statement of changes in reserves for the year ended 31 March 2024 .....	57
Notes to the financial statements for the year ended 31 March 2024.....	58
Appendix 1: General Pharmaceutical Council Accounts Determination given by the Privy Council under the Pharmacy Order 2010 .....	73

# Our year at a glance

Our work to help ensure safe and effective pharmacy care at the heart of healthier communities, in numbers

*The register as at 31 March 2024*



**974** routine pharmacy inspections  
**92** responsive inspections  
**169** action plans agreed with pharmacies



**19** enforcement notices served against pharmacies, made up of:  
**13** conditions and  
**6** improvement notices



Over **6.8m** visits to our website, and **7,332** to our inspections knowledge hub



**5,477** concerns raised about pharmacy professionals



Took part in **70** engagement events across Great Britain and received over **7,200** written responses to **2** consultations



Responded to over **27,400** calls and **21,400** emails from registrants and the public



# Foreword

## From our chair, Gisela Abbam, and our chief executive, Duncan Rudkin

Pharmacy is a vital part of the health and care system, and pharmacy teams already deliver wide-ranging services to patients and the public.

As the regulator, we support the way pharmacy and pharmacy professionals are taking on an even wider role across England, Scotland and Wales, to help improve access to care for patients and the public.

In 2023/24 we have continued our work to help this happen. This includes:

- making important changes to the education and training of pharmacy professionals
- strengthening pharmacy governance, and
- changing the way we work as an organisation

### Strengthening assurance

As the regulator, we need to provide assurance that pharmacists and pharmacy technicians have the behaviours, knowledge and skills to practise safely and effectively. We also need to provide assurance that they can successfully take on new roles and deliver new services – to patients and the public, and to health and social care services.

We are continuing to bring in new standards for the initial education and training of pharmacists, so pharmacists can play a much greater role in providing clinical care to patients.

We are also reviewing the standards for the initial education and training of pharmacy

technicians, to help make full use of their knowledge and skills.

Our Initial Education and Training of Pharmacists (IETP) Advisory Group has continued to help inform our approach to IETP, focusing on designated prescribing practitioner (DPP) capacity and approvals, as part of our collaborative work with employers, statutory education bodies and others to help make sure DPPs are in place for the full delivery of the foundation training year in 2025/26 and beyond.

At the same time, our Advisory Group for Post-Registration Assurance of Practice is concentrating on pharmacists and pharmacy technicians who are already qualified. The group is looking at developing:

- their education and training
- revalidation – how pharmacy professionals show that they continue to be fit to practise, and
- annotation – for pharmacists and pharmacy technicians who are already qualified

This work is especially important because of:

- changes to how pharmacy services are delivered
- the rapidly changing roles of pharmacy professionals, and
- the way pharmacy professionals are working with other professions across all health and care settings

Our work to strengthen pharmacy governance by developing new standards for Chief

Pharmacists, Responsible Pharmacists and Superintendent Pharmacists is continuing. This will also strengthen the assurance we can provide around these vital roles. These new standards will help to put in place the governance framework we need if we are to develop the role of hospital and community pharmacy even more.

We also need to make sure we are responding effectively to fast-moving developments, including the rapid increase in the use of technology in pharmacy services. In 2023/24, we started a new programme of work to strengthen the regulation of online pharmacy, and this programme will continue in the coming year.

## Changing the way we work as an organisation

Working alongside the pharmacy professions, we too must change how we work as an organisation, so we can best support and assure the changes across pharmacy. In 2023, we made some significant changes to the structure of our organisation. We moved away from directorates led by a single director, to having a group of Chief Officers. They share delegated authority from the Chief Executive so that they each can manage across the whole organisation. So instead of having the usual 'straight up and down' management chain, we are working towards one where staff might report to different managers for different issues. This new way of working is called a 'matrix operating model'.

With this new approach we aim to bring about better ways of:

- working together
- sharing knowledge

- using resources
- communicating at all levels

We will continue to bring in these changes during 2024/25.

## Driving positive change

We are now in our second year of delivering our Equality, Diversity and Inclusion strategy. We are using our regulatory powers and influence to support and – when necessary – to drive positive change in pharmacy. We are tackling discrimination and making sure everyone can get person-centred care, and has an equal chance of having good health and good quality of life.

In 2023/24, we held discussions with leaders across pharmacy to decide what we should do to deal with key issues, including racism and language barriers in pharmacy. We plan to continue this important work in 2023/24.

Throughout the year, we've been meeting with:

- people working across the pharmacy sector
- people who use pharmacy services, and
- our future pharmacy technicians and pharmacists

Hearing from everyone with an interest in pharmacy has helped to highlight common themes, but from different points of view. We have listened carefully to feedback from patients, the public, pharmacy professionals and pharmacy owners, all of whom have told us they were concerned about the growing pressures facing the sector. We are continuing to raise these issues with stakeholders and considering what other actions we can take.



We've also heard that the demands and pressures can sometimes take a toll on people's mental health and wellbeing. We are committed to working with other stakeholders, to make sure we work together on our approach to issues of wellbeing in pharmacy.

## Looking ahead

A key priority for the coming year will be developing our new strategic plan for 2025–2030. As we begin to do this, we will be concentrating on:

- how we can continue to develop and bring in our new ways of working, and
- putting in place our improved structures, systems and processes

This will help us to respond effectively to the changes we are seeing across pharmacy, and across health and social care, and to support pharmacy to develop to the full in the years ahead.



**Gisela Abbam**  
Chair



**Duncan Rudkin**  
Chief Executive and Registrar

# About us

## 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.

## Changes to our Council and our staff

There have been no changes to the Council membership during this reporting period.

In February 2024, the Privy Council confirmed the appointment of five new members to join our governing Council in April 2024, and April 2025.

Professor Dianne Ford, Gareth Powell and Adeyemi (Ade) Williams will begin their terms on 1 April 2024, replacing Jo Kember, Mark Hammond and Arun Midha.

Tim Jaggard and Dr Raliat Onatade will begin their terms on 1 April 2025, replacing Elizabeth Mailey and Jayne Salt.

This year the senior team was restructured to become the Executive Team. The previous senior leadership group was in place until December 2023 and was replaced by the new Executive Team in January 2024. We were also joined at this point by Dionne Spence, in the role of Chief Enforcement Officer, and Roz Gittins, as Chief Pharmacy Officer. You can read more about our new structure in the *Chief executive and registrar, directors and chief officers* section.

# The register

The register as at 31 March 2024



All members of the public can check whether a pharmacist, pharmacy technician or pharmacy is registered in Great Britain, by looking at the register on our website. You can also see any decisions we have made about whether pharmacy professionals are safe to practise pharmacy, and which pharmacists are also 'supplementary prescribers' or 'independent prescribers'.

To be able to practise in Great Britain, pharmacists and pharmacy technicians must satisfy us that they meet the standards for pharmacy professionals. Only then can they join the register. Similarly, anyone wanting to register a pharmacy or renew that registration must also meet our standards.

When a pharmacist or pharmacy technician renews their registration with us each year, they must make a declaration confirming that they meet all our standards.

Anyone who is not registered with us, but practises as a pharmacist or pharmacy technician, is breaking the law and can be prosecuted. You can search the online register

for details of pharmacists, pharmacy technicians and pharmacies.

## Temporary registration

Since April 2020, we have kept a 'temporary register' after the Secretary of State for Health and Social Care asked us to use our emergency powers to register pharmacy professionals quickly to help with the national response to the COVID-19 emergency. In September 2022, the Secretary of State for Health and Social Care asked us and other health professional regulators to keep our temporary registers for a further two years.

We closed the temporary register on 31 March 2024.

## Fees for registration

We have made no changes to fees during this period.

Following a consultation from May to August 2023, our Council agreed a below-inflation increase of 7.5% in all fees for pharmacies, pharmacists, pharmacy technicians, and foundation trainees including the fees for registration and renewal from April 2024.

# Our work in 2023/24

## 1 Modernising education and training

This year we have continued to bring in our new standards for the initial education and training of pharmacists.

We have also begun to develop new standards for the initial education and training of pharmacy technicians, and will consult on these standards in 2024/25.

Another key priority for the year has been to develop a new approach to the quality assurance of pharmacist education and training. Our approach will be finalised in 2024/25 after we consider feedback from our public consultation.

## 2 Strengthening pharmacy governance

This year, we continued our work to strengthen pharmacy governance by drafting and consulting on new professional standards for Chief Pharmacists. To help us write the draft standards we talked to patients and the public, health professionals, the NHS and the wider health sector, to discuss the requirements and expectations around this role. We also started work to develop new standards for Superintendent Pharmacists and new rules and standards for Responsible Pharmacists.

## 3 Taking a proportionate approach to inspections

In 2023/24 we have continued to trial a more proportionate approach to routine inspections, involving a representative sample of pharmacies. We've also continued to carry out intelligence-led inspections of

online pharmacies, and taken enforcement action when necessary to protect patient safety.

## 4 Delivering equality, improving diversity and fostering inclusion

This report sets out our key highlights and activities from the second year of our EDI strategy. Colleagues from across all parts of the GPhC have been working to deliver on our EDI commitments and taking forward many new initiatives, linked to our strategy and approach.

## 5 Improving the way we work

In 2023, we made some significant changes to the structure of our organisation, moving away from a 'straight up and down' management chain, with directorates led by a single director. We are working towards one where staff might report to different managers for different issues. In turn, managers will have responsibilities across different parts of the organisation. This new way of working is called a 'matrix operating model'.

We are bringing in this new operating model so that we can:

- better understand and respond to the challenges and risks in pharmacy and regulation
- 'join up' activities across our different areas of work to help achieve better results
- improve our performance, accountability, efficiency, decision-making, customer experience and effectiveness.



## Education and training for pharmacy professionals

This year we have continued to bring in our new standards for the initial education and training of pharmacists (IETP), and we are reviewing the initial education and training standards for pharmacy technicians. Through this we aim to be better able to support the development of confident and capable professionals that can meet patients' needs now and in the future.

### Initial education and training of pharmacists

We are bringing in new standards for the initial education and training of pharmacists, so pharmacists can play a much greater part in providing clinical care to patients. A key priority for this year has been reaccrediting Master of Pharmacy (MPharm) degree courses against the new IETP standards that were introduced in 2021.

From 2026, all pharmacists who finish their initial education and training to the 2021 standards will be independent prescribers when they join the register.

### Implementing the 2021 IETP standards

We have brought in a new two-part process for reaccrediting MPharm degrees.

Part 1 is an initial 'reaccreditation' event, when the provider presents how the programme will meet the new standards. Part 2 is a follow-up event to check on progress and confirm reaccreditation. Part 2 happens either one or two years after part 1, depending on when the provider chose to start the process. We are on target to finish the reaccreditation process for all present MPharm degrees by 2025.

### Accrediting pharmacy schools to new standards

The new standards are much more modern than the 2011 standards. Although they are still based on the science that all pharmacists need to know, there is much more emphasis on:

- clinical practice
- practising with other professions
- clinical experience in other sectors of healthcare, and
- preparing for independent prescribing

We expect to have 30 schools of pharmacy accredited to the new standards by the end of 2024/25.

You can see the reports of all the accreditation events on our website, once the accreditation team's recommendation is approved by the registrar.

### Accrediting foundation training year programmes

As well as accrediting the MPharm degree, we have started work to accredit foundation training year programmes as well. This means that all five years of IETP will be accredited: a major step forward. We are using a step-by-step

approach, as we are with reaccrediting MPharm degrees, and are working closely with the statutory education bodies who will be overseeing and managing the quality of foundation training.

### **Approving independent prescribing programmes**

In October 2022, we brought in new requirements for pharmacists wanting to enter standalone independent prescriber programmes. As of March 2024, 32 accredited independent prescribing programmes (64%) have been approved to use the new entry requirements. The remaining programmes will be accredited to use the new entry requirements by Summer 2025.

### **IETP advisory group**

Our IETP advisory group is made up of representatives from key organisations from across pharmacy education and the pharmacy sector in England, Scotland and Wales. The group has continued to meet throughout 2023/24 to help us design our approach to IETP.

The IETP advisory group has been looking at how many designated prescribing practitioners (DPP) we have and how they are approved. The role of a DPP is to supervise a trainee who is taking an independent prescribing course, so it is vital there are enough DPPs for students and trainees.

We are working with employers, statutory education bodies and others to make sure there are enough DPPs to fully deliver the foundation training year in 2025/26 and beyond.

### **Initial education and training of pharmacy technicians**

We are reviewing the standards for the initial education and training of pharmacy technicians. We want to make full use of their knowledge and skills, and for them to play a greater role in delivering a wider range of services. This would include medicines management and managing long-term conditions.

In March 2024, we published research we had commissioned to examine how the 2017 standards for the initial education and training of pharmacy technicians (IETPT) have affected professional practice.

The research was carried out by the Centre for Pharmacy Workforce Studies (CPWS) at the University of Manchester, and the consultancy service ICF. It found that most pharmacy technicians feel well prepared for practice (82% of pharmacy technicians in community pharmacy, and 64% in hospital pharmacy, felt 'well prepared'). Overall, 96% felt the course covered person-centred care, professionalism and professional knowledge and skills well.

Key recommendations for the GPhC included:

- using future standards to communicate expectations to the sector (for example, making it clearer what is expected in terms of consistent supervision), and
- continuing to work with course providers to develop their offer

We are using the findings and recommendations to help us with our ongoing regulatory work around the initial education and training of pharmacy technicians and the assurance of practice for people already registered.



## Strengthening pharmacy governance

We have made significant progress in our programme of work to strengthen pharmacy governance, including consulting on new draft standards for Chief Pharmacists.

The new draft standards set out the professional responsibilities of a Chief Pharmacist (or equivalent). They also describe the knowledge, behaviour, and performance needed to support their organisation and its staff to deliver safe and effective pharmacy services.

The draft standards were developed following new legislation: *The Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022* which came into force in December 2022.

The legislation removes the threat of criminal penalties for accidental or unintentional preparation and dispensing errors by pharmacy staff working in hospitals and similar settings. To benefit from the defences the hospital (or other named setting) must have a Chief Pharmacist (or equivalent) in post. They must be a registered pharmacist with the appropriate skills, training, and experience, and must meet the Standards for Chief Pharmacists. The new defences already apply to pharmacy staff working in registered pharmacies.

We launched a consultation on the draft standards in January 2024, which was open for 12 weeks and closed on 16 April 2024. We asked people to tell us:

- their views on the draft standards
- if there are any settings in which the standards could not be applied or met, and
- any positive or negative effects of the proposals

### Providing services safely

As community pharmacies offer a wider range of services, the GPhC has **written to pharmacy owners and superintendents** to highlight key aspects of the relevant standards to help make sure services are provided safely.

Community pharmacies are providing an ever-wider range of services, including Pharmacy First in England, NHS Pharmacy First in Scotland, and the Common Ailments Service in Wales. While these services have been commissioned differently in each country, they all allow community pharmacy teams to play an even greater role in providing high-quality treatment and care to members of the public.

We realise that offering a wider range of services brings challenges as well as opportunities. That's why we reminded owners and superintendents that they need to carefully consider how they **meet the standards for registered pharmacies**, including the **guidance to support a safe and effective pharmacy team**.

To ensure patient safety, it is vital that owners and superintendent pharmacists continually assess staffing levels and the mix of skills in the team. They must make sure there are enough staff that have the training, knowledge and skills to be able to provide all pharmacy services safely and effectively.

It is also vital that pharmacy teams are:

- supported and encouraged to use their professional judgement in the interests of patients and the public, and
- able to raise any concerns in a professional setting that encourages openness, honesty and continuing development and learning

### Supporting communication on new dispensing rules for medicines containing valproate

The GPhC regularly supports communication around the dispensing of sodium valproate. If women take valproate during pregnancy, their babies have an increased chance of having birth defects and long-term mental or physical disabilities. Men who take valproate are more likely to have lower fertility. Because of this, it is vital that valproate is dispensed safely.

We sent an email update to all pharmacy professionals about the new rules that came into force in October 2023 and January 2024.

Under the new rules, medicines containing valproate must be sold or supplied in the manufacturer's original outer packaging, with warnings about the risks of taking the medication during pregnancy. This is to make sure that women always get information about the risks of taking valproate during pregnancy.

Rules that came into force from January 2024 say that:

- valproate must not be started for new patients (male or female) younger than 55 (there are some exceptions, but with strict guidelines), and
- girls, and women who could become pregnant, should be assessed using a

revised valproate Risk Acknowledgement Form

We also updated [\*\*our sodium valproate resources page\*\*](#) to make sure everyone can see the latest information on the new rules.





## Taking a proportionate approach to inspections

In 2023/24 we have continued to trial a more proportionate approach to routine inspections, involving a representative sample of pharmacies. We've also continued to carry out intelligence-led inspections of online pharmacies, and taken enforcement action when necessary to protect patient safety.

### Our approach to inspections

As well as our routine inspection programme, we also carry out 'responsive' inspections when concerns are raised with us. We have been trialling a more proportionate approach to routine inspections, involving a representative sample of pharmacies. We have already begun to analyse the findings from this approach, but want to have at least another six months of data before producing our findings and recommendations. (We'll be looking particularly at how old the inspection judgements concerned are.) We are aiming to have these ready by October 2024. We want to make sure that we use these findings to carry out inspections in the areas of greatest risk, and where we can have the most impact.

'Themed' inspections are intended to give us information about specific areas of risk or public interest by looking at a common theme or issue across a number of pharmacies. We aim to use them as and when we need to.

Because we need to involve a number of inspectors when we carry them out, we will

focus on specific risks that crop up in the sector. For example, following the recent House of Lords enquiry on Homecare, we are carrying out inspections of all registered pharmacies providing this service. We will do these between April and September 2024, and plan to publish our report by December 2024.

### Actions we have taken involving online pharmacies

Through our inspections and fitness to practise investigations, we have continued to spot significant concerns around unsafe practices by some online pharmacies.

We have carried out 680 inspections of online pharmacies since April 2019. Seventy-two percent met all our standards, which is lower than our overall 'historical' figure of 84% for all pharmacy inspections.

We have taken enforcement action against 54 online pharmacies to deal with patient-safety risks. This includes 57 condition notices and 12 improvement notices. A common issue that has led to enforcement action has involved online pharmacies supplying high-risk medicines against private prescriptions based solely on questionnaire-type consultations, with little or no evidence of the patient's usual GP being involved. We have also focused on pharmacies that use overseas prescribers who are outside the areas covered by UK regulators.

Since 2019, people have raised 1,985 concerns with us involving online pharmacies. We have 263 open fitness to practise cases about online pharmacies. This represents over 18% of our open cases. There are ten registrants who are covered by an 'interim order' who were working in five different online pharmacies about which concerns have been raised.

There have also been media reports this year about online pharmacies selling restricted medications without appropriate checks.

A BBC investigation in January 2024 allegedly found 20 online pharmacies selling prescription-only items without the necessary checks such as checks with the patient's GP. We have asked for more information from the BBC so we can follow up on the allegations. If necessary, we will take action to protect patients and the public.

### **Strengthening our approach to the regulation of online pharmacies**

During 2023/24, we reviewed our work so far on tackling patient-safety concerns involving online pharmacies. We have decided on the next steps we will take to further strengthen how we regulate online pharmacies.

We have begun a programme of work which will continue throughout 2024/25. Our key priorities will include:

- updating and strengthening the relevant guidance
- carrying out further intelligence-led inspections, and
- gathering more evidence about online pharmacies, and sharing it

## **Delivering our equality, diversity and inclusion strategy**

We have now published our six-month equality, diversity and inclusion (EDI) update for the second year of our EDI strategy. Launched in 2022, the strategy was a major change in the way we approach equality, diversity and inclusion at the GPhC.


Colleagues from across all parts of the GPhC have been working to deliver on our EDI commitments. They have taken forward many new initiatives, linked to our strategy and approach.

### **EDI highlights 2023/24**

Below are some of our key highlights and activities from year two of our EDI strategy.

#### **Working with people outside the GPhC on issues affecting pharmacy**

- The EDI and Communications teams have designed and hosted a new series of online equality discussion groups. We've had two on 'racism in pharmacy' and one on 'language barriers' in 2023/24, with more to come next year. The discussions were attended by pharmacy teams and organisations, equality groups, and policy think-tanks and researchers. They are helping to influence our regulatory approach, based on stakeholder feedback and experiences.
- We have continued to publish diversity data for our registers, including a new analysis of



the diversity data of professionals involved in Fitness to Practise (FtP) cases. We found that, statistically, there were significantly more people from some groups involved at certain points in the FtP process, and significantly fewer people from other groups. This analysis is helping us to decide our next steps, and giving us the evidence to back up our approach.

- The EDI and FtP teams have begun to analyse the EDI data from the concerns form on our website. In particular, they have looked at the barriers people say they experience when raising concerns.
- The Adjudications team is running a project looking at decision-making in investigating committee cases, using anonymous data. The FtP and EDI teams have been working on new decision-making guidance for FtP committees. This will take account of discrimination, bullying and harassment as well as cultural factors when deciding on an outcome.
- We have produced a series of equality-focused case studies and insights for the pharmacy sector. Topics have included:
  - cardiovascular disease
  - menopause and HRT preparations
  - LGBTQ+ inclusive care, and
  - medicines shortages

Our recent case studies have touched upon health inequalities, such as:

- the risks of diabetic eye disease in South Asian people
- how black men are more likely to develop prostate cancer than their white

counterparts, and how cultural differences affect their using screening services, and

- women's health, such as issues when women from different groups use maternal and neonatal services

These case studies and insights are designed to help pharmacy teams provide inclusive care to the communities they serve.

- The EDI and Policy teams have also worked together to research, develop and publish an 'EDI insights' piece for our online newsletter, Regulate. This focused on age, disability, gender reassignment and sex.
- The Education team is accrediting universities to our new initial education and training standards, looking at whether universities are meeting the standard on Equality, Diversity and Fairness.
- The Customer Services, Education and Registration teams are building EDI into our registration assessment. For example, they are:
  - supporting candidates by offering adjustments and helping with other needs, and
  - making sure that photographs in the assessment questions reflect different skin tones of patients, and are inclusive.
- We're also working with partners in the sector to help tackle 'differential attainment'. (Differential attainment is the differences we see in levels of achievement when people from different groups do the same assessment.)

## Working with GPhC staff

- The HR and EDI teams have been leading on a number of activities, such as:
  - our inclusive mentoring scheme
  - tailored EDI training based on our corporate learning needs analysis, and
  - other key activities to improve the diversity of our workforce.

Examples of these activities include:

- introducing our new recruitment system to help us achieve 'blind' recruitment, and
  - other activities around attraction strategies, recruitment, selection and panels, and developments linked to key HR policies.
- The Audit and Risk, Finance and Procurement teams have revised our 'risk appetite statement' to reflect our new approach to EDI. (A risk appetite statement is a document that clearly says what we think the risks to our organisation and our work will be, and how we will react to them.) Social value is now being fully considered in all our procurement work.
- Our staff Inclusion Network has continued to grow and now has 26 members from across the organisation. Inclusion Network members have supported the EDI strategy in many ways, including helping deliver our EDI communication plan and supporting awareness-raising activities and events.
- We published an article for staff to raise awareness about menopause in the workplace and formed a co-production group

of staff to produce materials and resources to support staff in the future.

- We celebrated Black History Month with an event, open to all staff, about the contributions of black female serving healthcare professionals in the armed forces, in line with our EDI Communications Plan 2023.
- In March 2024, we held an event to mark International Women's Day. The theme this year was 'Inspire Inclusion'. The event gave staff the chance to hear from our two new executive team members about what inspired them, followed by group discussions.

## Our commitment to the Welsh language

Embracing the Welsh language shows our commitment to working across the three countries we regulate, and will help to strengthen our stakeholder relationships in Wales. It is an opportunity to become more inclusive for people using our services in Wales, who have the right to use the Welsh language in their everyday lives.

We are committed to meeting our requirements under the Welsh Language Standards, as set out in the compliance notice we received in Summer 2023, and will report against the standards for the first time in 2024/25.



## Improving the way we work

Our *Strategic plan 2020-25* sets out our roadmap to achieving our ten-year vision of safe and effective pharmacy care at the heart of healthier communities.

Our work continues to be organised under five strategic aims to:

- deliver an adaptable standards framework that meets public and professional needs that are changing quickly
- deliver effective, consistent and fair regulation
- drive improvements in pharmacy care by modernising how we regulate education and training
- shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy
- improve our capabilities and infrastructure to deliver our vision

In 2023, we made some significant changes to the structure of our organisation, moving away from directorates to a 'matrix operating model'. To support this change, we are developing a new target operating model to:

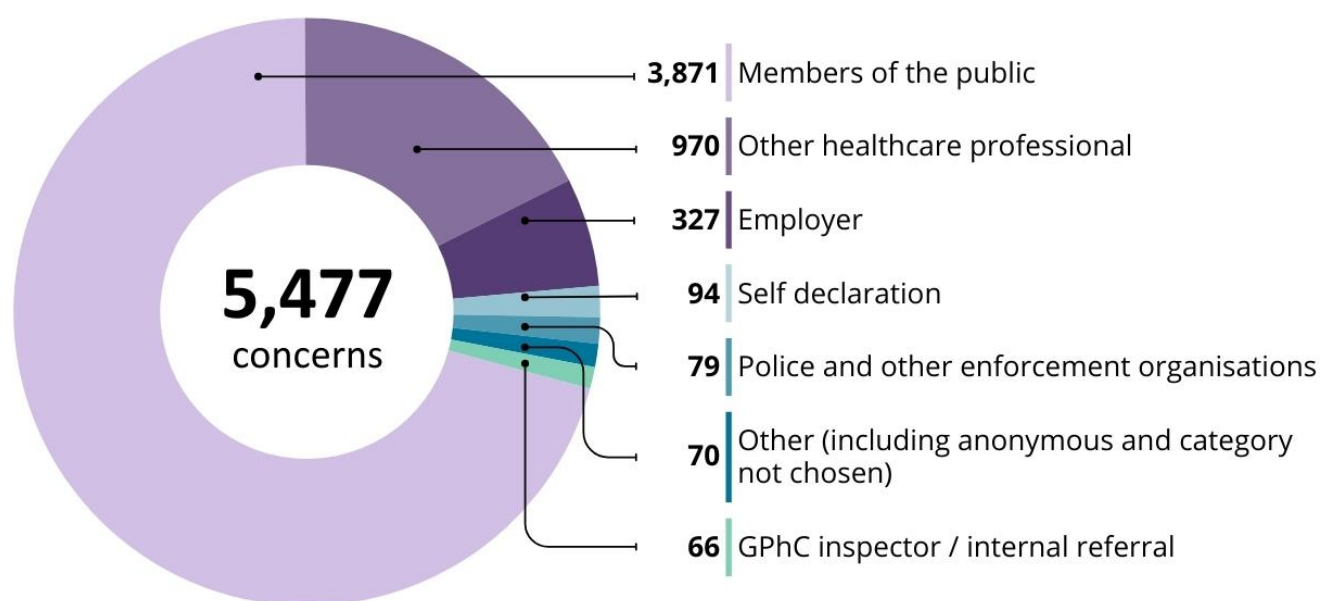
- better understand and respond to the challenges and risks we face
- 'join up' activities across our different areas of work to achieve better results
- improve our performance, accountability, decision-making, customer experience and efficiency

- have greater emphasis on the 'customer journey' of registrants, patients and the public
- support the delivery of our vision and next strategic plan

We will continue to bring these changes in throughout 2024/25.

# Annual fitness to practise report

## How concerns came to us in 2023/24



### What is 'fitness to practise'?

Fitness to practise is when someone has the skills, knowledge, character and health to do their job safely and effectively. A pharmacy professional may not be fit to practise for a number of reasons, for example if:

- their behaviour is putting patients at risk
- they are practising in an unsafe way, or
- their health may be affecting their ability to make safe judgements about their patients

Dealing effectively with fitness to practise concerns is at the heart of our commitment to protecting patients and the public, and maintaining public confidence in pharmacists and pharmacy technicians.

If you are concerned that a pharmacist or pharmacy technician registered with us is not fit to practise, you can [\*\*report your concern to us\*\*](#).

You can find out more about [\*\*how we deal with fitness to practise concerns\*\*](#) on our website.





## How we deal with concerns

A 'concern' is when we get information about an issue with a pharmacy professional or an issue with how a pharmacy is operating. When we receive a concern, we carry out an initial assessment. This is the first stage in how we manage the concerns we receive. It involves assessing concerns when we first receive them and deciding whether we need to investigate or if some other action is needed.

Many concerns are closed at this early stage because we do not have the power to deal with them, or because we decide they are not serious enough to call into question someone's fitness to practise. When this is the case, we can point the person raising the concern towards other organisations who may be able to help (we call this 'signposting'). This might include suggesting that they deal directly with the pharmacy itself. It sometimes includes telling the pharmacy professional about the concern raised and reminding them about the need to keep to proper professional standards in future.

If we decide to take a concern further, we will start an investigation. Following the investigation, we may decide to:

- take no further action
- send a letter to the professional that includes guidance about their future practice
- enter into a voluntary agreement with the professional to manage the concern
- recommend that the evidence is considered by an investigating committee, or

- with the most serious concerns, refer it directly to the fitness to practise committee

Only the most serious concerns are referred to the investigating committee or reach the fitness to practise committee. The investigating committee (IC), which meets in private, can decide to:

- take no action
- agree 'undertakings' with a professional (undertakings are promises by the professional on things they will or will not do in the future, and may include restrictions on their practice or behaviour, or a commitment to undergo supervision or retraining)
- send a letter of advice
- issue a warning, or
- refer the case to the fitness to practise committee for a hearing

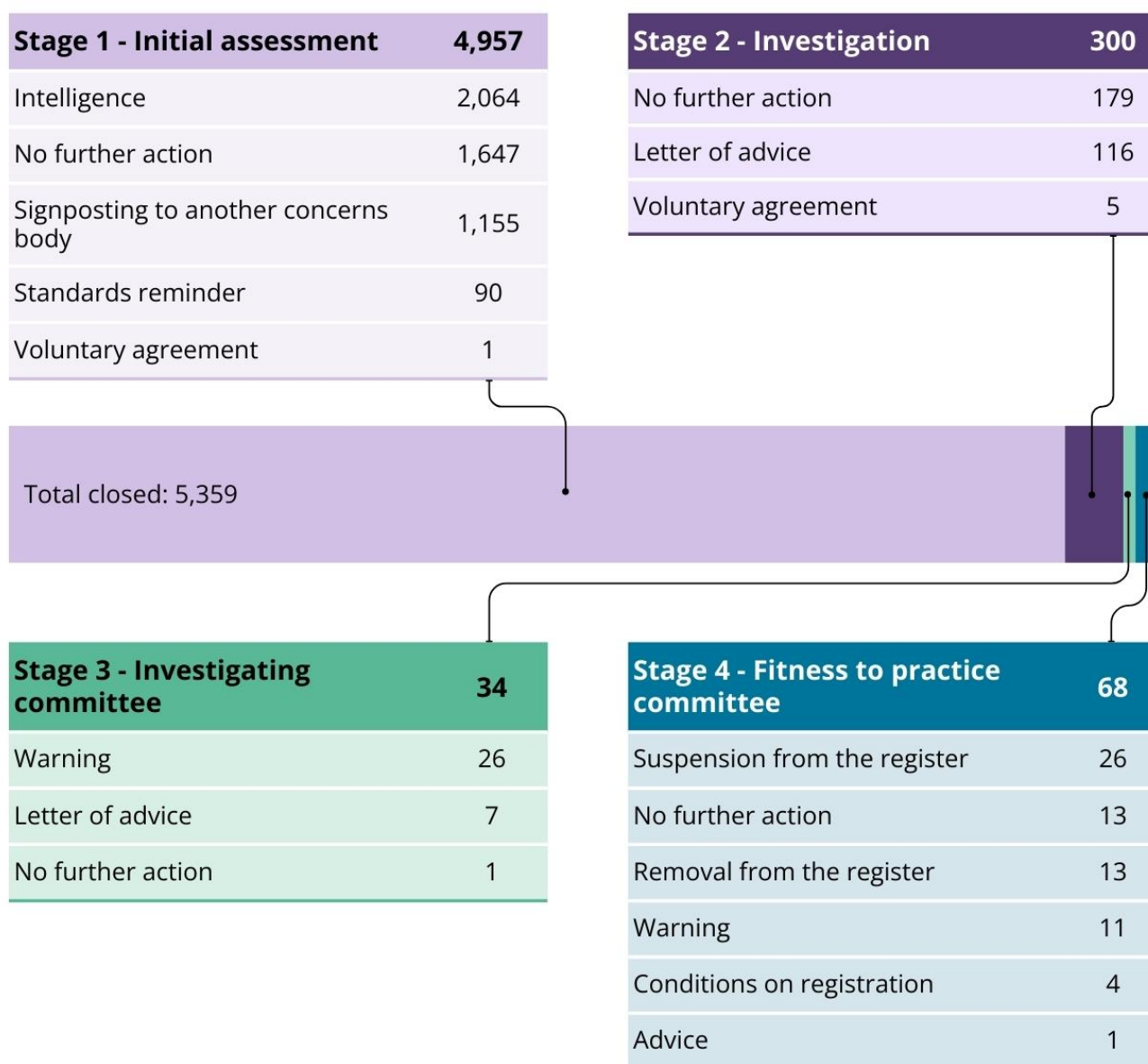
The fitness to practise committee (FtPC) is a panel which operates independently of the GPhC, and is usually made up of three members. The FtPC, which usually holds hearings in public, decides if a pharmacy professional is fit to practise. If it finds that they are not fit to practise, it can:

- issue a warning
- set conditions, or undertakings, that place restrictions for a period of up to three years on how the professional can practise
- suspend them from the register for a period of up to 12 months, or
- remove them from the register

Sometimes we receive a concern where a pharmacy professional's behaviour or practice presents a serious continuing risk to patient safety, or where they have a health condition which means that they are a risk to themselves or the public. In these cases, we can apply to the

fitness to practise committee for an 'interim order'. Interim orders allow for a pharmacy professional's registration to be suspended, or made subject to conditions, while we carry out our investigation.

## Outcomes of cases closed in 2023/24







## Dealing with concerns in 2023/24

### The number of concerns we received

This year the overall number of concerns we received was 31% higher than in the previous year. In 2023/24 we received 5,477 concerns, compared with 4,178 in 2022/23 and 3,077 in 2021/22.

This big increase is mainly because we received more concerns from members of the public. It reflects what we have seen in terms of increased pressures on pharmacies coupled with an increase in concerns about online pharmacies. Pharmacies also had problems with getting the medicines they needed. These problems have led to issues including unexpected pharmacy closures, as well as delays in patients receiving medication. These matters are often outside the control of a pharmacy, but they cause patients and the public understandable frustration and dissatisfaction. This then results in concerns being raised with us as the regulator, even if they do not amount to fitness to practise issues, or evidence of significant failings in the way pharmacies are run.

### Where concerns came from

Members of the public continued to raise most of the concerns we receive more than two-thirds of total concerns in the past year. And that number is significantly up from last year. In 2023/24 we received 3,871 concerns from members of the public, up from 2,888 in 2022/23,

an increase of 983. Concerns from the police and other enforcement organisations, other

healthcare professionals, employers and self-declarations all went up compared to 2022/23.

The most notable increase in concerns was in the number of self-declarations by pharmacy professionals which was more than four times what it was in 2022/23. Concerns from 'other' sources stayed roughly the same. The only decreases were in referrals from GPhC inspectors and from fellow pharmacy professionals.

### Initial assessment outcomes

Overall, there were 4,957 concerns closed at this stage in 2023/24 (91% of all concerns raised). This compares with 3,750 in 2022/23 (89% of all concerns raised) and 2,577 in 2021/22 (84% of all concerns raised). Although there has been a big increase in the number of concerns closed at the initial assessment stage, the proportion of these compared to the total number of concerns raised is roughly the same as in previous years.

We have seen an increase across all the outcomes available at the initial assessment. The number of concerns that we suggested another organisation could handle went up significantly, compared with 918 in 2022/23 and 455 in 2021/22. The concerns closed by way of sharing intelligence with inspection colleagues went up from 1,056 in 21/22 and 1,632 in 22/23. Inspectors use the intelligence to improve their knowledge of the pharmacies concerned and to help them make decisions about the nature and timing of future inspections.

We closed 90 concerns with a reminder about the importance of upholding proper standards, and closed one concern with a voluntary agreement. A total of 1,647 concerns were

closed with no further action in 2023/24, an increase on the 1,100 cases closed in 2022/23.

We will continue to analyse our data to look for trends and to understand what type of concerns we close early in the process. We will share this information more widely, so that people wanting to raise a concern will be able to understand what we can and cannot deal with.

### **Investigation outcomes**

We closed 300 cases following an investigation. This is a big increase on the 185 closed in 2022/23. Following investigations we closed 116 cases with guidance: an increase on the 64 cases closed with guidance in 2022/23. We closed 179 cases with no further action during 2023/24: an increase on the 118 closed with this outcome in 2022/23. We reached a voluntary agreement with five professionals in this reporting year, while in 2022/23 we reached a voluntary agreement with three professionals.

### **Investigating committee and fitness to practise committee outcomes**

The total number of concerns closed at an investigating committee stayed the same at 34 in both 2023/24 and 2022/23. The number of concerns where an investigating committee issued advice was seven compared with six in the previous year. The number of warnings went up from 19 in 2022/23 to 26 in 2023/24. In last year's report we saw that the number of warnings had gone down from the previous year. There were no undertakings issued by the investigating committee in 2023/24 after there was one case in 2022/23 where undertakings

were issued. One case was closed with no further action in this reporting period.

The total number of fitness to practise committee hearings almost doubled in 2023/24, going up from 36 in 2022/23 to 68 in 2023/24. There were four cases where the fitness to practise committee issued conditions, compared with one in the previous year. Thirteen concerns were closed with no further action, a big increase on the three closures in 2022/23. The number of warnings went up from nine in 2022/23 to eleven in 2023/24. We have seen an increase in the number of cases closed by way of a suspension from 16 in 2022/23 to 26 in 2023/24, and an increase in the number of concerns concluded by removal from the register from seven in 2022/23 to thirteen in 2023/24.



# Our reporting requirements

Under the Pharmacy Order 2010 there are certain items we report as part of demonstrating our accountability to parliament.

We have to publish annual reports and accounts, and provide them to the Privy Council Office for laying in the UK and Scottish Parliaments. We have to publish:

- an annual report on how we have carried out our work, including our arrangements for making sure we follow good practice in relation to equality and diversity
- a statistical report which shows the efficiency and effectiveness of our arrangements to protect members of the public from pharmacy professionals whose fitness to practise is impaired. The report includes a description of the arrangements and the Council's comments on the report
- yearly accounts, in a form set by the Privy Council

our external auditor's report on our accounts

This report is published to meet these requirements. The Privy Council has issued an 'accounts determination', setting out what we must include when preparing our yearly accounts. The accounts determination is in appendix 1 to our financial statements. Our accounts have been produced in line with this determination.

As a body funded by registrants' fees and independent of government, we are not covered by the treasury guidance on managing public money. But we want to follow best practice, both in being transparent and in

communicating with members of the public, who are our main stakeholders. We have therefore aimed to keep our reporting as clear and straightforward as possible, with the least amount of duplication.

We have provided a governance statement by the chief executive and registrar. This covers our systems to support the Council's strategy and objectives, while safeguarding the organisation's assets. The statement also includes the chief executive's review of the effectiveness of our systems of internal control.

# How we govern ourselves

The Council is the GPhC's governing body and is appointed by the Privy Council. It sets the strategic direction and objectives for the organisation, in line with its statutory objectives. It monitors the organisation's performance, and that of the senior leadership group. It also safeguards the organisation's assets and makes sure its financial affairs are run properly.

The GPhC Council has 14 members: seven lay members and seven registrant members. There is at least one member who lives or works in each of England, Scotland and Wales.

This year was the second year in office of our Chair, Gisela Abbam, who started her term on 14 March 2022.

## Council members' pay and attendance April 2023 to March 2024

This table records council members' attendance at regular formal meetings only. In 2023/24 we held a mixture of in-person and online meetings.

Council members also took part in other meetings and events. This included working on assurance and 'short-life' groups and working with our stakeholders by attending engagement events.

Some members moved to different committees in September 2023. This is reflected in the attendance figures below, which are shown relative to the number of meetings of a particular committee which the member was eligible to attend during the year.

**Table 1: Council members' pay and attendance April 2023 to March 2024**

Name	Registrant or lay member	Pay £	Council meetings attended <sup>2</sup>	Committee meetings held or attended
Gisela Abbam <sup>1</sup>	Lay	60,000	7 out of 8	FPC* 3 out of 3
Aamer Safdar <sup>2</sup>	Pharmacist	19,375	7 out of 8	ARC** 1 out of 1 QPAC*** 2 out of 2 WfC**** 3 out of 3
Ann Jacklin <sup>3</sup>	Pharmacist	19,375	7 out of 8	ARC 3 out of 4 QPAC 3 out of 3
Arun Midha <sup>4</sup>	Lay	17,500	7 out of 8	WfC 1 out of 1
Elizabeth Mailey <sup>5</sup>	Pharmacist	17,500	8 out of 8	ARC 3 out of 3 QPAC 2 out of 3 WfC 1 out of 1
Jayne Salt	Lay	15,000	8 out of 8	ARC 3 out of 4 QPAC 0 out of 3
Joanne Kember	Pharmacist	15,000	8 out of 8	QPAC 2 out of 3 WfC 4 out of 4
Mark Hammond <sup>6</sup>	Lay	17,500	7 out of 8	FPC 3 out of 3
Neil Buckley <sup>7</sup>	Lay	17,500	8 out of 8	ARC 4 out of 4

Name	Registrant or lay member	Pay £	Council meetings attended <sup>2</sup>	Committee meetings held or attended
Rima Makarem <sup>8</sup>	Lay	17,500	8 out of 8	FPC 1 out of 1 QPAC 3 out of 3
Rose Marie Parr <sup>9</sup>	Pharmacist	17,500	8 out of 8	FPC 3 out of 3
Penny Mee-Bishop	Pharmacy technician	15,000	7 out of 8	FPC 0 out of 1 QPAC 0 out of 1 WfC 3 out of 3
Selina Ullah	Lay	15,000	6 out of 8	WfC 4 out of 4
Yousaf Ahmad	Pharmacist	15,000	7 out of 8	ARC 1 out of 1 FPC 2 out of 2 QPAC 2 out of 3

### Notes to the Council members' pay and attendance table

\* Finance and Planning Committee

\*\* Audit and Risk Committee

\*\*\* Quality and Performance Assurance Committee

\*\*\*\* Workforce Committee

1. Chair of Council. Gisela is also a member of the Finance and Planning Committee
2. Includes £4,375 for co-chairing the advisory group on Post-registration Assurance of Pharmacy Practice since 2022 (paid in 2023)
3. Includes £4,375 for co-chairing the advisory group on Post-registration Assurance of Pharmacy Practice since 2022 (paid in 2023)
4. Includes £2,500 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists
5. Includes £2,500 for chairing the Workforce Committee
6. Includes £2,500 for chairing the Finance and Planning Committee
7. Includes £2,500 for chairing the Audit and Risk Committee
8. Includes £2,500 for chairing the Quality and Performance Assurance Committee
9. Includes £2,500 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists

## Council members' expenses: April 2023 to March 2024

In 2023/24, we held a mixture of in-person and online Council and committee meetings. We also held an 'awayday' in Cardiff in July 2023.

**Table 2: Council members' expenses: April 2023 to March 2024**

Name	Travel	Accommodation	Subsistence	Total
Gisela Abbam	£685.08	0	0	<b>£685.08</b>
Aamer Safdar	£103.50	0	0	<b>£103.50</b>
Ann Jacklin	0	0	0	<b>0</b>
Arun Midha	£730.28	£180.00	£31.31	<b>£941.59</b>
Elizabeth Mailey	£376.59	0	0	<b>£376.59</b>
Jayne Salt	£241.43	0	0	<b>£241.43</b>
Joanne Kember	£180.80	£531.98	0	<b>£712.78</b>
Mark Hammond	£94.50	0	0	<b>£94.50</b>
Neil Buckley	£362.00	0	0	<b>£362.00</b>
Penny Mee-Bishop	£300.40	0	0	<b>£300.40</b>
Rima Makarem	£96.19	0	0	<b>£96.19</b>
Rose Marie Parr	£1,813.51	0	0	<b>£1,813.51</b>
Selina Ullah	£446.50	£285.99	0	<b>£732.49</b>
Yousaf Ahmad	£623.56	0	0	<b>£623.56</b>

## Non-statutory committees

The GPhC has five non-statutory committees: Audit and Risk; Assurance and Appointments; Finance and Planning; Quality and Performance Assurance; and Workforce. There are also advisory groups on the initial education and training of pharmacists and the post-registration assurance of pharmacy practice. We have an agreed process to review the membership of the Council's non-statutory committees.

### Audit and Risk Committee

The Audit and Risk Committee supports the Council by reviewing the GPhC's internal and external audit arrangements. It also reviews the arrangements for managing risks. It provides assurance to the Council that risks are being identified and managed. This includes advising the Council on the assurances provided in respect of risk and internal controls.

Between March and August 2023, the committee was made up of five council members including the chair of the committee, Neil Buckley. From September 2023, the committee had four council members and Neil Buckley continued in his role as chair.

The committee also has an independent member, Helen Dearden. Helen took up the appointment in 2017 and continues to serve as an independent member.

The Audit and Risk Committee met four times in the year: in May, September and December 2023 and in March 2024.

The committee's minutes are reviewed by the Council after each meeting and the committee

presents a full report to the Council once a year. You can see these reports on the GPhC website.

### Finance and Planning Committee

The Finance and Planning Committee has oversight of strategic and financial planning. It also supports the Council by overseeing and monitoring the development and implementation of the GPhC's investment strategy and policy.

Between April and August 2023, the committee was made up of five council members including the chair of the committee, Mark Hammond. From September 2023, the committee had four council members and Mark Hammond continued in his role as chair.

The committee also has an independent member, Andrew McLaren. Andrew took up the appointment in 2019 to support the committee's enhanced investment role and continues to serve as an independent member.


The committee met three times in the year: in May and November 2023 and in February 2024.

The committee's minutes are reviewed by the Council after each meeting and the committee presents a full report to the Council once a year. You can see these reports on the GPhC website.

### Quality and Performance Assurance

The Quality and Performance Assurance Committee oversees and monitors the measurement and management of quality and performance across the range of the GPhC's activities, so the Council can carry out its oversight responsibilities.





Between April and August 2023, the committee was made up of six council members (all of whom also sat on other committees), including the chair of the committee, Rima Makarem. From September 2023, the membership of the committee was increased to eight and Rima Makarem continued in her role as chair.

The committee met three times in the year: in May and October 2023 and in March 2024.

The committee's minutes are reviewed by the Council after each meeting and the committee presents a full report to the Council once a year. You can see these reports on the GPhC website.

### **Workforce Committee**

The Workforce Committee has the power, delegated from the GPhC's governing council, to approve or reject the pay framework for GPhC employees and the packages for the chief executive and directors. The committee advises the Council on the remuneration (pay) policy for council members and on the expenses policy for council members, staff and associates. It also considers a wider range of issues, including:

- organisational development
- health and wellbeing
- employer aspects of equality, diversity and inclusion, and
- monitoring our work on the gender and ethnicity pay gaps, our culture and staff surveys

Between April and August 2023, the committee was made up of four council members including the chair of the committee, Elizabeth Mailey.

Elizabeth left the committee in September 2023 and Selina Ullah took over as chair.

The committee also has two independent members, Rob Goward and Janet Rubin, both of whom joined the committee in 2016 and continue to serve as independent members.

The committee met four times in the year: in May and October 2023 and in February and March 2024.

The committee's minutes are reviewed by the Council after each meeting and the committee presents a full report to the Council once a year. You can see these reports on the GPhC website.

### **Assurance and Appointments Committee**

This committee is responsible for recruiting and appointing statutory committee members. It also oversees arrangements for their training and for reviewing their performance. The committee reports to the Council, but no council members serve on the committee. It also has an independent chair, Elisabeth Davies. This is an important part of making sure there is a proper separation of tasks between the Council and the statutory committees.

The committee is made up of five members including its chair. It met four times in the year: in May, September and December 2023 and in March 2024.

The committee reports every year to the Council. You can see these reports on the GPhC website.

### **Advisory group on the initial education and training of pharmacists**

This group has been a formal advisory group to the GPhC Council since September 2020. A number of key organisations sit on the group, advising the Council on the development of the new standards which were published in January 2021 and providing assurance to the Council on implementing the standards.

The group is co-chaired by one lay member of the Council, Arun Midha, and one registrant member, Rose Marie Parr. It met five times in the year: in April, June, October and December 2023 and in February 2024.

The co-chairs of the group provide regular updates to the Council.

### **Advisory group on post-registration assurance of pharmacy practice**

The purpose of the group is to allow the councils of the GPhC and the Pharmaceutical Society of Northern Ireland (PSNI) to decide whether they are satisfied that the necessary quality control, quality management and quality assurance mechanisms exist for pharmacists and pharmacy technicians (once they are qualified and registered). The purpose of these is to:

- protect the public, and
- give them assurance that they will receive safe and effective care when using pharmacy services

The group also allows the councils of the GPhC and PSNI to decide whether any additional assurance is required.

This work is also linked to that of the advisory group on the initial education and training of pharmacists.

The group is co-chaired by two GPhC Council members, Aamer Safdar and Ann Jacklin. It met five times in the year: in May, July, September and November 2023 and in February 2024.

The co-chairs of the group provide regular updates to the Council.



## Chief executive and registrar and directors

### Senior leadership group (SLG) and Executive Team

The GPhC's staff is headed by the chief executive and registrar. This year the senior team was re-structured to become the Executive Team. The SLG was in place until December 2023 and was replaced by the new Executive Team in January 2024. The SLG was made up of the directors of the organisation, while the Executive Team consists of Chief Officers. These Chief Officers (in a similar way to the previous director roles) continue to be involved in aspects of strategy, policy operations and regulatory development. But they are now supported by our move to a matrix operating model (please see the section on improving the way we work). This improves the way we work together and our regulatory effectiveness.

Until December 2023, there were four directors, leading teams across the organisation as follows:

- Education and Standards, led by Mark Voce
- Fitness to Practise, led by Carole Auchterlonie
- Insight, Intelligence and Inspection, led by Claire Bryce-Smith
- Adjudication and Financial Services, led by Jonathan Bennetts

There were also three Associate Directors leading teams as follows:

- Corporate Affairs, led by Laura McClintock who is also Chief of Staff

- HR and Organisational Development, led by Gary Sharp
- Technology, led by David Hajduk

From January 2024 there are four Chief Officers, all of whom are also Deputy Registrars, with the following areas of responsibility:

- **Chief Enforcement Officer – Dionne Spence**  
Overseeing all enforcement activity, including Fitness to Practise processes and enforcement action against registered pharmacies and education providers.
- **Chief Operating Officer – Jonathan Bennetts**  
Responsible for ensuring the efficiency, sustainability and compliance of our operations, finance and risk management.
- **Chief Pharmacy Officer – Roz Gittins**  
Responsible for providing an executive lead on pharmacy insight and inspection and representing the organisation's position on professional issues with the public and the pharmacy professions.
- **Chief Strategy Officer – Mark Voce**  
Responsible for the development and evaluation of regulatory strategy and policy, including professional standards and the quality assurance of pharmacy education and training; and communications and public affairs.

The Executive Team have now taken over the key executive and governance responsibilities of the SLG, working with the chief executive and

registrar. You can find more information about our structure on our website.

### Accounting requirements

The GPhC is an independent statutory body, accountable to Parliament and the Scottish Parliament. The GPhC must, under the Pharmacy Order 2010, prepare yearly accounts in a form set by the Privy Council. We must prepare accounts for each year in line with:

- UK accounting principles, and
- the disclosure requirements set out in the United Kingdom Generally Accepted Accounting Practice (GAAP)

The accounts must be prepared so they give a true and fair view of the state of affairs of the organisation, and of its income, spending, recognised gains and losses, and cash flows for the financial year.

### Number and types of corporate complaints

We received 21 complaints about our services in 2023/24, slightly down from 25 in 2022/23. Some complaints were about more than one issue, so we have set them out in the table according to the main theme of the complaint. We report detailed information about complaints to the Council quarterly through regular performance monitoring.

### Corporate complaints received in 2023/24

**Table 3: Complaints received in 2023/2024**

Issue	Received	Partially upheld	Upheld
Conduct and behaviour	2	1	0
Data and information use	0	-	-
GPhC processes and procedures	8	3	1
Outcome of a decision	10	0	0
Other	1	0	0
<b>Total</b>	<b>21</b>	<b>4</b>	<b>1</b>

Four complaints were partially upheld, and one was upheld. We look to learn from all complaints, whether they are upheld or not. This can help us to improve and we share what we have learnt with the relevant teams. We also share what we have learnt with the Council as part of the regular performance monitoring.

## How we meet freedom of information and data protection legislation

Under the Freedom of Information Act 2000 (FoI), anyone can ask to see GPhC records. You can **find out how to do this on our website**.

Our publication scheme follows the 'model publication scheme', revised and approved by the Information Commissioner (ICO) in 2014 for all health regulators. This commits us to publishing information routinely.

As a registered data controller under the Data Protection Act 2018 (DPA), we collect, store and use personal data. We use this data for updating the register, dealing with concerns, compiling statistics and keeping our stakeholders up to date with information about the GPhC, for example. We share personal data with other organisations in the public interest and to support our statutory role and responsibilities. You can find out more about **how we use and protect personal data and the organisations we work with** on our website.

During the year we continued to update our policies and practice to keep to data protection legislation. Our employees took part in annual training on data protection and information security.

We reported three personal data incidents to the Information Commissioner's Office in the year. The Information Commissioner confirmed that they would not be taking any further action on any of the reported incidents. We have reviewed all the reported incidents to decide how we can improve our procedures so that similar incidents do not happen in future. We

have also provided tailored training to teams who deal with large volumes of sensitive personal data as part of their roles.

In 2023/24, we received 199 information requests under the Freedom of Information and Data Protection Acts (we received 162 in 2022/23). We responded to 98% of all requests inside the statutory deadline. We also received 7 requests relating to the other rights data subjects have under data protection law, including requests to have their data erased (we received 13 in 2022/23).

**Table 4: Number and type of information requests**

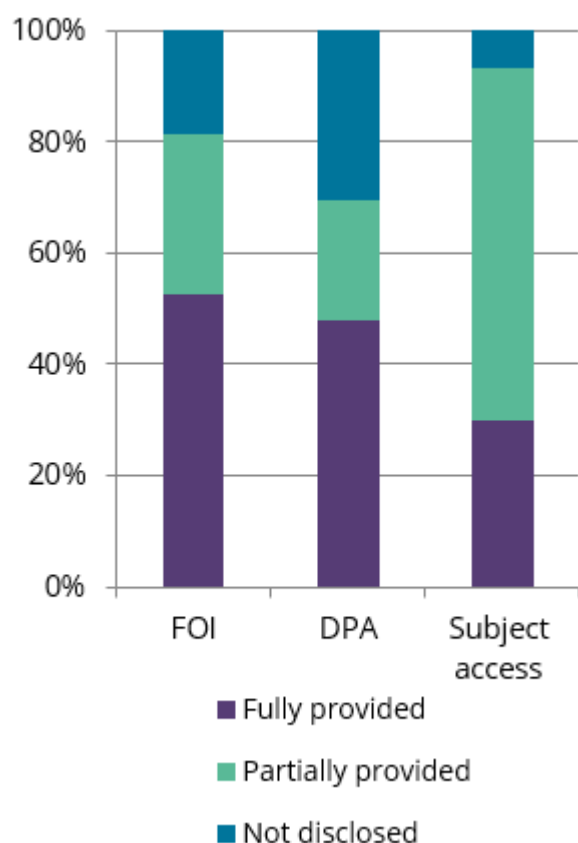
Information request type	Number in 2023/24
FOI	132
DPA*	41
Subject access**	26

\* DPA cases are when a third-party organisation makes a request for the personal data of an individual and we consider disclosure under the provisions in the Data Protection Act.

\*\*Subject access requests are when someone asks us to disclose to them the information we hold about them. We aim to be as transparent as possible in these cases, but may not be able to provide all the information they ask for. For example, we may 'redact' (edit or remove) information that contains the personal data of other people.

In 27 cases we did not hold the information requested and nine cases were closed because the requester either withdrew the request or did not respond to our request for proof of identity or other clarification. When we held the information, we disclosed it, either in full or in part, in 71% of our responses to requests. We received five requests to review a decision we had made about disclosure, of which 1 review became the subject of a complaint to the Information Commissioner's Office. The ICO did not uphold that complaint.

**Figure 1: disclosure rates 2023/224**



## Whistleblowing disclosures to us as a 'prescribed person'

The Small Business, Enterprise and Employment Act created a power for the Secretary of State to require 'prescribed persons' to produce an annual report on protected ('whistleblowing') disclosures made to them by workers. The aim of this duty is to increase transparency in the way that these disclosures are dealt with and to increase the confidence of the people raising concerns that their disclosures are taken seriously.


The GPhC is a 'prescribed person' under the Act. As a prescribed person we must report in writing every year on the protected disclosures made to us. This is the report for the period 1 April 2023 to 31 March 2024. This report does not cover any concerns raised internally within the GPhC.

Our role as a prescribed person is to provide workers with a place to make their disclosure to an independent body when:

- the worker does not feel able to make a disclosure direct to their employer, and
- we may be in a position to take regulatory action on the disclosure

If we are unable to take regulatory action because the disclosure is outside our scope, we will refer the disclosure to an appropriate organisation.

Between 1 April 2023 and 31 March 2024 we received 24 qualifying disclosures of information.



We concluded our enquiries on 18 of these disclosures, with a further six still under review.

The action we took included a full investigation through established fitness to practise processes and follow-up action through our inspection network. The former can result in any available outcome under the fitness to practise process. The latter can include guidance, a follow-up visit or an unannounced inspection.

Fourteen cases were concluded by sharing information with inspection colleagues for follow-up action. One concern was signposted to another organisation and one was concluded with guidance. The remaining two concerns were investigated and concluded with no further action.

Two concerns from the previous reporting period were concluded with no further action, and another concern was concluded with guidance.

None of the disclosures had an impact on our ability to perform our functions and meet our objectives, which are set out in the About us section at the beginning of this report.



# Governance statement 2023/24

## Scope of responsibility

As chief executive and registrar, I am accountable to the Council for maintaining a sound system of internal control that supports the Council's strategy and objectives, while safeguarding the GPhC's assets. I am also responsible for making sure that GPhC business is carried out in line with the law and proper standards.

In carrying out this overall responsibility, I am responsible for putting in place proper arrangements for the governance of the GPhC's affairs and for making sure it carries out its work effectively. This includes arrangements for risk management.

## The purpose of the governance framework

Governance is about the GPhC making sure it is doing the right things, in the right way, for the right people, and in a timely, inclusive, open, honest and accountable way.

The governance framework is made up of:

- the systems, processes, culture and values by which the GPhC is directed and controlled, and
- the GPhC's activities, through which it engages with registrants, the public and other stakeholders

The framework allows the GPhC to monitor the achievement of its objectives and to consider whether those objectives have been met in an effective and efficient way.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to deliver policies, aims and objectives. Therefore, it can only provide reasonable (and not absolute) assurance of effectiveness. The system of internal control is based on an ongoing process designed to:


- identify and prioritise these risks
- evaluate the likelihood and possible impact of the risks being realised, and
- manage them effectively, efficiently and economically

Apart from the changes to the senior leadership group as described earlier in this report, the governance framework has been in place at the GPhC for the year ended 31 March 2024 and up to the date the annual report and statement of accounts is approved.

## The governance framework

At the end of 2019, we agreed a ten-year vision for 'safe and effective pharmacy care at the heart of healthier communities'. We also agreed two, five-year strategic plans, along with supporting strategies and business plans. Following a successful office move in the first quarter of 2023/24, the organisation has operated within the context of its defined organisational culture and structure. This is after several years of having a less strong position, brought about firstly by the pandemic and then our office move.





We are continuing to monitor our progress against our objectives using the Board Assurance Framework we developed in 2022/23. This gives our Council oversight of our progress in terms of:

- our business plan
- budgetary control
- our key performance indicators, and
- how we manage risk

You can find more information about our governance framework, including our organisational structure and the workings of our committees, in the GPhC committees section of this annual report.

## Review of effectiveness

As chief executive and registrar, I am responsible for reviewing the effectiveness of the GPhC's governance framework, including the system of internal control. The review of effectiveness is supported by:

- the work of the executive managers within the GPhC, who are responsible for developing and maintaining the governance environment
- the head of internal audit's annual report, and
- comments received from the external auditors and other review agencies

The Council appointed TIAA as our internal auditors in June 2019 and extended this contract for a further 21 months in June 2022.

Our external auditors, Haysmacintyre, were appointed by the Council in November 2022.

The internal audit plan for 2023/24 was updated in March 2023 to make sure that present and future audit plans remained relevant and up to date.

To ensure the review of effectiveness has a wide enough scope, we have assessed the adequacy and effectiveness of the system of internal control in relation to:

- our main service delivery areas
- the management systems that allow us to deliver them, and
- our core processes

Overall, our internal auditors carried out eight assignments during the year. These were reviewed by the Audit and Risk Committee. One of the assignments was following up previous recommendations and another was the second part of a two-part advisory audit into information governance. The other six reports and the assurance ratings given were:

- HR system implementation: substantial
- Accreditation methodology: substantial
- Budgetary Control and Financial Reporting: substantial
- Integrity of the register: substantial
- Governance: substantial
- Board Assurance Framework: substantial

Following a full competitive tender in 2023, in January 2024 we appointed RSM as our internal auditors for 2024/25 on a four-year contract. We

are working with them to write an internal audit plan for 2024/25 based on the views of key personnel and members of the Audit and Risk Committee. We will also be using our new auditors' expertise for insights into what makes a proportionate and balanced internal audit plan in the present climate.

## Explanation of the ratings

**Substantial assurance:** There is a robust system of internal controls operating effectively to make sure that risks are managed, and that the process objectives are achieved.

**Reasonable assurance:** The system of internal controls is generally adequate and operating effectively, but some improvements are needed to make sure that risks are managed, and that the process objectives are achieved.

**Limited assurance:** The system of internal controls is generally inadequate or not operating effectively. Significant improvements are needed to make sure that risks are managed, and that the process objectives are achieved.

**No assurance:** There is a fundamental breakdown or absence of core internal controls requiring immediate action.

**Amber:** There are weaknesses in the control framework or there is non-compliance, and this puts the achievement of system objectives at risk. Some remedial action will be needed.

**Advisory:** These reports do not have a formal assurance rating as they are a review of work areas that are ongoing and not complete.

I have been advised on the implications of the result of the review of the effectiveness of the governance framework by the Audit and Risk

Committee and advised that generally the arrangements continue to be regarded as fit for purpose within our governance framework.

In making this statement, I have noted the internal audit opinion that the General Pharmaceutical Council has reasonable risk management, control and governance processes in place.

While the overall internal audit opinion is that there is reasonable assurance for the areas reviewed during the year, I know that there is some risk that our objectives may not be fully achieved in certain respects and that improvements are needed to address that risk.

The areas we have already addressed and those to be specifically addressed with new or additional actions are outlined below.


## Significant governance issues

### Meeting the PSA Standards of Good Regulation

In September 2023 and during the 2023/24 annual reporting period, we received the outcome of the Professional Standards Authority's (PSA) Performance Review for 2022/23. The PSA found that we met 17 out of 18 of the Standards of Good Regulation (covering the period 1 July 2022 to 30 June 2023).

The GPhC's performance and that of other regulators is reviewed regularly by the PSA, with the results reported to Parliament. The aim is to check how well regulators have been protecting the public and promoting confidence in health and care professionals and themselves.

The report found that Standard 15 (the Fitness to Practise timeliness standard) was not met.



There were found to be general improvements with FtP decisions, with the conclusion that the large proportion of decisions that were reviewed were reasonable, with clear, accurate and detailed reasons recorded. Improvements were also seen in FtP support for parties, where good examples of tailored and compassionate communication were identified. However, the standard relating to the amount of time it took for cases to be dealt with was not met. The PSA were also satisfied that we continue to apply promptly for interim orders once we receive information showing the need for one. We were assured that the issues relating to timeliness do not represent a risk to patient and public safety.

We continued to follow our comprehensive action plan to deliver improvements in our FtP work. As a result of this action plan, in 2023/24 we were again able to meet two out of three previously unmet standards. This was a result of a sustained programme of work, and the PSA clearly recognised that it takes time to successfully build in these changes. Despite these improvements, we continued with a dedicated programme of work across the organisation to regain Standard 15, with close oversight from our Council and Audit and Risk Committee.

More widely, the report highlighted positive areas of work. These included:

- the action taken over online pharmacies
- using intelligence from inspection work, and
- analysing fitness to practise data

The PSA also commended the volume and breadth of the GPhC's work in the area of equality, diversity and inclusion (EDI) in this period.

## Online concerns form

On 28 July 2023, our IT Applications Team found a problem with our concerns form. Seventy-three concerns were not passed automatically from the website form to the customer relationship management (CRM) system.

This happened because of an IT upgrade, and affected concerns where the first name and surname were not filled in on the form before the concern was submitted.

As a result, 73 concerns were not automatically passed to the CRM system for the FtP team to review in a timely manner. The longest delay for a concern was two months.

The Concerns Team carried out a full assessment of all the affected concerns and concluded that none of the concerns presented an immediate or high risk to patient safety or public confidence.

We carried out a 'serious incident' review of the issue, and put in place an action plan. This will:

- prevent similar occurrences during upgrades going undetected, and
- make sure that the numbers of concerns going into the CRM system matches the number we receive

## 'My GPhC' outage

The Customer Services Team (CST) raised a major incident on Monday, 30 October 2023 with the IT team. This followed a review of emails about access to myGPhC over the weekend of 28/29 October 2023. That weekend was the last one before the renewal deadline and registrants reported that they were struggling to access myGPhC to carry out renewal and revalidation activities. The key

symptoms reported were either slow performance in dealing with requests or 'hard' errors preventing any online activity. (A 'hard' error is one that keeps happening because of a technical problem, rather than one that happens purely because of, say, too many people trying to access a system at the same time. There have not been similar issues in previous years.)

The root cause of the incident was the amount of data in the myGPhC database and that we did not realise the impact this was having on the performance of the renewal process during peak period. This resulted in the myGPhC system failing because the database was getting full. The performance issues were not picked up by the IT support team in working hours because:

- monitoring alert messages were not received correctly by the systems support team, and
- the systems support team did not work at weekends

Also contributing to the problem were the inconsistent alert settings and alert mailboxes used for different web systems, and the high volume of registrants trying to renew in the final weekend before the cut off.

We carried out a full incident review and developed an action plan focusing on:

- preventing similar technical issues in the future
- how we communicate with registrants and the public when incidents do occur
- how we respond to incidents

We have put into practice most of the technical solutions and work continues to develop how we respond to incidents generally.

**Duncan Rudkin**  
**Chief Executive**  
**13 June 2024**

# Financial statements for the year ended 31 March 2024

## Financial review

In the financial year 2023/24 the result was an operating deficit of £0.2m (£6.5m surplus in 2022/23). This is a reduction against the deficit originally budgeted with higher expenditure being offset by improved investment performance.

## Income

The GPhC is funded essentially by the annual renewal fees paid by pharmacists, pharmacy technicians and owners of pharmacy premises, who must be registered with us to practice or operate a pharmacy premises. These fees are paid in advance and recognised across the applicable periods in the financial year.

In 2023/24, our total operating income generated was £27.1m (2022/23 £30.2m) which was an overall decrease of 10% on the last financial year. The increase in income in 2022/23 was due to the accounting treatment of exceptional one-off income items in relation to the office move. On exclusion of exceptional other income our core income from regulatory fees increased by 1.4% from £26.5m to £27.1m.

This growth was due to increases in pharmacist and pharmacy technician registers and an increase in the pre-registration intakes. These registers were offset by the ongoing decline in registered pharmacies which reduced by 3.6% and mostly from closure of the larger chain pharmacies (Boots and Lloyds pharmacy) with further closures expected to continue into the next financial year.

## Main income sources

Registrant group	2023/24 Annual income (£m)	2023/24 Registrant numbers	2022/2023 Annual income (£m)	2022/2023 Registrant numbers
Pharmacists	17.1	64,393	17.0	62,654
Pharmacy technicians	3.3	26,067	3.2	25,314
Registered pharmacies	5.3	13,311	5.3	13,805

The figures above include annual renewal fees, initial registration, and application fees.

## Expenditure

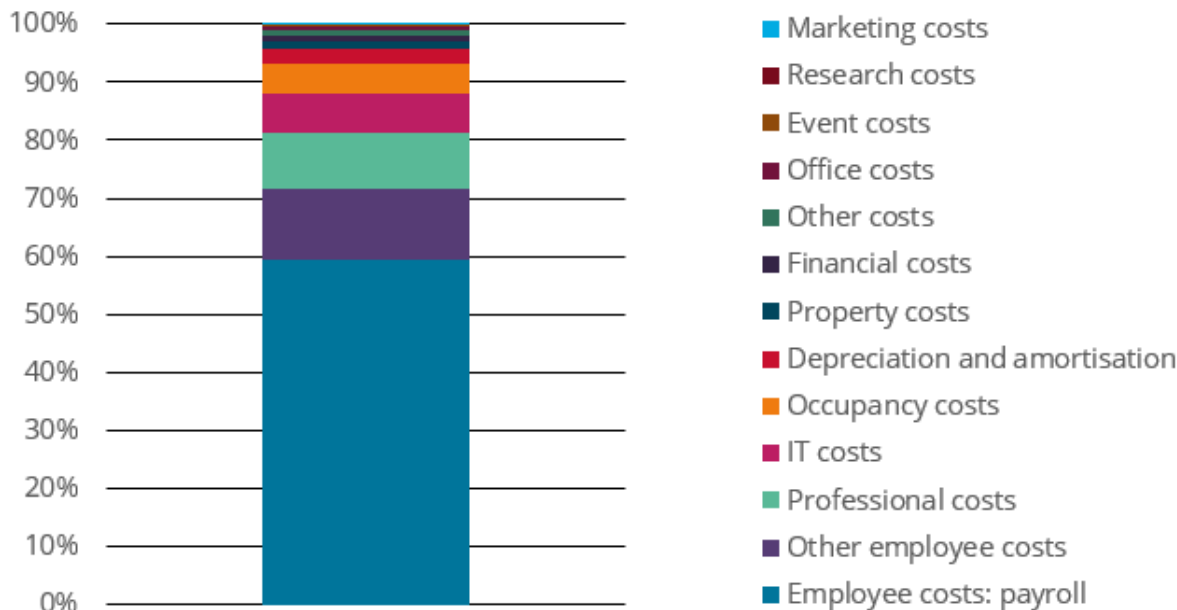
The GPhC expenditure increased by £5.7m in 2023/24 to £28.9m (2022/23 £23.2m). The growth in expenditure when compared to last financial year was expected for two key reasons.


Implementation of our accommodation strategy which reinstated payment of occupancy costs following on from reimbursements and cost reductions in 2022/23, after the early exit of our previous lease. These cost reductions included the release of a dilapidation provision that was no longer required. This benefit will fund the capital and transitional costs of the office move and will be recognised over the term of the lease.

We have re-organised our structure to better deliver on core statutory regulations and strategic objectives, and to make ourselves fit for future developments and changes that include:

- strengthening our approach to the regulation of online pharmacies
- modernising education and training for pharmacist and pharmacy technicians
- enhance our capabilities and infrastructure to deliver our vision
- managing concerns and PSA timelines.

Figure 2: Actual expenditure 2023/24





Employee costs increased by 11% to £17.1m (2022/23 £15.4m) due to the planned increase in staff numbers to support the continued work on our reforms to the initial education and training of pharmacists and pharmacy technicians, post registration assurance of practice and delivering the next phase of our managing concerns strategy. Recruitment costs also increased to support the change in organisation structure and higher headcount.

Occupancy and property costs increased by £2.8m in comparison to 2022/23. This is because the previous year's occupancy total included one-off credits recognised in relation to the office move. Regular lease charges have now been reinstated for the new office premises in 2023/24.

Other employee costs, which include committee and associates' fees, were £1.1m higher than in 2022/23. This rise is attributed to the increasing volumes of concerns received, the cost to reorganise the initial assessment of concerns, conducting investigations, improving the timely progression of fitness to practise cases and enhancing quality of fitness to practise decisions.

IT expenditure also increased by £0.3m in 2023/24. This rise reflects inflationary increases, the additional costs of software licences due to increased staff numbers and increased support costs.

Depreciation and amortisation costs for the year were £0.7m (2022/23 £1.4m), which was a £0.7m reduction compared with the previous year. The depreciation figure for the last financial year included added depreciation related to the early lease termination.

## Investment

At the end of the 2023/24 financial year, the GPhC investment portfolio was valued at £16.9m. This was an increase of £1.5m on the market value at the end of 2022/23 and 12.6% current rate of return on the original investment of £15m. The improved performance was attributed to favourable movements towards the end of the financial year. However, there still are a wide range of external factors that continue to affect the market so the risk of fluctuation in performance remains.

## Reserves

The GPhC reserves policy seeks to maintain a target minimum free reserves level which equals the value of between four to six months' operating expenditure. This minimum level was set as part of the five-year plan and is closely monitored to ensure it is fit for purpose and can effectively manage short- and longer-term risks/opportunities. As of 31 March 2024, the general reserves were £14.6m with freely available reserves of £11.1m after excluding designated funds and the increase in the value of the investment portfolio. The reserves level remains within the threshold limit of 4-6 months.

## Outlook - 2024/25 and beyond

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 proposed 2024/25 budget is expected to result in an operating deficit in the region of £1.4m.



The UK pharmacy sector has undergone significant changes in recent years and with further shifts expected beyond 2024 there is resolve for the GPhC to update the services we provide to allow us to grow and adapt alongside the sector.

An inflationary 7.5% fee increase was implemented in April 2024, though the larger proportion of the benefit from this will only be realised in the 2025/26 financial year.

At present, future projections beyond the next financial year also indicate expenditure will continue to exceed income. Our plans include the following:

- develop new standard for chief pharmacists
- complete accreditation of all 30 schools of pharmacy to new standards
- further improve progress on PSA timelines
- develop an enforcement strategy
- develop a strategic approach to registration
- update of back-office systems

We expect to continue to deliver on our core regulatory activities seeking improvement on service delivery, continuing our progress on current strategic plan priorities, and to proceed on the development of our longer-term vision.



## Statement of the Council's responsibilities for the preparation of the financial statements

The Council is responsible for preparing the General Pharmaceutical Council's report and the financial statements in accordance with applicable law and regulations.

Under the Pharmacy Order 2010, Council members must prepare financial statements for each financial year. Under that law, the Privy Council has directed the GPhC to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standard and applicable laws) including Financial Reporting Standard 102. Council members will not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs and the surplus or deficit of the GPhC for that period. In preparing these financial statements, the Council members must:

- select suitable accounting policies and then apply them consistently
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK accounting standards have been followed, and disclose and explain any material departures from these in the financial statements
- prepare the financial statements on a 'going-concern' basis unless it is inappropriate to assume that the GPhC will continue its activities

Council members are responsible for keeping adequate accounting records. These must be adequate to show and explain the GPhC's

transactions, and disclose with reasonable accuracy – at any time – the financial position of the GPhC. They must enable the Council to ensure that the financial statements keep to the Pharmacy Order 2010. Council members are also responsible for safeguarding the assets of the GPhC and therefore for taking reasonable steps to prevent and detect fraud and other irregularities.

By the order of the Council

**Gisela Abbam**  
**Chair**  
**13 June 2024**

# Independent auditor's report to the council members of the General Pharmaceutical Council

## Opinion

We have audited the financial statements of the General Pharmaceutical Council for the year ended 31 March 2024 which comprise the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in reserves and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the General Pharmaceutical Council's affairs as at 31st March 2024 and of the deficit for the year then ended; and
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the General Pharmaceutical Council in accordance with the ethical requirements that are relevant to our audit of

the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern


In auditing the financial statements, we have concluded that the director's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the General Pharmaceutical Council's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the council members with respect to going concern are described in the relevant sections of this report.

## Other information

The council members are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.



In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### **Opinions on other matters**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the strategic report and the council members' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the council members' report have been prepared in accordance with applicable legal requirements.

### **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the General Pharmaceutical Council and its environment obtained in the course of the

audit, we have not identified material misstatements in the strategic report or the council members' report.

We have nothing to report in respect of the following:

- adequate accounting records have not been kept by the General Pharmaceutical Council, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of council members' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit

### **Responsibilities of council members**

As explained more fully in the council members' responsibilities statement in the previous section, the council members are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the council members determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the council members are responsible for assessing the General Pharmaceutical Council's ability to continue as a going concern, disclosing, as

applicable, matters related to going concern and using the going concern basis of accounting unless the council members either intend to liquidate the General Pharmaceutical Council to cease operations, or have no realistic alternative but to do so.

### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below:

#### **Extent to which the audit was considered capable of detecting irregularities, including fraud**


Based on our understanding of the legal and regulatory frameworks within which the General Pharmaceutical Council operates, we identified

that the principal risks of non-compliance with laws and regulations related to regulatory requirements of the Pharmacy Order, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the General Data Protection Regulation (GDPR), taxation legislation, and employment legislation.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing accounting journal entries, in particular those journal entries which exhibited the characteristics we had identified as possible indicators of irregularities; and
- Challenging assumptions and judgements made by management in their critical accounting estimates
- Reviewing minutes of relevant meetings held during the year and post year end

Because of the inherent limitations of an audit, there is a risk that we will not detect all



irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Use of our report**

This report is made solely to the council members, as a body, in accordance with Schedule 1 of the Pharmacy Order 2010. Our audit work has been undertaken so that we might state to the council members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the General Pharmaceutical Council and the council's members as a body, for our audit work, for this report, or for the opinions we have formed.

**Haysmacintyre L.L.P**  
**Statutory Auditor**  
**10 Queen Street Place, London, EC4R 1AG**  
**17 June 2024**

## Statement of comprehensive income for the year ending 31 March 2024

	Note	2024 £000	2023 £000
Income	2	27,121	30,158
Expenditure	3	(28,888)	(23,202)
Operating (deficit)/surplus		(1,767)	6,956
Investment income	4	820	459
(Deficit)/surplus on ordinary activities		(947)	7,415
Gain/(loss) on investments	9	1,236	(1,023)
Taxation	6	(452)	145
Total comprehensive income for the year		(163)	6,537

The notes on pages 58 to 72 form part of the financial statements.



## Statement of financial position as at 31 March 2024

	Note	2024 £000	2024 £000	2023 £000	2023 £000
<b>Fixed assets</b>					
Tangible assets	7		6,073		1,620
Intangible assets	8		432		360
Investments	9		16,897		15,400
			23,402		17,380
<b>Current assets</b>					
Debtors	10	2,476		6,754	
Bank and cash	11	16,146		18,646	
		18,622		25,400	
Creditors: amounts falling due within one year	12	(18,592)		(19,127)	
<b>Net current assets</b>			30		6,273
Total assets less current liabilities			23,432		23,653
Creditors: amounts falling due after more than one year	13		(1,908)		(2,305)
Provision for liabilities	14		(393)		(54)
<b>Net assets</b>			21,131		21,294
<b>Funds employed</b>					
Accumulated surplus					
- General Reserve			14,626		19,314
- Fixed Asset Reserve			6,505		1,980
Total funds employed			21,131		21,294

The financial statements were approved, authorised for issue and signed on behalf of the Council by Gisela Abbam, Chair, on 13 June 2024.

The notes on pages 58 to 72 form part of the financial statements.

## Statement of cash flows for the year ended 31 March 2024

	Note	2024 £000	2023 £000
<b>Cash flows from operating activities</b>			
(Deficit)/surplus for the financial year		(1,767)	6,956
Adjustments for:			
Depreciation and amortisation	3	727	1,438
Decrease in provision for dilapidation	14	-	(1,652)
Deferred tax	14	266	(145)
Provision for associate holiday pay	14	73	-
Investment portfolio management fees	9	80	79
Dividends and fixed interest securities	9	(341)	(281)
Decrease/(increase) in trade and other debtors		4,278	(4,810)
(Decrease)/increase in creditors (except tax)		(1,385)	2,398
<b>Net cash provided by operating activities</b>		<b>1,931</b>	<b>3,983</b>
<b>Cash flows from investing activities</b>			
Purchases of tangible fixed assets	7	(5,091)	(1,648)
Purchases of intangible fixed assets	8	(163)	(98)
Profit on disposal	7	3	-
Investment income	4	820	459
Taxation		-	(56)
<b>Net cash (used in) investing activities</b>		<b>(4,431)</b>	<b>(1,343)</b>
<b>Change in cash and cash equivalents in the reporting period</b>		<b>(2,500)</b>	<b>2,640</b>
Cash and cash equivalents at the beginning of the period		18,646	16,006
Cash and cash equivalents at the end of the reporting period		<b>16,146</b>	<b>18,646</b>
		<b>£000</b>	<b>£000</b>
Cash in hand		115	160
Notice Deposits (less than 3 months)		16,031	18,486
<b>Total cash and cash equivalents</b>		<b>16,146</b>	<b>18,646</b>

The notes on pages 58 to 72 form part of the financial statements.

## Statement of changes in reserves for the year ended 31 March 2024

	Note	General Reserve	Fixed Asset Reserve	Total
		£000	£000	£000
At 1 April 2022		13,085	1,672	14,757
Total comprehensive income		7,975	(1,438)	6,537
Transfers between reserves		(1,746)	1,746	-
At 31 March 2023		19,314	1,980	21,294
Total comprehensive income		566	(729)	(163)
Transfers between reserves		(5,254)	5,254	-
At 31 March 2024		<u>14,626</u>	<u>6,505</u>	<u>21,131</u>

The accumulated fund has been segmented into a General Reserve and a Fixed Asset Reserve. The fixed asset reserve represents functional assets that are used operationally. The general reserve represents the balance of the GPhC's accumulated reserves.

# Notes to the financial statements for the year ended 31 March 2024

## 1.1. Accounting policies

The General Pharmaceutical Council (GPhC) was established by the Pharmacy Order 2010 and is domiciled in the United Kingdom. The principal place of business is 1 Cabot Square, London, E14 4QJ.

## 1.2. The format of the accounts

The General Pharmaceutical Council is required to prepare annual accounts in a form as determined by the Privy Council. The Privy Council is required to lay the certified accounts before each House of Parliament and the Scottish Parliament. The statutory purpose of the GPhC is to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

These financial statements have been prepared in accordance with applicable United Kingdom accounting standards, including Financial Reporting Standard 102 – ‘The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland’ (‘FRS 102’). The financial statements have been prepared on the historical cost basis.

The Council have considered the financial position as at 31 March 2024, and forecasts and budgets for future years. The Council are satisfied that the GPhC is a going concern and the financial statements have therefore been prepared on that basis.

The financial statements are presented in Sterling (£).

## 1.3. Critical accounting estimates and judgements

To be able to prepare financial statements in accordance with FRS 102, the General Pharmaceutical Council must make certain estimates and judgements that have an impact on the policies and the amounts reported in the annual accounts. The estimates and judgements are based on historical experiences and other factors including expectations of future events that are believed to be reasonable at the time such estimates and judgements are made. Actual experience may vary from these estimates.

The estimates and assumptions which have the most significant risk of causing a material adjustment to the carrying amounts of assets and liabilities are discussed below:

### Depreciation and amortisation

The General Pharmaceutical Council accounts for depreciation and amortisation in accordance with FRS 102. The depreciation and amortisation expense is the recognition of the decline in the value of the asset, and allocation of the cost of the asset, over the periods in which the asset will be used. Judgements are made on the estimated useful life of the assets which are regularly reviewed to reflect the changing environment.

### Lease incentives

Judgements are made in determining the relevant lease term of 1 Cabot Square and therefore the treatment of lease incentives and rent-free periods.

## 1.4. Tangible fixed assets

Tangible fixed assets include leasehold properties and equipment. All assets in these categories with a value of £1,000 or more have been capitalised (including the cost of implementation). Fixed assets are valued at cost less depreciation. Depreciation is calculated on a straight-line basis.

The principal useful economic lives of assets are as follows:

Short leasehold improvements – term of the lease

- Office furniture – five years
- Computer software – three years
- Computer hardware (excluding PCs and laptops) – three years
- PCs and laptops – one to four years

## 1.5. Intangible fixed assets

Intangible fixed assets comprise internally developed computer software and systems. All assets in this category with a value of £10,000 or more have been capitalised. Amortisation is calculated on a straight-line basis over three years.

## 1.6. Impairment

At each balance sheet date, the GPhC reviews the carrying amounts of its assets to determine whether there is any indication the assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss. An impairment loss is charged to the statement of comprehensive income immediately.

## 1.7. Expenditure

Expenditure is accounted for on an accrual basis when either the goods have been received or the service performed. Irrecoverable VAT is included with the item of expense to which it relates.

## 1.8. Income

All fees from registrants and premises are shown in the statement of comprehensive income for the period to which they relate being from the month an individual is entered onto the register. Income attributable to future periods is included in creditors under deferred income.

Investment income is presented in the statement of comprehensive income. Income from fixed interest securities accrues over time whereas dividend income is recognised when the dividend is declared. Interest on loans and deposits is accrued as earned.

Government grants are recognised based on the accrual model and classified either as a grant relating to revenue or a grant relating to assets.

All other income is shown in the statement of comprehensive income when entitlement is earned.

## 1.9. Operating lease rentals

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership of the leased asset to the entity. All other leases are classified as operating leases. Rentals payable under operating leases are charged to the statement of comprehensive income on a straight-line basis over the lease term. The

aggregate benefit of lease incentives is recognised as a reduction to the expense recognised over the lease term on a straight-line basis.

### **1.10. Pensions**

The GPhC has a defined benefit pension scheme and a defined contribution scheme.

Contributions to both schemes are charged to the statement of comprehensive income as they fall due.

### **1.11. Provisions**

A provision is recognised when an obligation exists at the reporting date as a result of a past event, it is probable that the GPhC will be required to transfer economic benefits and the obligation can be reliably measured.

### **1.12. Management of liquid resources and investments**

The GPhC has one main current account from which all day-to-day transactions take place. The balance of this account is kept to a minimum to ensure that surplus funds are placed on short-to medium-term deposits. The policy in managing cash is to maximise returns while minimising risk.

The element of cash and deposits held for long-term return in excess of 12 months is recorded within investments. Investments are included in the financial statements at fair value at the balance sheet date. The movement on the value of the investments in the year has been included in the general reserve.

### **1.13. Financial instruments**

The GPhC only enters into basic financial instrument transactions that result in the recognition of financial assets and liabilities

such as trade and other accounts receivable and payable, loans from banks and other third parties, loans to related parties and listed investments. These basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost apart from listed investments which are measured at fair value.

### **1.14. Deferred taxation**

Deferred tax is recognised in respect of all timing differences that have originated but not reversed at the balance sheet date, where transactions or events that result in an obligation to pay more or less tax in the future have occurred at the balance sheet date. Timing differences are differences between the GPhC's taxable profits, and the results as stated in the financial statements.

Deferred tax is measured at the average tax rates that are expected to apply in the periods in which timing differences are expected to reverse, based on tax rates and laws that have been enacted, or substantially enacted, by the balance sheet date. Deferred tax is measured on a non-discounted basis.

## 2. Income

	2024 £000	2023 £000
Pharmacists	17,149	16,978
Premises	5,318	5,332
Pharmacy technicians	3,326	3,240
Pre-registration	1,090	961
Grant income	-	31
Other income	238	3,616
<b>Total income</b>	<b>27,121</b>	<b>30,158</b>

## 3. Expenditure

	2024 £000	2023 £000
Employee costs: payroll	17,173	15,415
Other employee costs	3,499	2,398
Property costs	345	175
Office costs	195	147
Professional costs	2,852	2,591
Event costs	48	16
Marketing costs	25	13
Depreciation and amortisation	727	1,438
Financial costs	319	271
Research costs	42	(11)
IT costs	1,913	1,635
Other costs	264	267
Occupancy costs	1,486	(1,153)
<b>Total expenditure</b>	<b>28,888</b>	<b>23,202</b>



### 3. Expenditure (continued)

#### Employee costs

Employee costs including directors were made up as follows:

	2024 £000	2023 £000
Wages and salaries	14,006	12,658
Employer's National Insurance	1,638	1,526
Pension costs	1,307	1,231
Redundancy	222	-
	<b>17,173</b>	<b>15,415</b>

The average number of staff employed during the year ended 31 March 2024 was 284 (261 at 31 March 2023).

Detailed below is a schedule showing numbers of staff, including directors, who earned above £60,000 (excluding redundancy payments) during the year:

	2024 £000	2023 £000
£60,001 – £70,000	31	28
£70,001 – £80,000	9	17
£80,001 – £90,000	15	8
£90,001 – £100,000	2	2
£100,001 – £110,000	1	1
£110,001 – £120,000	2	1
£120,001 – £130,000	0	4
£130,001 – £140,000	2	0
£140,001 – £150,000	0	0
£150,001 – £160,000	0	0
£160,001 – £170,000	0	0
£170,001 – £180,000	0	0
£180,001 – £190,000	0	1
£190,001 – £200,000	1	0
	<b>63</b>	<b>62</b>

Under FRS 102, key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly. This includes the chief executive and registrar and the chief officers.

### 3. Expenditure (continued)

Remuneration in respect of key management personnel for the year ended 31 March 2024 was £1,296,230 (£1,243,881 at 31 March 2023). A breakdown of their salary and benefits is as follows:

Name	Job title	Pay (stated in £10K bandings)	Benefits in kind* (to the nearest £100)
Duncan Rudkin	Chief Executive and Registrar	£190,000 - £200,000	-
Jonathan Bennetts	Chief Operating Officer and Deputy Registrar / Director of Adjudication and Financial Services	£130,000 - £140,000	£600
Mark Voce	Chief Strategy Officer and Deputy Registrar / Director of Education and Standards	£130,000 - £140,000	-
**Dionne Spence	Chief Enforcement Officer and Deputy Registrar	£30,000 - £40,000	-
**Roz Gittins	Chief Pharmacist Officer and Deputy Registrar	£30,000 - £40,000	-
***Claire Bryce-Smith	Director of Insight, Intelligence & Inspection	£90,000 - £100,000	-
***Carole Auchterlonie	Director of Fitness to Practise	£50,000 - £60,000	-
David Hajduk	Associate Director of IT	£80,000 - £90,000	-
Gary Sharp	Associate Director of Human Resources	£80,000 - £90,000	-
Laura McClintock	Chief of Staff and Associate Director of Corporate Affairs	£70,000 - £80,000	£500

\*Benefits in kind include private healthcare.

\*\*Dionne Spence and Roz Gittins started their respective posts from the 1 January 2024.

\*\*\*Claire Bryce-Smith and Carole Auchterlonie left their respective positions prior to the organisation restructure.

Up to 31 December 2023, the structure of Key Management Personnel consisted of the Chief Executive and Registrar, Directors and Associate Directors. From the 1 January 2024 the structure is made up of the Chief Executive and Chief Officers.

### 3. Expenditure (continued)

Expenses for key management personnel are as follows:

Name	Travel	Accommodation	Subsistence	Total
Duncan Rudkin	1,928	811	35	2,774
Jonathan Bennetts	131	-	56	187
Mark Voce	25	-	-	25
Dionne Spence	-	-	-	-
Roz Gittins	1,015	482	85	1,582
Claire Bryce-Smith	834	86	15	935
Carol Auchterlonie	24	-	-	24
David Hajduk	-	-	-	-
Gary Sharp	176	-	-	176
Laura McClintock	2,538	1,770	-	4,308

Remuneration of highest-paid director as a multiple of median remuneration:

	2024 £	2023 £
Mid-point of band of highest-paid director's total remuneration	195,000	185,000
Median total remuneration	45,000	43,116
Remuneration ratio	1:4	1:4

Council members' pay and expenses:

	2024 £000	2023 £000
Total pay of council members	279	273
Total expenses paid to council members	7	10
	<b>286</b>	<b>283</b>

#### 4. Investment income

	2024 £000	2023 £000
Dividends	73	66
Fixed interest securities	268	215
Interest receivable – cash deposits	479	178
	<b>820</b>	<b>459</b>

Investment income relates to interest and dividends from the investment portfolio. Investment totalling £15m was made into a managed portfolio during 2020/21.

#### 5. Total comprehensive income

This is stated after charging:

	2024 £000	2023 £000
Operating lease rentals: motor vehicles	8	38
Operating lease rentals: photocopiers	5	8
Operating lease rentals: buildings	759	445
Depreciation of tangible fixed assets	635	1,298
Amortisation of intangible fixed assets	92	140
Auditor's remuneration: audit services – Haysmacintyre	26	25

#### 6. Taxation

	2024 £000	2023 £000
UK corporation tax at 25% in the year	186	-
Under provision in respect of prior year	-	-
Current tax charge	<b>186</b>	-
Deferred tax charge/(asset) at 25% in the year	266	(145)
	<b>452</b>	<b>(145)</b>

Corporation tax is only payable on investment income and data subscription income, net of attributable costs, in the year.

## 7. Tangible fixed assets

	Short leasehold improvements £000	Office equipment £000	Total £000
<b>Cost</b>			
As at 31 March 2023	6,553	2,931	9,484
Additions	4,958	133	5,091
Disposals	-	(280)	(280)
<b>As at 31 March 2024</b>	<b>11,511</b>	<b>2,784</b>	<b>14,295</b>
<b>Depreciation</b>			
As at 31 March 2023	5,609	2,255	7,864
Charge for the year	394	241	635
Disposals	-	(277)	(277)
<b>As at 31 March 2024</b>	<b>6,003</b>	<b>2,219</b>	<b>8,222</b>
<b>Net book value</b>			
<b>As at 31 March 2024</b>	<b>5,508</b>	<b>565</b>	<b>6,073</b>
As at 31 March 2023	944	676	1,620

## 8. Intangible fixed assets

Computer software and systems development		£000
Cost		
Balance at 1 April 2023		1,692
Additions		163
<b>Balance at 31 March 2024</b>		<b>1,855</b>
Amortisation		
Balance at 1 April 2023		(1,331)
Amortisation charge for the year		(92)
<b>Balance at 31 March 2024</b>		<b>432</b>

## 9. Investments

	2024 £000	2023 £000
Market value at 1 April	15,400	16,221
Additions at cost	-	-
Disposals	-	-
Dividends and fixed interest securities	341	281
Investment manager fees charged to fund	(80)	(79)
Gain/(loss) on investments	1,236	(1,023)
Market value as at 31 March	<b>16,897</b>	<b>15,400</b>

Portfolio asset allocation:

	Investments in 2024			Investments in 2023		
	UK £000	Overseas £000	Total £000	UK £000	Overseas £000	Total £000
Corporate fixed income	6,387	32	6,419	5,860	32	5,892
Sovereign / agency fixed income	4,162	-	4,162	3,932	-	3,932
Equities	629	5,607	6,236	965	4,577	5,542
Cash	80	-	80	34	-	34
	<b>11,258</b>	<b>5,639</b>	<b>16,897</b>	<b>10,791</b>	<b>4,609</b>	<b>15,400</b>

During 2020/21, surplus cash totalling £15 million was invested with Goldman Sachs in an investment portfolio following a formal tender process. The Council agreed an investment strategy which governs the portfolio and regular reports on the performance are being made to the Finance and Planning Committee. Prior to this, surplus cash was invested in cash deposits.

## 10. Debtors

	2024 £000	2023 £000
Trade debtors	69	33
Registrant direct debits to be collected	159	174
Other debtors	71	192
Prepayments and accrued income	1,043	4,835
Debtors (due in more than one year)		
Trade and other debtors	1,134	1,520
	<b>2,476</b>	<b>6,754</b>



## 11. Bank and cash

	2024 £000	2023 £000
Current accounts	115	160
Deposit accounts	16,031	18,486
	<b>16,146</b>	<b>18,646</b>

Money is moved from deposit accounts into the current account as and when needed. This ensures a maximum return is earned from money on deposit. The GPhC maintains at least 6 months of operating expenditure as an operating liquidity reserve to be held in liquid funds for the day-to-day running of the organisation.

## 12. Creditors: amounts falling due within one year

	2024 £000	2023 £000
Trade creditors	328	1,866
Corporation tax	186	-
Other taxation and social security	535	387
Other creditors	40	69
Accruals	1,042	663
Lease liability	196	-
Deferred income	16,265	16,142
	<b>18,592</b>	<b>19,127</b>

Deferred income is made up of the following:

Deferred income from registrants and premises	16,245	16,120
Other deferred income	20	22
	<b>16,265</b>	<b>16,142</b>

All deferred income from registrants and premises is released to income in the subsequent year.

### 13. Creditors: amounts falling due after more than one year

	2024 £000	2023 £000
Lease liability	1,908	2,305
	<b>1,908</b>	<b>2,305</b>

### 14. Provisions

	2024 £000	2023 £000
Associates holiday pay	73	-
Deferred tax liability	320	54
	<b>393</b>	<b>54</b>

The deferred tax liability comprises potential capital gains tax on investments.

## 15. Commitments

As at 31 March 2024 the GPhC's future minimum operating lease payments are as follows:

	2024 £000	2023 £000
Within one year		
Motor vehicles	1	9
Property	562	562
Equipment	3	12
	<b>566</b>	<b>583</b>
Between one year and five years		
Motor vehicles	-	8
Property	2,250	2,250
Equipment	11	-
	<b>2,261</b>	<b>2,258</b>
Later than five years		
Property	3,144	3,708
	<b>3,144</b>	<b>3,708</b>

## 16. Related parties

Remuneration and expenses paid to council members shown in note 3 (council members' pay and expenses).

## 17. Financial risk management

The GPhC has a formal risk management framework for which the Council is accountable. The GPhC has exposure to liquidity risk. The objective of the GPhC in managing liquidity risk is to ensure that it can meet its financial obligations as and when they fall due. The GPhC expects to meet its financial obligations through operating cash flows. Given the availability of cash, the GPhC is in a position to meet its commitments and obligations as they come due. Funds are placed with investment grade institutions.

## 18. Pensions

### NHS Defined Benefit Pension Scheme

The GPhC participates in the NHS Pension Scheme in respect of 103 employees (2022/23: 103 employees). The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. The pension charge for the year includes contributions payable to the NHS Pension Scheme of £723,651 (2022/23: £722,370).

The valuation of the scheme liability as at 31 March 2024 is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers. The scheme regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the scheme actuary and appropriate employee and employer representatives as deemed appropriate.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has laid scheme regulations confirming that the employer contribution rate has increased to 23.7% of pensionable pay from this date. However, the GPhC continues to pay the existing rate of 14.38% as the increase in the rate is currently projected to be met centrally.

### Defined contribution scheme

The GPhC also operates a defined contribution scheme. The total contributions paid into this scheme for the year ended 31 March 2024 were £581,692 (2022/23: £508,068) in respect of 182 employees (2022/23: 180 employees).

Employees' enrolment is mandatory, although all staff have the option to opt out. Where an employee chooses to be a member, the GPhC will contribute as follows:

Employee contribution	Employer contribution
5%	5%
6%	12%
7%	14% max



## Appendix 1: General Pharmaceutical Council Accounts Determination given by the Privy Council under the Pharmacy Order 2010

Their Lordships make the following determination in exercise of powers conferred by Schedule 1 (7) of the Pharmacy Order 2010.

This determination has effect from 13 March 2010.

### Interpretation

1. In this determination –

“the accounts” means the statement of accounts which it is the Council’s duty to prepare under section 2 Schedule 1 (7) of the Pharmacy Order 2010.

“the Council” means the General Pharmaceutical Council.

### Determination

2. The Council must prepare the accounts for each calendar year in compliance with the accounting principles and disclosure requirements prescribed in the Generally Accepted Accounting Practice (GAAP).
3. The first accounts will be prepared for the financial year 2010-2011, and will incorporate any residual accounts declaration from the financial year 2009-2010.
4. The accounts must be prepared so as to:
  - give a true and fair view of the state of affairs as at the end of the calendar year and of the income and expenditure, total recognised gains and losses (or, as appropriate, recognised gains and losses), and cash flows of the Council for the calendar year then ended; and
5. Compliance with the requirements of the GAAP will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view of the state of affairs for the financial year in question.
6. If there are such exceptional circumstances and compliance with the requirements of the GAAP would give rise to the preparation of accounts which were inconsistent with the requirement for those accounts to give a true and fair view of the state of affairs at the end of that year, the requirements of the GAAP should be departed from only to the extent necessary to give a true and fair view of that state of affairs.
7. In cases referred to in paragraph 5, informed and unbiased judgement should be used to devise an appropriate alternative treatment which is consistent with both the economic characteristics of the circumstances concerned.
8. Any material departure from the GAAP should be discussed, in the first instance, with the Privy Council Office in any event.
9. This determination is to be reproduced as an appendix to the published accounts.

Signed by the authority of the Privy Council









---

**General Pharmaceutical Council**  
25 Canada Square, London E14 5LQ  
F 020 3713 8000  
E [info@pharmacyregulation.org](mailto:info@pharmacyregulation.org)

 [@TheGPHC](https://twitter.com/TheGPHC)  
 [TheGPHC](https://www.facebook.com/TheGPHC)  
 [/company/general-pharmaceutical-council](https://www.linkedin.com/company/general-pharmaceutical-council)  
[www.pharmacyregulation.org](http://www.pharmacyregulation.org)