Council meeting – July 2024

Thursday, 18 July 2024

- Public meeting: 10.00 – 12.00
- Council workshop: 13.00 – 14.00

Public business

Standing Items

10.00  1. Welcome and introductory remarks  Gisela Abbam
       2. Declarations of interest – public items  Gisela Abbam

10.05  3. Minutes of the June meeting  24.07.C.01
       Minutes of the public session on 13 June 2024 – for approval  Gisela Abbam

10.05  4. Actions and matters arising  24.07.C.02
       • Consultation on quality assurance of education and training providers  Gisela Abbam
       • Annual report and accounts

10.10  5. Workshop summary – June 2024  24.07.C.03
       For noting  Gisela Abbam

10.15  6. Strategic communications and engagement - Chair and Executive update  24.07.C.04
       For discussion and noting  Duncan Rudkin

Regulatory functions

10.25  7. Chief Pharmacist Standards – consultation analysis and next steps  24.07.C.05
       For discussion and noting  Annette Ashley

Governance, finance and organisational management

10.40  8. Committee annual reports to Council  24.07.C.06
       For noting  Duncan Rudkin

       For discussion and noting  Roz Gittins and Amira Chaudry
10.55 10. Any other business

Break (5 minutes)

Confidential business

Standing items

11.00 11. Declarations of interest – confidential items  Gisela Abbam
11.00 12. Minutes of the confidential session on 13 June 2024 and matters arising
   • Actions taken following the decision on investment funds  Gisela Abbam

Regulatory functions

11.00 13. Racism in pharmacy  Dionne Spence
11.10 14. International registration – way forward following stakeholder engagement
   For discussion  24.07.C.09
   Mark Voce and Damian Day

11.30 15. Pharmacy education and training landscape
   For discussion and noting  24.07.C.10
   Mark Voce

Governance, finance and organisational management

   None at this meeting

11.50 16. Any other business  Gisela Abbam
   • NMC independent culture review

12.00 Meeting close

Date of next meeting

Thursday, 12 September (online)*
   • Council meeting 10.00am – 12noon
   • Council workshop 13.00 – 14.00

*These timings will be confirmed or changed after we get feedback from members on this meeting

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1 The Council’s Governance Policy (GPhC0040) states that the Council may take business as confidential when the item:

   a. may be prejudicial to the effective conduct of the GPhC’s functions if discussed in public; or
   b. contains information which has been provided to the Council in confidence; or
   c. contains information whose disclosure is legally prohibited, or is covered by legal privilege; or
   d. is part of a continuing discussion or investigation and the outcome could be jeopardised by public discussion; or
   e. refers to an individual or organisation that could be prejudiced by public discussion; or
   f. relates to negotiating positions or submissions to other bodies; or
   g. could be prejudicial to the commercial interest of an organisation or individual if discussed in public session; or
   h. could be prejudicial to the free and frank provision of advice or the exchange of views for the purpose of deliberation if
discussed in public; or
   i. needs to be discussed in confidence due to the external context, for example, during periods of heightened sensitivity such as
during an election period.
Minutes of the Council meeting held on 13 June 2024

To be confirmed on 18 July 2024

Minutes of the public items

Present:

Gisela Abbam (Chair)  Rima Makarem
Yousaf Ahmad          Rose Marie Parr
Neil Buckley          Aamer Safdar
Dianne Ford           Jayne Salt
Elizabeth Mailey      Selina Ullah
Penny Mee-Bishop      Ade Williams

Apologies:

Ann Jacklin, Gareth Powell

In attendance:

Duncan Rudkin         Chief Executive and Registrar
Jonathan Bennett     Chief Operating Officer and Deputy Registrar
Roz Gittins           Chief Pharmacy Officer and Deputy Registrar
Dionne Spence         Chief Enforcement Officer and Deputy Registrar
Mark Voce             Chief Strategy Officer and Deputy Registrar
Gary Sharp            Associate Chief Operating Officer - Resources
Liam Anstey           Director for Wales
Rachael Gould         Head of Communications
Janet Collins         Senior Governance Manager
Standing items

1. Attendance and introductory remarks
   1.1 Gisela Abbam welcomed those present to the meeting. Apologies were received from Ann Jacklin and Gareth Powell.
   1.2 The Chair noted that during the pre-election period it was important that the GPhC, as an independent regulator, remained neutral and avoided any external-facing activity that could be perceived as seeking to provoke political debate, support for a particular party or as influencing the political process.
   1.3 Members were asked to carefully consider what information or messages they shared during this period, including via social media, particularly in any context where their affiliation to the GPhC was highlighted. Guidance had been issued to staff along those lines.

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

3. Minutes of the last meeting (24.06.C.01)
   3.1 The minutes of the public session held on 18 April 2024 were approved as a true and accurate record of the meeting.

4. Actions and matters arising (24.06.C.02)
   4.1 The action log was up to date.
   4.2 Mark Voce gave an update on the development of a pharmacy technician group. The team was continuing to develop the key issues for a future discussion paper on the pre- and post-registration of pharmacy technicians and to identify key stakeholders for a new working group.
   4.3 Duncan Rudkin gave an update on gender identity care, highlighting the introduction of emergency legislation by the UK Government and GPhC communications to the pharmacy professions on the subject.

5. Workshop summary (24.06.C.03)
   5.1 The Council noted the summary of the April workshop.

6. Minutes of the Audit and Risk Committee held on 9 May 2024 (24.06.C.04)
   6.1 The Council noted the minutes of the public items from the Audit and Risk Committee meeting held on 9 May 2024.
   6.2 Neil Buckley, Chair of the Committee, confirmed to Council that the Committee had reviewed the draft Annual Report and Accounts and formally recommended it to Council, including that the Chair of Council could sign the Letter of Representation.
7. Strategic communications and engagement update: Chair and Executive update (24.06.C.05)

7.1 The Council noted the strategic engagements and issues discussed since the last meeting. The parliamentary engagements included in the report had taken place before the start of the pre-election period.

7.2 Among the engagements, the Chair highlighted the Clinical Pharmacy Congress where a wide range of issues had been raised by members of the profession, including pharmacy closures; international routes to registration; homecare; advanced clinical practice and demonstrating professionalism online.

7.3 A number of stakeholder events were taking place in June and would be reported back to the Council in July.

8. GPhC website update (24.06.C.06)

8.1 Rachael Gould presented this paper which updated members of the launch of the new website in April. The launch had gone well, with only minor issues identified and the majority of those being quickly resolved.

8.2 The paper set out the benefits of the new website, including the improved visitor experience, improved search function and up-to-date secure platform.

8.3 Members discussed the accessibility features of the website, its security and stability. Regular maintenance and security updates were included in the appropriate budget going forward.

8.4 Following the discussion, the Council noted the update.

Regulatory functions

9. Update from the Initial Education and Training Advisory Group (24.06.C.07)

9.1 Rose Marie Parr, the Chair of the Group, presented the update.

9.2 The consultation on the approach to quality assuring education and training providers had closed on 13 June. The responses were being analysed and would be reported to Council.

9.3 The focus of recent meetings had been on the implementation of the Foundation Training year. Prescribing would be included in the 2025-26 training year, with enhanced responsibility for the design and delivery of the training on the part of the Statutory Education Bodies (SEBs – NHS England Workforce, Training and Education Pharmacy Team, NHS Education for Scotland and Health Education and Improvement Wales).

9.4 Work was under way to ensure that there would be sufficient numbers of designated supervisors and designated prescribing practitioners of the right quality.

9.5 Following the discussion, the Council noted the update.

Governance, finance and organisational management


10.1 Duncan Rudkin introduced the BAF report. Timely progression of Fitness to Practise cases was the principal area escalated for Council’s attention.

10.2 Inspection performance had fallen short following the introduction of a new measure on the timeliness of re-inspection which had not been met, although performance had improved from...
37% in Q3 to 55% in Q4. Although outside the reporting period, performance in Q1 of 2024/25 had improved again and was now at 83%, which met the performance standard.

10.4 Information Governance was rated red as there had been one data breach which had been notified to the Information Commissioner’s Office even though the actions which led to the breach were outside the GPhC’s control. The ICO were satisfied with the measures that the GPhC had in place and had taken no action.

10.3 The risks relating to Fitness to Practise had been re-written to make them more useful and more were rated red as a result.

10.4 The other issue escalated to Council was capacity within the organisation to deliver the ambitious agenda as well as regulatory responsibilities. The Executive was continuing to monitor the situation and the relevant committees would continue to receive more detailed reports.

10.5 Members discussed what could be done to reduce the number of complaints and concerns coming into the GPhC, including the development of a toolkit for employers to use when handling complaints.

10.6 Following the discussion, the Council noted the report.

11. Annual report and accounts 2023/24 (24.06.C.09)

11.1 Duncan Rudkin introduced the draft Annual Report and Accounts. Both had been through a significant development and review process, including being the subject of a special meeting of the Audit and Risk Committee. Suzannah Nobbs and Saleem Akuji were thanked for their work leading the production of the documents.

11.2 There was one amendment to page 59 of the draft Annual Report, where the remuneration of key management personnel had been updated to take account of exit payments.

11.3 The Council:
   i) Approved the combined Annual Report, Annual Accounts and Fitness to Practise Report;
   ii) Noted the report of the external auditors; and
   iii) Authorised the Chair of Council to sign the Letter of Representation.

12. Any other business

12.1 Dionne Spence spoke about an article in the Chemist and Druggist journal which had reported that of 40 concerns about sexual misconduct reported to the GPhC since January 2020, three had progressed to a Fitness to Practise hearing. Staff would be looking at how cases of this type were handled and reporting to the Audit and Risk Committee.

12.2 There being no further business, the meeting closed at 2.15 p.m.
## Council action log – July 2024

<table>
<thead>
<tr>
<th>No.</th>
<th>Status</th>
<th>Minutes</th>
<th>Action</th>
<th>Lead</th>
<th>Update</th>
<th>Due date</th>
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<td>10</td>
<td>Open</td>
<td>December 2023</td>
<td>Report on the impact of the revised hearings and outcomes guidance to come to Council after 12 months</td>
<td>DS</td>
<td></td>
<td>December 2024</td>
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Council workshop summary

Meeting paper for Council on 18 July 2024

Public

Purpose

To provide a summary of the Council workshop on 13 June 2024.

Recommendations

The Council is asked to note and discuss the summary.

1. Introduction

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

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

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

1.3 Council workshops include regular sessions with external stakeholders, to enable the Council to hear directly from our stakeholders about the issues affecting them and help shape our regulatory strategy and approach.

2. Chief Pharmaceutical Officer (CPhO) Wales

2.1 Andrew Evans, CPhO Wales, joined members for a session discussing the Welsh perspective on the changing nature of pharmacy practice and its implications for regulators. This was the first in a series of sessions with the CPhOs of Wales, England and Scotland, providing perspectives on the similarities, differences and challenges in pharmacy services which would lead into the development of the GPhC’s five-year strategic plan.

2.2 Andrew covered three main areas of pharmacy practice in Wales – community, general medical practice and hospital, including data on each and looking at the workforce issues arising from the
changing nature of practice. Wales had the lowest rate of growth of the profession in the three countries with a decreasing number of pharmacists per head of population and declining numbers of community pharmacies.

2.3 The presentation also outlined plans to develop pharmacy careers, making the sector more attractive to new registrants and proposals for system leadership.

2.4 Andrew posed a number of questions around regulatory considerations arising from the changes, including:

- How the regulatory system could adapt to the changing balance between medicines supply and clinical services in practice;
- Whether the regulation of individuals and premises reflected where the risks lay in a changing model;
- The role of employers in managing quality and providing assurance; and
- How a unitary regulator could regulate across three different systems.

2.5 The Council would take the questions forward in discussions around the new strategy.

3. Strategic plan 2025 onwards

3.1 Gisela Abbam introduced an initial discussion on the development of the strategic plan for 2025-2030. The work would be taking place in a very different world than had existed when the current strategy was being developed, following changes such as Brexit, the Covid-19 pandemic, the cost-of-living crisis and global conflicts. The presentation also covered global trends in personal wellbeing, UK trends and data on pharmacy and other relevant health issues from a variety of sources.

3.2 Mark Voce then presented a recap of the existing strategic plan 2020-25, together with a SWOT analysis of progress against the strategic aims.

3.3 This led on to a discussion about possible themes for the new strategic plan. These would be discussed with stakeholders in a series of sessions based on key questions, taking place between July and September.

3.4 Further detailed discussions on the new strategy would take place at the Council awayday in October.

4. Recommendation

Council is asked to note and discuss the summary.

Janet Collins
Senior Governance Manager
18/06/2024
Strategic communications and engagement: Chair and Executive update

Meeting paper for Council on 18 July 2024

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting on 13 June 2024. The paper also includes an overview of key developments in pharmacy and healthcare regulation in this period.

Recommendations

Council is asked to note and discuss the update.

1. Introduction

1.1 This paper updates Council on key insights and information arising from Chair and Executive strategic engagements and wider events, as a regular standing item. These opportunities are identified, planned and managed in line with our Strategic Engagement Framework. We have also incorporated an update on key developments in pharmacy and healthcare regulation in this period.

2. Strategic engagements: June – July 2024

2.1 There was no direct engagement with parliamentarians or policy-makers in this period as a result of pre-election restrictions. Now that the election outcome has been announced, we are writing to new UK Ministers to brief them on our work and to offer individual meetings and discussions. We are also planning to write to the Cabinet Secretary for Health and Social Care in the Scottish Parliament and the Cabinet Secretary for Health and Social Care in the Senedd to seek meetings with them after the summer recess.

2.2 The Chair attended a roundtable with the Chairs of the Professional Standards Authority and the regulatory bodies. Agenda discussions included the impact of the election result on professional regulation and the planned review of the Standards of Good Regulation in 2026. The Chair and Chief Executive also met with the Royal College of General Practitioners and discussed areas of mutual interest such as integrated working, pharmacist prescribing and access to records. There is further joint work planned given the important relationship between pharmacy and general practitioners.
2.3 Other meetings in this period included the regular Chief Executives Steering Group meeting, observation at the UK Pharmacy Professional Leadership Advisory Board and discussions with the UK Black Pharmacist Association on topics such as international registration.

2.4 Our Chair presented at the Westminster Health Forum policy conference on “Next steps for pharmacy in healthcare delivery and developing the role of community pharmacy in England”.

3. Engagement events, forums and roundtables

3.1 On the 19 June, we held our latest Patient and Public Voice Forum meeting. Forum members raised concerns about the impact of the increase in the cost of living on being able to afford prescriptions, and shared their experiences of new pharmacy services, including Pharmacy First.

3.2 Forum members also received an update on our work to begin reviewing the initial education and training standards for pharmacy technicians. Members were supportive of pharmacy technicians being able to have multi-sector training, and said they would like to understand more about the different roles of pharmacy technicians and the sectors that they could work in.

3.3 On 27 June, we held our latest forum with Pre-registration trainee pharmacy technicians. Members of the forum gave suggestions on how to help applicants navigate the process for registering as a pharmacy technician. Forum members also discussed the review of the education and training standards for pharmacy technicians and expressed strong support for pre-registration trainee pharmacy technicians being mandated to gain experience of different sectors, having access to a registered pharmacy technician during their training and including digital literacy in the standards.

4. Key developments in pharmacy and healthcare regulation

4.1 In this section, we have set out the most significant developments in the external pharmacy and wider healthcare regulatory environment since the previous Council meeting.

Facilitated self-selection of Pharmacy medicines

4.2 On the 19 June, the Royal Pharmaceutical Society’s National Pharmacy Board discussed whether it should review and update its current position on the self-selection of Pharmacy (P) medicines.

4.3 Pharmacy medicines are usually kept behind the pharmacy counter or in a locked cabinet. Currently the RPS does not support self-selection of P medicines, which is when a member of the public can select a P medicine from a shelf or cabinet before taking it to a counter where it is sold under the supervision of a pharmacist (as required by legislation).

4.4 Roz Gittins, GPhC Chief Pharmacy Officer, was invited to join the meeting to discuss the GPhC’s position, and a representative from Boots was asked to share the outcomes and learnings from a recent pilot of self-selection in stores.

4.5 There was significant interest among pharmacists in the decision by the RPS to consider changing its approach on this issue, which was expressed on social media and in the pharmacy media. Due to this level of interest, the RPS issued a communication from the country Board Chairs to members setting out the organisation’s views on this subject, and announcing their intention to hold a call-for-evidence on self-selection.
4.6 There was also interest in the GPhC’s position on self-selection from pharmacists and pharmacy owners. In response, we published a statement and FAQ on our website to explain our position and what we would expect if a pharmacy owner or superintendent pharmacist was considering making medicines available through facilitated self-selection. In the statement, we recognised that the language previously used for self-selection has not always been helpful, and explained that we intend to use the term ‘facilitated self-selection’ going forward, as it emphasises the crucial roles of the pharmacy team in facilitating the supply of the medicine to the person, and of the pharmacist in supervising the supply.

**BMA recommendation to GPs to turn off automatic pharmacy patient record updates**

4.7 The British Medical Association’s (BMA) General Practitioners Committee (GPC) has recommended that GPs should temporarily turn off the ‘Update Record’ feature on GP Connect.

4.8 GP Connect is a digital system allowing authorised health and social care professionals to access their patient’s GP health record. The Update Record feature allows the record to be updated following a consultation, and it is being rolled out across community pharmacies in England for use with the Pharmacy First service, the hypertension case-finding service and the pharmacy contraception service.

4.9 The digital lead of the GPC said that the committee was “recommending to GPs that they turn off the ‘Update Record’ facility on GP Connect at the present time while we engage in discussions with [NHS England] to better understand the implications of this software”.

**New legislation in Scotland to regulate private clinics run by pharmacists or pharmacy technicians**

4.10 Legislation introduced by the Scottish Government in June will empower Healthcare Improvement Scotland (HIS) to regulate independent clinics where services are provided by pharmacists and pharmacy technicians.

4.11 Previously, registered pharmacists and pharmacy technicians could provide services in unregulated clinics in Scotland, including wholly online providers, as long as the sites were not registered pharmacies or provided services under an NHS contract.

4.12 With the introduction of the legislation, which is now in force, pharmacists and pharmacy technicians will need to register with HIS if they are to operate an independent clinic.

5. **Future engagements**

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

6. **Recommendations**

Council is asked to note and discuss the update.

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Laura McClintock, Chief of Staff
Rachael Gould, Head of Communications
9 July 2024
Chief Pharmacist Standards – Consultation analysis and next steps

Meeting paper for Council on 18 July 2024

For information

Purpose

To provide Council with an update on the consultation analysis for the Chief Pharmacist Standards and the proposed next steps.

Recommendations

Council is asked to note the update and the consultation analysis report.

1. Introduction

1.1 The development of standards for Chief Pharmacists comes from legislation which came into force on 1 December 2022:

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

1.2 The purpose of this Order is to remove the threat of criminal penalties for accidental or unintentional preparation and dispensing errors by pharmacy staff working in hospitals and similar settings.

1.3 Since 2018, pharmacy staff working in registered pharmacies have been able to use the defences under the 1968 Medicines Act. The Order now includes pharmacy staff working in certain other pharmacy settings, such as hospitals, care homes, Integrated Care Boards, mental health trusts, prisons, and places where people are lawfully detained.

1.4 The purpose of the Order is to:

- Provide consistency across the pharmacy sector;
- Encourage people to report preparation and dispensing errors; which will
- Lead to more shared learning from errors, which will improve patient safety.

1.5 To benefit from the defences in the Order, the hospital (or other pharmacy setting listed in the Order) must have a Chief Pharmacist (or equivalent) in post. This must be a registered pharmacist with the appropriate skills, training, and experience.
1.6 Under the Order, the GPhC can set professional standards for Chief Pharmacists. If an organisation wishes to benefit from the defences, they must have a Chief Pharmacist (or equivalent) in post, and the postholder must meet our standards.

1.7 Following extensive stakeholder engagement in 2023, which informed the development of the standards, a full, formal public consultation on the proposed standards was held from 23 January to 16 April 2024. The proposed standards are:

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

1.8 A summary of the responses to the consultation on the draft standards can be found in section 3 (below).

2. Key considerations

2.1 The development of standards for Chief Pharmacists as part of the updated roles in medicines legislation contributes to our Strategic Aim 1, to: ‘Deliver an adaptable standards framework that meets public and professional needs that are changing quickly’. We will do this by making sure our standards for Chief Pharmacists and any supporting guidance meet the changing needs of the public and professionals.

3. Consultation analysis

3.1 Analysis of the consultation feedback has identified some points which will need further investigation and discussion before the Chief Pharmacist standards can be finalised (see 3.11 and 3.12 below). The update today is intended to keep Council informed of the ongoing work on the standards, and of the intention to bring the standards back to Council in September for discussion and sign off.

3.2 There were 158 responses to the consultation: 132 from individuals and 26 from organisations.

3.3 In addition to the consultation, we hosted a webinar on the standards, and held two public and patient forums. Feedback from these events was included in the analysis report.

3.4 Overall, responses indicated broad agreement with our proposals with 79% saying that the proposed standards would strengthen and maintain pharmacy governance in the interests of patient safety; 68% saying that the standards would provide a governance framework which would support staff to report preparation and dispensing errors, and 67% saying that the reporting of errors would help staff to learn from those errors.

3.5 In response to the question about whether there were any additional standards that should be included, respondents were almost equally divided between those who felt that there were some standards missing (44%), and those who felt that all the relevant standards were included (39%). It should be noted that analysis of the responses showed that for the majority of those who indicated that there was a need for additional standards, there was still overall support for the proposed standards.
3.6 When asked whether there were settings where the standards could not be applied or met, most respondents felt that the proposed standards could be applied to Chief Pharmacists, whatever setting they worked in (53%).

3.7 Those respondents who felt that there were settings where the standards could not be applied or met (26%), provided several examples, including settings where no dispensing takes place, and mail order/online.

3.8 With reference to the impact of the standards on those who share one or more of the protected characteristics, most respondents felt that there would be no impact (47% to 53%). This was followed by ‘positive impact’ (22% to 27%).

3.9 With reference to the impact of the standards on other groups, ‘positive impact’ was the most common response (42% to 63%), with many feeling that the standards would achieve their aims of protecting patients from inadvertent preparation and dispensing errors, strengthen governance, and lead to safer practices, which in turn would increase confidence in pharmacy.

3.10 However, a small number of respondents felt that the standards would have a negative impact on Chief Pharmacists, citing the stress caused by placing too much responsibility and pressure on one individual, and having unrealistic expectations with regards to how much a Chief Pharmacist could influence equality, diversity, and inclusion (EDI) in their organisation.

3.11 Respondents raised a few queries or made suggestions throughout the consultation. Some of those requests, for example, to make the title ‘Chief Pharmacist’ a protected title, or to make it mandatory for relevant settings to have a Chief Pharmacist, are outside our remit as the pharmacy regulator. However, some comments outlining additions or amendments to the standards need further consideration and will be addressed either through further engagement with relevant stakeholders, and/or research. Some of the areas for discussion are listed below.

4. **Next steps – issues to consider further**

4.1 Following the consultation, we will now consider if the standards need to be amended or developed, and whether underpinning guidance on the detail is required. We also need to make sure that clear links are made with the standards for pharmacy professionals, which already addresses some of the points raised in the consultation feedback.

4.2 The issues raised by respondents which we are planning to explore further include the following:

- The need for further clarification about how the standards will be implemented and enforced
- Identification of those settings where the standards cannot be applied or met, and if there is anything that can be done to support them
- The need to include additional personal qualities, and experience needed by Chief Pharmacists, and specifying a minimum skill requirement
- Specifying how errors would be reported, and how learning would be achieved
- Consideration about how the standards could be made more specific, measurable, and less open to subjective interpretation
• If ways need to be included to prevent Chief Pharmacists from delegating all authority
• Clarifying the alignment with standards and expectations from other regulators, membership bodies, and governing bodies
• Request for the Chief Pharmacist role to be registered or annotated, so that staff, patients and the public, and other regulators, know who is in charge
• The need for Chief Pharmacists to be annotated, and for them to have performance reviews, and undertake revalidation based on their role
• Including a requirement for Chief Pharmacists to make sure that staff felt confident/supported when challenging behaviours such as discrimination, bullying, and harassment
• Whether we should recommend or require that Chief Pharmacists should be aligned with, or on the Board, in order to have the authority to carry out their role as outlined in the standards.

5. Equality and diversity implications

5.1 An Equality Screening and Impact Assessment (ESIA) covering the new standards for Chief Pharmacists, is being drafted and will be published on the GPhC website, together with the consultation analysis report, when the standards have been signed off by the Council, the Privy Council, and Secretary of State. This ESIA is one section of a larger document covering all the new standards under the Strengthening Pharmacy Governance programme of work.

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

5.3 Most respondents felt there would be no negative impact on the basis of protected characteristics.

6. Communications

6.1 We are currently undertaking stakeholder mapping to identify those external stakeholders we need to meet with to discuss the areas of concern identified in section 4 (above).

6.2 Regular updates on the progress of the Chief Pharmacist standards, and the issues raised by respondents to our consultation, will be given to the Executive and the Council, and published on our website.

7. Resource implications

7.1 There are no additional resources needed beyond those already noted in our budget.

8. Risk implications

8.1 Although we have overall support for the Chief Pharmacist standards, it is important to take note of the comments raised by respondents, so that we can strengthen the standards, achieve the aims of the supporting legislation, and improve patient safety and confidence in pharmacy.
9. **Monitoring and review**

9.1 We will continue to monitor the progress on the Chief Pharmacist standards and provide updates (see 6.2 above); we will seek input from relevant external stakeholders, the project programme board, the Executive, and Council, as well as Ministers, as this work progresses.

9.2 When the standards are published, we will monitor feedback and take any necessary action.

9.3 The Standards for Chief Pharmacists will be reviewed on the normal review cycle of 3 - 5 years, or as required.

10. **Recommendations**

Council is asked to note the update.

[Annette Ashley, Head of Policy and Standards]

General Pharmaceutical Council

[Enter date final version signed-off]
Consultation on Chief Pharmacist Standards: analysis report
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Executive summary

Background

Between 23 January and 16 April 2024, we held a full, formal public consultation on proposals for standards for Chief Pharmacists. This report provides a summary of the responses to the consultation on the draft standards.

The draft standards were:

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

The consultation was delivered through an online survey, following extensive pre-consultation stakeholder engagement across the pharmacy sector in England, Scotland, and Wales. Pre-consultation engagement included one-to-one meetings, forums, speaking at a conference, and webinars and took place from February – September 2023. Stakeholder engagement with patients and the public took place during the consultation period, and their comments are included in this report.

There were 158 responses to the consultation (including emailed responses): 132 from individuals and 26 from organisations. A list of the organisational stakeholders we engaged with, and the organisations that responded to the consultation can be found in Appendix 5.

Individual respondents identified themselves as pharmacists (44%), Chief Pharmacists (30%), pharmacy technicians (15%), members of the public (8%), and other (4%).

Key issues raised in responses

General view

Overall, responses from individuals and organisations indicated broad agreement with our proposals, the only exception being question 2 which asked respondents if any additional standards were needed. Respondents were almost equally divided between answering ‘yes’ and ‘no’, with slightly more respondents answering ‘yes’. However, analysis of the responses showed that for the majority of those who indicated that there was a need for additional standards, there was still overall support for the proposed standards.

Views on whether the standards would strengthen and maintain pharmacy governance, and provide a governance framework which would support staff to report errors, and learn from those errors

Overall, responses indicated broad overall agreement that the proposed standards would a) strengthen and maintain pharmacy governance in the interests of patient safety (79%); and b) would provide a
Many of the respondents in support of the standards felt that Chief Pharmacists were already working in this way, and that the standards would reinforce existing practice by creating statutory responsibilities and a ‘legal lever’ which would strengthen their position. Providing clarity on the role and responsibilities of Chief Pharmacists was seen as a benefit which would strengthen the influence of Chief Pharmacists at a senior level, something which was also raised by many of the stakeholders during the pre-consultation engagement events. It was also felt that the standards would benefit pharmacy staff by providing legal protections if an inadvertent preparation or dispensing error occurred.

Many respondents felt that removing the fear of prosecution for inadvertent errors and encouraging a no blame culture would encourage an increase in the reporting of errors. In turn, this would not only help and protect patients, since staff would learn and develop from those errors, but give patients confidence that pharmacy practice would be safer and more effective. Members of the public with whom we engaged were particularly interested in this question, and echoed the comments we received in the survey.

Conversely, several respondents questioned whether the standards could be enforced or checked in practice, and how Chief Pharmacists could demonstrate that they were meeting the standards. There were also several questions about how learning from errors could be measured.

Several respondents felt that the standards were too vague, lacked detail, were open to interpretation, and were principles rather than a framework which would strengthen pharmacy governance.

A few respondents asked for stronger, more specific wording, with some stating that for the required outcomes to be achieved and for Chief Pharmacists to meet the standards, there would need to be good communication, organisational support, and a cultural shift.

Some respondents felt that the outcomes would not be achieved because Chief Pharmacists lacked authority and were constrained by things like insufficient budgets and inadequate staffing.

**Views on whether there were any additional standards that should be included**

In response to this question, respondents were almost equally divided between those who felt there were some standards missing (44%), and those who felt all the relevant standards were included (39%). There was also a sizeable minority who were undecided (17%).

For those respondents who felt there were missing standards, the most common comment was that there were aspects of the Chief Pharmacists’ roles that were missing, such as the advisory/leadership role; their corporate role; and the work they do on PR, communication, and media.

Many of those who provided comments to this question said that the standards should emphasise the need for high quality as well as safe services and provide more detail on the work done on risk. Some respondents felt that the proposed standards did not cover certain aspects of practice, such as prescribing and providing advice to prescribers; working with other professions; and working with controlled drugs. Culture was another area which some respondents felt had not been covered adequately, with requests for inclusivity to be highlighted, and support from the Chief Pharmacist for whistleblowers as well as those who had committed errors.

A few respondents felt that for Chief Pharmacists to be able to meet the standards they needed more decision-making authority, and to have a say in staff numbers and competency. Some respondents stated that Chief Pharmacists should report/be accountable to executive and medical directors.
A few respondents asked for more patient and public involvement in the development of pharmacy services and asked that the standards specify that Chief Pharmacists should consider the needs of vulnerable patients when planning. This point was of particular importance to the patients and public we engaged with, and who asked for this to be included in the standards.

There were requests from a few respondents for the inclusion of certain criteria, including a minimum skill level, and personal qualities such as honesty and integrity, as well as a request for the GPhC to provide Chief Pharmacist training.

Views on whether there were settings where the standards could not be applied or met

Most respondents felt that the proposed standards could apply to Chief Pharmacists, whatever setting they worked in (53%). The remaining respondents were divided between those who said that there were settings where the standards could not be applied or met (26%), and those who did not know (21%).

Of those respondents who felt that there were settings where the proposed standards could not be met, the majority cited settings where further guidance was required where responsibilities are delegated, shared, or outsourced, for example, mail order/online; out of hours services; emergency departments; peri-operative care; substance use services; and homecare. Another setting was a blended approach where medicinal products may be prepared and dispensed by multi-professional staff groups with shared accountabilities across healthcare professions.

The other setting where respondents felt the standards could not be applied were those where no dispensing took place, such as Primary Care Networks and Integrated Care Boards.

Views on the impact of the proposals

With reference to the impact of the proposed standards on people, based on protected characteristics under the Equality Act 2010, ‘no impact’, was the most common response for all protected characteristics (47% to 53%). This was followed by ‘positive impact’ (22% to 27%), and ‘don’t know’ (17% to 22%).

For those respondents who said that the standards would have no impact based on protected characteristics, it was felt that the impact would be the same on everyone, regardless of protected characteristics.

Of those organisations and individuals who said that the standards would have a positive impact based on protected characteristics, many noted that everyone would be measured by the same standard, which should benefit all minority groups. It was also felt that the standards would ensure that equality and diversity would be included in recruitment and retention strategies and the development of services, and that they would lead to a more inclusive workforce.

A very small number of organisations said that the standards were too vague and needed more clarity; these respondents felt the standards lacked detail and were open to interpretation, and would allow Chief Pharmacists to delegate all responsibility. There was a request that the standards should be more specific, measurable, and less open to subjective interpretation.

With reference to the impact of the proposed standards on other groups, ‘Positive impact’ was the most common response with patients and the public highest (63%); followed by pharmacist and pharmacy technician students and trainees (61%); pharmacy staff (60%); other healthcare professionals (50%); Chief Pharmacists (49%); and finally, pharmacy owners and employers (42%).
Most respondents felt that the standards would protect patients from inadvertent dispensing errors, strengthen governance, and lead to safer practices, which in turn would increase confidence in pharmacy for patients. However, some respondents felt that the standards would have a negative impact on Chief Pharmacists, citing unrealistic expectations with regards to EDI, and placing significant responsibility and pressure on one individual.

A fifth of the organisations who responded felt that the Chief Pharmacist lacked authority, sometimes because they had delegated it, and could not be held responsible for errors made by registered staff. In addition, they felt that Chief Pharmacists had no authority to ensure adequate staffing levels, and had to work under constraints which included limited budget.
Introduction

Policy background

The proposed standards, set out below, were in response to The Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022, which gave the General Pharmaceutical Council (GPhC) and the Pharmaceutical Society of Northern Ireland (PSNI) powers to set professional standards for Chief Pharmacists.

The purpose of the enabling legislation is to remove the threat of criminal penalties for accidental or unintentional preparation and dispensing errors by pharmacy staff working in hospitals and similar settings. The intention being that this will result in consistency across the pharmacy sector; encourage people to report preparation and dispensing errors and result in more shared learning from errors, thereby leading to improved patient safety.

To benefit from the defences set out in legislation, with reference to preparation and dispensing errors, the setting must have a Chief Pharmacist (or equivalent), who must meet the following (proposed) standards:

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

The production of the Standards for Chief Pharmacists is part of the strengthening pharmacy governance programme of work, which gives the GPhC powers which allow us to:

- Develop rules setting out the essential roles and responsibilities of Responsible Pharmacists, and
- Set professional standards for Chief Pharmacists, Superintendent Pharmacists and Responsible Pharmacists.

The first part of this programme is to develop the Chief Pharmacist standards. The second stage, to produce rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists, will start later in 2024/25, subject to the outcome of a consultation on supervision by the Department for Health and Social Care.

The Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022 came into force on 1 December 2022. Under the 1968 Medicines Act, there are already ‘defences’ pharmacy professionals can use if they are responsible for an inadvertent preparation or dispensing error. Since 2018, pharmacy staff working in registered pharmacies have been able to use these defences.

The 2022 Order now includes pharmacy staff working in certain other pharmacy settings, such as hospitals, care homes, Integrated Care Boards, mental health trusts, prisons, and places where people are lawfully detained. This will lead to consistency across the pharmacy sector, encourage people to report preparation and dispensing errors, and result in more shared learning from errors, which will improve patient safety.
To benefit from the defences in the Order, the hospital (or other pharmacy setting listed in the Order) must have a Chief Pharmacist (or equivalent) in post, who must meet our Standards for Chief Pharmacists.

The draft standards set out the professional responsibilities of a Chief Pharmacist. They also describe the knowledge a Chief Pharmacist must have, and the conduct and performance expected of them if they are to support the organisation and its staff to deliver safe and effective pharmacy services, including preparing and dispensing medicines.

Before developing the standards, we engaged on a one-to-one basis with a broad range of stakeholders from across the pharmacy sector in England, Scotland, and Wales. The one-to-one approach, as an alternative to holding large focus groups, was chosen to give each organisation an opportunity to speak openly, and at length, about those issues which were of most concern to them. Feedback on this approach was very positive. At the request of stakeholders, most of the meetings were virtual, which allowed us to engage with many stakeholders across England, Scotland, and Wales; gave stakeholders flexibility about when to engage; and allowed us to meet with more than one stakeholder in a day. Stakeholder engagement varied in length from one to two hours, and we held several joint meetings with the Department of Health and Social Care, who were holding stakeholder engagement events on supervision, a subject which has overlap with our work on the standards for Superintendent Pharmacists, and on the rules and standards for Responsible Pharmacists.

During the consultation period we also held two engagement events with patients and members of the public in February and March 2024; we held focus groups since they were perceived to be less intimidating for attendees than one-to-one engagement. One event was held in-person and was attended by 14 attendees, and the second event was virtual and attended by 14 attendees from across England, Scotland, and Wales.

We analysed and used the feedback from our pre-consultation stakeholder engagement events to develop the standards for Chief Pharmacists. The standards set out what Chief Pharmacists must do if pharmacy staff are to benefit from the defences. Each standard includes examples of how it can be met in practice.

The Pharmacy Order 2010 states that we must consult before we set any standards or requirements, so, following the engagement events, we undertook a full, formal public consultation on the standards for 12 weeks from 23 January until 16 April 2024.

The consultation document was sent to a range of stakeholders, including Chief Pharmacists, pharmacy professionals, pharmacy owners, patients’ representative bodies, and other people and organisations, including patients and the public, with an interest in this area.

The aim of the consultation was to get the views on the proposed standards, and to find out if there were any issues, or if there was anything else we should have included.

For more detail on our proposals, see Appendix 1: Summary of our proposals.
Analysis of consultation responses and engagement activities

In this section of the report, the tables show the level of agreement/disagreement of survey respondents to our proposed changes, or the aspects respondents felt we should modify. In each column, the number of respondents (‘N’) and their percentage (‘%’) is shown. The responses of individuals and organisations are shown separately to enable any trends to be identified. The last column in each table captures the views of all survey respondents (‘Total N and %’).

For more information see:

- Appendix 2: About the consultation for details of the consultation activities and the number of responses we received
- Appendix 3: Our approach to analysis and reporting for full details of the methods used
- Appendix 4: Respondent profile for a breakdown of who we heard from
- Appendix 5: Organisations for a list of organisations who responded
- Appendix 6: Consultation questions for a full list of the questions asked in the consultation survey.

1. Proposing four new standards for Chief Pharmacists

Table 1: Views on whether the proposed standards will strengthen and maintain pharmacy governance (Base: All respondents)

<table>
<thead>
<tr>
<th>Q1a We have set out four standards for Chief Pharmacists. Do you think the standards will strengthen and maintain pharmacy governance in the interests of patient safety?</th>
<th>N and % individuals</th>
<th>N and % organisations</th>
<th>N and % Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>106 (80%)</td>
<td>19 (73%)</td>
<td>125 (79%)</td>
</tr>
<tr>
<td>No</td>
<td>17 (13%)</td>
<td>4 (15%)</td>
<td>21 (13%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9 (7%)</td>
<td>3 (12%)</td>
<td>12 (8%)</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>132 (100%)</td>
<td>26 (100%)</td>
<td>158 (100%)</td>
</tr>
</tbody>
</table>

Just over three-quarters of all respondents (79%) agreed that the proposed standards for Chief Pharmacists would strengthen and maintain pharmacy governance in the interests of patient safety. Individuals were in stronger agreement (80%), than were organisations (73%).

A similar percentage of individuals and organisations felt that the proposed standards would not achieve the aims set out (13% and 15% respectively).

A small percentage of individuals (7%) stated that they did not know whether the standards would strengthen and maintain pharmacy governance in the interests of patient safety, and that percentage was slightly higher for organisations (12%).
Table 2: Views on whether the proposed standards will provide a governance framework which will support staff to report preparation and dispensing errors (Base: All respondents)

<table>
<thead>
<tr>
<th>Q1b(i) Do you think the standards will provide a governance framework which will support staff to report preparation and dispensing errors?</th>
<th>N and % individuals</th>
<th>N and % organisations</th>
<th>N and % Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>94 (71%)</td>
<td>13 (50%)</td>
<td>107 (68%)</td>
</tr>
<tr>
<td>No</td>
<td>19 (14%)</td>
<td>7 (27%)</td>
<td>26 (16%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>19 (14%)</td>
<td>6 (23%)</td>
<td>25 (16%)</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>132 (100%)</td>
<td>26 (100%)</td>
<td>158 (100%)</td>
</tr>
</tbody>
</table>

Overall, approximately two-thirds of all respondents (68%) felt that the standards would provide a governance framework which would support staff to report preparation and dispensing errors. However, agreement was stronger amongst individual respondents than organisations, with 71% of individuals responding ‘yes’ to the question, and only 50% of organisations responding in the same way.

Similarly, while only 14% of individuals said that they did not think the standards would provide a governance framework which would support staff to report preparation and dispensing errors, this figure rose to 27% for organisations.

There was a similar breakdown in numbers of registrants who answered, ‘don’t know’, with 14% of individuals and 23% of organisations saying that they were unclear about whether the standards would provide a governance framework which would support staff to report preparation and dispensing errors.

Table 3: Views on whether the proposed standards will provide a governance framework which will support staff to learn from preparation and dispensing errors (Base: All respondents)

<table>
<thead>
<tr>
<th>Q1b(ii) Do you think the standards will provide a governance framework which will support staff to learn from those errors?</th>
<th>N and % individuals</th>
<th>N and % organisations</th>
<th>N and % Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>94 (71%)</td>
<td>12 (46%)</td>
<td>106 (67%)</td>
</tr>
<tr>
<td>No</td>
<td>18 (14%)</td>
<td>7 (27%)</td>
<td>25 (16%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>20 (15%)</td>
<td>7 (27%)</td>
<td>27 (17%)</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>132 (100%)</td>
<td>26 (100%)</td>
<td>158 (100%)</td>
</tr>
</tbody>
</table>

Just over two thirds of all respondents (67%) agreed that the standards would provide a governance framework which would support staff to learn from errors. However, agreement was much stronger amongst individual respondents (71%) than organisations (46%).
For the remaining respondents there was an almost even split between those disagreeing with our proposals (16%) and those stating ‘don’t know’ (17%). A higher proportion of organisations gave both these responses (27% for each) when compared to individuals (14% and 15% respectively).

In responding to all parts of the first question, 114 respondents provided additional comments. Below is a summary of the themes found in their responses.

1.1. Summary of themes in support of our proposals

Overall, respondents thought that the proposed standards would strengthen and maintain pharmacy governance in the interests of patient safety; provide a governance framework which would support staff to report preparation and dispensing errors; and support staff to learn from those errors.

The following is an analysis of the themes in support of the proposals for standards for Chief Pharmacists. In order of prevalence the themes are:

- Reinforces existing practice.
- Strengthens governance and accountability.
- Encourages reporting of errors and a no blame culture.
- Supports learning and development.
- Protects and positively impacts patients.

1.2. Reinforces existing practice

While it was felt that Chief Pharmacists already work to these standards and that there is strong guidance in place, a key theme for individuals and organisations were that the standards provided additional support by formalising current working practices. Many felt that the statutory status of the standards underlines the importance of the Chief Pharmacist role and provides what one organisation called ‘legal leverage’ when working to strengthen pharmacy governance, or when speaking to the Board. It was felt that setting out the role and responsibilities of Chief Pharmacists would also provide clarity for pharmacy staff, and patients as well as Chief Pharmacists. However, several respondents said that the standards were unnecessary as the aims were already being achieved.

1.3 Strengthens governance and accountability

The second most important theme to emerge was the view that governance and accountability would be strengthened through the setting out of statutory responsibilities and professional accountability. It was felt that the standards would provide clarity on the role and responsibilities of Chief Pharmacists and help to strengthen their influence at senior level. It was also felt that the clarity provided by the standards would help staff to hold Chief Pharmacists to account.

1.4 Encourages reporting of errors and a no blame culture

Many respondents, both individuals and organisations, felt that removing the threat of criminal sanctions and promoting a no blame culture would encourage the reporting of errors. It was also felt that the proposed standards and the legislation underpinning it would provide benefits for pharmacy staff, since it would offer some legal protection for inadvertent preparation and dispensing errors.

Attendees from our patient and public forum stressed the importance of implementing a robust error reporting system, and the need for errors to be reported promptly to reduce any potential harm to patients.
1.5  Supports learning and development

Related to the point above, it was felt that the additional reporting of errors would benefit staff and patients since it would encourage pharmacy staff to learn from those errors. Respondents also said that Chief Pharmacists will play a role in identifying what training is necessary to develop their teams and improve pharmacy practice.

1.6  Protects and positively impacts patients

Many respondents felt that the standards would have a positive impact on, and provide confidence to, patients since the additional learning from the reporting of errors would support the delivery of safer and more effective practice.

1.7  Summary of themes against the proposed standards

A minority of respondents stated that the standards would not strengthen and maintain pharmacy governance in the interests of patient safety, or would not provide a governance framework which would support staff to report preparation and dispensing errors and learn from those errors. A summary of the themes opposing the standards is set out below in order of prevalence:

- Concerns regarding implementation and enforcement
- Standards lack clarity
- Needs wider organisational support or a cultural shift
- Limited authority and involvement of Chief Pharmacists
- Personal qualities, skills, and experience of the Chief Pharmacist

1.8  Concerns regarding implementation and enforcement

Many of the individual respondents wanted to know how the GPhC would be able to determine whether Chief Pharmacists were meeting the standards, and how Chief Pharmacists could provide that assurance. A very small number of organisations raised the same point, with one asking what success would look like. Most individuals and organisations which raised this point were in support of the proposed standards, but wanted more detail about how they would be implemented, enforced, and checked.

1.9  Standards lack clarity

Some respondents, both individuals and organisations, while in support of the standards, felt that the standards were too vague and needed more clarity. There were concerns that if the standards were not clearer and/or more directive, that they would be open to interpretation and therefore not achieve their aims.

Some respondents, while supporting the view that the standards would encourage the reporting of errors, cited the need for further information/detail about how errors would be reported, and how Chief Pharmacists and their organisations could foster an open and fair reporting culture.

A small number of respondents felt that the standards did not go far enough in explaining the various mechanisms which would achieve additional learning. One organisation also said that while the reporting and learning from errors was more straightforward in a pharmacy department, this would be more difficult to achieve when errors occurred across transitions of care and across organisations.
1.10 Needs wider organisational support or a cultural shift

Several individual respondents, and a small number of organisations, felt that for the standards to be effective, they would need wider organisational support and a cultural shift so that organisational processes focused on learning from errors. It was argued that expecting the Chief Pharmacist alone to achieve a change in culture was putting too much pressure on one person.

1.11 Limited authority and involvement of Chief Pharmacists

A small number of individual and organisation respondents felt that the standards would not be effective without additional support, since currently Chief Pharmacists are either too remote from staff and frontline work; have no authority to ensure adequate staffing levels; are constrained by lack of budget; and/or have delegated most of their authority.

1.12 Personal qualities, skills and experience of the Chief Pharmacist

A few organisations felt that the standards needed to include the following personal qualities, skills, and experience needed by a Chief Pharmacist: honesty; integrity; appropriate level of experience and leadership; a minimum skill requirement; and GPhC training for Chief Pharmacists to do the role.

2. Additional standards for Chief Pharmacists

Table 4: Views on whether there are any other standards for Chief Pharmacists (Base: All respondents)

<table>
<thead>
<tr>
<th>Question</th>
<th>N and % individuals</th>
<th>N and % organisations</th>
<th>N and % Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 The Chief Pharmacist has a key role in making sure that pharmacy staff can benefit from the defences for 'inadvertent' (accidental or unintentional) preparation and dispensing errors. Thinking about this role, are there any other standards for Chief Pharmacists that you think are missing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>54 (41%)</td>
<td>16 (62%)</td>
<td>70 (44%)</td>
</tr>
<tr>
<td>No</td>
<td>52 (39%)</td>
<td>9 (35%)</td>
<td>61 (39%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>26 (20%)</td>
<td>1 (4%)</td>
<td>27 (17%)</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>132 (100%)</td>
<td>26 (100%)</td>
<td>158 (100%)</td>
</tr>
</tbody>
</table>

Just under half of all respondents (44%) felt that there were missing standards for Chief Pharmacists. When separated into individual and organisation responses, almost two thirds of organisations (62%) said that there were missing standards, while only just over two fifths of individuals (41%) felt the same.

A slightly smaller proportion of all respondents (39%) felt that there were no standards missing, and the percentages are similar for individuals (39%) and organisations (35%).

For respondents who did not know if there were any standards missing (17%), there was a marked difference between individuals (20%) and organisations (4%).
2.1 Summary of themes

All 70 respondents who answered ‘yes’ to this question provided suggestions for additional standards. The analysis below presents the themes that emerged from the responses, in order of prevalence, as listed here:

- Aspects of Chief Pharmacist role not covered by the standards
- Aspects of practice not covered by the standards
- Promotion of culture and support of staff
- More seniority or decision making authority
- Patient related gaps
- Personal qualities, skills and experience of Chief Pharmacist
- Concerns regarding implementation and enforcement

While the comments from individual respondents were focused on the themes above (with the exception of the personal qualities, skills and experience of Chief Pharmacist), the organisation comments were focused on four main themes: aspects of the Chief Pharmacist role not covered; aspects of practice not covered; personal qualities, skills and experience of Chief Pharmacist; and patient related gaps.

2.2 Aspects of Chief Pharmacist role not covered by the standards

A key theme for all respondents was concern that not all aspects of the Chief Pharmacist role were covered by the proposed standards. Several examples were provided, including:

- their advisory role
- their corporate role
- professional leadership
- the public relations, communication, and media work they do
- the identification, mitigation, and escalation of risk
- the need to specifically delegate responsibilities to Medication Safety Officers
- making sure third-party pharmacy services provision is adequately supported.

At the patients and public engagement event, one group mentioned the need to foster a better environment for collaborative decision-making between pharmacists and other healthcare providers. One suggestion included having the Chief Pharmacist support the enhancement of communication channels between pharmacists, patients, and other healthcare providers.

2.3 Aspects of practice not covered by the standards

Another key theme for both individual and organisation respondents was that there were aspects in the practice of Chief Pharmacists which were not included in the proposed standards. Several examples were provided, including:

- prescribing and advising prescribers
- clinical consultations
- working with other professions
- managing the process around controlled drugs, and a reminder that the oversight by the Chief Pharmacist covered all medicines, including gases.
2.4 Promotion of culture and support of staff

A key theme for individual respondents was the need for Chief Pharmacists to promote a culture which supported staff, this was both in reference to the reporting of errors, and for other areas, such as whistleblowing. It was felt that the role of Chief Pharmacist should include the promotion of a culture of listening, learning and safety, and that the need to foster inclusivity should be included as a main standard. Respondents also felt that the standards should underline the need for Chief Pharmacists to support colleagues in the period after an error has been made and reported.

2.5 More seniority or decision making authority

Another key theme for individual respondents was the need for more seniority and decision-making authority for Chief Pharmacists. It was felt that this was necessary if Chief Pharmacists were to meet the proposed standards since it would give them, for example, more of a say about staff numbers and the competence levels needed to provide safe and effective care. In addition, one organisation felt that it should be made clear in the standards that Chief Pharmacists should report/be accountable to executive and medical directors.

2.6 Patient related gaps

A small number of individual and organisation respondents cited the need to include in the standards that Chief Pharmacists should be expected to involve patients and the public in the development of pharmacy services, and to follow up with patients when errors are made. It was also felt that patients should be given more autonomy, and that it should be the responsibility of Chief Pharmacists to consider the needs of vulnerable patients in the delivery of services.

Several of the attendees at the public and patient forum made similar points and provided additional detail saying that they were concerned about patients who are unable to advocate for themselves. They noted the importance of their role as care providers and felt that they should be involved in treatment decisions. To aid error prevention, they suggested that more proactive measures should be taken by the pharmacy staff in helping vulnerable groups with their medications, and that this direction needed to come from the Chief Pharmacist.

In addition, the public and patient forum raised the issue of language barriers, stating that it was often a source of frustration for patients and pharmacists. It was suggested that Chief Pharmacists should have a standard which addressed communication and language barriers.

2.7 Personal qualities, skills and experience of the Chief Pharmacist

A theme for organisations, but less so for individuals, was the request to specify in the standards the personal and leadership qualities, as well as the minimum skills, training, and experience, needed by a Chief Pharmacist. Honesty and integrity, as well as leading with compassion and care, were cited as personal qualities needed by Chief Pharmacists.

2.8 Concerns regarding implementation and enforcement

A key theme for individual respondents to this question was concern about how the standards would be implemented, and both how Chief Pharmacists could demonstrate that they are meeting the standards, and how the GPhC would know if the standards were being met.
3. Settings where the standards could not be applied or met

Table 5: Views on whether there are settings where the proposed standards could not be applied or met (Base: All respondents)

<table>
<thead>
<tr>
<th>Q.3. We have developed the standards to apply to Chief Pharmacists, whatever setting they work in. Are there any settings where you think these standards could not be applied or met?</th>
<th>N and % individuals</th>
<th>N and % organisations</th>
<th>N and % Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26 (20%)</td>
<td>15 (58%)</td>
<td>41 (26%)</td>
</tr>
<tr>
<td>No</td>
<td>74 (56%)</td>
<td>10 (38%)</td>
<td>84 (53%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>32 (24%)</td>
<td>1 (4%)</td>
<td>33 (21%)</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>132 (100%)</td>
<td>26 (100%)</td>
<td>158 (100%)</td>
</tr>
</tbody>
</table>

A quarter of all respondents (26%) said there were settings where the standards could not be applied or met. When comparing individuals and organisations, a much higher proportion of organisations held this view (58% compared with 20% of individuals).

Over half of all respondents (53%) said that the standards could be applied or met in all settings, with more individuals (56%) taking this view than organisations (38%).

Just under a quarter of individuals (24%) did not know whether there were any settings where the standards could not be applied or met, with only one organisation feeling unclear (4%).

3.1. Summary of themes

All 41 respondents who answered ‘yes’ to this question provided details of the settings concerned.

Despite there being a marked difference between the proportion of individuals and organisations who said the standards could not be applied or met in all settings, the reasons given by both groups fell into two main themes. These were as follows:

- Settings where responsibilities are delegated, shared or outsourced
- Settings where no dispensing takes place

3.2. Settings where responsibilities are delegated, shared or outsourced

Respondents cited several settings where there are shared, outsourced, or delegated responsibilities. They were not saying that the standards for Chief Pharmacists could not be applied or met in those settings, but that further guidance would be needed to provide additional clarification. The settings cited included: mail order/online; Primary Care and Urgent and Emergency care services; hospices that use medication from community pharmacy; out of hours services; peri-operative care; substance use services; homecare; and blended approaches where medicinal products may be prepared and dispensed by multi-professional staff groups with shared accountabilities across healthcare professions.
3.3. Settings where no dispensing takes place

Individuals and organisations were agreed that the standards could not be applied or met in those settings where no dispensing takes place, such as Primary Care Networks; Integrated Care Boards; GP Surgeries; Ambulance Service Trusts; interface organisations such as 111 pharmacy service provision by pharmacists; and hospital facilities operating under a Manufacturing Specials Licence from the MHRA.

4. The impact of the proposed changes on people sharing particular protected characteristics

Figure 1: Views of all respondents (N = 158) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

Figure 1 shows that for all nine protected characteristics, approximately half of all respondents (ranging from 47% to 53%) felt that the proposals would have no impact.

Approximately a quarter of all respondents (ranging from 22% to 27%) felt that the proposals would have a positive impact on each of the nine protected characteristics.

A slightly smaller number (ranging from 17% to 22%) said that they did not know the impact of the proposals on each of the nine protected characteristics.

A small proportion of respondents (ranging from 4% to 5%) said that there would be a positive and a negative impact on each protected characteristic.

A very small percentage of respondents (ranging from 2% to 4%) said that the proposals would have a negative impact on each of the nine protected characteristics.
A full breakdown of individual and organisational responses to this question is available in Appendix 7.

4.1. Summary of themes

For this question, 62 respondents left comments.

The following is an analysis of the themes found in the comments left by respondents and the feedback gathered from wider engagement events. The themes were:

- Positive impact on those with protected characteristics
- No impact on those with protected characteristics
- Standards lack clarity

4.2. Positive impact on those with protected characteristics

The reasoning of those respondents who stated that there would be a positive impact on all protected characteristics was that everyone would be measured by the same standards; that all minority groups would benefit; that standards would ensure equality and diversity were included in recruitment and retention strategies and in the development of patient services; and that the workforce would be more inclusive.

4.3. No impact on those with protected characteristics

Most of those who responded that there would be no impact from the proposals on any of the protected characteristics, stated that the impact of the standards would be the same for everyone, regardless of protected characteristics. Therefore, their response was that there would be no impact on those who shared one or more of the protected characteristics.

4.4. Standards lack clarity

A small number of organisations felt that the standards lacked detail, making them open to interpretation; there was concern that the vagueness would enable Chief Pharmacists to delegate all responsibility, and that the ambiguity would provide a reputational risk. To avoid this, respondents asked for the wording to be strengthened to provide the framework to support staff to report errors and learn from those errors. In addition, one registrant stated that the standards must be more specific, measurable, and less open to subjective interpretation.

5. The impact of the proposals on other groups
The highest proportion of respondents felt that the proposals would have a positive impact on the groups identified. In order, those who they felt would be most positively impacted were: patients and the public (63%); pharmacists and pharmacy technicians (61%); pharmacy staff (60%); other healthcare professionals (50%); Chief Pharmacists (49%); and pharmacy owners and employers (42%).

Less than a quarter of respondents felt our proposals would have both positive and negative impacts on each group (ranging from 9% to 24%); the groups cited as being most affected in this way were: Chief Pharmacists (24%) and pharmacy owners and employers (23%). A similar number (ranging from 10% to 20%) said they did not know if there would be an impact, with the biggest uncertainty centred on pharmacy owners and employers (20%) followed by other healthcare professionals (18%). A slightly smaller number (ranging from 6% to 18%) said there would be no impact, with other healthcare professionals (18%), and patients and the public (15%) being identified most often. A very small number (ranging from 3% to 9%) said that there would be a negative impact, with the group most affected being Chief Pharmacists (9%).

A full breakdown of individual and organisational responses to this question is available in Appendix 8.

5.1. Summary of themes

For this question, 83 respondents left comments.

The following is an analysis of the themes found in the comments left by respondents and the feedback gathered from wider engagement events. In order of prevalence the themes are::

- Strengthens governance and accountability
- Protects and positively impacts patients
- Negative impact on Chief Pharmacists
- Encourages reporting of errors and a no blame culture
- General support
- Limited authority and involvement of Chief Pharmacists

5.2. **Strengthens governance and accountability**

A key theme for those who felt that the standards would have a positive impact was that they would strengthen governance and accountability by creating statutory responsibilities for Chief Pharmacists; provide clarity about the role and its responsibilities; as well as setting out the professional accountability of Chief Pharmacists, all of which would strengthen their influence at a senior level.

5.3. **Protects and positively impacts patients**

Another key theme was that the standards would protect patients from inadvertent dispensing errors, resulting in safer systems, services, and practices for patients, which in turn would provide confidence to patients.

5.4. **Negative impact on Chief Pharmacists**

A number of both individuals and organisations indicated there may be a negative impact on Chief Pharmacists with respondents saying that the standards put significant responsibility and pressure on one individual to achieve what could potentially be major changes. It was argued that Chief Pharmacists needed to be given the resources and support to meet the standards if they were to avoid being impacted negatively. Some respondents also stated that the standards set unrealistic expectations for Chief Pharmacists around equality, diversity, and inclusion in the workplace.

5.5. **Reporting of errors and a no blame culture**

A small number of respondents said that since the legislation would remove the fear of prosecution for preparation and dispensing errors, the standards would have a positive impact on all groups. The willingness to report errors and the creation of a no blame culture would not only benefit pharmacy staff, but also patients and the public by the reporting and learning from errors. This view was shared by many of the patients and members of the public who attended our engagement events.

5.6. **General support**

One of the key themes was that the standards provide general support as they are clear; address the required areas and promote standardisation in practice. One respondent noted that the standards set clear expectations of the role and provide clarity to manage the expectations of others.

5.7. **Limited authority and involvement of Chief Pharmacists**

A fifth of the organisations who responded felt that the Chief Pharmacist lacked authority, sometimes because they had delegated it, and could not be held responsible for errors made by registered staff. In addition, they felt that Chief Pharmacists had no authority to ensure adequate staffing levels, and had to work under constraints which included limited budget.

6. **Other themes related to the Chief Pharmacist standards**

We received 84 comments in response to this question.
Many of the comments had been raised elsewhere in the consultation. However, respondents raised several other points on the proposals in addition to those already explored. A selection of the points not covered elsewhere, is highlighted below.

- There need to be links to other standards and regulations, for example, those from the Royal Pharmaceutical Society (RPS), NHS, and the Care Quality Commission (CQC).
- The need to annotate or register Chief Pharmacists in the same way as Superintendent Pharmacists, so that patients and the public, as well as the various regulators, know who is in charge.
- The need to annotate or register Chief Pharmacists, and for them to have performance reviews, and undertake revalidation based on their role.
- For the role of Chief Pharmacist to be mandated, and a requirement for the registration of a setting. One respondent suggested that if a setting decides not to have a Chief Pharmacist, they should have a publicly available declaration setting out the reasons for their decision.
- There should be a requirement for Chief Pharmacists to share information with other Chief Pharmacists/organisations.
- The standards should include the need to make staff feel confident/supported in challenging behaviours such as discrimination, bullying, and harassment.
- An organisation suggested that clarification should be provided in the standards explaining that they had been created for the defined purpose as set out in legislation, and not as an exhaustive description of the scope of a Chief Pharmacist’s role, which differed in the independent and NHS systems across England, Scotland, and Wales.
- Chief Pharmacists should be aligned with, or on the Board of their organisation.
- The need to set out in the standards the expectation that Chief Pharmacists would demonstrate compliance with key organisational policies, such as the Duty of Candour.
- A small number of respondents felt that the standards should cover the safe and effective use of medicines across the whole organisation and not just the pharmacy services.
Appendix 1: Summary of our proposals

The purpose of the consultation was to seek views on new draft standards for Chief Pharmacists. The standards set out the professional responsibilities and described the knowledge, conduct, and performance required by a Chief Pharmacist (or equivalent) to support their organisation and its staff to deliver safe and effective pharmacy services.

The draft standards were developed following new legislation which remove the threat of criminal penalties for accidental or unintentional preparation and dispensing errors by pharmacy staff working in hospitals or similar settings. To benefit from the defences the hospital (or relevant setting) must have a Chief Pharmacist (or equivalent) in post, who must be a registered pharmacist with the appropriate skills, training, and experience; and who must meet the Standards for Chief Pharmacists. These defences already apply to pharmacy staff working in registered pharmacies.

The consultation sought views from across the pharmacy sector, and from patients and the public, on the draft standards; if there were any settings in which the standards could not be applied or met, and if there were any positive or negative impacts of the proposals.

Developing the draft Standards for Chief Pharmacists is part of the strengthening pharmacy governance programme of work, which aims to provide clarity around how pharmacies are organised and managed so that patients and the public continue to receive safe and effective pharmacy care. Following completion of the Standards for Chief Pharmacists, proposals for rules and standards for Responsible Pharmacists, and standards for Superintendent Pharmacists will be drafted, and will go out for consultation.

More detail about our proposals for standards for Chief Pharmacists is available in the consultation document.
Appendix 2: About the consultation

Overview

The consultation was open for 12 weeks, beginning on 23 January 2024 and ending on 16 April 2024. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses
- we held two stakeholder events for patients and the public during the consultation period, and hosted a webinar
- we promoted the consultation through a press release to the pharmacy trade media, via our social media and through our e-bulletin Regulate.

Survey

We received a total of **160** written responses to our consultation. **134** of these respondents identified themselves as individuals and **26** responded on behalf of an organisation.

Of these responses, **158** had responded to the consultation survey (132 individuals and 26 organisations). Almost all respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire. Alongside these, we received two responses from individuals writing more generally about their views.

Pre-consultation stakeholder engagement events

To inform the development of the standards, before the launch of the consultation we held a series of stakeholder events aimed at pharmacy professionals, pharmacy service users, organisations, and other interested parties.

Across England, Scotland, and Wales we held over **65** virtual stakeholder events, some of which were follow-up meetings; we spoke at **one** conference, **one** pharmacy technician forum, **seven** Chief Pharmacist forums, were on the panel for **two** external webinars across England, Scotland, and Wales, as well as visiting two ambulance trusts. The events were attended by a mix of Chief Pharmacists, pharmacists, pharmacy technicians, people working in education and training, employers, pre-registration pharmacists, and representatives from professional bodies and trade bodies.

Stakeholder events

In February 2024 we organised **two** patient focus groups. One event was held in-person in London and was attended by **14** attendees who lived in London and the surrounding area, and the second event was virtual and was attended by **14** attendees who lived in various locations in England, Scotland, and Wales.

We also had **92** people register for our online webinar.
Social media

We monitored social media activity during the consultation period and collated the feedback we received for inclusion in our consultation analysis.
Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period including notes from stakeholder events and social media activity has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing, or heard them in meetings or events.

The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.

The term ‘respondents’ used throughout the analysis refers to those who completed the consultation survey and those who attended our stakeholder events. It includes both individuals and organisations.

If there were substantial differences between the views given in the consultation survey and those raised at stakeholder events, these differences are highlighted in the analysis.

Full details of the profile of respondents to the online survey is given in Appendix 4.

For transparency, Appendix 5 provides a list of the organisations that have engaged in the consultation through the online survey, email responses and/or their participation in our stakeholder events. A small number of organisations asked for their participation to be kept confidential and their names have been withheld.

The consultation questions are provided in Appendix 6.

Quantitative analysis

The survey contained quantitative questions such as yes/no questions. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report to help identify whether there were any substantial differences between these categories of respondents.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.
Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%. This rounding also results in differences of up to one percentage point when combining two or more response categories. Figures of less than 1% are represented as <1%.

All questions were mandatory and respondents had the option of selecting ‘don’t know’.

Cells with no data are marked with a dash.

**Qualitative analysis**

This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email and postal responses, and notes of stakeholder engagement events.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of written responses and analysis of feedback from stakeholder events using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes within each section presented in order of prevalence. The use of terms also indicates the frequency of views, for example ‘many’/‘a large number’ represent the views with the most support amongst respondents. ‘Some’/‘several’ indicate views shared by a smaller number of respondents and ‘few’/‘a small number’ indicate issues raised by only a limited number of respondents. Terms such as ‘the majority’/‘most’ are used if more than half of respondents held the same views. NB. This list of terms is not exhaustive and other similar terms are used in the narrative.

**The consultation survey structure**

The consultation survey was structured in such a way that open-ended questions followed each closed question or series of closed questions on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation proposals. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.
Appendix 4: Respondent profile: who we heard from

A series of introductory questions sought information on individuals’ general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify whether they were pharmacists, pharmacy technicians or Chief Pharmacists, and in what setting they usually worked. For organisational respondents, there were questions about the type of organisation that they worked for. The tables below present the breakdown of their responses.

Category of respondents

Table 6: Responding as an individual or on behalf of an organisation (Base: all respondents)

<table>
<thead>
<tr>
<th>Are you responding:</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>As an individual</td>
<td>132</td>
<td>84%</td>
</tr>
<tr>
<td>On behalf of an organisation</td>
<td>26</td>
<td>16%</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>158</td>
<td>100%</td>
</tr>
</tbody>
</table>

Profile of individual respondents

Table 7: Countries (Base: all individuals)

<table>
<thead>
<tr>
<th>Where do you live?</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>115</td>
<td>87%</td>
</tr>
<tr>
<td>Scotland</td>
<td>10</td>
<td>8%</td>
</tr>
<tr>
<td>Wales</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>132</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 8: Respondent type (Base: all individuals)

<table>
<thead>
<tr>
<th>Are you responding as:</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>A pharmacist</td>
<td>59</td>
<td>45%</td>
</tr>
<tr>
<td>A Chief Pharmacist</td>
<td>38</td>
<td>29%</td>
</tr>
<tr>
<td>A pharmacy technician</td>
<td>20</td>
<td>15%</td>
</tr>
<tr>
<td>A member of the public</td>
<td>10</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>Total N and % of responses</td>
<td>132</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 9: Main area of work (Base: individuals excluding members of the public)

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital pharmacy</td>
<td>64</td>
<td>52%</td>
</tr>
<tr>
<td>Community pharmacy (including online)</td>
<td>20</td>
<td>16%</td>
</tr>
<tr>
<td>Research, education or training</td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>Primary care organisation</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>GP practice</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Care home</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmaceutical industry</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>122</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 10: Size of community pharmacy (Base: individuals working in community pharmacy)

<table>
<thead>
<tr>
<th>Size of Pharmacy</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent pharmacy (1 pharmacy)</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Independent pharmacy chain (2-5 pharmacies)</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>Medium multiple pharmacy chain (26-100 pharmacies)</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Large multiple pharmacy chain (Over 100 pharmacies)</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>Online-only pharmacy</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Profile of organisational respondents

Table 11: Pharmacy organisation (Base: all organisations)
Please choose the option below which best describes your organisation

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS organisation or group</td>
<td>14</td>
<td>54%</td>
</tr>
<tr>
<td>Organisation representing pharmacy professionals or the pharmacy sector</td>
<td>8</td>
<td>31%</td>
</tr>
<tr>
<td>Registered pharmacy</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>Organisation representing patients or the public</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>26</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 12: Type of registered pharmacy (Base: all registered pharmacy organisations)

<table>
<thead>
<tr>
<th>Which of the following best describes the registered pharmacy you represent:</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small multiple community pharmacy chain (6-25 Pharmacies)</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Other - Registered pharmacy providing outsourced pharmacy services to healthcare providers</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Total N and % of responses</strong></td>
<td><strong>2</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Monitoring questions

Data was also collected on respondents’ protected characteristics, as defined within the Equality Act 2010. The GPhC’s equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross-section of the population had been included in the consultation exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.
Appendix 5: Organisations

The following organisations engaged in the consultation through the online survey and email responses, and provided their consent to be listed in this report:

Ambulance Pharmacists Network (APN)
Ashtons Hospital Pharmacy Services Ltd
Derby and Derbyshire System Chief Pharmacists
Directors of Pharmacy Scotland
East Midlands Ambulance Service NHS Trust
Group of Clinical Fellows
Guild of Healthcare Pharmacists
Independent Healthcare Provider Network (IHPN)
Midlands Mental Health & Community Health Services Trusts Chief Pharmacist Network
NHS Grampian Area Pharmaceutical Committee
NHS Greater Glasgow and Clyde
NHS Healthcare Improvement Scotland
NHS Pharmaceutical Quality Assurance Committee
NIHR supported Pharmacy Incubator
North Bristol NHS Trust
North East Ambulance Service NHS Foundation Trust
Oxford Health NHS Foundation Trust
Professional Standards Authority for Health and Social Care
Rotary Club of Manchester, UK
Royal Pharmaceutical Society
Scottish Pharmacy Quality Assurance Group
Tees, Esk & Wear Valleys NHS Foundation Trust
The Pharmacists' Defence Association
Welsh Chief Pharmacists Group
Appendix 6: Consultation questions

1. We have set out four standards for Chief Pharmacists. Do you think the standards will:
   a) Strengthen and maintain pharmacy governance in the interests of patient safety?
   b) Provide a governance framework which will support staff to:
      i. Report preparation and dispensing errors?
      ii. Learn from those errors?

2. The Chief Pharmacist has a key role in making sure that pharmacy staff can benefit from the defences for ‘inadvertent’ (accidental or unintentional) preparation and dispensing errors. Thinking about this role, are there any other standards for Chief Pharmacists that you think are missing?

3. We have developed the standards to apply to Chief Pharmacists, whatever setting they work in. Are there any settings where you think these standards could not be applied or met?

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

5. Do you think our proposals will have a positive or negative impact on any of these groups?
   - Patients and the public
   - Chief Pharmacists
   - Pharmacy owners/employers
   - Pharmacy staff
   - Other healthcare professionals
   - Pharmacist and pharmacy technician students and trainees

6. Is there anything else related to the Chief Pharmacist standards that you would like to raise?
Appendix 7: The impact of the proposed changes on people sharing particular protected characteristics

Individual responses

Figure 3: Views of individual respondents (N = 132) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

Figure 3 shows that approximately half of the individual respondents (48% to 55%) thought that the proposals would have no impact on people sharing one or more of the protected characteristics.

Between 21% and 27% of individual respondents indicated that the proposals would have a positive impact on the protected characteristics.

Between 15% and 20% of individual respondents said that they did not know whether the proposals would have an impact on the protected characteristics.

Only 4% to 5% of individual respondents felt that the proposals would have a positive and negative impact on protected characteristics, and a further 2% to 4% of respondents saying that the proposals would have a negative impact.
Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

**Organisational responses**

Figure 4: Views of organisations (N = 26) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

| Q5. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics? (Organisational respondents) |
|---|---|---|---|---|---|
| Age | 27% | 4% | 4% | 38% | 27% |
| Disability | 27% | 4% | 4% | 38% | 27% |
| Gender reassignment | 27% | 4% | 4% | 38% | 27% |
| Marriage and civil partnership | 27% | 4% | 4% | 38% | 27% |
| Pregnancy and maternity | 27% | 4% | 4% | 38% | 27% |
| Race | 27% | 4% | 4% | 38% | 27% |
| Religion or belief | 27% | 4% | 4% | 38% | 27% |
| Sex | 27% | 4% | 4% | 38% | 27% |
| Sexual orientation | 27% | 4% | 4% | 38% | 27% |

A small majority of organisational respondents thought that the proposals would have no impact on protected characteristics (38%). Organisations were equally divided between saying that the proposals would have a positive impact (27%), and that they did not know what the impact would be on protected characteristics (27%).

Similarly, a small number of organisational respondents (4%) said that the proposals would have a positive and negative impact, and the same percentage (4%) said that there would be a negative impact.

Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.
Appendix 8: The impact of the proposed changes on other groups

Individual responses

Figure 5: Views of individual respondents (N = 132) on whether our proposals positively or negatively impact other individuals or groups

Most individual respondents (ranging from 51% to 65%) indicated that the six groups identified in Figure 5 would be positively impacted by the proposals, with pharmacist and pharmacy technician students and trainees the highest (65%) and Chief Pharmacists the lowest impacted (51%).

Individual respondents were divided between saying that the groups would be subject to a positive and negative impact (ranging from 7% to 23%), and that they did not know what the impact of the proposals would be on the groups (ranging from 8% and 17%). For those who indicated a positive and negative impact, this was highest for Chief Pharmacists (23%) and lowest for patients and the public (7%).

A slightly smaller number of respondents felt that there would be no impact of the proposals on the group (ranging from 8% to 19%), with only 8% thinking that there would be no impact on Chief Pharmacists, and 19% saying that there would be no impact on other healthcare professionals.

Only a small number said that there would be a negative impact (ranging from 3% to 9%), with Chief Pharmacists being identified as the most negatively impacted (9%).

Please see section 5 in the main body of the report for the chart showing the overall responses and further analysis.
Organisational responses

Figure 6 Views of organisations (N = 26) on whether our proposals positively or negatively impact other individuals or groups

Many organisations felt that the proposals would have a positive impact on the groups identified (ranging from 35% to 54%). Respondents felt that this positive impact was highest for patients and the public (54%), followed by pharmacy staff and pharmacist technician students and trainees and pharmacy staff (both at 42%), then Chief Pharmacists (38%), and finally pharmacy owners and employers, and other healthcare professionals (both at 35%).

Many organisations did not know how the proposals would impact on the groups (ranging from 19% to 31%).

A similar number (ranging from 19% to 31%) indicated that there would be both a positive and negative impact on the groups, with this being more pronounced for pharmacy owners and employers (31%) and being less applicable to other healthcare professionals (15%).

Organisational respondents felt that the only groups that would have no impact from the proposals would be other healthcare professionals (15%), and patients and the public (4%).

Only a small proportion of organisational respondents (between 4% and 8%) held the view that the proposals would have a negative impact on the groups listed above. However, 8% felt that there would be a negative impact for Chief Pharmacists.

Please see section 5 in the main body of the report for the chart showing the overall responses and further analysis.
Committee annual reports to Council

Meeting paper for Council on 18 July 2024

Public

Purpose

To present the annual reports of the four non-statutory committees to the Council.

Recommendations

The Council is asked to discuss and note the annual reports.

1. Introduction

1.1 The Council has four non-statutory committees – Audit and Risk; Finance and Planning; Quality and Performance Assurance; and Workforce. Each committee has delegated authority under the Council’s Scheme of Delegation to carry out certain functions and each is required under its Terms of Reference to submit an annual report of its work to Council. This paper includes the four annual reports for 2023-24.

1.2 The delegated authority of each committee is set out in its report, together with an overview of its work for the year and upcoming work. Minutes of individual meetings are reported to Council regularly, with members having the opportunity to ask questions of the committee chairs, so the attached reports are a high-level summary.

2. Annual reports

2.1 The annual reports of each committee in 2023-24 are annexed as follows:

Appendix 1: Audit and Risk Committee (ARC);
Appendix 2: Finance and Planning Committee (FPC);
Appendix 3: Quality and Performance Assurance Committee (QPAC); and
Appendix 4: Workforce Committee (WfC).

2.2 The Chairs of the committees will speak to their report at the meeting.

3. Equality and diversity implications

3.1 There are no specific issues related to this paper. Each committee considers the EDI implications of any decisions it makes or recommends to Council. The WfC continues to have a significant focus in this area, which is featured in its report at Appendix 4.
4. **Communications**

4.1 These reports are published as part of the public Council papers.

5. **Resource implications**

5.1 None for this paper – the work of each committee and related budget areas such as internal audit (ARC) and investment advice (FPC) are covered by existing budgets.

5.2 The FPC scrutinises the annual plan and budget during their development and before they come to Council for approval.

6. **Risk implications**

6.1 Each of the committees has a role in providing assurance to the Council in its area of work. The annual reports give assurance to Council that the committees are carrying out the necessary work in accordance with their terms of reference.

6.2 The ARC annual report provides assurance of the organisation’s audit and risk management systems.

7. **Recommendations**

The Council is asked to discuss and note the annual reports.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

07/05/2024
Audit and Risk Committee Annual Report to Council 2023/24

1. Introduction

1.1. The Council has established the Audit and Risk Committee to support the Council by reviewing the comprehensiveness and reliability of assurances and internal controls in meeting the Council’s oversight responsibilities. Under the Council’s Scheme of Delegation, the committee has delegated authority to:

- monitor the Council’s risk management arrangements
- approve the internal audit programme
- advise the Council on the comprehensiveness and reliability of assurances and internal controls, including internal and external audit arrangements, and on the implications of assurances provided in respect of risk and control.

1.2. This report provides a high-level summary of the work carried out by the committee over the past twelve months, demonstrating how the committee has performed against each area detailed in its terms of reference and the key areas of focus set out in last year’s report.

1.3. Although it is outside the scope of the financial year (1 April 2023 to 31 March 2024), the work carried out by the Committee at its meeting on 9 May 2024 is included in this report, as this is when the Committee receives and finalises all end of year reporting for recommendation to Council.

2. Membership and meetings

2.1. Committee membership comprised of Neil Buckley (Chair), Elizabeth Mailey, Professor Ann Jacklin, Jayne Salt and the independent member, Helen Dearden. Elizabeth Mailey joined in August 2023 after Yousaf Ahmed and Aamer Safdar stood down from the Committee in August 2023.

2.2. The committee met six times in the 2023/24 financial year, with four regular meetings and two exceptional meeting to cover fitness to practise matters. These regular meetings were in May, September and December 2023, and March 2024. The exceptional meeting was in August and November 2023. The minutes of the meetings are reported to Council and published on our
website in the usual format, with the Chair providing regular oral updates to the Council. All meetings were quorate.

2.3. Potential conflicts of interests are managed in various ways. At the beginning of every Committee meeting the Chair reminds members to make any appropriate declarations of interest at the start of the relevant item. This was evidenced in the minutes provided. Further to this, the Governance team maintains the Council declaration of interest forms, and requests updates where required.

3. Key Focus of the year

3.1 Key points of focus for the Committee have been around:

- The evolution of the approach to risk management;
- Manual and automated processes;
- Information governance;
- Operational issues in fitness to practise;
- The accommodation strategy; and
- The target operating model.

3.2 Below is an overview of the Committee’s work in each of its principal areas that have been taken forward during this period as set out in its terms of reference.

4. Governance, risk management and internal control

4.1. The committee supports the Council by reviewing and advising the Council on the operation and effectiveness of the arrangements which are in place across the whole of the Council’s activities that support the achievement of the Council’s objectives. This includes reviewing the adequacy of risk management arrangements as well as policies and procedures for ensuring compliance with relevant regulatory, legal, governance and code of conduct requirements.

The new risk management policy

4.2. In early 2021/22, a new risk management policy and risk appetite statement was approved by Council. Through 2022/23 work was undertaken with the Audit and Risk Committee to assess the success of the programme and improvements that could be made, prior to consultations taking place on the content of rebased risk registers with the Committee, the Executive and Council in 2023/24. A revised risk management policy and risk appetite statement, as well as rebased risk registers were formally approved by Council in October 2023.

4.3. Under the new approach, as with the old, there are two main risk registers in operation, the strategic plan delivery risk register and the corporate risk register, which covers high level risks across the organisation’s operations. Further work will be undertaken in 2024/25 to ensure that
the risk registers in particular reflect the risks faced by the organisation and are consistent with the perception of the Executive and Council.

4.4. A standing item which was introduced at the December 2020 meeting was continued throughout 2023/24, which involves the Chief Executive providing an update on what he considers to be the primary issues of concern at that time. Areas covered over the course of the year were:

- PSA report;
- Delays in fitness to practice;
- Registration assessment;
- Developments in community pharmacy and the Pharmacy First agenda; and
- Technology, pharmacy and our role in regulating.
- Organisational restructure;
- Issues in community pharmacy;
- Education and the government drive for increased number of pharmacists;
- Enforcement; and
- Budget.

**Standing items and in depth sessions**

4.5. The standing items at every meeting were:

- The Chief Executive’s update;
- Risk register update;
- Fitness to practice updates (a series of deep dives into delays in fitness to practise and other issues took place over the year);
- Never Events and Serious Incidents update; and
- Fraud (internal and external) update.

4.6. The Committee are satisfied that matters relating to each have been reported on transparently and in good time. No incidents of fraud were reported.

4.7. In depth sessions were also held on:

- Purchase order system implementation;
- Cyber security and information governance;
- Automation and manual processes;
- Raising concerns and fraud and whistleblowing; and
5. Internal and external audit activity

5.1. Below is an overview of our internal and external audit activity:

Private session with internal and external audit

5.2. In accordance with best practice, the committee held a private session with the internal and external auditors at each meeting. No issues of substance were raised with the committee.

External audit and financial reporting

5.3. The committee received the output of the external auditors work in relation to the annual report and accounts 2023/24 at its meeting in June 2024.

5.4. The committee reviewed the statutory annual report and accounts. The committee also considered the report of the external auditors and was assured that the financial statements were a true and fair view of the GPhC’s affairs for the financial year 2023/24. Accordingly, the committee recommended the annual report, accounts and statement of internal control for adoption by Council at its meeting on 13 June 2024.

Internal audit reporting

5.5. In line with our usual process, the committee reviewed, with the internal auditors, the 2023/24 internal audit plan, which had been developed in conjunction with the Senior Leadership Group, at its meetings in December 2022 and March 2023. This ensured that there was a systematic and prioritised review of policies, procedures and operations and that the focus of internal audit was on higher risk areas.

5.6. The progress of the implementation of recommendations made during previous audits continued to be monitored, and a protocol was put in place for when matters of revised due dates should be formally escalated the Committee. An internal audit progress report was considered at each meeting and the Committee received assurance on actions identified in the reports via the follow up report.

5.7. Seven engagements were undertaken by our internal auditors and reviewed by the Committee, of which one was advisory in nature:
<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Budgetary Control and Financial Reporting</td>
<td>Substantial assurance</td>
</tr>
<tr>
<td>HR system implementation</td>
<td>Substantial assurance</td>
</tr>
<tr>
<td>Accreditation methodology</td>
<td>Substantial assurance</td>
</tr>
<tr>
<td>GDPR part 2</td>
<td>Advisory audit – no rating</td>
</tr>
<tr>
<td>Integrity of the register</td>
<td>Substantial assurance</td>
</tr>
<tr>
<td>Governance</td>
<td>Substantial assurance</td>
</tr>
<tr>
<td>Board Assurance Framework</td>
<td>Substantial assurance</td>
</tr>
</tbody>
</table>

5.8. Over the course of the year, the committee reviewed each internal audit report carefully and had the opportunity to seek further information on the findings from both management and the internal auditors. The committee challenged the management on a number of areas and in some instances sought more information about how recommendations would be taken forward.

5.9. The levels of assurance used by TIAA are green – substantial assurance; yellow – reasonable assurance; amber – limited assurance; and red – no assurance. In terms of trends, there has been a further shift from ‘reasonable’ audit ratings in 2022/23 to having all ‘substantial’ audits in 2023/24. In 2023/24, 6 of 6 the substantive audits were rated as ‘substantial’.

5.10. The committee also received the annual opinion from the Head of Internal Audit, which provides a summary of the internal audit work undertaken across the year to formulate an overall opinion, timed to support the Statement of Internal Control. The audit opinion takes together the assurance ratings and recommendations of individual assignments conducted in 2023/24, management’s responsiveness to internal audit recommendations and the direction of travel with regard to internal control, governance and risk management.

5.11. Overall, the internal auditors found that, for the areas reviewed during the year, the General Pharmaceutical Council has reasonable and effective risk management, control and governance processes in place.
5.12. 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 worked with RSM to establish an internal audit plan for 2024/25 based on the views of key personnel and members of the Audit and Risk Committee, as well as leaning on our new auditors’ expertise for insights into what makes a proportionate and balanced internal audit plan in the current climate.

5.13. The full plan was agreed with Audit and Risk Committee at the meeting on 9 May 2024. It is anticipated the new auditors will have a different style of working to our previous auditor and we may see different outcomes as a result.

6. Planned activity

6.1. Looking ahead, key areas of focus for the committee, in addition to cyclical items include:

- maintaining oversight of the recommendations made by TIAA, our outgoing internal auditors, as part of the work undertaken by RSM in 2024/25
- Developing and agreeing a robust internal audit plan based on the organisation’s risk profile, the insights of our internal auditors and perception of Executive member and Committee members
- monitoring the ongoing risks in relation to organisation’s strategy and vision 2030 and in relation to our investment strategy
- consulting on a further risk register rebase to reflect changes within the organisation
- continuing to consider the relationship between manual and automated processes within the organisation
- continuing to receive updates and provide challenge on the Fitness to Practise PSA performance improvement plan, in particular around timeliness of case progression, and the end to end review of processes.

7. Chair’s overview and conclusions

7.1. Over the past year, the Audit and Risk Committee has met the requirements of its terms of reference and has been able to provide assurance to the Council on the organisation’s audit and risk management processes. The Committee is of the view that the internal audit function, and risk management and incident reporting framework have provided sufficient assurance.

7.2. As an advisory body, the committee therefore assists with, but is not a substitute for, Council’s overall responsibility for good governance, exercised for example by the periodic risk reviews and performance monitoring reports as well as through the minutes and reports of the Committee.

7.3. Finally, I would like to thank Committee members for their diligence and commitment, and the officers and auditors for their professional support in the Committee’s work.
Finance and Planning Committee annual report to Council 2023/24

Finance and Planning Committee 15 May 7, 2024

• The committee is asked to review the 2023/24 Finance and Planning Committee (FPC) annual report and approve its submission to Council.

1. Introduction

1.1 The Council established the FPC to provide it with assurance on the continuing efficiency and effectiveness of the organisation and to support it by overseeing and monitoring the implementation of the GPhC’s investment policy and strategy.

1.2 Under the Council’s scheme of delegation, the FPC has delegated authority to:

• Oversee the organisation’s business and financial planning, to ensure that it aligns with the overall strategy set by the Council.
• Review the organisation's ongoing work to improve the efficiency and effectiveness of the GPhC, including any metrics, evaluation and benchmarking.
• Oversee and monitor the investment strategy and policy, including the GPhC’s ethical policy, to ensure it remains appropriate, and to recommend any changes to Council.
• Make recommendations to Council regarding the appointment or termination of investment managers, where appropriate.
• Monitor and evaluate the performance cost and cost-effectiveness of services provided by investment managers appointed by the Council.
• Oversee the GPhC’s internal business improvement investment activities, including reviewing the organisation’s business and financial planning, and work to improve its efficiency and effectiveness.

1.3 This report provides a summary of the work carried out by the FPC in 2023-24.

2. Membership and meetings

2.1 At the start of the year the committee’s membership consisted of Mark Hammond (Chair), Gisela Abbam, Rima Makarem, Penny Mee-Bishop, Rose Marie Parr and the independent member, Andrew Maclaren. Following changes in committee membership across the GPhC, Rima Makarem and Penny Mee-Bishop stepped down from the Committee and Yousaf Ahmed joined the committee from November.

2.2 The Committee met three times during the year, in June, and November 2023 and February 2024. The minutes of the meetings were reported to Council and the Chair provided updates on the work of the committee.
2.3 February 2024 was Mark Hammond’s final meeting as chair of FPC, as Mark stood down as a member of Council at the end of March following the completion of his maximum permitted term. From the start of April 2024, Yousaf Ahmed will take over as the Chair of the Committee.

3. Areas of key focus

The current and future financial challenges and needs of the GPhC

3.1 A large part of the FPC’s focus was on the macro long term nature of the GPhC’s financial needs. This included internal and external factors affecting finances, financial planning, sustainability, and sources of income.

3.2 Whilst the most recent fee review was approved by Council in November the larger focus of the committee has been around the development of a longer term and multi-pronged fee strategy that will align to the next strategic plan.

3.3 The focus of the committee has been to ensure the GPhC takes a holistic approach to its finances when setting future fee policy which considers the relative options between income generation, use of reserves and investment alongside the assessment and scrutiny of the effectiveness and efficiency of the GPhC’s existing expenditure.

Target Operating Model

3.4 The committee have also received regular updates on the development of a new target operating model which is being undertaken to help optimise the delivery of the GPhC’s work.

3.5 The committee were initially provided with development plans and objectives of the Target Operating Model in the summer. Regular updates have been provided in relation to the progress of the delivery of the programme in the following months including a review of the outline recommendations at its most recent meeting.

Strategic and annual planning

3.6 The committee oversaw and provided feedback on the development of the GPhC’s annual plan and budget for 2023/24

3.7 The Committee also considered the GPhC’s approach to future strategic planning including informing the advice given to council on the timetable and approach to developing the GPhC’s next 5-year plan.

3.8 As a key cornerstone of the development of the longer-term strategic plan the committee were also engaged with the planned approach to reviewing what the GPhC registers, the basis of registration and the information used as registration and renewal. The outcome of this work is likely to lead policy approaches that will drive the content of the GPhC’s fee policy.

Accommodation

3.7 The Committee monitored the completion and the close out of the GPhC’s accommodation strategy which culminated in the GPhC taking up occupancy of 1 Cabot Square in the summer of 2023.

3.8 The final overall finances that were related to the accommodation move including the costs of the move and the finalised long term savings were also reported to the committee and
were confirmed to be in line with expectations set out when the accommodation decision was taken.

**Investment**

3.9 The committee receives and discusses an update on the performance of the investment portfolio at every meeting, monitoring performance and considering whether the agreed strategy remains appropriate. The committee provided an annual review of the investment performance to the Council at their December meeting.

**4. Future work**

4.1 In the coming year, the FPC will be continuing work in the areas outlined above. There will be a particular focus on the GPhC’s finances. This will include looking at how the long-term financial position can be structured to ensure the GPhC has a sustainable financial position that can support the development of the new five-year strategic plan, which will be developed over the course of the year.

4.2 This work will also cover considering the fee and reserves strategy in more detail alongside a focus on existing expenditure and efficiency. This focus will include deep dives on specific areas of cost within the GPhC as rotational and standing item. Alongside this work the FPC will also renew its focus on the short term in year management of the GPhC’s finances given the current budget deficit.

4.3 Continuing to oversee the development and implementation of the Target Operating Model will be another key area of focus for the year ahead. The FPC will have particular emphasis on understanding the implications of the specific recommendation such as the relative costs, benefits and implementability of them.

4.4 Monitoring the broader success of the Target Operating Model and its effective integration with the wider strategic plan will also be key aspects of the committee’s work.

4.5 Over the coming year the FPC will need to review the investment approach taken by GPhC and recommend its position to Council. Depending on the recommended approach the FPC may also have to oversee the procurement of investment management supplies depending on the options in the existing contract which are currently under review.

**5. Recommendations**

5.1 Approve the 2023/24 Finance and Planning Committee (FPC) annual report for submission to Council.
1. Introduction

1.1 The Council established the Quality and Performance Assurance Committee (QPAC) in 2022 to support it by overseeing and monitoring the measurement and management of quality and performance across the range of the Council’s activities, to enable the Council to carry out its oversight responsibilities.

1.2 Under the Council’s Scheme of Delegation, the Committee has delegated authority from the Council to:

- Oversee the development of performance measures and data, which are meaningful to the Council so that the Council has the right data to be able to understand the performance of the GPhC operationally and its compliance with targets and plans.
- Consider data, insights and information, to provide assurance to the Council about organisational quality and performance and drive/demonstrate improvement and innovation.
- Oversee the quality and performance of business as usual, significant workstreams or improvement initiatives when requested by the Council, to ensure these meet the Council’s Vision and Strategy.
- Monitor the GPhC’s performance against objectives, targets or plans, with an emphasis on areas of particular risk or sensitivity.
- Oversee any improvement action plans or other improvement initiatives, to ensure they address any areas of unsatisfactory performance, and monitor implementation of these plans.
- Review and identify, with the Executive, any issues or risks that might impact on the organisation’s ability to meet its quality and performance objectives as well as opportunities for operational improvements, taking account of existing approaches and resource allocation.
- Review, with the Executive, whether the shape and nature of resource deployment may need to change to support quality and performance objectives.
- Provide an escalation route to Council for any quality or performance concerns.
2. Membership and meetings

2.1 The Committee’s membership was as follows between April and September 2023: Rima Makarem (Chair), Yousaf Ahmad, Ann Jacklin, Jo Kember, Elizabeth Mailey and Jayne Salt. Following expressions of interest from other members in joining the Committee, the membership was expanded in September 2023 with the addition of Aamer Safdar and Penny Mee-Bishop. Other members of Council are also able to attend and have done so.

2.2 The Committee met three times during the year, in May and October 2023 and March 2024. The minutes of the meetings were reported to Council and the Chair provided updates on the work of the Committee.

3. Areas of key focus

Registration assessment

3.1 The successful provision of the Registration Assessment has continued to be a key area of focus for the Committee. Members scrutinised and discussed the plans for the June and November 2023 and June 2024 sittings, with a particular focus on the risks and mitigations around the necessary use of some temporary centres. The Committee was able to satisfy itself – and therefore assure the Council – that all foreseeable and manageable risks had been mitigated for the relevant sittings.

3.2 In addition, the Committee is now discussing longer term plans for the content, format and delivery of the Registration Assessment.

Quality assurance of Schools of Pharmacy

3.3 QPAC has continued to closely monitor the quality assurance of pharmacy schools and issues of differential attainment, with a focus on schools whose graduates have a history of poor performance in the registration assessment. The committee has discussed improvement plans submitted by three such schools and their progress in the re-accreditation process; and will continue to monitor progress in this area.

Data

3.4 QPAC has discussed how the GPhC analyses and triangulates data gained through inspection, complaints and FtP cases, with a view to identifying trends and reviewing regulation accordingly. Members gave feedback on the first iteration of the Pharmacy Intelligence Report.

Inspection

3.5 The Committee provided feedback on longer-term plans to review the GPhC’s inspection model, noting that pharmacy inspections were a form of risk management which provided an opportunity to guide and support pharmacy teams.

4. Future work

4.1 In line with the above (and in addition to its continuing oversight of the Registration Assessment and the continuing monitoring of the performance of pharmacy education and training) the committee has identified the following areas of future work:
• Longer-term plans for the Registration Assessment;
• Continuing review of the approach to inspection;
• Continuing development and discussion of data and insight reports.

4.2 At its meeting in May 2024, the Committee will be discussing how it could play a role in monitoring the organisation’s work in relation to meeting the PSA Standards of Good Regulation.

5. Chair’s overview

5.1 Ask RM to insert a paragraph

6. Equality and diversity implications

6.1 Equality, diversity and inclusion continue to form a key part of the Committee’s discussions, in particular in relation to the Registration Assessment and differential attainment.

7. Communications

7.1 The Committee’s annual report will be presented to Council at its meeting in June 2024 and published as part of the meeting papers in the usual format.

8. Resource implications

8.1 None in relation to this paper. The areas of work that the Committee oversees and monitors are considered as part of the organisation’s planning and budgeting processes.

9. Risk implications

9.1 None in relation to this paper. The Committee’s annual report is a source of assurance to the Council that it is meeting its terms of reference. Risks relevant to the work that the Committee oversees are included in the relevant risk registers.

10. Recommendations

10.1 The Council is asked to agree the Quality and Performance Assurance Committee annual report for 2023/24.
Workforce Committee
Report to Council 2023 - 2024

Introduction

1. Council established the Workforce Committee in June 2021. Under the Council’s Scheme of Delegation, the Committee has delegated authority to:
   a. To approve or reject (not amend) remuneration packages, including the basis on which performance would be assessed and any bonuses awarded, for the Chief Executive & Registrar and those who report directly to the Chief Executive & Registrar
   b. To approve or reject the overall remuneration framework for the remainder of the GPhC’s employees.
   c. To advise the Council on remuneration policy for Council members
   d. To determine the remuneration and expenses policy for non-statutory committee members, and those associate groups established under legislation (statutory committee members, legal and clinical advisers to statutory committees, assessors and visitors)
   e. To advise the Chief Executive and Registrar on the staff expenses policy
   f. To ensure that all policies and work within the committee’s remit (which includes reward strategy, workforce resourcing, succession planning and health & wellbeing matters in addition to organisational development) take account of GPhC’s culture and values, and commitment as a good employer to equality, diversity and inclusion.

2. The committee is made up of six members: four Council members and two external members. In 2023/24 the chair of the committee moved from Elizabeth Mailey to Selina Ullah. The committee met on 20 October 2023, 5 February 2024, 25 March 2024 and 13 May 2024.

3. This paper provides an overview of the work carried out by the Committee, demonstrating how the Committee has performed against its terms of reference and key areas of focus set out in the previous year’s report.

Key areas of focus

4. The agendas of the Committee are varied reflecting the different aspects of delivery in the GPhC’s workforce. This year, key areas of focus have included several overlapping areas across Reward, Talent Management, Performance & Planning and EDI & Culture.

5. To enable greater insight to the work of the committee, this report will provide detail on the first bullet-point in each category.
Workforce Committee 2023 / 24 Areas of Focus

<table>
<thead>
<tr>
<th>Reward</th>
<th>Talent Management</th>
<th>Performance &amp; Planning</th>
<th>EDI &amp; culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reward benchmarking and annual pay movement analysis</td>
<td>• Evaluating the Leadership Development Programme for GPhC managers</td>
<td>• Considering the design and delivery of a new Target Operating Model</td>
<td>• Considering the gender and ethnicity pay gaps and the actions to further narrow these</td>
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<tr>
<td>• Considering staff pay ranges, considering internal and external factors</td>
<td>• Reviewing ‘high-risk roles’ in the GPhC and the approach to this risk</td>
<td>• Considering workforce data analyses and associated metrics to track progress</td>
<td>• Health and wellbeing strategy matters</td>
</tr>
<tr>
<td>• Agreeing the annual staff pay award and the framework enabling this</td>
<td>• Enabling new career paths for staff</td>
<td>• Reviewing the HR-themed internal audit (e.g. implementation of the new payroll &amp; HR system)</td>
<td>• Reviewing EDI analysis of the performance development reviews and associated actions and interventions</td>
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<tr>
<td>• Reviewing external committee member remuneration</td>
<td>• Reviewing the role and expectations of the Chair and Deputy Chair of the FtP Committee</td>
<td>• Associates and Partners contractual review project work</td>
<td>• Tracking staff starting pay for equity purposes, with a focus on diversity data</td>
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<tr>
<td>• Senior staff appraisal and pay arrangements</td>
<td>• Discussing matters of interest to the committee (e.g. the Annual Plan).</td>
<td>• Considering the quarterly HR performance management reports</td>
<td>• Reviewing Conflicts of Interest and Gifts and Hospitality policies</td>
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<tr>
<td>• Reviewing the plan to evaluate employee benefit provision</td>
<td>• Updates on the implementation of the new organisational structure</td>
<td>• Receiving updates on HR Systems and Payroll operations</td>
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<tr>
<td>• Reviewing Council member and Chair remuneration for recommendation to Council</td>
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<td>• Reporting on redundancy decisions</td>
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Reward

Ahead of a paper recommending the arrangements for the June 2024 pay award, the committee reviewed the GPhC’s position in the labour marketplace, against our agreed pay positioning. This informed wider budget planning and identified some targeted areas for action. Being aligned with how other regulators and inspection bodies are operating allows the GPhC to better recruit and retain its workforce.
Talent Management
Following five cohorts of GPhC senior managers successfully participating on our Leadership Development Programme, an evaluation was considered by the committee. Feedback from the committee has informed our approach to the organisation-wide learning needs analysis we’re currently undertaking.

Performance and Planning
The management of organisational changes and the evolution of our approach towards new ways of working have been positively impacted upon by the committee’s steer and insights. The design and delivery of a new ‘target operating model’, which supports matrix working has been regularly discussed.

EDI and Culture
The narrowing of the gender and ethnicity pay gaps, along with an assessment of starting salaries from an equity lens, has given the committee new insights. The introduction of new resourcing practices and technology aims to ensure merit is, and can only be, the most decisive factor in appointment decisions.

Chair’s overview and conclusions
6. Over the past year, the Workforce Committee has fully met the requirements of its terms of reference and has been able to provide assurance to the Council on the organisation’s remuneration processes.

7. Looking ahead, some potential areas of focus for the Committee for 2024/25, in addition to cyclical items these include:
   a. The third year of the EDI strategy’s action plan (specifically around the GPhC as an employer)
   b. Review of new career pathways
   c. Employee benefits (inclusive of occupational pensions) review
   d. Workplace wellbeing initiatives

Review of Terms of Reference for 2024/2025
8. The Committee will review its terms of reference in January 2025 and shall recommend any changes to Council for approval.

Equality and diversity implications
9. Equality, diversity and inclusion continued to form a key part of the Committee’s discussions and decision-making over the course of the year. There was a strong focus on ensuring that practices within the Committee’s remit promote our commitment to equality, diversity and inclusion, and on securing assurance that this is working as intended in practice, for example in relation to scrutiny of the pay award relating to EDI factors and the gender and ethnicity pay gaps.

Communications
10. The Committee’s annual report and terms of reference are presented to Council at its meeting in June 2024. These will be published as part of the meeting papers in the usual format.
Resource implications

11. This paper does not raise any specific resource implications. The priority areas for 2024/25 will be considered in line with the organisation’s internal planning processes.

Risk implications

12. The Committee’s annual report is a source of assurance to Council on the organisation’s remuneration arrangements and the performance of the Committee in meeting its terms of reference.

13. Without clearly defined and regularly updated terms of reference the Committee could fail to deliver the programme of work expected by Council and/or exceed its delegated authority. Therefore, it is essential for the terms of reference to be reviewed and recommended to Council on an annual basis.

Monitoring and review

14. The Committee will indicate the areas on which it would like to focus on for the coming year in October 2024. These will be considered as part of the Committee’s work plan for the coming year and will be reviewed during the preparation of the next annual report.

Recommendations

Council is asked:

To agree the draft Workforce Committee annual report for 2023/2024.

Selina Ullah, Chair of the Workforce Committee
Laura McClintock, Chief of Staff and Associate Director of Corporate Affairs
Gary Sharp, Associate Chief Operating Officer - Resources
31 May 2023
Net Zero Action Plan for Sustainable Pharmacy Regulation

Amira Chaudry
Chief Pharmaceutical Officer’s Clinical
Why?

• Climate change is a global emergency and has been declared the **biggest threat** to public health.
• Health outcomes are being impacted by climate change widening health inequalities
• Need sustainability to be part of our core strategy
<table>
<thead>
<tr>
<th>Category</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td>To reduce carbon emissions from our Canary Wharf office</td>
</tr>
<tr>
<td></td>
<td>To maximise energy and carbon efficiency of the office space</td>
</tr>
<tr>
<td></td>
<td>Develop capability to capture, monitor, analyse and report on our</td>
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<tr>
<td></td>
<td>energy use and take action to reduce it</td>
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<tr>
<td>Flexible working</td>
<td>To reduce emissions from our new (more flexible) ways of working</td>
</tr>
<tr>
<td></td>
<td>Raise awareness and training of staff in improving their own carbon</td>
</tr>
<tr>
<td></td>
<td>footprint</td>
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<tr>
<td></td>
<td>All IT and electronic equipment to be energy efficient and set up with</td>
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<tr>
<td></td>
<td>energy saving settings as a default</td>
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<tr>
<td>Travel and commuting</td>
<td>Our travel and transport is as sustainable as possible</td>
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<tr>
<td></td>
<td>Electrification of our car fleet</td>
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<tr>
<td></td>
<td>Sustainable travel policies – to shift modes of transport for</td>
</tr>
<tr>
<td></td>
<td>business travel and commuting</td>
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<td></td>
<td>Make a carbon calculator available for staff to inform travel</td>
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<tr>
<td></td>
<td>decisions</td>
</tr>
<tr>
<td>Decision making</td>
<td>To ensure environmental impact is part of all decision making</td>
</tr>
<tr>
<td></td>
<td>Develop an environmental sustainability impact assessment template</td>
</tr>
<tr>
<td></td>
<td>for use in all major projects and programmes of work</td>
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<td></td>
<td>Ensure all operational and policy decision papers have a net zero</td>
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<tr>
<td></td>
<td>implications section</td>
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<tr>
<td>Supply chain</td>
<td>To decarbonise our supply chain</td>
</tr>
<tr>
<td></td>
<td>Put in place a low carbon procurement policy</td>
</tr>
<tr>
<td></td>
<td>Be able to calculate the carbon emissions from our largest spend</td>
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<td></td>
<td>current suppliers to inform best ways to reduce these</td>
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</table>
Greening our regulatory levers

<table>
<thead>
<tr>
<th>Core standards framework</th>
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</thead>
<tbody>
<tr>
<td>- Our education and training learning outcomes for Ph, Ph Techs and prescribers incorporate environmental sustainability</td>
</tr>
<tr>
<td>- Our new professional standards for CP, SP and RP recognise system leader responsibilities for net zero and sustainable pharmacy care</td>
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<tr>
<td>- Standards for pharmacy professionals incorporate sustainable pharmacy care</td>
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<tr>
<td>- Our standards for registered pharmacies reflect environmentally sustainable pharmacy care</td>
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<table>
<thead>
<tr>
<th>Accreditation</th>
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</thead>
<tbody>
<tr>
<td>- Accreditation of education and training providers includes checking commitments to net zero and how students will become carbon literate and competent and confident to provide sustainable pharmacy care</td>
</tr>
<tr>
<td>- Identify and share what good practice environmentally sustainable curriculums look like</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Registration</th>
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<tbody>
<tr>
<td>- Registration assessment provides assurance that pharmacists are fit to provide sustainable pharmacy care</td>
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<tr>
<td>- Pharmacies provide assurance that they are working towards net zero targets and have capability to provide sustainable pharmacy care</td>
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<thead>
<tr>
<th>Revalidation and renewal</th>
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<tbody>
<tr>
<td>- Revalidation assures that professionals are fit to continue to practice sustainably in their various roles</td>
</tr>
<tr>
<td>- A review of revalidation considers how sustainable pharmacy care could be tested / assured</td>
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<tr>
<td>- Able to quantify the carbon footprint of pharmacies on our register annually by collecting data at renewal</td>
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<tr>
<th>Inspection</th>
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<tbody>
<tr>
<td>- Map net zero sustainable pharmacy care to pharmacy standards and ensure our DMF reflects net zero commitments to support assessment of how well pharmacies meet our standards</td>
</tr>
<tr>
<td>- Use themed reviews to identify what good sustainable pharmacy care looks like</td>
</tr>
<tr>
<td>- Publish notable practice on knowledge hub to share what good looks like with pharmacy and stakeholders</td>
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<tr>
<th>Fitness to Practice</th>
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<tbody>
<tr>
<td>- Our end-to-end FtP process is as environmentally efficient as possible</td>
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</table>
Update

- Office
- Flexible Working
- Travel and Commuting
- Decision Making
- Supply chain
- Core Standards framework
- Accreditation
- Registration
- Revalidation and Renewal
- Inspection
- FTP
Themed Review: What does good sustainable pharmacy services and medicines use in community pharmacy look like?

Why
To gain an understanding of current practice in community pharmacy in terms of what, if anything, is being done for services and medicines use to make it more sustainable

Who
Inspectorate Amira

What
- Tackling medication waste
- Education and training: patients and staff
- Stock Management and control
- Clinical Services

When
July-August

Where
Community Pharmacies Interviews
Communication Strategy

- Infopoint
- All Staff Meetings
- Blog / video updates
- Publications
  - Action Plan
  - Regulate articles
- Public Forums
  - Pharmacy Declares
  - CPPE Insight Days
  - Patient and public voice groups
- Conferences
  - Poster presentations
- Cross Regulator Forums
Collaborative efforts for sustainable pharmacy care

- Influencing improvements within pharmacy care
- Collaborative working
- Amplifying the work of others