

Public Council meeting – September 2024

Thursday, 12 September 2024 – 10.15-11.30

Public business

Standing Items

10.15	1. Welcome and introductory remarks	Gisela Abbam
10.17	2. Declarations of interest – public items	Gisela Abbam
10.18	3. Minutes of the July meeting Minutes of the public session on 18 July 2024 – for approval	24.09.C.01 Gisela Abbam
10.20	4. Actions and matters arising <ul style="list-style-type: none">Standards for Chief Pharmacists - update	24.09.C.02 Gisela Abbam
10.25	5. Workshop summary – July 2024 <i>For noting</i>	24.09.C.03 Gisela Abbam
10.30	6. Strategic communications and engagement - Chair and Executive update <i>For discussion and noting</i>	24.09.C.04 Duncan Rudkin
Regulatory functions		
10.35	7. June 2024 Registration assessment report <i>For discussion and noting</i>	24.09.C.05 Louise Edwards
Governance, finance and organisational management		
10.50	8. Board Assurance Framework Report Q1 <i>For discussion and noting</i>	24.09.C.06 Duncan Rudkin
11.05	9. EDI strategy – End of Year 2 report <i>For discussion and noting</i>	24.09.C.07 Laura McClintock
11.15	10. Review of Governance policies <i>For approval</i>	24.09.C.08 Janet Collins
11.20	11. Any other business	

Minutes of the Council meeting held on 18 July 2024

To be confirmed on 12 September 2024

Minutes of the public items

Present:

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

Apologies:

Aamer Safdar

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Jonathan Bennetts	Chief Operating Officer and Deputy Registrar
Louise Edwards	Chief Strategy 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
Laura McClintock	Chief of Staff
Gary Sharp	Associate Chief Operating Officer - Resources
Liam Anstey	Director for Wales
Siobhan McGuinness	Director for Scotland
Annette Ashley	Head of Policy and Standards

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. Aamer Safdar had sent his apologies.
- 1.2 The Chair noted that it was Mark Voce's last Council meeting before his retirement and that she wanted to thank him on behalf of the Council, the Executive and staff.
- 1.3 Mark had been with the GPhC since 2013 as Head of Inspection, Director of Education and Standards and latterly as Chief Strategy Officer; and had made significant contributions to pharmacy regulation in all his roles.
- 1.4 Mark's achievements included leading the programme of work to transform the education and training of pharmacists and pharmacy technicians both before and after registration. He had worked with stakeholders across Great Britain to introduce once-in-a-generation reforms which would mean that, from 2026, all newly qualified pharmacists would be independent prescribers when they joined the register.
- 1.5 The Council appreciated Mark's skill in bringing together stakeholders from all parts of Great Britain and Northern Ireland to collaborate and reach consensus on some of the big issues facing pharmacy. All colleagues would miss his good humour, expertise, leadership and calm professionalism and wished him the best for a happy retirement.
- 1.6 The Chair also introduced Louise Edwards who would be taking on the role of Chief Strategy Officer and Deputy Registrar. Louise had joined the GPhC from the Electoral Commission where she was Director of Regulation and Digital Transformation.

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 (24.07.C.01)

- 3.1 The minutes of the public session held on 18 June 2024 were approved as a true and accurate record of the meeting.

4. Actions and matters arising (24.07.C.02)

- 4.1 The action log was up to date.
- 4.2 Mark Voce gave an update on consultation on a revised approach to the quality assurance of education and training providers. The consultation had closed on 13 June and received 167 responses, which were being analysed. The proposals had received a positive response overall and some areas would be considered further, including how to ensure that the approach was proportionate and that the data relied on was the most appropriate. A full report would be brought to Council in September.

- 4.3 Duncan Rudkin informed the Council that the Annual Report and Accounts had been laid in the Scottish Parliament on 1 July and in the Westminster Parliament on 17 July.

5. Workshop summary (24.07.C.03)

- 5.1 The Council noted the summary of the June workshop.

6. Strategic communications and engagement update – Chair and Executive update (24.07.C.04)

- 6.1 The Council noted the strategic engagements and issues discussed since the last meeting, as well as key developments in pharmacy and regulation.
- 6.2 In response to a question about the legislation introduced by the Scottish Government to allow Healthcare Improvement Scotland to regulate independent clinics where services were provided by pharmacists and pharmacy technicians, Duncan Rudkin confirmed that there were pharmacists in England working in premises not covered by the CQC or the GPhC. While this was a gap that needed closing, the individual pharmacy professionals concerned were regulated by the GPhC.
- 6.3 The British Medical Association's General Practitioners Committee had recommended that GPs should turn off the 'update record' facility on GP Connect (a digital patient record system that allowed authorised health and social care professionals to update records following a consultation such as those held under the Pharmacy First scheme). Members were concerned that this could impact safe record keeping and communication between healthcare professionals. Council indicated that its concerns should be raised in the relevant quarters.

Regulatory functions

7. Chief Pharmacist Standards – initial consultation analysis and next steps (24.07.C.05)

- 7.1 Annette Ashley presented an update on the analysis of the consultation on standards for Chief Pharmacists and the proposed next steps.
- 7.2 Youaf Ahmad declared an interest as the standards would impact on his role as a Chief Pharmacist.
- 7.3 There were 158 responses to the consultation: 132 from individuals and 26 from organisations. A webinar on the draft standards and two sessions of the public and patient forum had also taken place.
- 7.4 The responses indicated broad agreement with the proposals, with 79% of respondents saying they would strengthen and maintain pharmacy governance; 68% saying they would provide a governance framework that 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. 44% of respondents felt that additional standards would be helpful.
- 7.5 The draft standards would be updated in light of the feedback received and would come back to the Council in September.

Governance, finance and organisational management

8. Committee annual reports to Council (24.07.C.06)

- 8.1 The Council noted the annual reports from the Audit and Risk; Finance and Planning; Quality and Performance Assurance; and Workforce Committees.

9. Sustainable pharmacy regulation (24.07.C.07)

- 9.1 Roz Gittins introduced this item, which was presented by Amira Chaudry who was about to complete a term as a Clinical Fellow with the GPhC.
- 9.2 The presentation outlined the GPhC's net zero action plan for sustainable pharmacy regulation, including changes that the GPhC was making or planning to make in its own operations and ways to 'green' the regulatory levers.
- 9.3 The Council noted the update.

10. Any other business

- 10.1 There being no other business, the meeting closed at 11.00 a.m.

Council action log – September 2024

	Open and on track
	Overdue
	Rescheduled
	Complete

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

Council workshop summary

Meeting paper for Council on 12 September 2024

Public

Purpose

To provide a summary of the Council workshop on 18 July 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) England

- 2.1 David Webb, CPhO England, joined members for a session discussing the regulatory perspectives of modern pharmacy practice.
- 2.2 The session included data on the pharmacy situation in England and discussion about the future of professional leadership; improving communication between healthcare teams; ways to raise the profile of pharmacy as a key element of clinical care; and the need for a clear strategy for the future of pharmacy to support the GPhC in regulating a changing profession effectively.

2.3 This was the second of three sessions with the CPhOs, all of which would feed into the development of the GPhC's next five-year strategy.

3. Recommendations

The Council is asked to note and discuss the summary

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

29/07/2024

Strategic communications and engagement: Chair and Executive update

Meeting paper for Council on 12 September 2024

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting on 18 July 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 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: July – September 2024

Education and training

2.1 In this period, the Chair and Chief Executive met with Dr Mat Smith, who was appointed as new Chair of the Board of Assessors earlier this year. The discussion reaffirmed the important commitment to effective collaboration between the Council and the Board of Assessors. There was a wide-ranging discussion on all aspects of the registration assessment and how this might evolve in the future.

Policy makers (including parliamentarians and Government officials)

2.2 Since the last Council meeting, and following the General Election, we wrote to UK Ministers to brief them on our work and to offer individual meetings and discussions. We also sent a short briefing via post and email to the offices of all new MPs, explaining our role and how we can help with relevant queries from their constituents.

2.3 In July 2024, the Secretary of State ordered a full and independent investigation into the state of the NHS. Work will be led by Rt Hon Professor Lord Darzi, OM, KBE, a lifelong surgeon and innovator, independent peer and former health minister. The findings will provide the basis for the government's 10-year plan to radically reform the NHS and build a

health service that is fit for the future. Our Chair wrote directly to Lord Darzi and submitted evidence and data to support the investigation.

- 2.4 In August, the Chair and Chief Executive met with Taiwo Owatemi MP. Taiwo Owatemi was previously co-chair of the APPG on Pharmacy and a member of the Health and Social Care Committee. In July 2024, Taiwo joined the new UK government as a Junior Lord of the Treasury (Government Whip), after her re-election. Discussions included international registration, online pharmacy, foundation training and our anti-racism and wider equality, diversity and inclusion work. We will continue to keep Taiwo sighted on key issues in pharmacy and pharmacy regulation going forward.
- 2.5 In this period, the Chief Executive continued to meet regularly with officials at the Department of Health and Social Care to discuss key pharmacy regulation and other legislative developments.
- 2.6 We will continue to monitor policy and legislative proposals as they emerge, including the development of plans (outlined in the Labour Party general election manifesto) to introduce professional standards and regulation for “NHS managers”.

Patient, pharmacy and other regulatory leaders

- 2.7 The Chair and Chief Executive met with Pharmacist Support. Follow up work with Pharmacist Support includes consideration of the case for developing a Memorandum of Understanding between our organisations, to build on existing good collaboration. The Chief Executive also met with the Company Chemists’ Association, attended the Inclusive Pharmacy Practice Board and there was ongoing liaison with the Patient Safety Commissioner for England in this period.
- 2.8 The Chief Executive attended two meetings with the Chief Executives of the Regulatory Bodies (CEORB) in this period. Agendas were wide ranging and included strategic updates and developments in regulation, including the Professional Standards Authority’s planned consultation and review of the Standards of Good Regulation. The GPhC also initiated an exploratory discussion with the Chief Executives about the role of the regulator in improving health outcomes through promoting equitable and inclusive research in practice, linked to our EDI strategy and work with the Centre for Research Equity at Oxford University.

Frontline visits

- 2.9 As part of our Strategic Engagement Framework, the Chair and Chief Executive and other members of the Executive carry out frontline visits to meet pharmacy professionals, understand real and current challenges and pressures for patients and pharmacy teams, gain opportunities to work with a wide range of stakeholders and identify ‘horizon’ issues, to inform future strategy and policy.
- 2.10 In this period, the Chair, Chief Executive and Chief Enforcement Officer visited Derbyshire Healthcare NHS Foundation Trust, facilitated through Selinah Ullah, Council Member and Chair of the Trust. The GPhC team met staff on site, including pharmacists and pharmacy technicians, and learned about mental health in pharmacy and clinical pharmacy work.

3. Engagement events, forums and roundtables

- 3.1 On 23 July 2024 we held a virtual version of our regional roundtables event series. This was our seventh event in this series. Topics raised by participants included ongoing pharmacy pressures and medicines shortages; improving working in partnership across the health

system; the evolving role of pharmacy professionals; experiences of Pharmacy First; and the challenges of using technology systems that are not joined up.

- 3.2 In Autumn 2024 we will be holding meetings of our existing forums as well as meetings of our newly established Pharmacy Technician Forum and Pharmacist Forum. We will also host regional roundtable events in London and Glasgow.

4. Key developments in pharmacy and healthcare regulation

- 4.1 In our July update, we highlighted the BMA's General Practitioners Committee (GPC) recent recommendation that GPs should temporarily turn off the 'Update Record' feature on GP Connect. At the request of Council, we wrote to the GPC England to highlight that a lack of integration and limited access to records, or confusion and switching between systems, can impact on pharmacy's ability to deliver the best care to their patients and communities, and meet regulatory standards and guidance. In response, GPC England shared some further context about the decision, particularly a concern about NHS England's desire to open this electronic entry point to the GP-held patient record to both NHS and private providers. GPC England also recognised that community pharmacy colleagues play a key and important role in delivering a wide range of services to members of the public within their local communities.

GPs begin 'work-to-rule' in England

- 4.2 GPs in England have launched a work-to-rule action in a dispute with the government over concerns about lack of funding. The British Medical Association (BMA) announced the action earlier this month. A survey by Pulse magazine indicates that around half of GP surgeries in England are taking some form of action, with approximately 25% of GP surgeries limiting the number of patients each GP can see to 25 per day. That could reduce the number of available appointments at those surgeries by a third.
- 4.3 Pharmacy organisations, including Community Pharmacy England (CPE), have raised concerns about the potential impact of this industrial action on pharmacies. CPE has raised the concern that if patients can't access their GP practice many will turn to their local pharmacies, but any unplanned surge in people seeking their help will exacerbate a sector that is already working at full capacity. We are continuing to monitor the impact of this 'work-to-rule' action.

Financial Pressures

- 4.4 Pharmacy organisations are continuing to raise significant concerns about severe financial pressures on community pharmacies in England. Community Pharmacy England has released its **Pharmacy Pressures Survey 2024: Funding and Profitability Report**, which highlights that nearly 1 in 6 community pharmacies in England may close in the next year because of the impact of severe financial pressures. The survey of pharmacy staff by Community Pharmacy England indicates that pressures are now having an impact on patients, with 18% of pharmacy staff saying they are being severely impacted. Most pharmacies now report having longer prescription dispensing times (86%), delays in responding to patient inquiries (80%), and less time to spend with patients (79%).
- 4.5 The National Pharmacy Association (NPA) has announced that it will deliver a petition signed by over 300,000 people to Prime Minister and Health and Social Care Secretary on

September 19, calling for “immediate, fair and sustained funding, to safeguard NHS pharmacy services and ensure local pharmacies have a future”.

- 4.6 The petition will be delivered on a “second national pharmacy day of action” organised by the NPA. The first day of action took place on June 20, which saw around 6,000 pharmacies turn out their lights, black out their windows and wear black to raise awareness about the crisis in the sector.
- 4.7 In Scotland, the Finance Secretary has announced significant budget cuts including £115.8million to Health and Social Care. Further detail on the specifics to the announcement are awaited and the GPhC continues to work with Scottish Government and other relevant stakeholders to understand and monitor the situation.

Review into the operational effectiveness of the Care Quality Commission

- 4.8 In May 2024, Dr Penny Dash was asked by the government to conduct a review into the operational effectiveness of the Care Quality Commission (CQC). The purpose of the review was to examine the suitability of CQC’s new single assessment framework methodology for inspections and ratings of health and care providers.
- 4.9 On 26 July 2024, **an interim report was published** which provides a high-level summary of the emerging findings of the review in order to inform the changes needed to start the process of improving CQC.
- 4.10 The interim report found significant failings in the effectiveness of the CQC which is hampering its ability to identify poor performance at hospitals, care homes and GP practices. The interim report made five recommendations.
- 4.11 The **Secretary of State announced** that the government will take immediate steps to restore public confidence in the effectiveness of health and social care regulation, including by increasing the level of oversight of CQC, ahead of a full report by Dr Dash which will be published in the autumn.

5. Future engagements

- 5.1 We have further strategic engagements planned between now and the next Council meeting, including presentations at the APTUK Conference and Avicenna Conference later this month. Updates on these engagements will be shared in our next report to Council.

6. Recommendations

Council is asked to note and discuss the update.

Laura McClintock, Chief of Staff
Rachael Gould, Head of Communications
2 September 2024

Reporting on the June 2024 Registration assessment sitting

Meeting paper for Council on 12 September 2024

Public

Purpose

To update Council on candidate performance in the June 2024 Registration Assessment.

Recommendations

Council is asked to note:

- i. Candidate performance data (**Appendix 1**); and
- ii. The Board of Assessors' report to Council (**Appendix 2**) and the assurance it provides about the June 2024 sitting.

1. Introduction

- 1.1 Passing the GPhC/PSNI Registration Assessment is a pre-requisite for applying to register as a pharmacist in Great Britain or Northern Ireland. Normally, there are two sittings every year, in Summer and Autumn. This is the GPhC's report on the June 2024 sitting.
- 1.2 The Board of Assessors sets and moderates the Registration Assessment and agrees reasonable adjustments for candidates with specific needs; the GPhC is responsible for operational matters and for overseeing the setting and publishing of papers, in collaboration with partner organisations.
- 1.3 The Board is responsible solely for the content of the Registration Assessment through delegated authority in the GPhC's Scheme of Delegation.

2. The assessment – candidate performance

- 2.1 2776 candidates sat the assessment in June and the pass rate was 75%. This is comparable to the pass rates for previous assessments taken in the Summer, when the majority of candidates sit the assessment at the end of their Foundation training year.
- 2.2 The candidate data in Appendix 1 relate to those sitting the assessment for the first time (those who are unsuccessful have a further two attempts to sit the assessment and the majority of candidates are ultimately successful). Council is asked to note that these data relate to one sitting and do not show trends over time.

- 2.3 In the year following the June 2022 sitting, we engaged with four schools whose pass rates were concerningly low. All four have been subject to reaccreditation and their reaccreditation reports are available publicly on the GPhC website.
- 2.4 The pass rates for some schools are noticeably low in this sitting. We will evaluate the performance of the graduates of these schools in the November sitting to determine if this is a trend we need to address beyond routine accreditation activity.
- 2.5 One allegation of misconduct was reported to the GPhC and has been progressed to a principal hearing.

3. Question balance

3.1 The balance of questions was consistent with the requirements of the Registration Assessment Framework:

	June 2024	Permitted range
Total % of questions mapped to high weighted areas	67%	60–70%
Total % of questions mapped to medium weighted areas	25%	25–35%
Total % of questions mapped to low weighted areas	8%	Up to 10%

4. Operational considerations related to the sitting

4.1 There was one incident at a test centre in North London. A power cut affecting the whole area resulted in 64 candidates experiencing a delay before starting Part 2. Candidates at the centre were provided with regular updates via invigilators and offered refreshments while they waited. The candidates remained professional and calm whilst they waited in exam conditions for the centre to regain power. GPhC reps were on hand at all times.

5. Equality and diversity implications

- 5.1 We are continuing to see a trend of increasing numbers of requests for reasonable adjustments made by candidates to accommodate specific learning needs.
- 5.2 We are reviewing the data on apparent differentials to pass rates to identify any trends that indicate a need for action on our part.

6. Communications

6.1 There were no significant communication issues.

7. Resource implications

7.1 The sitting was resourced within the allocated budget.

8. Risk implications

8.1 While the June 2024 sitting did not raise any significant delivery concerns the GPhC, with the Board of Assessors, continues to actively monitor risks and put in place appropriate mitigations.

9. Recommendations

Council is asked to note:

- iii. Candidate performance data (**Appendix 1**); and
- iv. The Board of Assessors' report to Council (**Appendix 2**) and the assurance it provides about the June 2024 sitting.

Damian Day, Head of Education
Sarah Stein, Head of Registration Services
General Pharmaceutical Council

30/08/2024

June 2024 Registration Assessment performance breakdown by characteristic¹

Table 1a: Overall performance

No. of candidates	Overall Pass Rate %	Part 1		Part 2	
		Total marks available	Average mark	Total marks available	Average mark
2776	75%	40	73.8%	120	79%

*In a sitting, there are 40 questions in Part 1 and 120 questions in part 2. The Board of Assessors may remove a question on the basis of its performance at the post-assessment stage, if there is statistical evidence to support doing so. In this sitting, the Board of Assessors removed no questions.

Table 1b: Paper pass marks and ranges

Paper	Number of questions required to pass each part
Part 1	25 (out of 40)
Part 2	83 (out of 120)
Paper	% range of questions answered in each part
Part 1	Minimum: 6 questions answered = answering 15% of questions in Part 1 Maximum: 40 questions answered = answering 100% of questions in Part 1
Part 2	Minimum: 43 questions answered = answering 36% of questions in Part 2 Maximum: 120 questions answered = answering 100% of questions in Part 2
To pass the Registration Assessment, both parts must be passed.	
The number of questions required to pass each part may vary from paper to paper and year to year depending on the difficulty of questions and papers.	
Note that the number of questions required to pass is the <u>standard</u> and the pass <u>rate</u> is the percentage of candidates who met the standard.	

¹ Note that all percentages are rounded and that numbers are subject to change marginally as appeals, withdrawals and outcomes of allegations of misconduct are taken into account.

Table 2: Performance by sitting attempt

Sitting attempt	No. of candidates	Overall Pass Rate %
1st	2358	77%
2nd	208	53%
3rd	112	59%

Note that data in Table 3 onwards are for 1st attempt sitters not the full cohort and are rounded

Table 3: 1st attempt by sex

Sex	No. of candidates	Pass rate %	Average % mark	
			Part 1	Part 2
Male	711	75%	75%	79%
Female	1625	78%	74%	81%

Note: 'Not recorded', 'Other' and 'Prefer not to say' are not recorded here

Table 4: 1st attempt by age range

Age Range	No. of candidates	Pass Rate %	Average % mark	
			Part 1	Part 2
36 and over	119	61%	67%	79%
26 - 35	321	66%	70%	78%
25 and under	1918	80%	76%	81%

Table 5: 1st attempt by country of Foundation training

Country	No. of candidates	Pass Rate %	Average % mark	
			Part 1	Part 2
England (including Isle of Man)	2071	76%	74%	80%
Scotland	190	80%	76%	81%
Wales	97	82%	76%	83%
Northern Ireland data are not available.				

Table 6: 1st attempt by sector(s) of Foundation training

Sector*	No. of candidates	Pass Rate %	Average % mark	
			Part 1	Part 2
Community	1182	68%	71%	77%
Community/GP	203	73%	72%	79%
Hospital	606	89%	80%	84%
Hospital/GP	189	93%	80%	85%
Multisector (three or more sectors)	137	80%	76%	82%
*Other sectoral combinations have not been reported				

Table 7: 1st attempt by ethnicity (≥ 75 candidates in a category)

Ethnicity	No. of candidates	Pass Rate %	Average % mark	
			Part 1	Part 2
Arab	183	74%	73%	80%
Asian or Asian British - Bangladeshi	106	74%	73%	79%
Asian or Asian British - Chinese	134	90%	81%	82%
Asian or Asian British - Indian	323	77%	73%	79%
Asian or Asian British - Other	142	70%	72%	78%
Asian or Asian British - Pakistani	366	68%	71%	78%
Black or Black British - African	323	71%	70%	79%
White - British	475	91%	82%	84%
White - Other	100	82%	75%	82%
Prefer not to say	75	67%	71%	77%

Table 9: MPharm degree pass rate by School of Pharmacy (≥ 15 candidates)

School of Pharmacy*	No. of candidates	Pass Rate %	Average %	
			Part 1	Part 2
Aston University	118	70%	71%	77%
University of Bath	65	83%	78%	82%
University of Birmingham	65	92%	80%	83%
University of Bradford (4-year continuous degree)	17	76%	71%	76%
University of Bradford (5-year sandwich degree)	42	60%	70%	74%
University of Brighton	49	71%	72%	78%
Cardiff University	82	93%	82%	85%
University of Central Lancashire	68	57%	66%	75%
De Montfort University	118	75%	72%	77%
University of East Anglia (4-year continuous degree)	55	82%	76%	81%
University of Hertfordshire	77	58%	68%	77%
University of Huddersfield	80	61%	69%	76%
Keele University	54	59%	70%	77%
King's College London	121	85%	77%	81%
Kingston University	58	78%	77%	81%
Liverpool John Moores University	90	77%	75%	80%
University of Lincoln	22	64%	67%	78%
University of Manchester	116	84%	78%	82%
Medway School of Pharmacy (universities of Greenwich and Kent)	42	74%	71%	80%
University of Newcastle	77	88%	80%	83%
University of Nottingham (4-year continuous degree)	154	89%	81%	83%

University of Portsmouth	57	82%	76%	80%
University of Reading	87	71%	73%	78%
The Robert Gordon University	78	64%	72%	78%
University of Strathclyde	98	91%	78%	85%
University of Sunderland	63	89%	76%	85%
University College London	110	87%	80%	82%
University of Wolverhampton	72	51%	66%	74%

Report on the June 2024 Registration Assessment sitting from the Board of Assessors

1. Introduction

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

¹ Alternatively called the Common Registration Assessment.

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

2. Reporting to the regulatory councils

- 2.1 Normally, there are two sittings of the Registration Assessment every year, in June/July and September/November, and the Board of Assessors reports to the GPhC and PSNI councils after each one. This is the Board's summary report for June 2024.

3. June 2024 summary statistics

Candidate categories	Candidate numbers – June 2024	% of total candidates – June 2024
Total number of candidates	2776	100%
First sitting candidates	2358	85%
Second sitting candidates	208	7%
Third sitting candidates	112	4%

Candidate performance – pass rates	Number of passes	% pass rate
Overall pass	2081	75%
Overall fail	695	25%
First sitting candidates	1814	77%
Second sitting candidates	111	53%
Third sitting candidates	66	59%
England	1742	74%
Scotland	165	79%
Wales	83	81%
Note: All data are rounded and do change over time as appeals and nullifications are taken into account.		

4. Paper and question analysis

- 4.1 *Question performance:* Questions performed well and none were removed from either part.
- 4.2 *Benchmarking questions:* A set of example questions was made available to candidates. Both live and example questions are written by the same group of question writers, to the same standard using the same style guide.

5. Passing standard

- 5.1 *Pass requirements:* In order to pass the Registration Assessment, both Part 1 and Part 2 must be passed in the same sitting.
- 5.2 *Cohort ability:* Using statistical evidence, the Board notes that in comparison to June 2023 the June 2024 was relatively able. Performance in Part 2 was marginally stronger than in Part 1.
- 5.3 *The pass rate:* At 75% the pass rate is within the normal range for June sittings. Inevitably there is variation between pass rates for sittings but if the reliability coefficient is strong, which it is for this sitting, then the most likely explanation is the natural variation between candidate cohorts, which are all different.

6. Feedback to candidates

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

7. Delivery of the Assessment

- 7.1 The Board was pleased to note that the Assessment was delivered to a high standard due to the professional approach of the GPhC's operations team. One centre experienced a power cut beyond the control of the GPhC resulting in the centre beginning and finishing late. Candidates were able to complete both papers if they chose to do so.

7.2 The Board notes that reasonable adjustment requests are increasing year on year, as they are for other examining boards. However, recently the Board has received requests for 100% additional time, meaning that the total examination time for some candidates is nine hours plus a mid-point break. Sitting for such a long period may affect candidate performance and concentration. The Board will raise this issue with the GPhC after the November sitting.

8. Psychometrics (statistics relating to candidate performance)

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

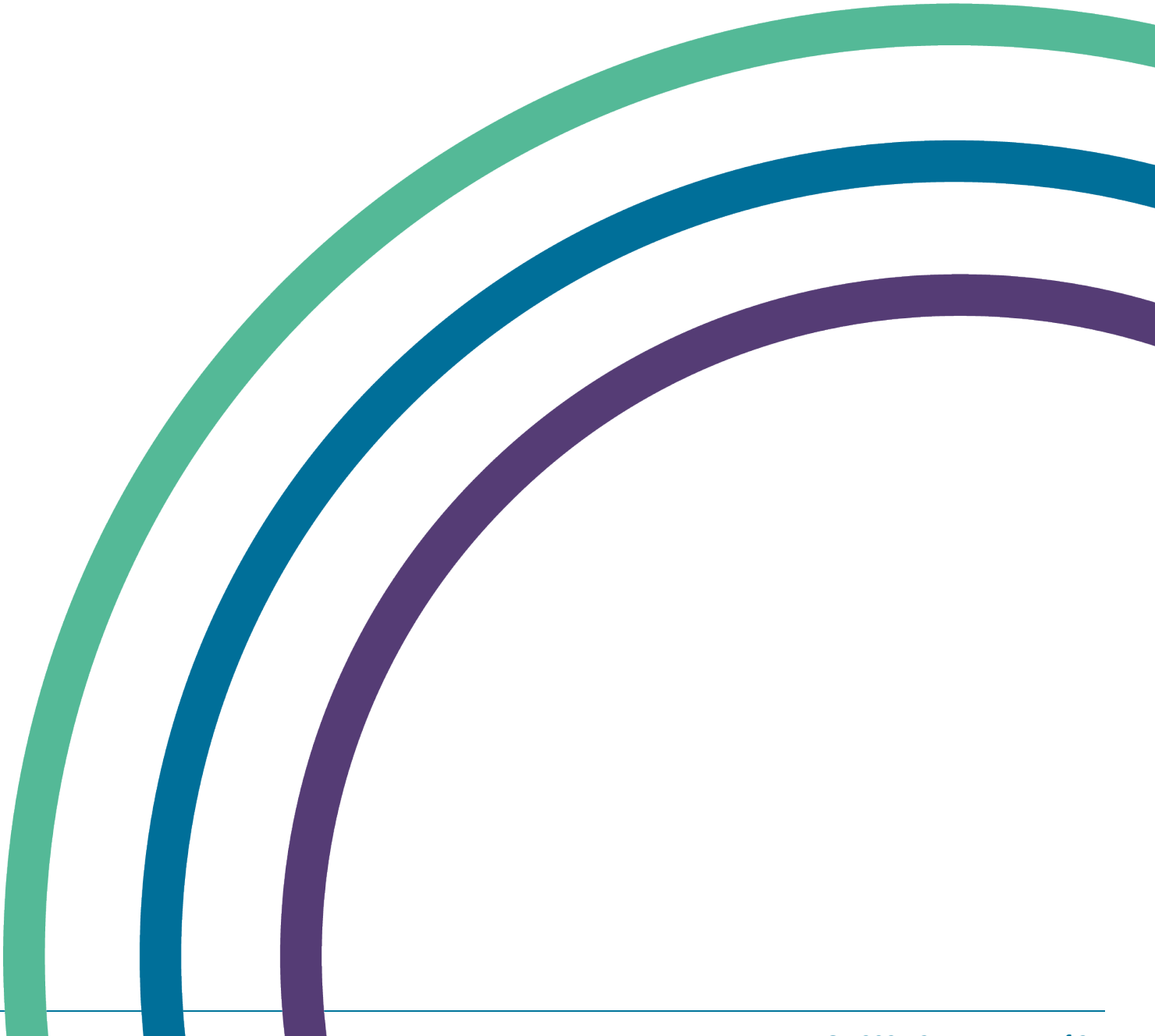
8.2 The Board remains concerned that PSNI is unable to provide the GPhC with a full set of statistics for Northern Irish candidates. This means that the statistical set for a sitting is incomplete and that the GPhC is unable to provide PSNI with a full analysis of Northern Irish candidate performance.

Dr Mat Smith, Chair, Board of Assessors

30th August 2024

Board Assurance Framework Report

Year 2024/2025, Quarter 1



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Section A: Chief Executive's overview

- A.1 This report covers Quarter 1 (Q1) of 2024-25, 1 April to 30 June 2024, in our final year of delivering our 2020-2025 Strategy. Overall, across all four domains of the balanced scorecard our performance is largely on track, elements of Service Delivery have not met expected performance measures and therefore performance in this area is overall judged as Amber. The scorecard on pages 4 and 5 provides the high-level picture with Section C providing more detail on those areas where we have not met our expected performance measures along with the detail on how we expect to address this.
- A.2 **Risk** - There are no significant changes in the organisation's strategic risk profiles in Q1 for escalation to Council with two risks remaining Amber and outside of our risk appetite. The majority of our corporate risk sits within our risk appetite and during Q1 we have seen the likelihood of the risk materialising reduce in three areas.
- A.3 **Service Delivery** - In regard to the delivery of our services in Q1, most performed well with four out of seven areas having met expected performance measures, with three improving performance, three maintaining and one declining. Three areas of our service delivery were judged to be Amber, these include Inspections, Fitness to Practise and Corporate Complaints, in all three of these areas the amber rating is a result of us narrowly missing our forecast objectives. Further information is provided in section C of this report, including what actions the Executive are taking.
- A.5 **Finance** - Our financial position overall remained stable at Qtr 1 end. Our deficit was £0.25m lower than expected due to a marginal increase in income and a decrease in expenditure. However, reforecasting at Q1 anticipates a full year operating deficit of £1.64m, which is an overall negative variance of £0.28m when compared with the initial budget deficit of £1.37m. This increase is due to expenditure and in particular a lower than expected vacancy rate. Finance and Planning Committee (F&PC) continue to closely monitor our financial position.
- A.6 **Strategic Plan** - At the end of Q1, progress against our 24-25 plan is positive with all of our Strategic Aims ragged as Green. Within this there are four individual objectives which are not where we had anticipated when the plan was created, in large this is due to reprioritisation of resource, or work developing differently from what we had originally anticipated when the plan was drafted. Further information is provided in section C of this report, including what actions the Executive are taking.
- A.7 As Council will be aware some areas of the 24-25 plan were placeholders in order to allow new Chief Officers time to develop more detailed content and outcomes as we move through the year. Following reflective conversations in Q1 we have undertaken a review of the 24-25 plan and have made amendments to better capture the work we are undertaking whilst ensuring both objectives and timelines are clearer. We have also included a new objective on our End-to-End Review of our Inspection methodology and merged objectives on our Managing Concerns Strategy and our Enforcement Strategy. The refreshed draft plan is at Annex A and highlights both the proposed changes and the reasoning behind the changes.
- A.7 In addition, Council will be aware from previous reporting that our capacity to deliver our regulatory responsibilities well, whilst also delivering our ambitious agenda remains an underlying concern across all the four domains of the Council scorecard around. This continues to be on the Executive's radar and work is already underway with specific initiatives having started in Q1. These include the Planning Group which is focussed on the delivery of our strategic plan, considering cross-cutting work, dependencies and prioritisation and the Resource Group, which is focussed on the operational aspects of performance, governance, risk management, people, premises and infrastructure, and the

use of financial resources. Staff are aware that everything else within the 2024/25 annual plan, whilst remaining important may be subject to re- prioritisation if new programmes of work become necessary or capacity becomes stretched because of regulatory operational demands. Council can be assured that relevant committees will continue to receive more detailed updates on capacity and organisational development going forwards.

- A.8 The executive continues to receive and review the more detailed reports which are used to form the board assurance report. Any necessary interventions are reviewed and actioned by the Executive, with appropriate escalation of identified performance to Council.

Section B: Council scorecard

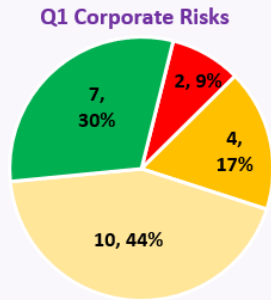
Q1 Strategic risk register overview

RAG rating	Q4 23/24	Q1	Q2	Q3	DoT
Red	0	0			→
Amber (outside risk appetite)	2	2			→
Amber (inside risk appetite)	2	2			→
Green	0	0			→

Amber Strategic Risks outside of our risk appetite

SR3: We are unable to practise an anticipatory and proportionate approach to regulation (SA2)

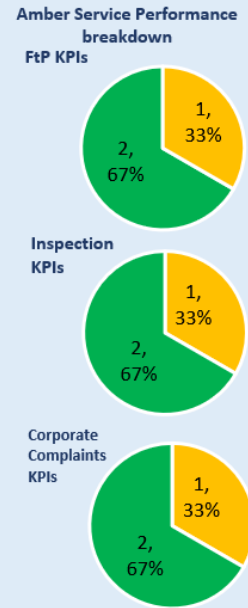
SR4: We do not have the capacity and capability to deliver our strategic objectives to a good quality standard (SA5)



Service Performance Overview

Service	Q4 23/24	Q1	Q2	Q3	DoT
Customer Contact Centre	G	G			→
Registration	G	G			→
Fitness to Practise	R	A			↑
Inspection	R	A			↑
Corporate Complaints	G	A			↓
Information Governance	R	G			↑
Human Resources	G	G			→

*New FtP interim measures from Q1 2024/25



SERVICE PERFORMANCE

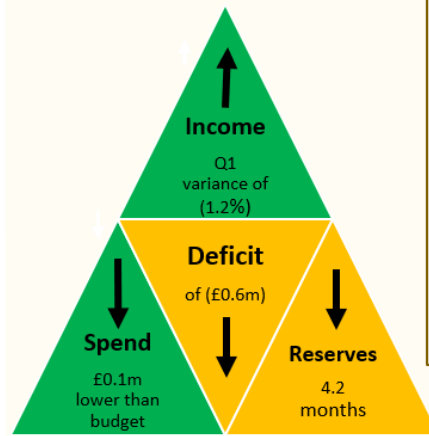


RISKS

STRATEGIC PLAN

Annual Plan 24/25 Progress

Strategic Aim	Q4 23/24	Q1	Q2	Q3	DoT
SA1 (standards)	A	G			↔
SA2 (effective regulation)	R	G			↔
SA3 (education and training)	G	G			↔
SA4 (approach to regulating pharmacy)	G	G			↔
SA5 (capabilities and infrastructure)	A	G			↑



We remain in a stable financial position this quarter

Income – At end of Q1, income slightly higher.

Spend – below by £0.1m.

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

Deficit – Actual deficit lower than expected at end of Q1, however, this is projected to be at the level set in budget or more if the employee costs increase at the current run rate.

Investments – Is back to original £15m value as realised gain of £1.8m has been withdrawn from the portfolio.

FINANCE

Strategic risk	RAG	DOT	Issue	Planned action
1. Our regulatory programme does not support the development of competent pharmacy professionals or assure their continued development and professionalism	Yellow	→	Risk concerned with ensuring pharmacy professionals are trained to meet ever changing public needs	Since the last review of this risk, progress has been made with the planned actions – the action around the wider review of the quality assurance of education providers is now out for consultation. Other planned actions progressing.
2. The delivery of our strategy and wider regulatory activities do not support open and transparent engagement with regulation or a culture of professionalism	Yellow	→	Concerned that a bi-product of change (or failing to change) might be regulating in a manner that leads to patients / public and profession not engaging with us	Risk under review by owner.
3. We are unable to practice an anticipatory and proportionate approach to regulation	Orange	→	We undertook a root cause analysis at a planning session and identified that a review of our registration models was required to establish whether this (and indeed our powers) supported an anticipatory and proportionate approach to regulation	Action around clinical structure in inspection partially complete. Other actions progressing.
4. We do not have the capacity and capability to deliver our strategic objectives to a good quality standard	Yellow	→	Risk relates to firstly to having the resource to deliver plans and in turn using that resource efficiently and effectively	HR risk register complete. Other actions progressing.

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

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

Risk ASSURANCE

Council
Scorecard Key

Service Performance KEY

Strategic Plan KEY

Finance KEY

Strategic Aims

SA1 - Deliver an adaptable standards framework that meets public and professional needs that are changing quickly

SA2 - Deliver effective, consistent and fair regulation

SA3 - Drive improvements in pharmacy care by modernising how we regulate education and training

SA4 - Shift the balance towards more anticipatory, proportionate, and tailored approaches to regulating pharmacy

SA5 - Enhance our capabilities and infrastructure to deliver our Vision

RAG	Meaning	Indicator	Desc	Meaning
Green	On track/ completed	↑	Improving DOT	Performance has improved from what it was the previous quarter
Amber	Some issues emerging, aims still achievable	↔	Staying the same	Performance has largely stayed the same as it was the previous quarter
Red	Significant issues, aims may not be met on time/ budget/ quality	↓	Declining DOT	Performance has got worse than it was the previous quarter
Black	Not started/ Scheduled to start			

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



Section C. Key areas for Council's assurance

C.1 **Service Delivery.** When measuring our performance in Service Delivery we identify our performance measures – what it is we want to achieve, our performance standards – what we expect to achieve each quarter and we then calculate our performance against our standards every quarter. An Amber rating is given to those areas where performance is judged to be within our performance tolerances but hasn't met or exceeded our targets. An overall Amber rating is applied if any area within a Service is judged to be amber. If an area is judged to be Amber, we may monitor work more closely or identify specific work to be undertaken to improve our performance. Further detail on the areas judged to be Amber at Q1 23-24 are below:

1. **Inspection** – We exceeded our target in two of the three areas. The only area judged to be Amber was our reinspection performance, our Q1 target for re-inspections was 80% and we achieved 77%. We are undertaking an end-to-end review of our inspection methodology and we will be introducing methods that will enable us to be more focused, targeted, and timely with our re-inspections. This will ensure more transparency for both the public and providers as the published judgement will reflect a more up to date picture of quality and safety.
2. **Fitness to Practise** - This is the first quarter where we are measuring our performance against our new objectives, specifically produced to better demonstrate our progress towards meeting the aims of our 2024-2025 annual plan. Following a review of our baseline data, one of our objectives has been revised to fall within the expectations of SMART objective setting, and of the three measures, two are on track to meet the year end objectives, with one assessed as amber as is slightly off track but within tolerance of the quarterly objectives:
 - a. **No more than 450 open investigations by the of March 2025** - Q1 objective was a reduction from 546 to 522 – achieved 513– (Green))
 - b. **No more than 35% of cases older than 1 year at investigations by the end of March 2025** - Q1 objective was to reduce from 58% to 52% - achieved 53% just missing our target but within our tolerance of 54% (Amber)
 - c. **No more than 15% of cases older than 2 years at investigation by the end of March 2025** - Q1 objective was to reduce from our baseline of 30% to 26.3% - achieved 25% (Green).

In respect of 2c, the 2024-2025 objective has been reset from 8% to 15% to ensure we are reporting on our aims for year 1 rather than the stretch ambition we had for year 2 and beyond. Most of our existing legacy cases are large, complex, and more likely to progress through the full fitness to practise process. These include a large cohort of aged concerns involving remote prescribing. We have reflected on our ambition for this year and agreed that setting a SMART objective that is both stretching but achievable and set from an accurate baseline is a fairer and more transparent approach to assessing our performance. Our improvement programme is now underway and progressing well and we have seen positive and sustained improvements in productivity and timeliness across the portfolio.

3. **Corporate Complaints** – During Q1 we received four complaints, two of which progressed to stage 2. We aim to respond to stage 2 complaints within 20 working days but for one of these complaints we responded in 22 days, two days more than our target and therefore our performance in this area is judged to be Amber.

C.2 **Strategic Plan** - At the end of Q1 progress against our 24-25 plan is positive with overall progress ragged as Green. Within the Strategic Objectives there are individual objectives that have been ragged as Amber (some issues emerging, aims still achievable) or Red (significant issues aims may not be met on time/budget/quality), these are:

1. **SA5.1 - Improved customer experiences of our services** – This is judged to be Red owing to the pausing of MyGPhCPharmacy work to allow resource and focus on delivering our Foundation Training changes as part of our Initial Education and Training for Pharmacists work. The Foundation Training changes has a strict deadline for delivery for May 2025. We expect MYGPhCPharmacy work to be completed in late 2025, a 3–6-month delay on the original timeline.
2. **SA1.4 - Developed a strategic approach to registration.** – This judged to be Amber as there have been some delays for Stage 1 (pharmacies) due to the pause on work on MyGPhCPharmacy, however a workaround is in place to gather data and the revised timeline will see us on track for the end of the year. Within this objective Stage 2 (people) has yet to start and this will now be paused for 24/25 as we work to improve our organisation wide approach to data and reporting.
3. **SA3.2 - Taken forward our prioritised programme of work on post registration assurance of practice** – This is judged to be Amber as work is largely where we expect it to be but not as set out within the plan, which includes deadlines that don't reflect the work we are undertaking. This will be reviewed in Q2.
4. **SA4.1 - Delivered the third phase of activities in support of managing our five-year managing concerns strategy** – This judged to be Amber as current work is delayed as we wait for input from external stakeholders, likely to be in Q3. However, this work is also being merged with the Enforcement Strategy and this is reflected in the refreshed 24/25 plan.

C.3 Council can be assured that all of the above areas are monitored closely from the team level through to the Executive level, with appropriate escalation to Council.

2024/25 DRAFT REFRESHED annual plan

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

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

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

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

1. New standards for Chief Pharmacists in place.

Level 2 detail with indicative timelines.

- a. Analysis of consultation findings **(Q1)** Follow up engagement with key stakeholders including Chief Pharmacist groups, relevant regulators and updating of draft standards **(Q1-2)**. Approval of new standards for Chief Pharmacists approved by Council **(Q2)**. Publication of new standards for Chief Pharmacists **(Q3)**.

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

Level 2 detail with indicative timelines.

- a. **Consulted on new rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists** (*government timetable dependent – govt 12-week consultation ends Feb 2024. General Election and new government may cause these timelines to slip and therefore work may continue into 25-26).
 - i. Government input received about any proposed changes to legislation, including changes to supervision (based on feedback from 12-week government consultation) **(Q1)**. Consultation on RP / SP rules and standards **(Q3)** (may be together or done separately depending upon government timetable – both for rules and potentially separately for different standards.). Analysis continued development and approval of new standards and rules for SP and RP pharmacists will be for the next 5-year strategic plan.

REASON FOR REMOVAL

Repetition of Level 2 detail in a. and timelines which do not reflect current position. Timelines are government dependant and have been impacted by the General elections and may be further impacted by priorities of new government.

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

Level 2 detail with indicative timelines.

- (a) Carry out intelligence led inspections of online pharmacies (Q1) (following request for information from BBC in Q4 of 2023/24 annual plan). Undertake any enforcement action as appropriate (Q1). Secure improvements in relevant pharmacies' practice (Q1-2).
- (b) Updated and strengthened our guidance for pharmacies providing services online. Develop positions on mode of consultation and use of online questionnaires (Q?). Review linkages with prescribing guidance and accessibility of overall language and terminology (Q?). Update guidance as appropriate with insights from our regulatory work (Q?). Launch updated guidance (Q?).
- (c) Reviewed how we assess whether online pharmacies can meet our standards and guidance at registration and when we use our powers. (The following content may require amendment post the outcome of the Council paper). Review our registration/renewal process (Q?). Establish clear criteria for the use of conditions at registration and how they should be utilised for online pharmacies (Q?). Review our powers (RIPA) and develop an approach to undertaking test purchases online (Q?). Explore the views and experiences of patients and the public relating to online pharmacy-related services (Q?) Consider producing one or more resources aimed at patients and the public on keeping safe online for medicines. (c/f 23/24)
- (d) Increasing and sharing our evidence base. Confirm next steps to facilitate closing regulatory gaps. Address with government the need for speed in agreed regulatory changes to close already known regulatory gaps and work with key stakeholders such as CQC to address presenting risks in the interim (Q?).
- (e) Held a leadership roundtable event to look holistically at the issues relating to online pharmacies and online prescribing (Q?).

REASON FOR CHANGE

The current Level 2 objectives include work already undertaken, suggest changing wording to align better with the Online Pharmacies programme of work using the workstreams as overarching objectives. Qtrly reporting will use information already captured within workstreams.

SUGGESTED CHANGE at Level 2

- a. **Guidance and engagement** – Revision of guidance with subsequent engagement with stakeholders (Q2) publication of distance selling guidance (Q3).
- b. **Inspection and Enforcement** - Carry out intelligence led inspections of online pharmacies, undertaking any subsequent enforcement action (Q1 *completed*). Develop operational guidelines for inspectors on revised distance selling guidance (Q3/Q4).
- c. **Insight** - Review and summarise the data we currently hold and update CRM to allow the better identification of online pharmacy cases (Q2/Q3).

4. Developed a strategic approach to registration.

Level 2 detail with indicative timelines.

- a. **Stage 1 – pharmacies.** Establish baseline and review what we do currently, information collected, how we make decisions, what is published, and fees charged. Including current models of service delivery, information collected, regulatory powers and resolving how pharmacies subject to investigation/conditions apply for renewals. Make recommendations, including identification of quick wins with clear impacts on other regulatory policies such as fees. Identify resources and timetable for implementation of recommendations. *Links to SA1.3 and SA4*
- b. **Stage 2 - pharmacy professionals (including students and trainees).** Linked to work and timetable of post registration assurance of practise group's work.

REASON FOR REMOVAL

Removed Stage 2 from Level 2 detail in order to allow this work to be part of the wider organisational work on data and reporting. Will also help capacity challenges.

Strategic aim 2: Deliver effective, consistent and fair regulation

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

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

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

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

Level 2 detail with indicative timelines.

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

REASON FOR CHANGE

This objective is currently a mixture of KPI monitoring which is captured in the PMR DE&I produce and individual projects. To reflect the change work we are undertaking I suggest that objective is rewritten to focus on the FtP Improvement programme work. Progress will be measured on the delivery of the programme using information already captured by the team. KPIS will continue to be part of the PMR and therefore there won't be the duplication of information we saw in Q4.

SUGGESTED CHANGE to Level 2 detail

- a. **Development of FtP Improvement Programme** focussing on processes and people to reduce our overall caseload and improve ways of working to prevent delays and/or a new backlog developing. (Q1)
- b. **Agreement (Q2), implementation and embedding (Q2 – Q4) of the FtP Improvement Programme** including tracking of individual initiatives:
 - i. **Process** - focus on improvements at triage through to case progression and hearings to ensure efficient and timely progression at all stages of the process (track Q2 onwards)
 - ii. **People** - focus on sharing best practice and resource management (track Q2 onwards).

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

Level 2 detail with indicative quarters.

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

- i. To consider changes needed as part of transfer of quality management of foundation training to SEBs from 2025/26

REASON FOR CHANGE

Objective rewritten to focus on the strategic work with data insights and reporting. Also includes work on scoping our approach to data.

SUGGESTED CHANGE to Level 2 detail

1. Data

- Refined our use of data into priority areas to inform future policy, standards, and operational approaches to regulation.
- Scoped an organisational wide approach to data and reporting to support the delivery of good quality reporting and insight (links to SA5.2)
- To review information sharing agreements (ISAs) in place with Statutory Education Bodies (SEBs) as part of transfer of quality management of foundation training to SEBs from 2025/26

2. Insights

- To have undertaken key evaluation projects focusing on our impact and identifying lessons to be learnt
- Delivered our annual programme of insights reports to inform our policy and operations.

3. Reporting

- Further developed our metrics and reporting on the quality of our services, including looking forward to the next strategic plan.
- To better understand the outcomes achieved from our projects and programmes of work.

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

Level 2 detail with indicative quarters:

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

REASON FOR CHANGE

Removal of Undertaken work around improving EDI data collection at registration / renewal (Q4), this work will be part of the wider organisational work on data and reporting.

~~4. Developed an enforcement strategy.~~

~~Level 2 detail with indicative quarters:~~

- ~~a. Updated our current enforcement processes as appropriate to ensure we can demonstrate that decisions are fair, proportionate and free of bias.
(Supports the overall aims of the EDI strategy by, improving transparency of decision making, and introducing record keeping to mitigate and monitor for un-justified variation or potential bias in decision making)~~
- ~~i. Conduct initial review, consider findings and develop options for improvement as appropriate (Q1).~~
 - ~~ii. Approve and implement improvements (Q2). Evaluation (Q3).~~

REASON FOR CHANGE

The Enforcement Strategy is part of the Enforcement Improvement Programme and by its nature will encapsulate the enforcement of our standards across FtP, Inspections', Registration and Education. This work will also be merged with the Managing Concerns strategy and could sit in SA2 or SA4 but would suggest SA4.

SUGGESTED CHANGE

Move to SA4, merge with Managing Concerns objective and refresh wording. **See SA4.**

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

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

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

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

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

Level 2 detail with indicative quarters:

- ~~a. Implemented our new initial education and training standards for pharmacists. Completed accreditation of all 30 university pharmacy schools by Q4 and 4 statutory education bodies to the new initial education and training standards for pharmacists (Q4). Last three schools of pharmacy accredited (Q1). SEB's (Q3-4). And assessing how we can include more sustainability in our guidance.~~
- b. Accredited Foundation Training managed by Statutory Education Bodies (Q4)
- c. Agree new quality assurance process for accredited courses.
- ~~d. Ensured all (underperforming) education providers meet required conditions by (Q4). Continued quality assurance of 3 lower performing education providers monitored through action plans. and 4 on our radar throughout the year to secure improvements (Q1-4), including actions taken in respect of lower performing providers.~~
- e. **Approved a longer-term approach to the registration assessment.** Consultation commenced on longer term proposals for registration assessment in readiness for June assessment in 2026 (Q2). Analysis of feedback (Q3). Approval of proposed approach for future registration assessment (Q4).
- f. **Started implementing updated requirements for registering overseas pharmacists and pharmacy technicians (c/f from 2021/22 & 2022/23).** Consultation on approach (Q1) (following approval of approach by Council in Q4 of 2023/24 annual plan). Analysis and approval by Council (Q2). Implementation, including procurement commences post approval (Q3 onwards).
- ~~g. Developed and consulted on new initial education and training standards for pharmacy technicians (c/f 2023/24). Drafted new standards (Q3) (including more explicitly building in sustainability). Consultation commences (Q4). Analysis of feedback and approval of new standards will be in (Q1) of the new strategic plan.~~
- h. Modernised our approach to **reasonable adjustments**. End to end review of policy and processes for candidates requesting reasonable adjustments in the registration assessment. Review current policy and processes and identify any changes needed (Q2). Agree changes and viability (Q4). New policy and processes in place for 2025 registration assessment (Q4 to Q1 2025/26 annual plan).

REASON FOR CHANGE

Following the Q1 reflective conversation and the Planning Group meeting it was felt that the current objectives could be clearer.

SUGGESTED CHANGE to Level 2 detail

Suggested changes are highlighted in red. Included a specific line on SEB work accreditation and the agreement on new quality assurance process.

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

Level 2 detail with indicative quarters:

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

No Change at Q1 – will revisit in Q2.

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

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

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

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

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

Level 2 detail with indicative quarters:

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

REASON FOR CHANGE

See SA2 - The Enforcement Strategy is part of the Enforcement Improvement Programme and by its nature will encapsulate the enforcement of our standards across FtP, Inspections', Registration and Education. This work will also be merged with the Managing Concerns strategy and could sit in SA2 or SA4 but would suggest SA4.

SUGGESTED CHANGE

- 1. Developed our approach to the enforcement of our Standards to ensure a more streamlined, proportionate, and consistent approach across GPhC.**
 - i. Draft framework that includes strategy themes, actions, and outcomes (Q2)
 - ii. Develop and deliver communications and engagement plan (Q3/Q4)

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

Level 2 detail with indicative quarters:

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

NEW OBJECTIVE

3. Conducted an End-to-End Review of our Inspection methodology so as to ensure inspection activity is more targeted, timely and driven by intelligence and risk.

Level 2 detail with indicative quarters:

- a. Undertake scoping work and start to consider solutions (Q1)
- b. Develop plans to deliver solutions (Q2)
- c. Implementation of improved methodology and processes

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

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

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

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

1. Improved customer experiences of our services.

Level 2 detail with indicative quarters:

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

REASON FOR CHANGE

Remove / add place holder as work on MyGPhCPharmacy is paused until 25-26.

2. Made sure we are organised for success.

Level 2 detail with indicative quarters:

- Reviewed our managed services contract which underpins all of our technology.**
 - Renewed our managed services contract.** Develop requirements catalogue **(Q1-Q3)**. Issue tender **(Q2)**. Evaluate and award contract **(Q3)**. Transition **(Q4)**.
 - Greening our supply chain** including carbon reporting of major ICT suppliers

REASON FOR CHANGE

Timelines changed as renewal of contracts for infrastructure and cloud have been aligned so we can go out to tender as a whole package. Greening the supply change will be incorporated into this work.

- b. **Improved business operating models, process and systems and IT infrastructure to enable the GPhC to deliver its vision.**
- i. **Delivered a target operating model to support the way we want our organisation to run**
 1. **Designed the model** (Phase 2) by June **(Q1)**. **Deliver the model** (from **Q2**).
 2. Agree the programme of work to develop and implement improved business processes and delivery new and/or revised systems (IT and manual) to support the new business process to realise the target operating model. Deliver the programme, prioritising work to maximise value (cost and quality) whilst minimising risk
 3. Review and (where necessary) revise the model on an ongoing basis to deliver continuous improvement.
 - ii. **Reviewed business systems and IT infrastructure** to reflect the outcomes of the target operating model. **Develop a new 3 year technology roadmap (Q2)**
 - iii. Implemented a new budget and reporting tool. Implementation starts **(Q1)**. Parallel systems running June / July with go live Sept **(Q2)**.
 - iv. **Developed an ~~Reviewed our~~ organisational approach** to document management.
 - v. **Implemented a Programme Management Office** (c/f from 2023/4)
- c. **Continue to take forward our programme of work to deliver a high-skilled specialist dynamic and flexible workforce in touch with the public and the profession.**
- i. **Strengthening matrix working.** This means:
 - a. Rolling out the streamlined matrix approach to optimise our operational processes, ensuring:
 - i. Clear governance structures with defined roles and responsibilities **(Q1)**.
 - ii. Enhanced managerial capabilities and guidance to foster enterprise leadership and collaborative management **(Q2)**.
 - iii. A validated method for measuring workforce capacity and productivity, aligning with our evolving operational framework **(Q4)**.
 - ii. **Strengthening Workforce Resilience.** This means:
 - a. Implementing the first year of our health and well-being plan which includes:
 - i. Enhancing mental health support through resilience training and stress management programmes **(Q2)**.
 - ii. Initiatives focused on suicide prevention and self-harm mitigation **(Q1)**.
 - iii. A volunteer programme fostering community engagement **(Q4)**.
 - b. Revitalising our staff recruitment and retention strategies. This means:
 - i. Efficient integration of a new recruitment and onboarding platform, supplemented with extensive training **(Q1)**.
 - ii. Introducing effective retention tactics including career progression opportunities and competitive benefits **(Q3)**.
 - iii. Instituting a comprehensive succession plan for high-risk roles to preserve organisational knowledge **(Q4)**.
 - iii. **Renewing our culture for enabling success.** This means:
 - a. Fostering an organisational culture resonant with our core values, promoting innovation and teamwork **(Q1)**.
 - b. Commencing implementation of a recognition and career development framework through a job family model to honour contributions towards performance enhancement and risk reduction, ~~coupled with a plan for a new 360° performance~~

- ~~management system for implementation by April 2025~~ (phasing from **Q3 & Q4**).
- c. Ensuring our organisational culture continuously supports and rewards improvement and innovative practices (**Q4**).
- d. Organising a GPhC-wide event to foster unity and shared purpose (**Q1**).
- e. Assessing and refining our inclusive mentoring initiative for ethnic minority employees (**Q2**).
- iv. **Enhancing Regulatory Competence.** This means:
 - a. Considering the appropriate future engagement arrangements with our Associates and Partners (**Q1**)
 - b. Committing to significantly upgrading our workforce's clinical and technological proficiency, aligning with our business objectives (**Q4**).
 - c. Forming a cadre of highly skilled, adaptable internal pharmacy professionals and associates to provide current clinical and technical insights on-demand (**Q4**).
 - d. Evaluating the regulatory implications of technological advancements, including AI, in pharmacy practice, ensuring readiness to integrate requisite expertise (**Q3 & Q4**).

REASON FOR CHANGE

Changes made to reflect work being undertaken on Technology Roadmap
 Development of rather than reviewing document management approach
 Removal of 360 Performance management system due to prioritisation of work within this objective and capacity to deliver.

3. Established a sustainable financial position.

Level 2 detail with indicative quarters:

- a. **Develop options** for a basic multi-year fees strategy for discussion with F&PC in May (**Q1**). **Approve basic multi-year fees strategy (Q2)**. Consultation document approved and **consultation commenced (Q3)**. **Complete consultation (Q4)**.
 (The reference to a basic multi-year fees strategy reflects the position that we know that other aspects of the fees strategy will have to be addressed during the 3-year strategy itself, such as independent prescriber fees, online pharmacies and any changes at registration and renewal as part of the review of our registration model in general etc as these delayed pieces of work progress further.)
 (For reference only, the rest of the work to complete the multi-year fee strategy will continue into the next annual plan in 2025/26. In Q1 analysis of the consultation responses is scheduled to be completed and the basic multi-year fees strategy should also be approved. The new fees should be implemented from Sept Q2/Q3 of the 2025/26 Annual Plan).
- b. **Responsible investments** (ethical criteria towards net zero). Options on Investment Strategy to May F&PC (**Q1**) ~~decision will be made on DOT as to whether to have an investment strategy at this point~~. *Engagement to find an investment partner (Q2). Procurement exercise (Q3). Investment partner in place (Q4).*

REASON FOR CHANGE

Removed Level 2 detail on investment partner work as we are continuing with current investor

EDI Strategy: End of Year 2 Report

Meeting paper for Council on 12 September 2024

Public

Purpose

To update Council on the delivery of Year 2 (2023/24) of our EDI strategy.

Recommendations

To note and discuss the End of Year 2 Report, attached at Appendix A, which includes:

- (a) Our accompanying EDI scorecard (Annex 1)
- (b) Overview of EDI reports and case studies published in 2023/24 (Annex 2)
- (c) Analysis and report on the 'Protected Characteristics of Pharmacists involved in the managing concerns process for 2023/24' (Annex 3)

1. Introduction

- 1.1 Equality, diversity and inclusion (EDI) are at the heart of our culture and values as an organisation. The publication of our strategy signalled a major change in the way we approach EDI at the GPhC. This included a clear agenda to use all our regulatory levers and influence to tackle discrimination and reduce health inequalities; be more proactive about speaking out on these issues and starting important conversations; and, to hold ourselves to the same high standards we expect of others in this context.
- 1.2 We delivered our first full year of work under our EDI strategy in 2022/23 and we published our associated Year 1 report in June 2023. We promoted the report throughout the year on our website, social media channels and through our communications and engagement with the sector, including in our online newsletter Regulate.
- 1.3 This paper provides Council with a **full report on Year 2**. In line with our agreed governance processes, Council also received a six-month update at the end of last year, as well as regular updates through our corporate business and performance reporting mechanisms.

2. Key considerations

- 2.1 Overall, we have delivered work relevant to a wide range of EDI topics, protected characteristics and other themes in this period, in line with our annual EDI priorities. We have continued to see good levels of positive engagement with our strategy work, both internally and externally.
- 2.2 In parallel, we were also assessed under Standard 3 (EDI) of the PSA's Standards of Good Regulation in 2023/24. This included a robust assessment under the PSA's new EDI evidence

matrix, which set increased expectations on all regulators in this area. We are expecting the formal outcome of the assessment later this month.

2.3 While it is impossible to cover every EDI topic in a single year, we have continued to listen to what matters to our stakeholders and use this to shape our regulatory work. We have adopted a flexible approach, with global and national events impacting and influencing our work in this context and creating new and unplanned actions and activity each year, alongside our scheduled priorities.

2.4 Our Year 2 report includes:

- An **Executive Summary**, which describes some of the complex and challenging EDI issues we have addressed in this period and how our updated Risk Appetite Statement has carefully guided our approach.
- A detailed **analysis of the activity undertaken under each strategic theme**, with examples of the protected characteristics, issues and topics covered in this period. Where possible, we have also taken an intersectional approach to our work, particularly in the context of our resources for pharmacy sector on inclusive care.
- An accompanying **EDI scorecard** (Annex 1), to highlight some **examples of data and metrics relating to each strategic theme**. Council will be aware that our strategy sets out ambitions over a five-year period and we have already started to collect baseline data linked to our evaluation framework. In addition to progress updates every six and twelve months, we will be producing an evaluation report at the end of the strategy period. Ultimately, the evaluation will focus on whether the strategy has made a difference for the public and for pharmacy, affected our reputation as a regulator and made the GPhC a more inclusive place to work.
- An **overview of all EDI reports and case studies** published in 2023/24 (Annex 2), including our **report on the Protected Characteristics of Pharmacists involved in the managing concerns process for 2023/24** (Annex 3). The analysis report has been produced as part of the ongoing actions from our Racism in Pharmacy Roundtables and is part of a series of reports to monitor the impact of our policies and processes. We had a limited dataset for pharmacy technicians, for whom we received a much smaller proportion of concerns in 2023/24, so were not able to include this group in this year's report.
- A **look forward at our priorities in Year 3**, which includes a summary of significant activity carried out already in the first part of Year 3 to date. A further Year 3 report will be produced in 2025, along with additional impact analysis.

3. Communications

3.1 We share regular updates on strategy progress internally, including with our Executive, our EDI Strategy Leadership Group (formed under the new governance arrangements for strategy delivery), and our staff Inclusion Network. Detailed updates on the initiatives under Strategic Theme 3 are also reported to our Workforce Committee throughout the year, for example, detailed EDI analysis, trends and reports about our people and recruitment practices.

3.2 We have also improved the EDI page on the GPhC external website, with updates about our EDI strategy and associated work, including topical articles, case studies and other resources

in one place. These strategic update reports are also published on these pages and shared with stakeholders through our social media channels, and through our engagement on EDI issues.

- 3.3 Council members have continued to support us with many aspects of our EDI work through sub-groups, other activities and individual expertise / guidance. On 4 September 2024, we issued a press release to highlight that existing GPhC Council and Executive members have formed a new working group of “Anti-Racism Champions” to provide visible and vocal leadership, internally and externally.

4. Resource implications

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

5. Risk implications

- 5.1 The publication and scrutiny of our EDI reports is an important part of our governance arrangements and enables Council to provide strategic oversight, guidance and support. We continue to report to Council on individual EDI items as and when more in-depth discussion is needed.
- 5.2 As mentioned above, in this period, we also worked with our Audit and Risk Committee to update our risk appetite statement, to ensure that EDI is reflected appropriately. This was subsequently approved by the Council and set out in more detail in the attached report.

6. Recommendations

To note and discuss the End of Year 2 Report, attached at Appendix A, which includes:

- (a) Our accompanying EDI scorecard (Annex 1)
- (b) Overview of EDI reports and case studies published in 2023/24 (Annex 2)
- (c) Analysis and report on the ‘Protected Characteristics of Pharmacists involved in the managing concerns process for 2023/24’ (Annex 3)

Laura McClintock, Chief of Staff
General Pharmaceutical Council

05/09/2024

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

End of Year 2 Report (2023/24)

Equality, diversity and inclusion (EDI) are at the heart of our culture and values as an organisation. Our new strategy provided us with an opportunity to re-set our commitment and recognise our leadership role in the sector.

It also signalled a major change in the way we approach EDI at the GPhC. This included a new agenda to use all our regulatory levers and influence to tackle discrimination and reduce health inequalities, and to be more proactive about speaking out on these issues and starting important conversations.







Following publication of the strategy, we developed new governance arrangements and set up a new cross-organisational EDI Strategic Leadership Group, to help oversee strategy implementation and create annual action plans aligned to our strategic themes and objectives. This group is made up of key internal stakeholders as well as senior managers/leaders, representing different parts of our organisation.

We published our first annual report on Year 1 of our strategy in 2022/23 and we have continued to demonstrate transparency by reporting our progress to Council throughout Year 2, including our six-month interim report in November 2023. This further report provides an update on all key activity and progress made between March 2023 and April

2024), to support the delivery of our strategic themes and objectives.

In parallel, we were also assessed under Standard 3 (EDI) of the PSA’s Standards of Good Regulation in 2023/24. This included a robust assessment under the PSA’s new EDI evidence matrix and increased expectations on all regulators in this context. We are expecting the formal outcome of the assessment in September 2024.

This year, we have continued to focus on:

<p>Tackling bias and discrimination</p> 	<p>Promoting inclusive care</p> 
<p>Reducing health inequalities</p> 	<p>Celebrating diversity</p> 
<p>Health and wellbeing</p> 	<p>Working with partners</p> 

Below we set out more detail on the work we have carried out under each of our strategic themes in this period.

Our **EDI scorecard (Annex 1)** accompanies this report and includes key metrics and data. More detailed data is also available in the specific reports published throughout the year as set out in **Annex 2** below.

Executive summary

Our strategy recognises the complex EDI challenges for regulators, the public they serve and the professions they regulate and celebrates a diversity of views and beliefs within our organisation, as in society at large. It is grounded squarely in our vision and strategy for pharmacy regulation, our values and our statutory role and function.

This year, we **revised our risk appetite statement** to align more closely with our developing approach to EDI. The statement now reflects a more nuanced approach to risk in our EDI work, recognising the distinct differences between equality on the one hand and diversity and inclusion on the other. Our new risk appetite statement makes it clear that we are **committed to tackling all forms of racism and discrimination in our work** and we have adopted a positive action approach. We understand that delivering our strategy and tackling these issues could lead to some conflict. We recognise we may not always get things right given the complexity of these challenges and fast-moving external context, but we are committed to tackling issues positively, with the intention of delivering our EDI strategy and doing the right thing.

This has guided our approach to some of the complex and challenging EDI issues we have dealt with in this period, including:

- Maintaining regulatory standards and professionalism in the context of distressing and highly emotive global conflicts and events.
- Investigating concerns about professionalism and freedom of expression in light of external events, including in the online context.
- Minimising risks of bias in our regulatory processes and supporting our decision-makers to make non-discriminatory decisions through bespoke training on different types of prejudice.
- Setting clearer expectations about how Fitness to Practise Committees deal with cases involving discriminatory behaviour and take account of cultural factors in a hearing.
- Supporting pharmacy professionals and teams to provide inclusive care and reduce health inequalities, including in highly challenging and fast-moving policy, political and social contexts.
- Using our influence and raising awareness of EDI and wellbeing challenges with policymakers and hosting cross-sector stakeholder discussions and roundtables on topics such as racism and language barriers.
- Building cultural competence and confidence in the GPhC, supporting people to apply EDI considerations to their regulatory work and support an inclusive culture, aligned to our new ways of working.

Progress under each strategic theme in 2023/24

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

In this period, we designed and delivered our **second racism in pharmacy roundtable** on the theme of “**Accountability Counts**”, with a specific focus on Fitness to Practise. This involved speakers from the Professional Standards Authority and the Solicitors Regulation Authority, as well as presentations from GPhC colleagues about our initial analysis of diversity data of professionals involved in the Fitness to Practise process and updates on our wider work on tackling discrimination and bias in this context. The event was very well attended, with representatives from across pharmacy, patient groups, and wider health and policy organisations and think tanks.

After the roundtable, we published our **report of the event** and a summary of the plenary discussions, as well as **our initial analysis of diversity data of professionals involved in our Fitness to Practise**. The analysis looked specifically at concerns received and investigated, statutory outcomes of closed concerns and progression through the process. Later, we published a more **in-depth analysis of the data**, which revealed some statistically significant over and under-representation of some groups at different points in the process (albeit in many cases this is based on small numbers).

We published our second **diversity dataset for our registers** (pharmacists and pharmacy technicians), as well as specific diversity datasets for the three countries that we regulate. The routine publication of this data is designed to support transparency, visibility and intelligence sharing across the sector. We know that other stakeholders are now using this data to inform and develop their own policy and EDI work. Over time, this trend data will help us to benchmark against relevant comparators, as well as supporting us to take an evidence-led approach in developing interventions.

We continued to run our **anonymised decision-making project for Investigating Committee cases**. The project involves anonymising the registrant’s name and any reference to their ethnicity and nationality within the case papers considered by the committee – this is a paper-based process and aims to give increased confidence in the fairness of our decision-making. We extended the length of the project in this period, to gather more data to inform the analysis.

We published new **decision-making guidance for FtP committees**, to take account of **discrimination, bullying and harassment** as well as cultural factors when deciding on an outcome. In this period, we also provided training for our new statutory committee members on the **GPhC EDI Strategy** and **Unconscious Bias for Decision-Makers**.

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

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

Under this theme, we continued to publish **EDI articles, case studies and patient safety spotlights**, to help pharmacy teams meet our standards and deliver inclusive care, reducing health inequalities in their communities.

Following on from our earlier work on **LGBTQI+ inclusion in pharmacy** in Year 1, we continued this theme and published a second article on **gender identity services for children and young people**. This included information about NHS England's clinical policy on puberty suppressing hormones.

We also published an article on providing **pharmacy services to patients and their carers living with dementia**. We looked at how dementia can impact different groups and how pharmacy teams and services play

an important role in this context. The article included examples of how pharmacies provide inclusive care, such as collaborating with local medical centres to support patients showing early signs of dementia, steps to create dementia-friendly pharmacy, supporting national campaigns and developing services for other age-related condition.

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

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

We published an article about the training and **responsibilities of pharmacy staff providing a delivery service and vulnerable people**. This was prompted by our work to

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

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

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

Issues and topics covered in our Equality Insights Snapshot for pharmacy included:

Age

- Older people and poor health literacy.
- Young people and social deprivation across different parts of Great Britain, specifically the established links to outcomes such as increased levels of mental health problems

(including anxiety and self-harm), sexual health and substance misuse.

Disability

- The link between disabilities and non-communicable diseases.
- Role of healthy living pharmacies in promoting targeted interventions for different types of disabilities.
- The impact of visual impairment and its prevalence among older people.
- Increases risks of diabetic eye disease in South Asian people and the strategies that pharmacies can use to support patients.

Gender reassignment

- Examples of poorer outcomes and access to care for trans and non-binary people.
- Information about the Scottish Government's NHS gender identity services: strategic action framework 2022-2024 and the work of Healthcare Improvement Scotland to develop national standards for gender identity healthcare services for adults and young people.
- Guidance on contraceptive choices for trans and non-binary people where pregnancy may be a possibility.

Sex

Women's health

- Information about the different women's health strategies across England, Scotland and Wales – including the key pharmacy angles.
- Reminders about the need to ensure women and girls' voices are heard in every interaction with healthcare professionals.
- Evidence of women from ethnic minority backgrounds experiencing stereotyping, discrimination and cultural insensitivity when using maternal and neonatal services.
- Access to contraception, including pilot services in pharmacy.
- The role of pharmacy teams in safe dispensing of sodium valproate.

- Language barriers and the specific challenges for women relying on family members as interpreters. **Notably, we included this issue in our article after hearing about it from stakeholders at our language barriers roundtable** – which demonstrates how we are joining up and sharing insights and feedback.

Men's health

- Prostate cancer and how Black men are more likely to develop this form of cancer than their white counterparts.
- The cultural factors that affect Black men's interaction with prostate cancer screening and health related services.
- The role of pharmacy teams in signposting men who may be concerned about their health and ways to support early identification of symptoms.
- Links to other learning materials and toolkits such as those from the Centre for BME Health.

We designed and delivered a **'Language Barriers and Health Inequalities'** roundtable with attendees from patient, equality and pharmacy groups, and open to anyone with an interest. The event included updates from the GPhC, as well as external presentations from pharmacist Jay Patel on the **'Impact of Language Barriers on Patient Care'** and Rebecca Curtayne (Public Affairs Lead at Healthwatch England) on **'Lost for Words: Healthwatch Evidence on how language barriers contribute to health inequalities'**.

Through the plenary discussion, we also heard from a wide range of stakeholders (including individual pharmacy professionals and technology providers) on important themes such as the diversity of communication challenges, strategies and examples for overcoming barriers and technology and digital services.

We continued our work to accredit universities to the new initial education and training standards and to embed EDI through our registration assessment (for example, by **supporting candidates with adjustments** and other needs, and by **making sure that photographs in the assessment questions reflect different skin tones of patients and are inclusive**).

We **commissioned research to examine registration assessment questions for Differential Item Functioning or DIF** which can be used to **detect if performance in questions is different for different groups, including different ethnic groups**.

Preliminary results highlighted a low level of DIF, which suggests that our assessment system is already performing at a high level of fairness, given the diversity of our candidate pool. The findings stated that the limited presence of DIF within demographic variables underscore the dedication to equal opportunity and fairness within the examination process, including integrity and equity of the assessment.

Case Study 1

Using our influence to support partners and stakeholders.

Linked to the commitment in our strategy to use all of our levers and influence to tackle health inequalities and discrimination, we continued to work with and support partners over the year.

We continued to support **the Inclusive Pharmacy Practice (IPP) Initiative**, giving presentations at IPP Board meetings on our EDI work and producing two cases studies for the IPP bulletin - one on **mental health in pharmacy** and the other on **tackling differential attainment**.

We attended a roundtable on **workplace wellbeing** hosted by the Royal Pharmaceutical Society and Pharmacist

Support and signed a joint statement on 'The impact of pharmacy workforce wellbeing on patient safety'.

We contributed to a new RPS report '**Chasing equality in pharmacy training - Closing the awarding and attainment gap for Black trainees in pharmacy**'. We actively promoted the RPS Diversity and Inclusion survey through our website and social media.

Our Council Chair gave a presentation at the RPS event on '**Building confidence - key to achieving gender equality in pharmacy**'. This included data on gender equality in GPhC and pharmacy leadership, cultural factors and gender equality in the wider regulatory and healthcare context, with examples of health disparities and issues affecting women and girls.

We met with APTUK and others to discuss **pharmacy technician leadership** and collaborative approaches to the development of pharmacy technicians into Board level roles.

We worked with the Head of the Centre for Research Equity at Oxford University, to explore potential collaborative work on **equitable and inclusive research**. This included facilitating a session with the Chief Executives of the other regulatory bodies, to raise awareness of the Centre, its work and the issue of inclusive research. We also attended in-person workshops to observe and learn from the Centre's partnership with various health and social care organisations in Northern Ireland.

We continued to meet with partners and stakeholders to discuss EDI priorities and build our networks and insights. We met with a wide variety of groups including organisations such as RefuAid, UK Black Pharmacist Association and other equality groups, and we used feedback to shape our strategy and approach.

We facilitated workshop sessions between our Council and groups such as Healthwatch and the patient group INFACT – so Council could hear directly from stakeholders with lived experience of the patient safety issues affecting women and girls – and this is continuing to shape future strategy and thinking.

We provided written and oral evidence to the Health and Social Care Committee's Inquiry into the Future of Pharmacy in England, specifically **raising awareness about wellbeing, racism and discrimination and the direct link with patient care**. This was subsequently included in the Committee's final report of the Inquiry.

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

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

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

We also delivered training for HR colleagues on how to undertake equality screening and impact assessments, and familiarisation with our approach. This has been valuable in developing their knowledge, skills and understanding when developing people policies and procedures.

In line with our corporate Learning Needs Analysis, we provided bespoke EDI training throughout the year, including **EDI induction sessions for new starters, menopause awareness training, religion and belief in the workplace training, microaggressions training and refresher training for our mental health first aiders**.

We continued our work on **workplace health and wellbeing**. In this period, we held regular meetings with our Mental Health First Aiders to monitor their wellbeing, discuss emerging themes, and explore potential support mechanisms. We also provided workshops and training for staff, including on topics related to social anxiety and suicide awareness. Our ongoing efforts in managing sickness absence have shown a positive trend, with rates continuing to decrease. This reflects our commitment to improving workplace wellbeing and providing robust support systems for our staff. Following on from the establishment of our menopause group and survey involving colleagues with lived experience, we continued our work in this area.

We also introduced a series of office environment and wellbeing enhancements to promote breaks and positive colleague interaction have been introduced in the office

breakout area, taking account of staff feedback.

We continued to implement our **EDI Communications Plan** across the organisation, involving both internal and external communications teams. In this period, we worked with staff with different lived experiences to produce a series of new InfoPoint blogs, articles and learning materials across a range of different protected characteristics and themes.

We organised and facilitated a number of **virtual and in-person staff events**, linked to our EDI Communications Plan. These publications and events generated a significant number of comments and positive feedback from staff across the organisation, including appreciation of raising awareness and experiences in an open and honest way, to inform and educate colleagues.

Our staff Inclusion Network has supported the strategy in many ways, including helping deliver our EDI communication plan and supporting awareness-raising activities and events.

Case Study 2

Other Perspectives: statement from the Chair of the Inclusion Network

Our Inclusion Network brings together colleagues from across the organisation so each of our unique perspectives can help the GPhC adopt intersectional and inclusive approaches to all our work. Over the last year the Inclusion Network has continued to grow and develop.

Inclusion Network members contributed to a calendar of equality, diversity, and inclusion awareness days that we wanted to mark and use to raise awareness across the organisation. Inclusion Network members have shared blogs on World Sickle Cell Day, Rosh Hashanah, World Menopause Day,

Islamophobia Awareness Month, Diwali, Christmas, Holocaust Memorial Day, Chinese New Year, Nirvana Day, Ramadan, Vaisakhi, International Women's Day, Black History Month and Pride, to name but a few.

Colleagues' blogs can be based on their own lived experience or used to highlight something they have learnt or reflected on and would like to share with the wider organisation so we can all learn together.

We have also hosted several events open to all staff. For Black History Month we learnt about the contributions of black female serving healthcare professionals in the armed forces from external speakers. To celebrate International Women's Day, we hosted an event with our new Chief Officers as guest speakers. They shared their experiences as women in leadership, the women who have inspired them and their views on how to inspire inclusion in the workplace. The event also had an interactive element using virtual breakout rooms to facilitate short discussions on inspiring inclusion and what more individuals and the GPhC can do.

The Inclusion Network will continue to expand and encompass more voices, experiences, and perspectives in the coming year.

Laura Turton, Chair

Under Theme 3, we also continued to present our **workforce data and analyses to our** Workforce Committee throughout the year. This included **trends in relation to protected characteristics** across our workforce. The report also highlighted the key activities being undertaken to improve the diversity of our workforce. In this period, we enhanced our recruitment practices through removal of protected characteristic

information from the initial stages of the recruitment cycle.

We appointed our new Councils members for 2024 and 2025. We implemented a **bespoke Diversity Action Plan** for this recruitment process. This covered 9 stages of the end-to-end recruitment process – including planning, development, attraction, selection, criteria, adjustments, candidate packs, interviews etc. We implemented a range of specific actions under each of these 9 stages of the process – for example, we developed new learning and training materials for all selection panel members on how to minimise bias in selection and we dealt specifically with **affinity bias and confirmation bias** (with case study examples), based on external research and good practice. We were also invited to share our approach at the PSA appointments seminar, as an example of good practice.

More widely, diversity continued to be an important area of focus for our Assurance and Appointment Committee (AAC) – the group responsible for overseeing the recruitment and selection of our Appeals, Investigation, and Fitness to Practise Committees. Work included an end-to-end review that takes account of a revised role description and competencies, alongside revised support and induction packages, which could allow for more 'development' candidates to be appointed.

We continued to produce our regular **EDI Legal Insights Reports**, focusing on a range of **external cases** dealing with different EDI and human rights issues, and identifying learning points relevant to the GPhC and our work. Topics included (but were not limited to) sexual harassment, hidden disabilities, unconscious biases within hearings and the introduction of remote hearings in other sectors, pregnancy discrimination, experience in the care system, racism in the Judicial

Appointments Commission process, the legal protection of gender critical beliefs and unfair treatment at work for staff undergoing fertility treatment.

What's next for Year 3 (2024/205)?

In Year 3, we will deliver our annual plan EDI priorities and other activity linked to our strategy.

In the first half of 2024/25, we have:

- Published a new case study on the health inequalities associated with **attention-deficit hyperactivity disorder (ADHD)** such as the diagnosis gender gap and the intersectionality with disability, ethnicity and economic and social disadvantage. As part of this, we **collaborated with Henry Shelford, Chief Executive of ADHD UK**, to raise awareness of the unique challenges faced by people living with ADHD and how pharmacy teams can support patients with their medicines and pharmacy services.
- Produced a **new resource** to support pharmacists and pharmacy technicians providing pharmacy services to children and young people relating to gender incongruence or dysphoria. This included a set of **"questions to ask"** to support pharmacy professionals making decisions on supply of medicines in this context. We have also produced communications to help professionals understand recent **legislative changes** in this area.
- Published an article, in conjunction with Pharmacist Support, about **wellbeing in pharmacy** and the range of free and confidential services to help individuals navigate challenges and thrive in their careers.

- Reviewed and updated our operational guidance on dealing with **concerns about antisemitism and Islamophobia** and the use of definitions and resources in our investigations.
- Published our second **report on the Protected Characteristics of Pharmacists involved in the managing concerns process for 2023/24** (see full report at Annex 3).
- Finalised our workplace **Menopause Policy**, designed to raise organisational awareness and support managers to understand common symptoms and be open minded in exploring ways to support colleagues. We also produced **template menopause support plans** for managers to use in discussions with individuals needing support.

Additional priorities for the rest of this year include continuing our **equality roundtables and anti-racism work**; making a policy decision on our position on the **anonymisation of decision making** at Investigating Committee; publishing further **insights and case studies** to support pharmacy teams to deliver inclusive care and reduce health inequalities, and **continuing our programme of stakeholder engagement work**, including our EDI roundtables.

Our full report on Year 3 will be published in 2025.

Laura McClintock, Chief of Staff
Arvind Sandhu, Senior EDI Policy Manager

4 September 2024

Annex 1: EDI Strategy Impact Scorecard



EDI Strategy:
End of Year 2
Report
2023/24

Theme 1: Fair regulation

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

2023/24 FtP Concerns received, investigated, outcomes



Ethnicity – Disproportionate concerns received against all ethnicities other than White pharmacists. No relationship between ethnicity and concerns investigated or outcomes.

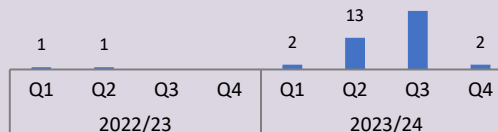


Sex – Under-representation of female and an over-representation of male pharmacists in concerns received, concerns investigated and statutory outcomes.



Age – Under-representation of those under the age of 35 and an over-representation of all age groups 36 and over in concerns received. No relationship between age and concerns investigated or outcomes.

Quarterly discrimination and bullying concerns received



418 People responded the new EDI monitoring form for people raising concerns

Representing **7.6%** of concerns received in the same period

Characteristics of People raising concerns were largely in line with British population (2021 Census). PRC's were:

- 63% Female (compared with 50%)
- 78% Heterosexual or straight (compared with 89%)
- 40% with a disability (compared with 17.5%)
- 81% White ethnicity (compared with 74.4%)
- 25% aged 55-64 (compared with 12.7%)

In response to the new question about barriers to raising a concerns. PRC's mentioned:

1. Online form difficult to complete
2. Worries about complaint not being taken seriously
3. Worries about impact of process on mental health
4. Fear of internal repercussions for whistleblowing
5. Fear of retaliation
6. Not sure how to raise a concern



218 Responses to discussion paper on supporting good decision making at hearings

From **204** Individuals and **14** organisations.

76% agreed with proposed changes to text on discriminatory behaviours

66% agreed with proposed inclusion of text on cultural factors in insight, remediation and testimonials
Respondents said that the proposed changes should reassure the public, especially those at risk of discrimination, that the GPhC aims to protect them



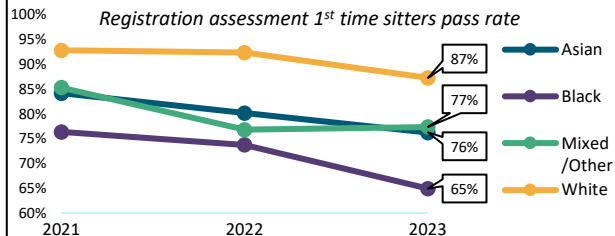
40 FtP Cases anonymised at the Investigating Committee



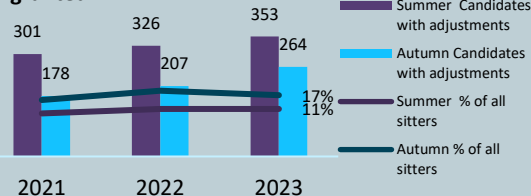
4 Equality impact assessments completed
Including both internal projects and regulatory policies

Differential attainment

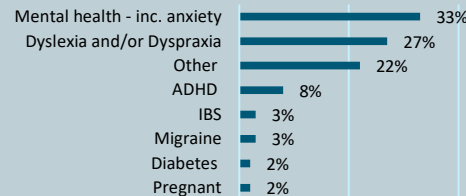
Registration assessment 1st time sitters pass rate



Registration Assessment Reasonable adjustments granted



Reasonable adjustments requests considered this year



DIF analysis found 'low' differences in question performance based on protected characteristics

Theme 2: Tackling discrimination, supporting inclusive practice

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

12 EDI focused articles in Regulate in 23/24

Clinical/regulatory guidance

- Gender identity: pharmaceutical care for children and young people
- Gender incongruence services for children and young people: new NHS England interim service specification
- Providing pharmacy services to patients and their carers living with dementia
- Equality snapshots
- Home delivery services and vulnerable groups

Patient Safety Spotlight articles

- The risks of prescribing and supplying hormone replacement therapy (HRT)
- Joint statement on meeting regulatory standards during periods of global or national shortage of medicines with the General Pharmaceutical Council

GPhC EDI strategy: Making changes: our work on equality, diversity and inclusion

Culture in pharmacy:

- Working together to create a positive, open culture

Total Engagement includes:

7,548 Mailchimp clickthroughs

8,476 Website views

Twitter: **86k+** impressions, **859** engagements, **1.0%** engagement rate*

LinkedIn: **36k+** impressions, **820** engagements, **2.3%** engagement rate*

***Social media engagement rate** is the percentage of views resulting in a direct interaction with the post. Typical engagement rates vary by platform – for Twitter (X) anywhere over 0.5% engagement rate is considered good, for LinkedIn over 2%



7 EDI related standards in the new IETF Standards

30 schools of Pharmacy on track to be fully accredited by 24/25

8 conditions set following Part 1 reaccreditation events

1.1 The principles of equality, diversity and fairness must be built into selection processes. } 4 conditions

1.2 Higher-education institutions must actively aim to identify and reduce discrimination in selection and admission processes. } 2 conditions

2.1 Systems and policies must promote the principles and legal requirements of equality, diversity and fairness.

2.2 Systems and policies must be in place to allow everyone involved to understand the diversity of the student body and the implications that has for delivery.

2.4 Every year, there must be a review of student performance broken down by protected characteristics. Documented action must be taken to address differences when they are found. } 2 conditions

2.5 Everyone involved must be trained to apply the principles and legal requirements of equality, diversity and fairness in their role.

2.6 MPharm degree design and delivery must ensure student pharmacists understand their legal responsibilities under equality and human rights legislation and proactively seek to learn about and understand communities and cultures.



3 Working with partners: Blogs and reports

- Collaborated with RPS to produce report on differential attainment.
- Tackling differential attainment together
- Supporting mental health and wellbeing through pharmacy regulation

0 EDI issues in corporate complaints



1 Communication concern relating to renewal status (in the context maternity leave) resolved



2 Virtual roundtables hosted this year

- 'Language Barriers and Health Inequalities'
- Racism in pharmacy: 'accountability counts' – focusing on the fitness to practise process.



Ongoing Engagement with EDI stakeholders

Including:

UK Black Pharmacist Network, British Islamic Medical Association, RefuAid, ADHD UK, Centre for Research Equity at Oxford University, InFact, PDA Equality Networks

Theme 3: Fair employer

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



6 EDI related training courses

Courses for various teams and staff members:

- Religion, Diversity and Belief in the workplace
- EDI induction training for all new starters
- Suicide awareness training for 17 staff
- Micro-aggression training for 57 staff
- Inclusive mentoring training for 5 senior mentors & 5 mentees
- EDI Training for statutory committee members



54 Members of staff attended the Recognising Religion, Diversity and Belief in the workplace workshops

- 100% of departments represented at workshops
- 94% of attendees thought the training experience would be useful in their work



Wellbeing initiatives

- Mental Health First Aiders training and support
- Social anxiety and suicide awareness workshops
- Menopause group discussions
- Office based wellbeing enhancements

Pay gap



15% (-6%)

Mean ethnicity pay gap in favour of White ethnicity down 6% since last year



12%

Mean gender pay gap remains steady in favour of men



27

EDI related blogs on Infopoint

31 subjects covered across blogs relating to 6 different protected characteristics
Read **3,750** times
liked **594** times with **90** unique comments,



Increasing diversity of council and committees

Dedicated programme of work to improve the diversity of our council. In 2024:

- 64% of Council members are female (compared with 43% in 2018/2019) down to 57% in 2025
- 36% from ethnic minority backgrounds (compared with 15% in 2018/2019) up to 43% in 2025

2024 council recruitment cycle, attracted 212 applicants

- 55% female (compared with 53% in 2019)
- 72 non-white, including 19 Black candidates compared with 64 non-White and 8 Black in 2019
- 23 with a disability compared with 11 in 2019
- Diverse age groups (mostly 55-64), range of sexual orientations (88% heterosexual) and religious groups (42% Christian)



8 EDI legal insights reports

Including 3 reports in 2023/24. The themes included:

- Whether aggressive conduct in the workplace was a consequence of an individual's disabilities
- Sexual harassment
- Unconscious biases within hearings and the introduction of remote hearings in other sectors
- Pregnancy discrimination
- Experience in the care system; campaign to make it a 10th protected characteristic
- Racism in the Judicial Appointments Commission process
- Unfair treatment at work when undergoing fertility treatment
- Gender critical beliefs being protected by law
- Failure to make reasonable adjustments for anxiety ruled to be discrimination
- Risks of discrimination in recruitment processes if reasonable adjustments not made based on disability
- Disability discrimination - time limit to bring claim
- Menopause and the impact on work
- Gender identity discrimination



Diversity of Executive team

Our new Executive team is:

- 60% female compared to 40% male
- 20% are from ethnic minority backgrounds

Recognising Religion, Diversity and Belief in the workplace workshop

100% of departments represented at workshops

54 delegates attended the Recognising Religion, Diversity and Belief in the workplace workshop.

94% of delegates thought the training experience would be useful in their work

95% of delegates felt topics covered were relevant to them personally

30% of delegates thought the time allowed for training was insufficient

"I have a better understanding of the complexity of different values and beliefs and to what extent these are protected under the law - which is not straightforward and constantly evolving."

"Thought-provoking."

"QR codes to the live surveys was a great idea."

"I gained better understanding of how to think about how religion and belief impacts on us in the workplace and why this is relevant."

"I thought it was a very interesting workshop that brought up a lot of perspectives I hadn't really considered."

"Hearing the personal stories of those in the room was very powerful."

"I learnt not to make assumptions but to explore sensitively with individuals how their faith and/or beliefs can be supported, where appropriate."

"There was a final section missing for me which was around how to move from the uncomfortable to comfortable."

"More about what really good practice looks like"

"Good to think about this on a team basis too, understand experiences and different ideas."

"I think a whole session could be devoted to literacy, another to the use of food, another to understanding more about the law around these issues."

"This is a very complex area and that the time allowed was not sufficient to go into it in sufficient depth."

"As it was such an interesting topic, I would have been happier to have a longer session!"

"Too rushed."

"We were just starting to get into discussions and then time was cut short."

Suggested areas to develop for future sessions

Annex 2: Overview of EDI reports and case studies published in 2023/24

Our diversity datasets

Register diversity reports – all nations (September 2023), available [here](#).

England diversity report (September 2023), available [here](#).

Scotland diversity report (September 2023), available [here](#).

Wales diversity report (September 2023), available [here](#).

Registration Assessment performance breakdown by characteristic (June 2023 sitting), available [here](#) (from page 19 onwards).

Initial analysis of diversity data of professionals involved in the GPhC managing concerns process available [here](#).

Full analysis of the diversity data of professionals in involved in the GPhC managing concerns process, available [here](#).

Our roundtable reports

Language Barriers and Health Inequalities, Report on the Roundtable event (September 2023), available [here](#).

Racism in pharmacy: Accountability Counts, Report of the Roundtable event (October 2023), available [here](#).

Our EDI case studies and insights

Gender incongruence services for children and young people: new NHS England interim service specification (June 2023) available [here](#).

Providing pharmacy services to patients and their carers living with dementia (June 2023), available [here](#).

Inclusive Pharmacy Care - Equality Insights Snapshot (October 2023), available [here](#).

Training and responsibilities of pharmacy staff providing a delivery service, and vulnerable patients (October 2023), available [here](#).

Working together to create a positive, open culture (October 2023), available [here](#).

Patient Safety Spotlight: Menopause Awareness Month special - the risks of prescribing and supplying hormone replacement therapy (HRT), (October 2023), available [here](#).

GPhC case study for the IPP bulletin contribution: Tackling differential attainment together (February 2024), available [here](#).

GPhC case study for the IPP bulletin contribution: Supporting mental health and wellbeing through pharmacy regulation, (March 2024), available [here](#)

Gender services for children and young people: new resource for pharmacy professionals (May 2024), available [here](#).

Our EDI joint statements

Joint statement on the impact of pharmacy workforce wellbeing on patient safety (May 2023), available [here](#).

First joint statement on meeting regulatory standards during periods of global or national shortage of medicines and people with Type-2 diabetes (July 2023), available [here](#).

Second joint statement on meeting regulatory standards during periods of global or national shortage of medicines and people with Type-2 diabetes (January 2024), available [here](#).

Protected characteristics of pharmacists involved in managing concerns process for 2023/24



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Executive summary

In line with our 'Delivering equality, improving diversity, and fostering inclusion' strategy, we are committed to making regulatory decisions that are demonstrably fair, lawful and free from discrimination and bias, and using all of our regulatory levers and influence to help tackle discrimination, making sure that everyone can access inclusive and person-centred care.

Through our strategy work, we're also committed to publishing more diversity data to support visibility and intelligence sharing across the pharmacy sector, to identify and monitor any disproportionate impacts on different groups, and to take steps to understand and deal with potentially discriminatory outcomes.

This report provides a breakdown of concerns raised about pharmacists by ethnicity, sex and age in 2023/24, looking specifically at concerns received and investigated and statutory outcomes¹ of closed concerns.

This is part of a **series of reports** we produce to monitor the impact of our policies and processes as well as driving anti-discrimination work across our organisation. We will continue to analyse the data we hold to understand and provide further insights into the findings of this report.

Key findings

- We have demonstrated through this analysis that there are higher proportions of referrals to the GPhC for male pharmacists, older pharmacists and those from ethnic minorities.
- Once a concern has been raised and is being processed by the GPhC, the disparities disappear for ethnicity and for age, however, there is ongoing over-representation of male pharmacists in our investigations and in those receiving the most serious sanctions.

About these datasets

We have focussed this report on ethnicity, sex and age because those are the most complete datasets we hold in terms of the protected characteristics. Under our EDI strategy we have made a commitment to improve our approach to our data to enable us to have more robust and consistent datasets. This work is currently in progress.

We had a limited dataset for pharmacy technicians, for whom we received a much smaller proportion of concerns in 2023/24, so were not able to include this group in this year's report.

Given the complexity of the data and the range of factors that could influence the reason for a concern being raised, why it goes through to investigation and the outcome, care should be taken in drawing any conclusions based on this data alone.

Ethnicity

When compared with the register, there was a relationship between ethnicity and concerns received with an under-representation of White pharmacists in concerns received and an over-representation in concerns received about all other ethnicities. There was no statistically significant over or under

¹ Outcomes outlined in the Pharmacy Order 2010 which set out the role, responsibilities and functions of the independent statutory regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain.

representation of any ethnicity in concerns which went on to be investigated, with the exception of an over-representation of a small group of pharmacists whose ethnicity is not on record. There was also no relationship between ethnicity and statutory outcomes for pharmacists (please see **appendix** for details).

Sex

In terms of sex, there was a statistically significant relationship between sex and concerns received, concerns investigated and those receiving a statutory outcome. We found an under-representation of female pharmacists in concerns received and an over-representation in concerns received about males. There was further under-representation of females and over-representation of males in concerns that go on to be investigated. We also found an under-representation of female pharmacists and over-representation of male pharmacists receiving statutory outcomes.

Age

In terms of breakdown by age, we found a significant relationship between the age of the pharmacist and the number of concerns received. There was an under-representation of pharmacists under the age of 35 and over-representation of each age group for 35 and over in concerns received. There was no statistically significant over or under representation of any age group which went on to be investigated. There was also no relationship between age and statutory outcomes for pharmacists.

1. Introduction

This report is divided into a number of sections as detailed below:

In **section two**, we present a brief explanation of how we manage concerns at the GPhC and the terminology we use.

Section three explains what data has been used in this report, how it has been categorised and any caveats the reader should be aware of.

Section four and **section five** present data on the protected characteristics of pharmacists for:

- Concerns received and investigated in 2023/24
- Concerns closed and statutory outcomes in 2023/24

In section six, we provide a summary of the findings grouped by each of the protected characteristics of ethnicity, sex and age. The information is also provided in the **diagram included in Figure 1**.

In the final section seven we discuss what our next steps will be and what we plan to do as a result of the findings of this report.

2. How we manage concerns at the GPhC

A concern is information that we receive about an issue with a pharmacy professional or an issue with how a pharmacy is operating. A concern can also be about an illegal practice or protection of title issue. A concern can contain information about a pharmacy professional's work or their personal life. It can involve one or multiple pharmacy professionals. It can arise from different settings, such as a pharmacy premise, an online pharmacy, a hospital, a doctors' surgery, a public place or a private residence. It can also be about a pharmacy premise or someone who is not registered with us.

A concern can be closed at different stages after it has been raised with the GPhC, as follows:

- at initial assessment / triage
- after the investigation
- at an investigating committee (IC) meeting
- at a fitness to practise committee (FtPC) hearing.

Many concerns are closed at the first stage, called initial assessment, often with information which advises the pharmacy professional involved what they might learn from the concerns raised.

We will only investigate a concern that might call into question whether a pharmacy professional's fitness to practise (FtP) is impaired. A pharmacy professional is 'Fit to practise' where they show that they have the skills, knowledge, character and health to do their job safely and effectively and also maintain the reputation of the profession. A pharmacy professional's fitness to practise can be impaired for a number of reasons, for example misconduct, ill-health or a conviction for a criminal offence.

Following the investigation, we may decide to:

- take no further action
- issue a letter that includes guidance about the professional's future practice

- enter into a voluntary agreement with the professional to manage the concern
- recommend that the evidence is considered by an investigating committee, or
- with the most serious concerns, refer it directly to the fitness to practise committee.

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

- take no action
- agree 'undertakings' with a registrant
- issue a letter of advice
- issue a warning, or
- refer the case to a fitness to practise committee for a hearing.

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

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

For a flowchart summarising our managing concerns process, please [see the appendix](#).

3. About the data

Data on protected characteristics

- We currently collect data on six of the nine protected characteristics.² Data on diversity categories for registrants is currently collected at the point of application for initial registration. Pharmacist registrants can update their diversity data when applying for annotations as an independent prescriber or if they apply to voluntarily remove from the register. Data is self-declared and based on how registrants self-identify.
- From June 2018 we have collected diversity data through our online initial registration process on MyGPhC and while it is a requirement to complete the form on MyGPhC, applicants can decline to provide specific information by choosing the 'Prefer not to say' option. For those who registered prior to June 2018, the category of 'Not recorded' is used where the registrant chose not to declare any diversity information or if data on that characteristic was not previously collected.

² Currently, we do not routinely collect data on gender reassignment, marriage and civil partnership, and pregnancy and maternity at initial registration. However, we do collect this data through other surveys and consultation work, where relevant. We use this data to help understand the equality impact of our work, but those datasets would not be appropriate for this type of analysis.

- We have focussed this report on ethnicity, sex and age because those are the most complete diversity datasets we hold. Data on disability status, religion or belief and sexual orientation for a large proportion of the professionals on our register is not recorded as historically there were low completion rates or data was not previously collected. We have not presented data for disability status, religion and sexual orientation characteristics as the small numbers would prevent us from being able to display and compare many findings. This is something we are working on addressing through our EDI strategy, and we will be in a better position to share that data once we have a more complete dataset.
- In our analysis we have compared the protected characteristics of pharmacists going through our managing concerns process with the composition of the register of pharmacists by each protected characteristic. The register data we have used is based on a snapshot of the register taken on the last day of the previous financial year (31 March 2023), so it represents the total number of registrants on the register at the commencement of the given year.³ More information on the diversity and protected characteristics of the professionals on our register can be found in the diversity data reports, published on our website.

Data on concerns

- This report focusses on pharmacists only. In 2023/24 there were 62,654 pharmacists on the register. We also regulate pharmacy technicians. In 2023/24 there were 25,315 pharmacy technicians on the register, however, the number of concerns received for this registrant group was significantly lower (95 concerns relating to distinct pharmacy technicians). As the small numbers prevent us from being able to display and compare many findings, we have not presented data for pharmacy technicians.
- It is worth noting that our report has only focussed on concerns where an individual has been identified.⁴ In 2023/24 we received a total of 5,477 concerns of which only 1,265 identified a pharmacist. Once we have identified a pharmacy professional, we are then able to link to the diversity data we hold for that individual in our register. For three quarters of the concerns received (over 4,000) a specific pharmacy professional was not identified.
- We may receive more than one concern about the same individual. As this report is about understanding the characteristics of individuals who have been through FtP, we have focussed our analysis on the number of distinct individuals in our FtP in this financial year. Where multiple concerns have been received about the same individual, we have only included them once in our analysis.⁵ Of the 1,265 concerns about pharmacists in 2023/24, there were **1,039** distinct individuals which is the total number of **concerns received** on which the following report is based.
- Fitness to practise concerns are not always closed in the same financial year that the concern is first received at the GPhC, so we have separated the report into an analysis of the concerns

³ This date was chosen to ensure that any registrants who may have left or been removed from the register during that year are included in the count.

⁴ We close many concerns before a registered professional has been identified. This may be because we realise the concern received isn't meant for us, we don't have the power to carry out an investigation or we haven't received sufficient information to identify a specific individual.

⁵ Where these concerns were closed at different stages of our FtP process, we have used the concern that progressed furthest for the analysis.

received in the year 2023/24 and analysis of the concerns closed in the same year. As above, we have focussed the analysis on distinct individuals and multiple concerns about the same individual have only been counted once. This gives a total of **1,084 concerns closed** in 2023/24.

- Fitness to practise concerns can be closed at any stage of the process and with a range of possible outcomes. For simplicity we have distinguished between concerns that closed with a statutory outcome (which includes advice and outcomes imposed by the investigating and fitness to practise committees) and those that closed with a non-statutory outcome (which includes all concerns closed with no further action and those that closed before reaching investigation committee).
- The managing concerns data contained in this report was generated on 31 May 2024. Our dataset includes concerns received or closed between 1 April 2023 and 31 March 2024. The data we hold, particularly in relation to more recent concerns, is subject to change as concerns progress and additional evidence is gathered.

Interpretation of data

- In [section four](#) and [section five](#), in certain cases categories with small numbers have either been removed or combined due to the potential for these small numbers to distort the analysis. It is noted in the report where this has occurred. In the sex category, 'Prefer not to say' and 'Other' was removed from the analysis. In the ethnicity category "Mixed" and "Other" were combined, as were "Prefer not to say" and "Not recorded". In the age category those aged under 25 and 25-34 were combined and similarly those aged 55-64 and 65 and over were combined.
- Percentages have been rounded to the nearest whole number, so aggregate percentages may not add to 100.
- We continually review our data quality and content of our information to include the most accurate data. For improved data, we retrospectively update figures. This means when comparing this data with previously published data, you may see small changes.
- Findings were analysed using the chi-squared test of independence to establish whether there was a statistically significant relationship between the independent variables (age, ethnicity and sex) and dependent variables (concerns received, investigated and statutory outcomes). The finding of significance tells us that a relationship exists and that observed differences are real and not due to chance.⁶ It does not tell us anything about the cause of that difference or how big the difference is.
- Confidence intervals (at a 95% confidence level) were used to identify where there was a statistically significant under or over-representation in each individual category. In the report a star★ indicates a significant under or over-representation of a certain group at a certain stage of the managing concerns process.
- There are a wide range of factors that could influence the reason for a concern being raised with the GPhC or a concern progressing through our managing concerns process such as setting, job role, the context of the concern itself, geographical location, and other demographics. Therefore, care should be taken in drawing any conclusions based on this data alone.

⁶ Findings are considered statistically significant where $p < 0.05$

4. Concerns received and investigated

In this section we have presented the data on concerns received in 2023/24. As mentioned earlier, concerns closed without an individual being identified have been excluded from the analysis.

The tables and charts below show how concerns received, and concerns investigated further, compared with the register, by ethnicity, sex and age.

By ethnicity

Table 1 and chart 1 below show the ethnic breakdown of all pharmacists identified who had concerns raised about them compared with the ethnic breakdown of pharmacists where the concerns proceeded to investigation. This is shown alongside the ethnic breakdown of the pharmacist register in 2023/24.

Table 1: Count and percentage of register data, concerns received and concerns investigated for pharmacists in 2023/24 broken down by ethnicity

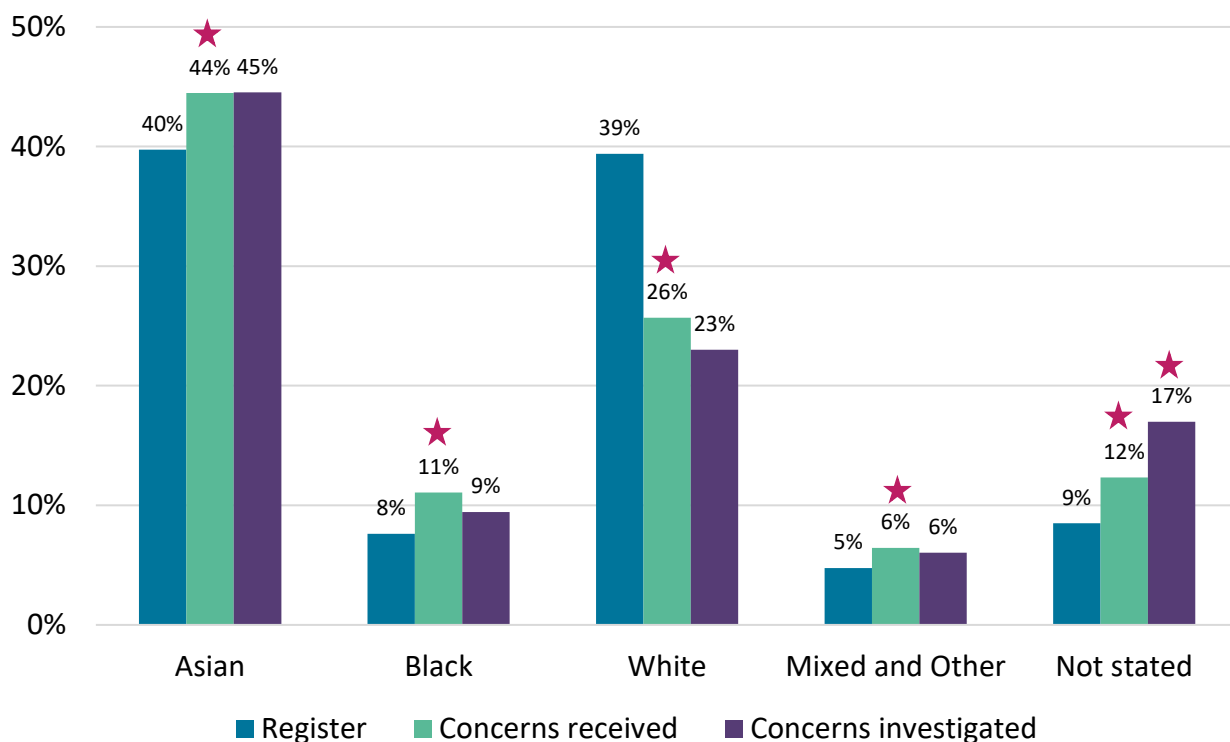
2023/24	Register data	Concerns received	Concerns investigated
Asian	24,898 (40%)	462 (44%) ★	118 (45%)
Black	4,765 (8%)	115 (11%) ★	25 (9%)
White	24,679 (39%)	267 (26%) ★	61 (23%)
Mixed and other ⁷	2,985 (5%)	67 (6%) ★	16 (6%)
Not stated ⁸	5,327 (9%)	128 (12%) ★	45 (17%) ★
TOTAL	62,654 (100%)	1,039 (100%)	265 (100%)

★ Statistically significant under or over-representation

⁷ 'Mixed' and 'Other' categories have been combined due to small numbers

⁸ 'Not recorded' and 'prefer not to say' categories have been combined due to small numbers

Chart 1: Proportion of register data, concerns received and concerns investigated for pharmacists in 2023/24 broken down by ethnicity



★ *Statistically significant under or over-representation*

There was a statistically **significant relationship between the ethnicity of the pharmacist and the number of concerns received** by the GPhC.⁹

When compared with the register, a **significantly higher proportion of concerns received were about Asian, Black, Mixed and Other ethnicities and those whose ethnicity was not stated**. The largest overrepresentation was for Asian pharmacists (45% of concerns compared with 40% of pharmacists on the register). Conversely there was an **under-representation of White pharmacists for concerns received** compared to the proportion on the register (26% of concerns compared to 39% on the register).

Once a concern was being progressed by the GPhC the differences reduce and no overall relationship was found between the ethnicity of the pharmacist and concerns investigated. The proportions of each ethnic group being investigated is broadly similar to the proportion of concerns received about each group. The only exception was the **'no record' category where there is continued statistically significant overrepresentation in investigations** (17% of concerns investigated compared with 12% of concerns received).

⁹ $p < 0.001$

By sex

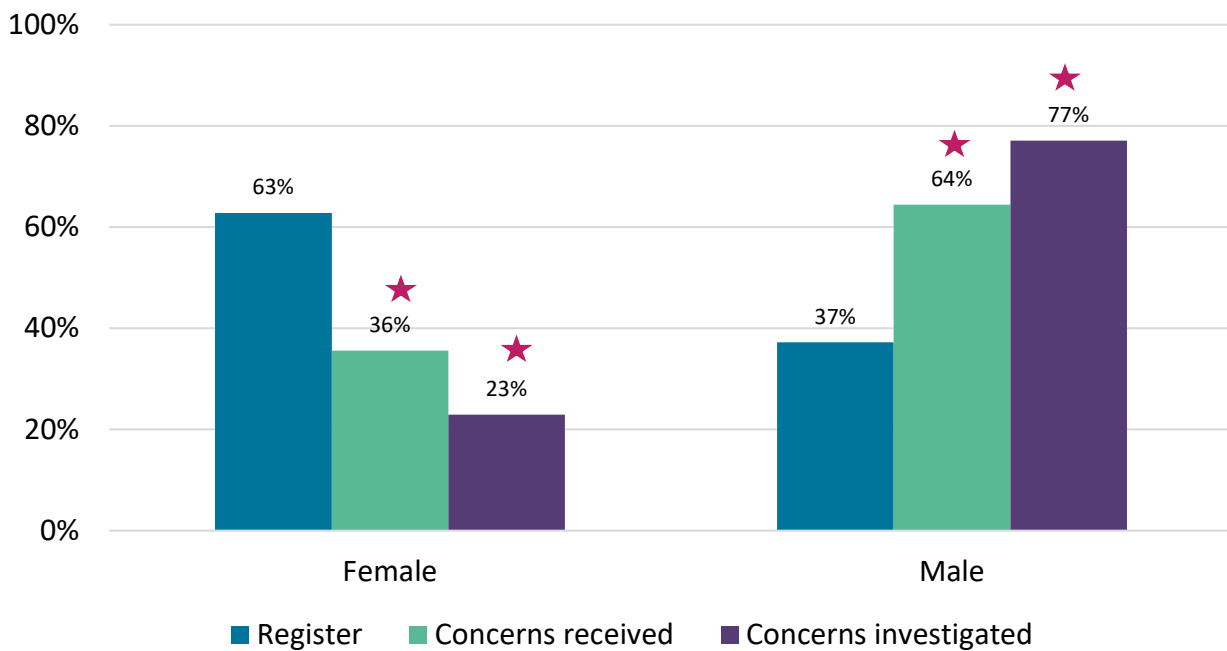
Table 2 and chart 2 below show the sex of all pharmacists identified who had concerns raised about them compared with the sex of pharmacists where the concerns proceeded to investigation. This is shown alongside the sex breakdown of the pharmacist register in 2023/24.

Table 2: Count and percentage of register data, concerns received and concerns investigated for pharmacists in 2023/24 broken down by sex

2023/24	Register data	Concerns received	Concerns investigated
Female	39,074 (63%)	366 (36%) ★	60 (23%) ★
Male	23,159 (37%)	663 (64%) ★	202 (77%) ★
TOTAL	62,233 (100%)	1,029 (100%)	262 (100%)

★ Statistically significant under or over-representation

Chart 2: Proportion of register data, concerns raised and concerns investigated for pharmacists in 2023/24 broken down by sex



★ Statistically significant under or over-representation

Our analysis found a statistically **significant relationship between sex and concerns received¹¹ as well as between sex and concerned investigated.¹²**

¹⁰ 'Other' has been removed from the analysis as there were no concerns received. 'Prefer not to say' has also been removed due to very small numbers.

¹¹ $p < 0.001$

¹² $p < 0.001$

When compared with the register, a **significantly higher proportion of concerns received were about male pharmacists** (64% of concerns compared with 37% of professionals on the register). This was accompanied by an equivalent **under-representation of female pharmacists with concerns received**.

Once a concern was being progressed by the GPhC, there is **continued overrepresentation of male pharmacists being subject to an investigation** (77% of concerns investigated compared with 64% of concerns received) and an **under-representation of female pharmacists in investigations** (23% of concerns investigated compared with 36% of concerns received).

By age

Table 3 and chart 3 below show the age group of all pharmacists identified who had concerns raised about them compared with the age group of pharmacists where the concerns proceeded to investigation.¹³ This is shown alongside the age group of the pharmacist register in 2023/24.

Table 3: Count and percentage of register data, concerns received and concerns investigated for pharmacists in 2023/24 broken down by age

2023/24	Register data	Concerns received	Concerns investigated
Under 35 ¹⁴	25,417 (41%)	312 (30%) ★	68 (26%)
35-44	17,625 (28%)	331 (32%) ★	100 (38%)
45-54	11,010 (18%)	228 (22%) ★	57 (22%)
55 and over ¹⁵	8,602 (14%)	168 (16%) ★	40 (15%)
TOTAL	62,654 (100%)	1,039 (100%)	265 (100%)

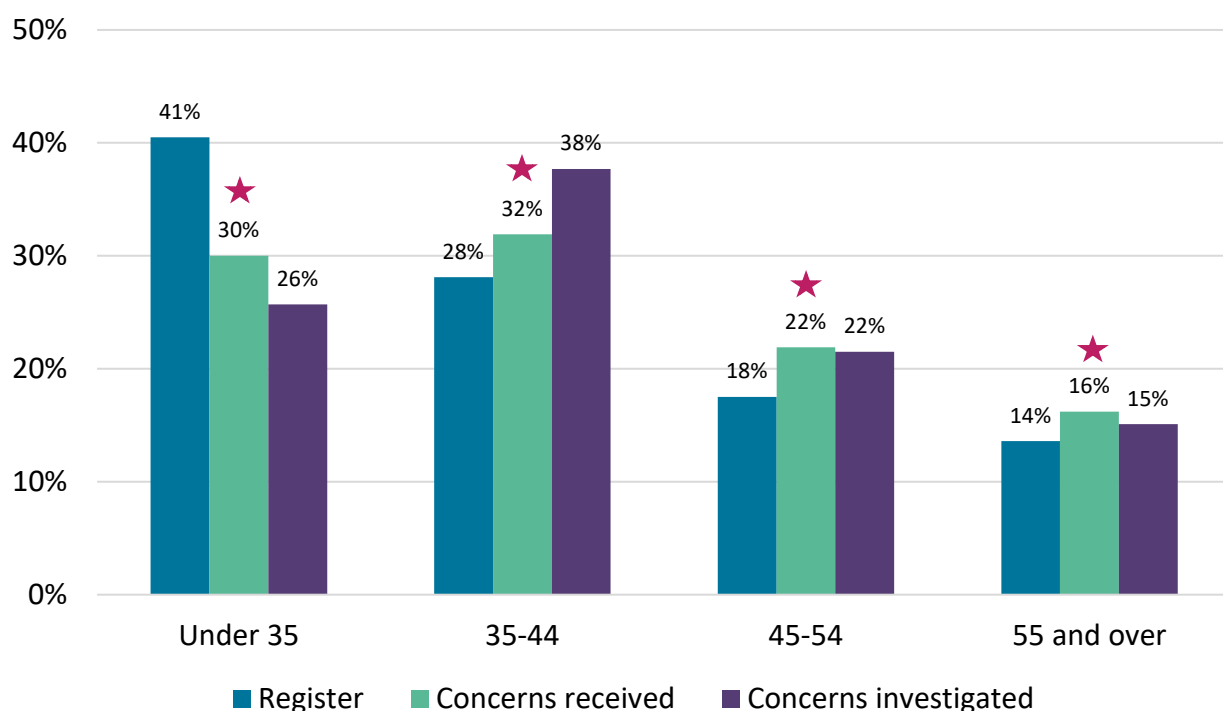
★ Statistically significant under or over-representation

¹³ For age, we have used the age of the individual on the date that the concern was received

¹⁴ 'Under 25' and '25-34' categories have been combined due to small numbers

¹⁵ '55-64' and '65 and over' have been combined due to small numbers

Chart 3: Proportion of register data, concerns raised and concerns investigated for pharmacists in 2023/24 broken down by age



★ *Statistically significant under or over-representation*

There was a statistically **significant relationship between the age of the pharmacist and the number of concerns received** by the GPhC.¹⁶

When comparing the proportion of each age group with a concern raised about them to the proportion on the register, it was found that **under 35 year olds were under-represented in concerns received** (41% of the register but only 30% of concerns raised) and **all other age groups were over-represented**.

Once a concern was being processed by the GPhC, there was **no overall relationship between age and concerns investigated**. There continue to be slight differences in the proportions of each age group when comparing concerns received with concerns investigated, the largest difference in the 35-44 category (38% of concerns investigated compared with 32% of concerns received). However, none of these were found to be statistically significant.

5. Outcome of concerns closed

In this section we have presented the data and analysis of concerns closed in 2023/24 together with the outcome of those concerns.¹⁷ It is important to note that these are not the same as the concerns received and investigated, as outlined in the previous section, as concerns may not necessarily be closed in the same year that they are received by the GPhC.

¹⁶ $p < 0.001$

¹⁷ As with the earlier analyses, concerns closed without an individual being identified have been excluded.

For simplicity, we have grouped the outcomes into two categories - statutory outcome (which includes advice and outcomes imposed by the investigating and fitness to practise committees) and non-statutory outcome (which includes all concerns closed with no further action and those that closed before reaching investigation committee). **See appendix.**

The tables and charts below show how concerns closed with a statutory outcome compared with all concerns closed by ethnicity, sex and age.

Please note that caution should be made in drawing any conclusions from this as the number of statutory outcomes for any group is small (see tables 4, 5 and 6).

By ethnicity

The table and chart below show the ethnicity of pharmacists who had concerns closed in 2023/24 compared with the proportion that received statutory outcomes.

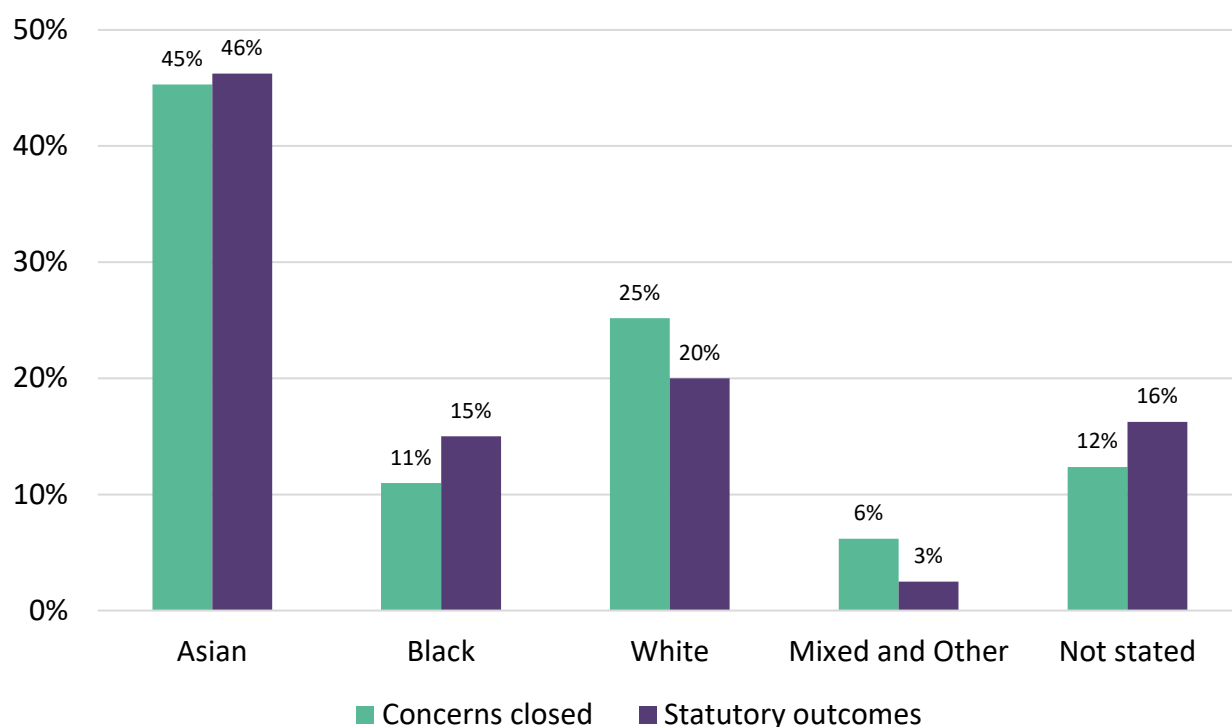
Table 4: Count and percentage of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by ethnicity

2023/24	All closed concerns	Statutory outcomes
Asian	491 (45%)	37 (46%)
Black	119 (11%)	12 (15%)
White	273 (25%)	16 (20%)
Mixed and Other ¹⁸	67 (6%)	2 (3%)
Not stated ¹⁹	134 (12%)	14 (16%)
TOTAL	1,084 (100%)	80 (100%)

¹⁸ 'Mixed' and 'Other' categories have been combined due to small numbers

¹⁹ 'Not recorded' and 'prefer not to say' categories have been combined due to small numbers

Chart 4: Proportion of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by ethnicity



There was **no statistically significant relationship between ethnicity and the outcome of the managing concerns process.**

When comparing the number of statutory outcomes with the total number of concerns closed in 2023/24, there were some differences for each ethnicity. Asian pharmacists, Black pharmacists and those with no ethnicity stated had slightly higher proportions of statutory outcomes whereas White and Mixed and Other had slightly lower. However, none of these were found to be statistically significant.

By sex

The table and chart below show the sex of pharmacists who had concerns closed in 2023/24 compared with the proportion that received statutory outcomes.²⁰

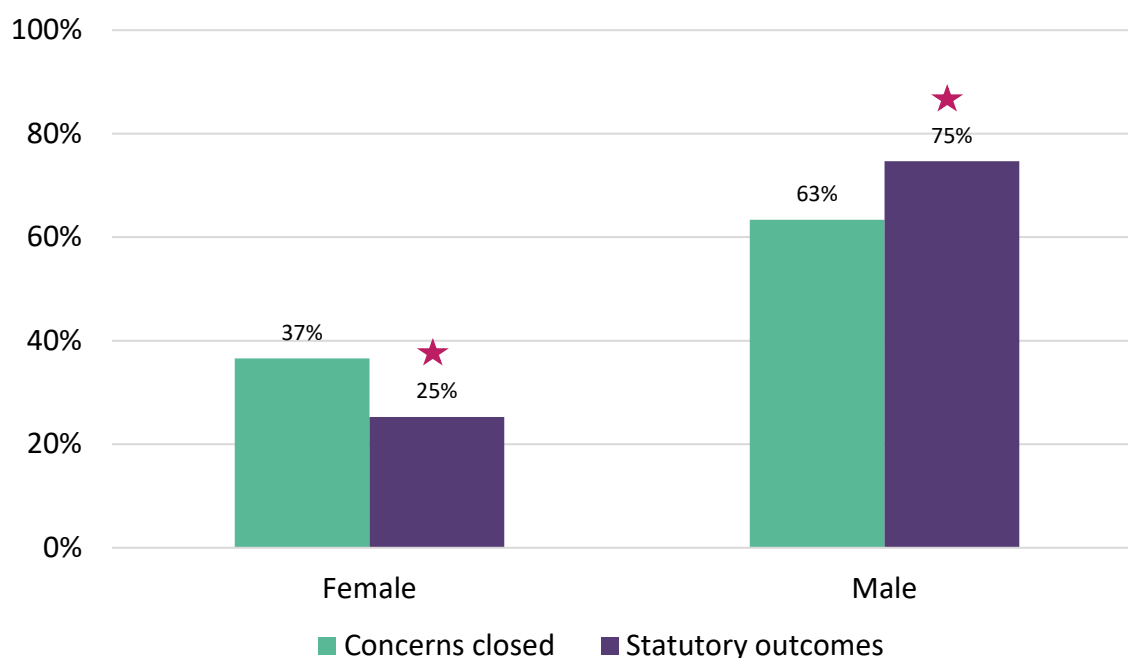
²⁰ 'Other' has been removed from the analysis as there were no concerns received. 'Prefer not to say' has also been removed due to very small numbers.

Table 5: Count of pharmacists who had concerns closed in 2023/24 and those that received statutory outcomes broken down by sex

2023/24	All closed concerns	Statutory outcomes
Female	393 (37%)	20 (25%) ★
Male	682 (63%)	59 (75%) ★
TOTAL	1,075 (100%)	80 (100%)

★ Statistically significant under or over-representation

Chart 5: Proportion of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by sex



★ Statistically significant under or over-representation

Our statistical tests found a **significant relationship between sex and outcome of the managing concerns process.**²¹

When compared with the total number of concerns closed in 2023/24, a considerably **higher proportion of statutory outcomes were for male pharmacists** (75% of statutory outcomes and 63% of concerns closed). It follows that the reverse is true for **female pharmacists who were under-represented when receiving statutory outcomes.**

²¹ $p=0.037$

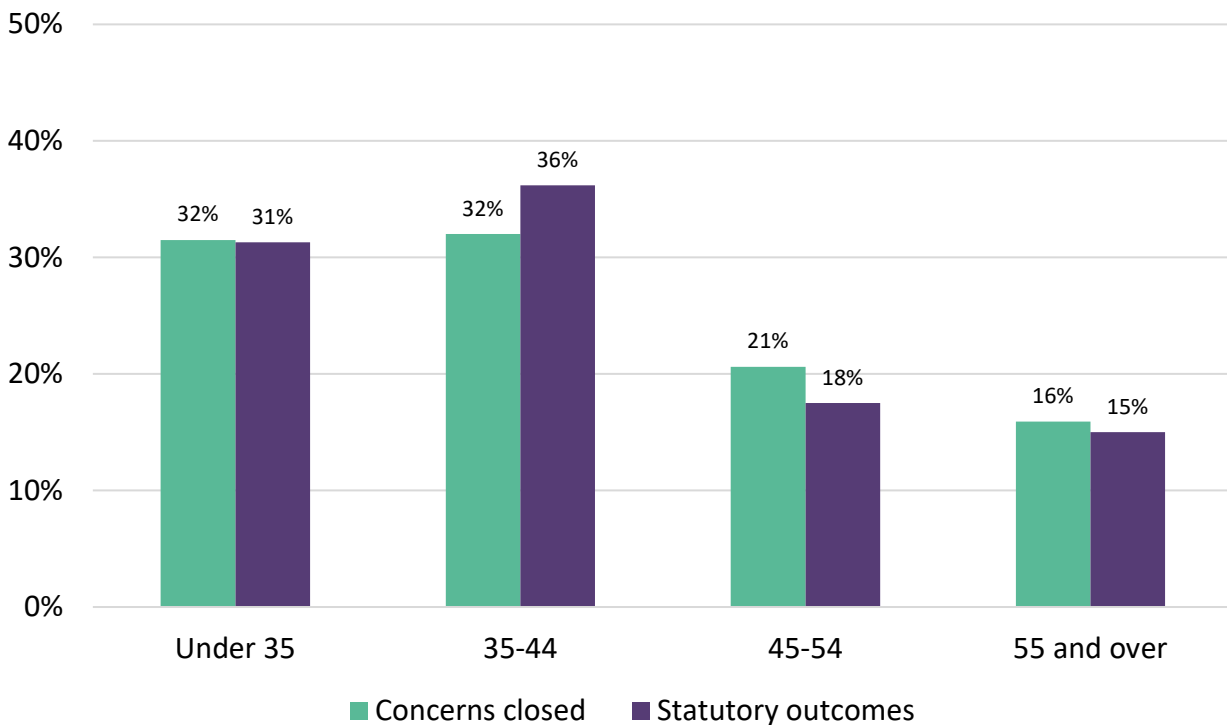
By age

The table and chart below show the age group of pharmacists who had concerns closed in 2023/24 together with the proportion that received statutory outcomes.²²

Table 6: Count and percentage of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by age

2023/24	All closed concerns	Statutory outcomes
Under 35 ²³	342 (32%)	25 (31%)
35-44	347 (32%)	29 (36%)
45-54	223 (21%)	14 (18%)
55 and over ²⁴	172 (16%)	12 (15%)
TOTAL	1,084 (100%)	80 (100%)

Chart 6: Proportion of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by age



Our analysis found there was **no statistically significant relationship between age and the outcome of the managing concerns process.**

²² For age, we have used the age of the individual on the date that the concern was received.

²³ 'Under 25' and '25-34' categories have been combined due to small numbers

²⁴ '55-64' and '65 and over' have been combined due to small numbers

When comparing the number of statutory outcomes with the total number of concerns closed, there were small differences for each age group. The largest difference was in the 35-44 category (36% of statutory outcomes compared with 32% of concerns closed). However, none of the observed differences were found to be statistically significant.

6. Summary by protected characteristics

Figure 1: Summary of all findings by protected characteristics

	Ethnicity	Sex	Age
Concerns received	<p>Under-representation of white pharmacists in concerns received</p> <p>Over-representation of all other ethnicities in concerns received</p>	<p>Under-representation of female pharmacists in concerns received</p> <p>Over-representation of males in concerns received</p>	<p>Under-representation of those under the age of 35 in concerns received</p> <p>Over-representation of all age groups 36 and over in concerns received</p>
Concerns investigated	<p>No overall relationship between ethnicity and concerns investigated</p> <p>Over-representation of pharmacists with no ethnicity stated in concerns investigated</p>	<p>Under-representation of females in concerns investigated</p> <p>Over-representation of males in concerns investigated</p>	<p>No significant relationship between age and concerns investigated</p>
Statutory outcomes	<p>No significant relationship between ethnicity and statutory outcomes</p>	<p>Under-representation of female pharmacists in statutory outcomes</p> <p>Over-representation of males in statutory outcomes</p>	<p>No significant relationship between age and statutory outcomes</p>

Purple shading = overall relationship found to be statistically significant using chi-squared test of independence

Green shading = no overall relationship found in statistical tests

Yellow shading = no overall relationship found but statistical +/- of certain groups

7. Next steps

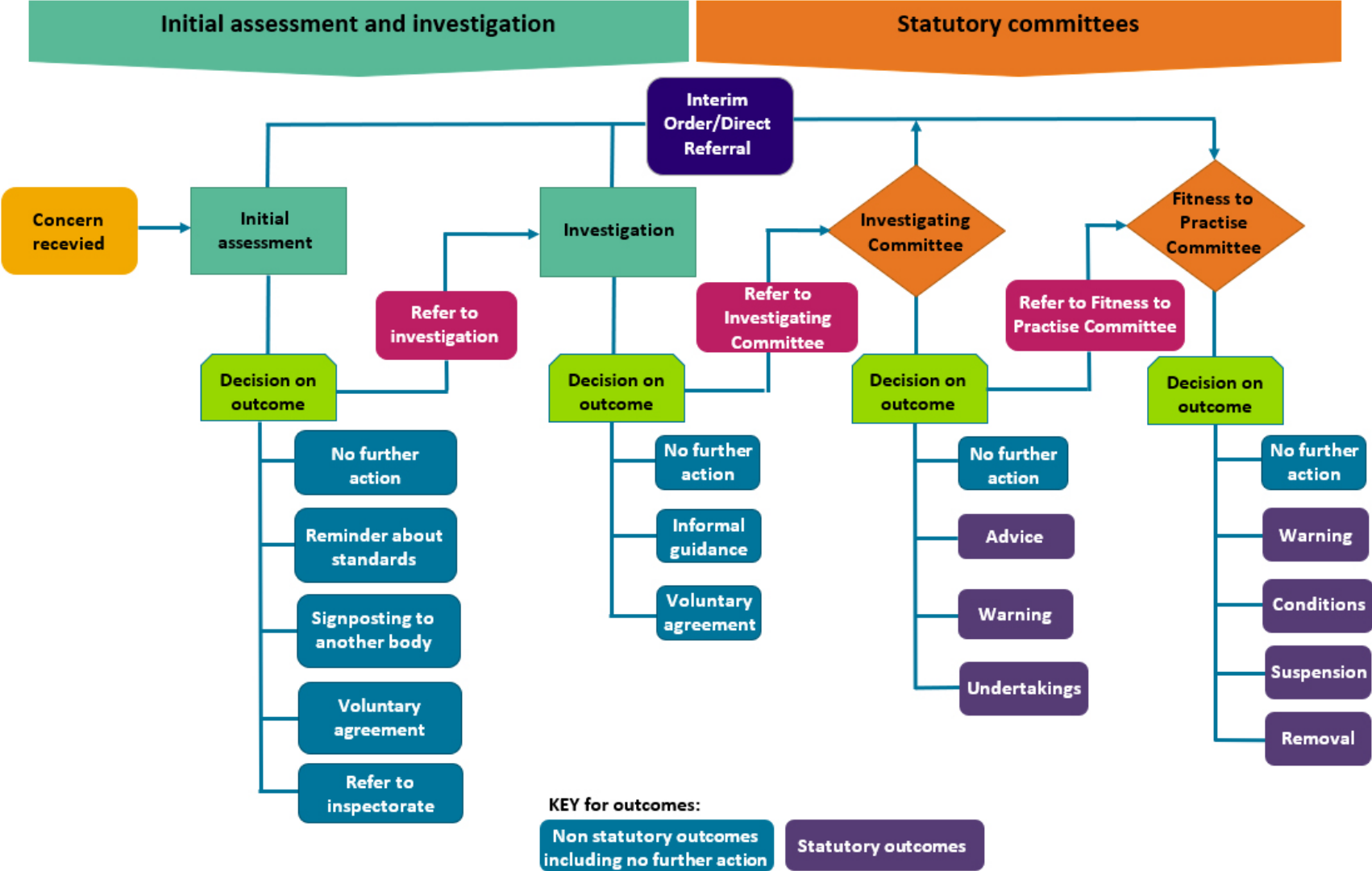
This analysis has demonstrated that there is some disproportionality in the numbers of pharmacists going through the managing concerns process based on the protected characteristics of ethnicity, sex and age. The statistical tests we have applied have shown where a relationship exists (one that is not just a result of chance) but this does not indicate causality.

We plan to do more to understand the patterns that this report has highlighted, and further exploration of factors that may be involved in determining the likelihood of different individuals going through managing concerns process is required.

Our EDI annual report 2023/24 gives more information about what work is underway and what we plan to do to minimise the possibility of bias in our regulatory activities.

Appendix: Our approach to managing concerns about pharmacy professionals

Figure 2: Infographic outlining our approach to managing concerns about pharmacy professionals





Good corporate governance: regular review of core policies and procedures

Meeting paper for Council on 12 September 2024

Public

Purpose

This paper sets out the findings of our regular review of core governance policies, which fall within the remit of the Council.

Recommendations

The Council is asked to approve minor updates to the policies as set out below.

1. Introduction

- 1.1 In line with good corporate governance, we have a robust process for monitoring and reviewing corporate policies and procedures used by the organisation. We maintain a comprehensive internal tracker and RACI (responsible, accountable, consulted, informed) matrix as part of this work.
- 1.2 We also take account of relevant resources, to ensure that our policies remain fit for purpose and reflect best practice in the external governance landscape. This includes the Financial Reporting Council's (FRC) UK Corporate Governance Code and related guidance. While resources such as the FRC Code don't strictly apply to us (as we are not a listed company), we seek to align with the good corporate governance provisions, where relevant. We also consider approaches taken by other regulators, including what we learn from our inter-regulatory governance group discussions.
- 1.3 This paper sets out the findings of our regular review of our core governance policies, which fall within the remit of the Council. Each policy is attached as an appendix and the proposed changes are summarised in a table below for ease of reference.
- 1.4 The policies included in this review are:
 - GPhC0025 Council Standing Orders;
 - GPhC0026 Standing Orders of the non-statutory committees;
 - GPhC0040 Governance Policy;
 - GPhC0048 Scheme of Delegation;
 - GPhC0021 Appointment of members to non-statutory committees;
 - GPhC0032 Council member and Council chair appraisal process;
 - GPhC0072 Appraisal for external members of non-statutory committees; and

- GPhC0051 Managing complaints about Council members and external members of non-statutory committees.

2. Updates

2.1 The table below summarised proposed changes:

Ref.	Appendix	Policy title	Proposed changes
0025	1	Council Standing Orders	No significant changes <ul style="list-style-type: none"> • Updated references to Council committees and policies
0026	2	Standing Orders of the non-statutory committees	No significant changes <ul style="list-style-type: none"> • Added reference to QPAC.
0040	3	Governance policy	No significant changes <ul style="list-style-type: none"> • Added reference to the fact that Council meetings can be in-person or online, to reflect current practice. • Updated weblink in final paragraph.
0048	4	Scheme of Delegation	No significant changes We sought external governance consultancy support for our last substantive review of the Scheme of Delegation. As the legal framework and the matters reserved to Council have not changed since the last substantive review, we are not proposing any significant amendments to the scheme. The scheme has also been considered as part of our recent internal audit on governance/strategic control (April 2024) and no issues were identified by our auditors. One change – existing paragraph 2.2 is clear that within the scheme of delegation the Council is responsible for approving “vision, strategy and budget”. For completeness, we have added an explicit reference to “culture and values” in this section. This edit also reflects best practice in the external sector. For example, the FRC Code has been updated this year following a 16-week consultation. Under the revised Code, Provision 2 has been amended such that company Boards should not only assess and monitor culture, but also how the culture has been embedded (effective from 1 January 2025). The FRC Code Guidance further notes

Ref.	Appendix	Policy title	Proposed changes
			that the company Board will need periodic assurance – either internally or externally – that it has effectively embedded those operational components in operation policies and practices.
0021	5	Appointment of members to non-statutory committees	No significant changes <ul style="list-style-type: none"> • Updated references to Council committees. • Minor changes to language
0032	6	Council member and Chair appraisal process	No significant change <ul style="list-style-type: none"> • Minor updates to clarify language and practical approach.
0072	7	Appraisal for members of non-statutory committees	No changes – reviewed and remains fit for purpose.
0051	8	Managing complaints about Council members and external members of non-statutory committees	No change to the process for members – the current process follows the legislative requirements as set out in the Pharmacy Order 2010 and related Constitution Order 2010 and these have not changed since the last review. Please note there have been no complaints under this policy since the last review. <ul style="list-style-type: none"> • Reference to external members of non-statutory committees added • Updated references to committees and minor changes to language.

3. Equality and diversity implications

- 3.1 There are no specific implications in these policies for members or others who share protected characteristics. The minor updates proposed do not raise any wider equality implications. Should an individual require any reasonable adjustments to the policies or the way that they are implemented based on their characteristics or other needs, this would be discussed with the relevant Chair (Council or committee) and appropriate support would be offered.
- 3.2 The Council may also be interested to note that the FRC Code requirements around equality, diversity and inclusion have also been updated:
- FRC Principle J (relating to appointments to the Board) has been amended to promote diversity, inclusion and equal opportunity, without referencing specific groups. The limited list of diversity characteristics has been removed from the FRC Code and replaced with a more wide-ranging reference to “diversity, inclusion and equal opportunity”.

- FRC Provision 23 has also been amended to reflect the fact that companies may have additional “initiatives” in place alongside their core diversity and inclusion policy.

3.3 These amendments are already appropriately reflected in our existing EDI strategy and associated policies and procedures, including our Council Member appointments policy. No further changes are recommended.

4. Communications

4.1 These policies are published on our website, intranet and board portal, as appropriate. Updated versions will replace the current versions if they are agreed.

5. Resource implications

5.1 There are no specific resource implications arising from the changes suggested.

6. Risk implications

6.1 Having clear policies in place, reviewing them regularly and acting on them helps to mitigate the risk of poor governance in the organisation. Our regular review allows us to ensure that our policies remain up-to-date and relevant, and that Council has oversight.

7. Recommendations

The Council is asked to approve the policies which have been reviewed and fall within its remit:

- GPhC0025 Council Standing Orders;
- GPhC0026 Standing Orders of the non-statutory committees;
- GPhC0040 Governance Policy;
- GPhC0048 Scheme of Delegation
- GPhC0021 Appointment of members to non-statutory committees;
- GPhC0032 Council member and Council chair appraisal process;
- GPhC0072 Appraisal for external members of non-statutory committees; and
- GPhC0051 Managing complaints about Council members and external members of non-statutory committees.

Janet Collins, Senior Governance Manager
Laura McClintock, Chief of Staff

General Pharmaceutical Council

28/08/2024

Standing Orders of the General Pharmaceutical Council

GPhC0025 Version 2.2

This Standing Orders, together with the provisions of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 (together 'the Orders'), establish the basic rules about how the Council conducts its proceedings.



Procedure details

Procedure reference	GPhC0025
Version	2.2
Procedure author	Janet Collins, Senior Governance Manager
Approved for issue by	Council, 12 September 2024
Effective from	12 September 2024
Next review	September 2026

Version control tracker

Version	Approved date	Description of change	Amendments by
1	27 June 2014	Creation of standing orders	Matthew Hayday, Head of Governance
2	16 May 2019 - by Council	Updated to new template, changed reference from GG/2014/05 to GPHC0025. Inclusion of new 10.2 (remote attendance) and update to 12.2 (dissolving a meeting).	Janet Collins, Governance Manager
2.1	14 April 2022 – by Council	Updated to new template. References to other policies mentioned added for clarity; Section 10 renamed 'Format of meetings' and updated to reflect new ways of working; Minor changes to wording for clarity.	Janet Collins, Senior Governance Manager
2.2	12 September 2024 – by Council	Reference to QPAC added to Terms of Reference (section 3). Reference to policies relating to member attendance and training removed and replaced with reference to the Code of Conduct (section 17).	Janet Collins, Senior Governance Manager

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1. Application and interpretation

- 1.1 These Standing Orders, together with the provisions of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 (together, 'the Orders'), establish the basic rules about how the Council conducts its proceedings.
- 1.2 Unless the context otherwise requires, terms used in the Standing Orders shall have the same meaning as in the Orders and in addition:
 - 1.2.1 'General Pharmaceutical Council' or 'GPhC' means the General Pharmaceutical Council as a body corporate;
 - 1.2.2 'Council' means the members of the General Pharmaceutical Council acting collectively as a body;
 - 1.2.3 'Chair' means the person appointed by the Privy Council to lead the Council in successfully discharging its overall accountability for the GPhC as a whole;
 - 1.2.4 'Member' means a member of the Council.
- 1.3 If a procedural point arises during a meeting of the Council which is not covered by these Standing Orders or the Orders, the common law rules concerning the conduct of meetings will apply.
- 1.4 Save as otherwise permitted by law, at any meeting of the Council, the Chair shall be the final authority on the interpretation of these Standing Orders.

2. Statutory framework

- 2.1 The General Pharmaceutical Council (GPhC) is a statutory body established under the Orders.
- 2.2 The GPhC will also be bound by such other statutes and legal provisions as govern the conduct of its affairs.

3. Composition of Council, tenure and role of members

- 3.1 In accordance with the Orders the composition of the Council shall be seven lay members and seven registrant members.
- 3.2 Parts 2 and 3 of the General Pharmaceutical Council (Constitution Order) 2010 determine that the Chair and members are appointed by the Privy Council.
- 3.3 The terms of office of the Chair and members and arrangements for the termination or suspension of office of the Chair and members are governed by Parts 2 and 3 of the General Pharmaceutical Council (Constitution) Order 2010.
- 3.4 The Council will function as a corporate decision-making body. Lay and registrant members will be full and equal members. Their role as members will be to consider the key strategic and policy issues facing the GPhC in carrying out its functions in line with our Governance policy (GPHC0040).
- 3.5 All business shall be conducted in the name of the GPhC.
- 3.6 The members shall not be granted, nor shall they seek to exercise, any individual executive powers on behalf of the GPhC unless specifically authorised to do so by the Council. They may, however,

exercise collective authority when acting as members of any committee of the GPhC to which the Council has delegated powers. Delegated powers are set out in detail in our Scheme of Delegation (GPhC0048) and associated committee terms of reference (GPhC0003, GPhC005, GPhC0035 and GPhC0068).

- 3.7 The Chair shall be responsible for the operation of the Council. The Chair must comply with the terms of appointment and with these Standing Orders, and associated governance policies and procedures.
- 3.8 The Chair shall work effectively with the Chief Executive & Registrar and shall ensure that appropriate issues are discussed by the Council in a timely manner, with the necessary information and advice being made available to Council to inform debate and decisions.

4. Frequency of meetings

- 4.1 The Council shall meet as necessary for the transaction of its business, normally according to a schedule agreed by the Council, provided that the Council shall meet at least four times a year.
- 4.2 Additional Council meetings, outside the agreed schedule, may be convened by the Secretary upon the written request of the Chair or any six members of the Council.
- 4.3 A written request for an additional Council meeting shall include details of the business to be transacted at that meeting.
- 4.4 An additional Council meeting shall be held within such reasonable time of the Secretary receiving the request for the meeting as the Chair shall see fit.

5. Notice of meetings

- 5.1 Before each meeting of the Council, a written notice specifying the business proposed to be transacted shall be sent to every member.
- 5.2 The Secretary shall normally give members not less than seven clear days' notice of the time and place of a meeting.
- 5.3 If for any reason a meeting is convened at shorter notice, the Secretary shall give members notice of the time and place of the meeting at the time that the meeting is arranged.
- 5.4 Failure to provide such notice of a meeting to a member shall not invalidate the proceedings of that meeting.

6. Adjournment of meetings

- 6.1 The Chair may, with the consent of the Council, adjourn a meeting.
- 6.2 At the resumption of an adjourned meeting, no business shall be transacted other than the business which had not yet been disposed of when the adjournment took place.
- 6.3 If a meeting is adjourned for more than seven days (but not otherwise), notice of the meeting shall be given as if it was an additional meeting.

7. Agenda

- 7.1 The Secretary shall issue an agenda for each meeting. The Chair shall determine the content of the agenda, having consulted with the Chief Executive and Registrar.

Standing Orders of the General Pharmaceutical Council

GPhC0025 Version 2.2

- 7.2 Except in cases of urgency or where circumstances make it impracticable to do so, the agenda for a meeting and any accompanying papers shall be sent to members not less than seven days before the meeting.
- 7.3 Any member wishing to raise a matter at a Council meeting shall notify the Chair and Secretary not less than 14 days before the meeting.
- 7.4 No business other than that which has been included on the agenda, or of which notice has been given under paragraph 7.3 above, shall be discussed at any Council meeting, with the exception of urgent business which may be discussed with the consent of the Chair.

8. Public access to meetings

- 8.1 Members of the public may attend meetings of the Council. The public shall be excluded from any part of the meeting dealing with confidential business.
- 8.2 Before excluding the public from any part of a meeting under paragraph 8.1 above, the Chair shall announce that the meeting is moving into a confidential session.
- 8.3 Matters to be dealt with in confidential business shall be confidential to the members of the Council. Members shall not reveal or disclose outside the GPhC the contents of papers or minutes marked as confidential without the express permission of the Council. This prohibition shall apply equally to the content of any discussion during a Council meeting which may take place on such papers or minutes.
- 8.4 Electronic recording, transmission or photography of Council meetings without prior permission from the Chair is prohibited.
- 8.5 If a member of the public interrupts the proceedings at any meeting, the Chair may order that person to be removed from the meeting or may order that part of the room which is open to the public to be cleared. This also applies to virtual or online meetings.

9. Observers

- 9.1 The Council may decide what arrangements and terms and conditions it considers are appropriate to any observers invited to attend or address any of the Council's meetings and may change or vary these arrangements, terms and conditions as it sees fit.

10. Format of meetings

- 10.1 Meetings may be held in different formats, including in person or online. This will be at the discretion of the Chair.
- 10.2 If the Council meeting is being held in person, members are expected to attend in person. In exceptional circumstances only and by prior agreement with the Chair, individual members may participate remotely in Council meetings which are being held in person (for example, using teleconference or other remote conference facilities) and this will constitute full attendance.

11. Chair

- 11.1 The Chair shall preside at any meeting of the Council.
- 11.2 In these Standing Orders, references to the Chair include a member presiding at a meeting of the Council in the place of the Chair.

11.3 In the event that:

- (a) the Chair is likely to be absent for more than one meeting of the Council or to be unavailable to perform the duties of the Chair for more than one month; or
- (b) the office of Chair is vacant,

the Secretary shall notify the Council accordingly and the Council shall proceed to nominate one of its members ('deputy Chair') to serve as Chair during the absence or unavailability of the Chair or the vacancy. The Council may identify the deputy chair who would serve in advance of such circumstances arising. This procedure is set out in the Arrangements for nominating deputies for the Chair (GPCH0031).

12. Quorum

12.1 The quorum at any meeting of the Council shall be eight members. No business shall be transacted at a meeting unless at least eight members are present. Members attending In-person and online shall all count towards the quorum.

12.2 If a quorum is not present within a reasonable time after the appointed time for a meeting to commence, the meeting may be dissolved and all business which should have been transacted at that meeting held over until the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business.

12.3 If, during a meeting, it appears to the Chair that a quorum has ceased to exist, business will be suspended and the number of members present counted and if:

- (a) a quorum exists, the business will proceed;
- (b) a quorum does not exist, the meeting will be dissolved and all remaining business will be adjourned to the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business.

12.4 If a member has been disqualified from participating in a discussion of and/or voting on any matter by reason of a conflict of interest, that member shall not count towards the quorum. If a quorum is not available for the discussion of and/or voting on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting shall then proceed to the next item of business.

13. Interests of members

13.1 Members must ensure that no conflict arises, or could reasonably be perceived to arise, between their position as a Council member and their personal interests, financial or otherwise.

13.2 A member who has a personal interest in any matter under consideration at a meeting, whether or not declared in the Register of Members' Interests, shall promptly declare that interest and, unless the Chair determines otherwise, the member shall withdraw from the meeting until the Council has concluded its consideration of the matter.

13.3 In any case of doubt the member shall openly declare the possibility of interest.

13.4 All declarations of interest shall be recorded in the minutes.

14. Minutes of Council meetings

- 14.1 The Secretary shall produce minutes of each meeting which shall include a record of the members in attendance at that meeting.
- 14.2 At each meeting, the minutes of the previous meeting shall be confirmed, or confirmed as amended, by the Council.
- 14.3 No discussion shall take place on the minutes except on their accuracy or where the Chair considers discussion appropriate.
- 14.4 The confirmed minutes of a meeting shall, unless the contrary is proved, be a correct and authoritative record of the meeting.
- 14.5 Where they provide a record of a public meeting, the minutes shall be made available to the public.

15. The Secretary

- 15.1 The Chief Executive & Registrar shall be the secretary to the Council.
- 15.2 The Chief Executive & Registrar may authorise any employee of the Council to act for them as Secretary to the Council and where the Chief Executive & Registrar does so, any reference in these Standing Orders to the Secretary shall include reference to the person so authorised.

16. Conduct of Council members

- 16.1 Members shall comply with the Code of Conduct adopted by the Council and with the seven principles of public life established by the Committee on Standards in Public Life ('the Nolan Principles').
- 16.2 The Chair may order a member to withdraw from a meeting if, in the opinion of the Chair, that member has persistently disregarded the ruling of the Chair or is behaving improperly, offensively or in a manner which obstructs the business of the meeting.
- 16.3 In the event of a general disturbance which, in the opinion of the Chair, prevents the orderly conduct of business, the Chair may adjourn the meeting for such a period as the Chair considers appropriate.

17. Members' education, training and performance

- 17.1 The Council shall establish standards of attendance and performance for members, including a system of annual appraisal. These are set out in the Council Code of Conduct.
- 17.2 Members shall comply with the standards established by the Council under Standing Orders 16.1 and 17.1 and shall not, without reasonable cause, fail to undertake satisfactorily the education and training requirements or to participate in appraisal processes for members.

18. Voting and recording of votes

- 18.1 Decisions shall be taken by vote in the following circumstances:
 - (a) when the Chair determines that no clear consensus has emerged;
 - (b) when a member requests a vote be taken and this is supported by at least one other member; or

(c) when the Chair concludes that a vote should be taken.

- 18.2 Voting shall be by a simple majority of those members present and voting, unless specified otherwise in these Standing Orders or in the Orders.
- 18.3 Voting shall be by a show of hands or by any technological equipment provided.
- 18.4 The Chair shall have a substantive vote and, in any case of an equality of votes, a second or casting vote.
- 18.5 The minutes shall record the numbers voting for and against the proposal and the number of abstentions, if any.
- 18.6 If a majority of members present so request, the voting on any question may be recorded to show how each member presented voted or did not vote.
- 18.7 Under no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

19. Suspension of a Standing Order

- 19.1 Except where this would contravene any statutory provision, the Council may suspend any one or more of these Standing Orders at any meeting, by resolution of the Council carried by not less than two-thirds of the members present and voting. The reason for the suspension shall be recorded in the minutes.
- 19.2 In proposing the suspension of one or more of the Standing Orders, the member making proposal must state the number(s) of the Standing Order(s) using the numbering in this document.
- 19.3 If such a proposal is agreed the suspension shall be for the duration of the item under discussion.

20. Provisional suspension of members

- 20.1 If circumstances arise which may result in a member being suspended or removed from office by the Privy Council under the Orders, the Council may resolve that the member shall be provisionally suspended from office until such a time as the Privy Council has reached a decision on whether to suspend or remove the member.
- 20.2 A member who is provisionally suspended shall not be entitled to participate in meetings of the Council or to exercise any other functions of a member.
- 20.3 This procedure is set out in detail in the Orders and in our managing complaints about Council members policy (GPHC0051).

21. The Chief Executive & Registrar, Secretary and advisers

- 21.1 The Chief Executive & Registrar and the Secretary shall be entitled to attend and address meetings of the Council.
- 21.2 Any other person advising on the business before a meeting of the Council, including advising the Chair on matters relating to governance, may attend and, with the consent of the Chair, address the meeting.

22. Committees and working groups

- 22.1 The Council may from time to time establish or dissolve committees or other informal groups composed of its own members or other persons, for such purposes as may be expedient. Nothing in this paragraph applies to any committee established by or under legislation.

23. Custody and affixing of the Corporate Seal

- 23.1 The Corporate Seal shall be kept by the Chief Executive & Registrar or another employee designated by the Chief Executive & Registrar, in a secure place.
- 23.2 The Corporate Seal shall only be affixed to a document with the consent of the Council and shall be attested by the signature of:
- (a) the Chair or a member of the Council authorised by the Chair for that purpose; and
 - (b) the Chief Executive & Registrar or an employee authorised by the Chief Executive & Registrar for that purpose.
- 23.3 The Chief Executive & Registrar or an employee designated by the Chief Executive & Registrar shall keep a record of the affixing of the Corporate Seal.



Standing Orders of the non-statutory committees of the General Pharmaceutical Council

GPHC0026 Version 2.3

These Standing Orders together with the provision of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 establish the basic rules about how the committees conduct their proceedings.



Procedure details

Procedure reference	GPHC0026
Version	2.3
Procedure author	Janet Collins, Senior Governance Manager
Approved for issue by	Council, 12 September 2024
Effective from	12 September 2024
Next review	1 September 2026

Version control tracker

Version	Approved date	Description of change	Amendments by
1	11/04/13	Creation	Alison Readman, Interim Head of Governance
2	16 May 2019	Reference updated from GG/2014/44 to GPHC0026, minor updates to text. Inclusion of new 5.2. (remote attendance) and update to 8.2 (dissolving the meeting).	Janet Collins, Governance Manager
2.1	15 July 2021	Updated to new template. Frequency of meetings section updated to say that frequency shall be set out in Committee terms of reference	Janet Collins Senior Governance Manager
2.2	14 April 2022	Minor updates to text. Section 5 updated to reflect new ways of working. Reference to Remuneration Committee updated to Workforce Committee	Janet Collins, Senior Governance Manager.
2.3	12 September 2024	Reference to QPAC added to 18.3	Janet Collins, Senior Governance Manager

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1. Application and Interpretation

- 1.1. Meetings of any non-statutory committees of the General Pharmaceutical Council are regulated in accordance with these Standing Orders which the Council shall agree from time to time. Amendments to these Standing Orders may be made only by the Council.
- 1.2. These Standing Orders, together with the provisions of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 (together, 'the Orders'), establish the basic rules about how the committee conducts its proceedings.
- 1.3. Unless the context otherwise requires, terms used in the Standing Orders have the same meaning as in the Orders.
- 1.4. If a procedural point arises during a meeting of the committee which is not covered by these Standing Orders or the Orders, the common law rules concerning the conduct of meetings will apply.
- 1.5. The Chair of the committee is the final authority as to the interpretation of these Standing Orders.

2. Frequency of Meetings

- 2.1 The frequency of meetings for each committee shall be as set out in the Terms of Reference for that committee

3. Notice of Meetings

- 3.1. The Secretary shall normally give members not less than seven clear days' notice of the time and place of a meeting.
- 3.2. If for any reason a meeting is convened at shorter notice, then the Secretary shall give members notice of the time and place of the meeting at the time that the meeting is arranged.
- 3.3. Failure to provide notice of a meeting to a member shall not invalidate the proceedings of that meeting.

4. Agenda

- 4.1. The Secretary shall issue an agenda for each meeting. The Chair shall determine the content of the agenda, having consulted with the Secretary.
- 4.2. Except in cases of urgency or where circumstances make it impracticable to do so, the agenda for a meeting and any accompanying papers shall be sent to members not less than seven days before the meeting.
- 4.3. Any member wishing to raise any matter at a committee meeting shall notify the Chair and Secretary not less than 14 days before the meeting.
- 4.4. No business other than that which has been included on the agenda, or of which notice has been given under paragraph 4.3 above, shall be discussed at any committee meeting, with the exception of urgent business which may be discussed with the consent of the Chair.

5. Format of meetings

- 5.1. Meetings may be held in different formats, including in person or online. This will be at the discretion of the Chair.

- 5.2 If the meeting is being held in person, members are expected to attend in person. In exceptional circumstances and by prior agreement with the chair of the committee, individual members may participate remotely in meetings which are being held in person (for example using teleconference or other remote conference facilities) and this will constitute full attendance.

6. Chair

- 6.1. The Chair of the committee shall be appointed by the Council or by a person, group, body or committee to whom the Council delegates this function.
- 6.2. The Chair shall preside at any meeting of the committee.
- 6.3. If the Chair is absent from, or otherwise unable to preside at, a meeting, the members present shall nominate one of their number to serve as chair at that meeting.
- 6.4. In these Standing Orders, references to the 'Chair' include a member presiding at a meeting of the committee in place of the Chair.
- 6.5. In the event that the Chair is likely to be absent for more than one meeting of the committee or to be unavailable to perform the duties of the Chair for more than one month, the Secretary shall notify the committee accordingly and the committee shall proceed to nominate one of its members ('deputy chair') to serve as committee Chair during the absence or unavailability of the Chair.

7. Length of service on a committee

- 7.1. No member of the Committee may hold office as a member of the Committee for more than an aggregate of eight years during any period of 20 years. As with the Council there is no maximum number of terms that a member may serve; however, a member shall not be appointed to a committee for a term that exceeds their term as a Council member.
- 7.2. Other provisions regarding the composition of committees are set out in the terms of reference of each committee.

8. Quorum

- 8.1. The quorum at any meeting of the committee shall be as determined by the Council. No business shall be transacted at a meeting unless at least a quorum of members is present.
- 8.2. If a quorum is not present within a reasonable time after the time appointed for a meeting to commence, the meeting *may* be dissolved and all business which should have been transacted at that meeting held over until the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business.
- 8.3. If, during a meeting, it appears to the Chair that a quorum has ceased to exist, business will be suspended and the number of members present counted and, if;
- (a) A quorum exists, the business will proceed;
 - (b) A quorum does not exist, the meeting will be dissolved and all remaining business will be adjourned to the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business;

8.4. If a member has been disqualified from participating in a discussion of and/or voting on any matter by reason of a conflict of interest, that member shall not count towards the quorum. If a quorum is not available for the discussion of and/or voting on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting shall then proceed to the next item of business.

9. Interests of members

- 9.1 Members must ensure that no conflict arises, or could reasonably be perceived to arise, between their position as a committee member and their personal interests, financial or otherwise.
- 9.2 All members of the committee shall complete, and keep up to date, a register of interests, gifts and hospitality. (A register of Council members' interests, gifts and hospitality is maintained separately and Council members on committees will not be asked to supply a duplicate register entry.) The Secretary of the committee shall keep the register of committee members' interests, which shall be available for Council and committee members to see on request.
- 9.3 A member who has a personal interest in any matter under consideration at a meeting, whether or not declared in the register of members' interests, shall promptly declare that interest and, unless the Chair determines otherwise, the member shall withdraw from the meeting until the committee has concluded its consideration of the matter.
- 9.4 In case of any doubt the member should openly declare the possibility of an interest.
- 9.5 All declarations of interest shall be recorded in the minutes.

10. Minutes of committee meetings

- 10.1 The Secretary shall produce minutes of each meeting which shall include a record of the members in attendance at that meeting.
- 10.2 At each meeting, the minutes of the previous meeting shall be confirmed, or confirmed as amended, by the committee.
- 10.3 The confirmed minutes of a meeting shall, unless the contrary is proved, be a correct and authoritative record of the meeting.

11. Secretary

11.1 The committee Secretary shall be appointed by the Chief Executive & Registrar.

12. Powers and accountability

- 12.1 The committee is accountable to the Council.
- 12.2. Subject to any statutory restrictions, the committee shall have such terms of reference and powers and shall be subject to such conditions as determined by the Council.
- 12.3. No committee may establish a sub-committee unless expressly authorised by the Council.

13. Conduct of committee members

13.1 Members shall comply with the seven principles of public life established by the Committee of Standards in public Life (the 'Nolan Principles').

- 13.2 The Chair may order a member to withdraw from a meeting if, in the opinion of the Chair, that member has persistently disregarded the ruling of the Chair or is behaving improperly, offensively or in a manner which is obstructing the business of the meeting.
- 13.3 In the event of a general disturbance which, in the opinion of the Chair, prevents the orderly conduct of business, the Chair may adjourn the meeting for such a period as the Chair considers appropriate.

14. Members' education, training and performance

- 14.1 Members shall not, without reasonable cause, fail to undertake satisfactorily any education or training provided for members or to participate in any appraisal processes for members.

15. Voting and recording of votes

- 15.1 Decisions shall be taken by vote in the following circumstances:
- a) When the Chair determines that no clear consensus has emerged;
 - b) When a member requests a vote be taken and this is supported by at least one other member; or
 - c) When the Chair concludes that a vote should be taken.
- 15.2 Voting shall be by a simple majority of those members present and voting, unless specified otherwise in these Standing Orders or in the Orders.
- 15.3 Voting shall be by a show of hands or by any technological equipment provided.
- 15.4 The Chair shall have a substantive vote and, in any case of an equality of votes, a second or casting vote.
- 15.5 The minutes shall record the numbers voting for and against the proposal and the number of abstentions, if any.
- 15.6 If a majority of the members present so request, the voting on any question may be recorded to show how each member present voted or did not vote.
- 15.7 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

16. Suspension of a Standing Order

- 16.1 Except where this would contravene any statutory provision, the committee may suspend any one or more of the Standing Orders at any meeting, by resolution of the committee carried by a majority of those present and voting.
- 16.2 In the proposing the suspension of one or more of the Standing Orders, the member making the proposal must state the number(s) of the Standing Order(s) using the numbers in this document.
- 16.3 If such a proposal is agreed the suspension shall be for the duration of the item under discussion.

17. The Chief Executive & Registrar, Secretary and advisers

- 17.1 The Chief Executive & Registrar and the Secretary shall be entitled to attend and address meetings of the committee.

17.2 Any other person advising on the business before a meeting of the committee including advising the Chair on matters relating to governance, may attend and, with the consent of the Chair, address the meeting.

18. Dealing with Confidential Matters

18.1 Meetings of the committees are not open to the public.

18.2 The proceedings of the committee are confidential to the members of the committee, the Council and staff, and any observers present at the invitation of the committee.

18.3 When discussing items relating to identifiable individuals or commercial items in confidence, the Audit and Risk, Finance and Planning, Quality and Performance Assurance, Workforce and Appointments Committees will do so in confidential session, without observers present. The confidential agenda and minutes will not be circulated other than to members of the relevant committee.



Governance policy

GPHC0040 Version 1.3

This policy sets out the key governance principles of the GPhC and our approach to maximising openness in Council meetings



Procedure details

Procedure reference	GPHC0040
Version	1.3
Procedure author	Laura McClintock, Chief of Staff
Approved for issue by	Council, 12 September 2024,
Effective from	12 September 2024
Next review	September 2028, or in line with good practice or legislative change

Version control tracker

Version	Approved date	Description of change	Amendments by
1.0	May 2017 – by Council	Creation of policy	Matthew Hayday, Head of Governance
1.2	December 2019 – by Council	Minor updates plus new section 4 on maximising openness in Council meetings, to provide clarity and transparency	Laura McClintock, Chief of Staff
1.3	September 2024 – by Council	Moved to new template. Reference to online meetings added.	Janet Collins, Senior Governance Manager

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1. Introduction

- 1.1 This policy sets out the key corporate governance arrangements for the GPhC and outlines the approach we take to maximise the amount of Council business which is conducted in public, in line with the principles of good regulation.

2. Purpose

- 2.1 This policy is designed to provide an overview of the corporate governance arrangements of the organisation

3. Governance statement

- 3.1 The Council is responsible for deciding the organisation's aims and for making sure that they are achieved. The Council accounts for the organisation's performance to Parliament, the Scottish Parliament and the Welsh Assembly, representing the public.
- 3.2 The GPhC organisation is headed by the Chief Executive and Registrar (CE&R). The CE&R manages the staff, resources and business of the organisation, assisted by the Executive Team.
- 3.3 The CE&R is required to assure the Council as to the organisation's achievement of the aims set out by Council and as to the management of the risks facing the organisation.
- 3.4 Governance arrangements are implemented through the GPhC's governance and assurance framework. This includes the Scheme of Delegation, Authority Framework, Standing Financial Instructions and a number of supporting policies and procedures.

4. Openness in Council meetings

- 4.1 Transparency and accountability are two of the five principles of better regulation. As a regulator and public body, these are vital to our effectiveness and the public interest. Our decision-making must be open, transparent and subject to public scrutiny.
- 4.2 As such, the default position for Council business is that it will be conducted in public. In line with the Standing Orders of the Council, members of the public may attend both public and online meetings of the Council. Council meeting agendas, papers and minutes are routinely published on our website.
- 4.3 Items should be discussed in public whenever it is reasonable and appropriate to do so.
- 4.4 However, it may be appropriate and necessary for some matters to be discussed in confidential business and this is also provided for in the Standing Orders of the Council.
- 4.5 Generally, items discussed in confidential business will fall within specified criteria, for example, where information is sensitive for personal or commercial reasons.
- 4.6 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.
- 4.7 This is not an exhaustive list and there may be occasions when a judgement will need to be made in relation to a specific item of business.
- 4.8 There will also be some routine matters of confidential business, for example, confidential minutes of the non-statutory committees.
- 4.9 Additionally, not all items which fall within the above criteria will need to be excluded from public business. A judgement will be made in each case as to whether it is appropriate to include an item in confidential business or whether it could reasonably be discussed in public.
- 4.10 The GPhC is covered by the Freedom of Information Act 2000 (FoI Act). The FoI Act provides a general right of access to information held by public bodies in the course of carrying out their public functions, subject to certain conditions and exemptions. The fact that an item has been discussed in confidential session at Council does not mean that information relating to it, including papers and confidential minutes, is not disclosable under FoI.
- 4.11 Any requests made under the FoI Act will be considered in line with our usual procedures. More information about this is available on our website [here](#).

5. Monitoring and compliance

- 5.1 The Council is responsible for approving this policy.
-

Scheme of delegation

GPhC0048 Version 1.4

The Scheme of Delegation sets out who has the authority to make decisions within the General Pharmaceutical Council, including the matters reserved to the Council or delegated to the Chief Executive and Registrar, or to other non-statutory committees or structures.



Policy details

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Version control tracker

Version	Approved date	Description of change	Amendments by
1.2	July 2020 – by Council	Complete overhaul and refresh of the previous Scheme of Delegation dated June 2014, to reflect legislative, operational and other organisational changes.	Laura McClintock, Chief of Staff
1.3	8 September 2022 – by Council	Updates to Section 6 ' <i>Matters delegated to the non-statutory committees or other structures</i> ', to include the details of the new Quality and Performance Assurance Committee, as well as minor updates to language. No other major or substantive changes required since the last review of the scheme in 2020.	Laura McClintock, Chief of Staff
1.4	12 September 2024 – by Council	Update to Section 2.2 to include an explicit reference about the Council's role in relation to culture and values.	Laura McClintock, Chief of Staff

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1. Introduction

- 1.1 The Pharmacy Order 2010 imposes statutory functions on the Council of the General Pharmaceutical Council and on its Registrar. In practice, many of these functions will be carried out by the GPhC's employees, within the terms of the legislation and the policies set by the Council.
- 1.2 The Scheme of Delegation ('the Scheme') takes account of a number of factors relating to the GPhC's functions under the Pharmacy Order 2010 including:
- making Rules is a statutory responsibility of the Council itself and cannot be delegated¹
 - some functions are expected to be discharged by the Council
 - some functions are the statutory responsibility of the Registrar (these are not covered in the Scheme, but are summarised in **Appendix A** for completeness)
 - some functions are carried out by statutory committees (as set out in legislation), while others are delegated to non-statutory committees (these are described in **Section 6** below)

2. Purpose

- 2.1 The Scheme is intended to facilitate the efficient and effective functioning of the GPhC. It is based on subsidiarity, so as to maximise effectiveness and efficiency, and to allow the GPhC to respond promptly to changes in circumstances.
- 2.2 This means that decisions are taken at the lowest level competent to take them, enabling the Council to focus on those tasks that only the Council can or should perform, such as
- **setting organisational culture and values and enduring these are embedded.**
 - approving vision, strategy and budget.
 - reviewing corporate performance and holding the executive to account.
 - approving regulatory policy.
 - setting professional standards.
 - taking the final decision on matters of strategic significance, or which pose a substantial risk to the organisation.
- 2.3 Other than where functions are delegated to committees or other structures, the Council regards the Chief Executive & Registrar (CE&R) as its single point of delegation and holds this position accountable for meeting the Council's expectations for organisational performance.
- 2.4 The CE&R may delegate functions further and will be held accountable by the Council for the discharge of all functions delegated under the Scheme. This accountability is demonstrated through monitoring reports submitted to the Council.

3. Scope

- 3.1 Overall, the Scheme sets out:

¹ Under Article 18(3) of the Pharmacy Order 2010, the Council may delegate any of its functions to the Registrar **except** the power to make Rules.

- matters reserved to the Council;
- matters delegated to the CE&R (which may also be carried out by persons nominated by the CE&R)
- matters delegated to non-statutory committees or other structures

Exercise of delegated powers

- 3.2 Where power is delegated under the Scheme, the power must be exercised in a manner which is consistent with relevant legislation, including the Pharmacy Order 2010, the General Pharmaceutical Council (Constitution) Order 2010 and with the Council's policies. References in the Scheme to powers under legislation are references to the Pharmacy Order 2010 unless otherwise stated.
- 3.3 In particular, the decision-maker must have regard to articles 6(1), 6(1A) and 6(2) of the Order which underlines that the GPhC's over-arching objective in exercising its functions is the protection of the public. In exercising its functions, the Council (including its staff and committees) must have proper regard to the interests of persons using or needing the services of registrants, the interests of all registrants and prospective registrants; and the interests of persons carrying on a retail pharmacy business at or from a registered pharmacy.
- 3.4 The decision-maker must also recognise that lawful exercise of a statutory power requires not only compliance with the conditions laid down for its performance but also with the principle that all statutory powers must be exercised in good faith, in a reasonable manner and for their proper purpose.

Withdrawal of delegated powers

- 3.5 The Scheme remains in force unless and until it is amended or revoked by the Council.

4. Matters reserved to the Council

- 4.1 The Council retains responsibility for determining the strategy of the GPhC and setting the GPhC's policy, to a level where the Council can accept any reasonable interpretation of its policy.
- 4.2 The power to make Rules under the Order is reserved to the Council by virtue of arts 4(7) and 18(3) of the Order and cannot be delegated.
- 4.3 In addition to making Rules, the Council retains responsibility for the following functions which, to the extent that it is lawful to do so, may only be delegated by means of a specific resolution of the Council:

Regulatory functions

1. Setting the standards to be met in connection with the carrying on of a retail pharmacy business at or from a registered pharmacy (art 7(1));
2. Setting standards of proficiency for the safe and effective practice of pharmacy which it is necessary for a person to achieve in order to be entered in Part 1 or 2 of the register as a pharmacist or a pharmacy technician (art 42(1)(a));
3. Setting standards of education, training & experience that providers must meet to enable a person to achieve the standards of proficiency set under art 42(1)(a) and any requirements to

- be satisfied for admission to and continued participation in education and training for prospective pharmacists or pharmacy technicians (art 42(1)(b));
4. Setting the criteria by reference to which the standards of education, training & experience that providers must meet to enable a person to achieve the standards of proficiency set under art 42(1)(a) are set (art 42(6)(a));
 5. Setting standards of proficiency for the safe and effective practice of pharmacy which it is necessary for a registrant to maintain in order to have an entry in Part 1 or 2 of the register renewed (art 43(1)(a));
 6. Setting standards relating to the conduct, ethics and performance expected of registrants (art 48(1)(a));
 7. Setting standards of continuing professional development which it is necessary for a registrant to maintain in order to continue to meet the standards of proficiency set under art 43(1)(a) (art 43(1)(b));
 8. Consulting such persons as the Council considers appropriate on the development of criteria by reference to which compliance with the standards of continuing professional development (CPD) set under art 43(1)(b) is to be monitored (and under art 43(3)(b) publishing those criteria as it considers appropriate) (art 43(3)(a));
 9. Adopting and maintaining a framework relating to requirements and conditions to be met by registrants in respect of their CPD (arts 43(4)(a) & (5));
 10. Requiring registrants to complete an annual declaration of compliance with the framework and to submit their CPD records to the Registrar for review (art 43(4)(b));
 11. Approving rules, standards and criteria for the purposes of consultation (arts 5(1), 36(6), 43(3)(a), 66(3));
 12. Setting the criteria to be taken into account in deciding whether to grant approvals of courses, qualifications, tests, providers or premises under art 42 (art 42(6)(b));
 13. Refusing or withdrawing approval of a course, qualification, test, institution or other provider (art 47(2)(b));
 14. Determining the programmes, courses and the amount and type of education, training or experience required to obtain an annotation in respect of a specialisation (art 44(1)(a)(i)-(ii));
 15. Approving qualifications outside Great Britain as attesting to a standard of proficiency that it is necessary to achieve in order to be entered in Part 1 or Part 2 of the register (arts 21(1)(d)(i) and 22(1)(c)(i));
 16. Publishing or providing in such manner as it sees fit guidance to registrants, employers or others in respect of the standards for the education, training, supervision and performance of persons who are not registrants but who provide services in connection with those provided by registrants (Sch 1, para 6(2));
 17. Determining threshold criteria stating types of allegations that should not be referred to the Investigating Committee (art 52(2)(a));

18. Determining, in the light of advice from the Appointments Committee, the minimum competencies required for appointment as a chair, deputy chair or other member of a statutory committee (Sch 1, para 5(1) and Statutory Committees and their Advisers Rules, R9);
19. Approving the procedure for suspension or removal of a statutory committee member, or the removal of a person on a reserve list, by the Appointments Committee (Sch 1, para 5(1) and Statutory Committees and their Advisers Rules, R14);
20. Determining fees to be charged in connection with entry to the pre-registration scheme and registration assessment for prospective pharmacists, and the assessment of overseas-qualified pharmacists (art 65(1));

Governance and finance

21. Approving the Council's standing orders and any other policies regulating the Council's own procedures (Sch 1, para 3(5));
22. Approving the Council's standing financial instructions (Sch 1, para 3(1));
23. Appointing the external and internal auditors, following consideration of any recommendation of the Audit & Risk Committee (Sch 1, paras 3(1) and 7(3));
24. Approving the Council's annual budget and business plan (Sch 1, para 3(1));
25. Approving any report, plan or accounts to be submitted to the Privy Council (Sch 1, paras 7(4) & 8(2));
26. Approving all borrowing of monies by the GPhC, with the exception of any overdraft which is offset against funds in other GPhC accounts (Sch 1, para 3(2)(a));
27. Acquiring or disposing of any freehold or leasehold interest in land and property, or other interest in land (Sch 1, para 3(1));
28. Determining and reviewing the organisation's overall investment policy, objectives, risk appetite and target returns (Sch 1, para 3(1));
29. Determining the remuneration and expenses policies applying to members of the Council (Sch 1, sub-para 3(2)(g));
30. Determining the organisation's approach to risk and monitoring strategic risks to the achievement of the Council's objectives (Sch 1, para 3(1));
31. Establishing or abolishing any non-statutory committee, sub-committee or working group of the Council and agreeing its remit, terms of reference and standing orders (art 4(7) and Sch 1, paras 3(2)(d)-(f));
32. Appointing, or agreeing arrangements for the appointment of, members to any non-statutory committee, sub-committee or working group (art 4(7) and Sch 1, paras 3(2)(d)-(f));
33. Appointing an appointments team led by the Chair of Council and including two other Council members (one lay, one registrant), and an external assessor, advised by the Director of People, to define and oversee the recruitment process for the Chief Executive & Registrar and to make a recommendation to the Council on this appointment (art 18(1));
34. Appointing or removing the Chief Executive & Registrar (art 18(1));

35. Suspending a member provisionally under standing orders, pending a decision of the Privy Council on whether or not to suspend that member under GPhC Constitution Order, para 7(4) (Standing Orders);
36. Publishing, in such manner as it sees fit, reports of routine inspections, special inspections and other visits to registered pharmacies by inspectors, and the reports may include an account of the outcomes of those inspections and visits (art. 9(3))
37. Approving the Council's scheme of delegation (Sch 1, para 3(1));

Equality, diversity and inclusion

38. Approving the GPhC's equality and diversity scheme (Sch 1, para 3(1)), including any equality, diversity and inclusion strategy.
39. Approving any report, plan or accounts to be submitted to the Privy Council, which includes a requirement to publish a "description of the arrangements that the Council has in place to ensure that it adheres good practice in relation to equality and diversity" (Sch 1, paras 8(1)(a))

Please note that in addition to the statutory reporting requirements in the Pharmacy Order, the Council remains responsible for overseeing the work that the GPhC carries out to demonstrate compliance with the Public Sector Equality Duty under Section 149 of the Equality Act 2010. This requires the GPhC, in the exercise of its functions, to have due regard to each of the statutory objectives, including the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- 4.4 The Council is also responsible for making decisions in relation to any matter in which the person who would otherwise have delegated authority to act has an actual or potential interest.

5. Matters delegated to the Chief Executive & Registrar (CE&R) (art 18(3))

- 5.1 The remit of the CE&R is to direct the affairs and manage the resources of the GPhC within the framework established by the Council. In exercising their remit, the CE&R has delegated authority to act in any matter that is not expressly reserved to the Council.
- 5.2 The CE&R is accountable to the Council for their decisions and must provide such reports as the Council may require in order to carry out its role effectively.
- 5.3 The CE&R has a responsibility to inform the Council at the earliest opportunity of any matters which may represent a significant regulatory, strategic, legal, financial or reputational risk or issue for the Council.
- 5.4 The CE&R is responsible, within the Council's policies, for:

Regulatory functions

1. Determining the information to be contained in lists derived from the register (art 19(6));
2. Establishing arrangements for the publication and inspection of lists derived from the register (art 19(7));
3. Notifying all GB providers concerned with the education and training of prospective registrants of the standards and requirements set by the Council under art 42(1)(b) (art 42(3)(a));
4. Taking steps to satisfy the Council that the standards and requirements it has set under art 42(1)(b) are being met (art 42(3)(b));
5. Publishing the criteria by reference to which the standards of education, training & experience that providers must meet to enable a person to achieve the standards of proficiency set under art 42(1)(a) are set (art 42(6)(a));
6. Publishing the criteria to be taken into account in deciding whether to grant approvals of courses, qualifications, tests, providers or premises under art 42 (art 42(6)(b));
7. Maintaining and publishing the Council's list of approved courses, qualifications, institutions, providers and tutors, and those which were approved but are no longer approved, together with the periods for which approval was given (art 42(7));
8. Approving, or arranging with others to approve:
 - courses of education or training which would confer the standards of proficiency for the safe and effective practice of pharmacy set by the Council (art 42(4)(a));
 - such other courses of education or training as the Council considers appropriate (art 42(4)(b));
 - qualifications granted following success in an assessment taken as part of an approved course (art 42(4)(c));
 - such tests of competence, or of proficiency in the knowledge and use of English, as the Council may require (art 42(4)(d));
 - institutions or other providers, including tutors, of postgraduate education and training leading to an approved qualification, including determining that such providers are properly organised and equipped for conducting the whole or part of an approved course (art 42(4)(e));
 - premises as suitable for postgraduate education & training leading to an approved qualification (art 42(4)(f));
 - a course of education or training run outside GB which is intended to lead to an approved qualification, or an institution or other provider of such a course of education or training (art 42(5)(a)-(b));
9. Imposing probationary or remedial arrangements or conditions on an institution or other provider in relation to a course, qualification or test (art 47(2)(a)), subject to the Registrar

- notifying the Council of the use of this delegated power;
10. Establishing, maintaining and publishing lists of premises to be used as training establishments (art 44(1)(d));
 11. Appointing visitors from those appointed under the governance arrangements for associates to visit any particular place, institution or other provider for the purposes of the Order relating to education, training, assessments or tests (art 45(4) & (6));
 12. Sending visitors' reports to the institution or other provider concerned and notifying it of the period within which it may comment on the report (art 45(9));
 13. Publishing visitors' reports and any responses to such reports, where the respondent has asked for this to be published (art 45(12));
 14. Notifying an institution or other provider when the GPhC is considering imposing probationary or remedial arrangements or conditions, or is considering refusing or withdrawing approval of a course, qualification, test, institution or provider, and informing it of the period within which it may make observations on the matters raised (art 47(4));
 15. Notifying an institution or other provider of a decision to impose probationary or remedial arrangements or conditions, or to refuse or withdraw approval of a course, qualification, test, institution or provider, and of the right of appeal (art 47(6));
 16. Using best endeavours, when approval of a course, institution or provider is withdrawn, to secure that any person undertaking that course or studying with that institution or provider at the time is given the opportunity to attend an approved course conducted by an approved institution or provider (art 47(8));
 17. Determining the education, training or experience required to address fitness to practise matters (art 44(1)(a)(iii));
 18. Issuing confirmation of good standing to registrants (Sch 1, para 3(1));
 19. Determining whether an exempt person is 'appropriately qualified' as a pharmacist or as a pharmacy technician under the General Systems Regulations (arts 21(1)(c) and 22(1)(b));
 20. Determining whether an exempt person is 'appropriately qualified' as a pharmacist where that person does not have a qualification in pharmacy which has been designated by the Privy Council as an approved qualification and who does not fall under the General Systems Regulations (art 21(1)(d)(ii)(aa));
 21. Determining whether an exempt or non-exempt person is 'appropriately qualified' as a pharmacist where that person holds a qualification in pharmacy obtained outside Great Britain which has not been approved by the Council as attesting to the standard set by the Council (art 21(1)(d)(ii)(bb));
 22. Determining whether an exempt person is 'appropriately qualified' as a pharmacy technician where that person does not fall under the General Systems Regulations (art 22(1)(c)(ii)(aa));
 23. Determining whether an exempt or non-exempt person is 'appropriately qualified' as a pharmacy technician where that person holds a qualification in pharmacy obtained outside Great Britain which has not been approved by the Council as attesting to the standard set by

- the Council (art 22(1)(c)(ii)(bb));
24. Determining whether an applicant for registration should meet additional education, training or experience requirements and determining the nature of those requirements (art 20(1)(a)(iii)),
 25. Determining whether an applicant has the necessary knowledge of English and requesting further evidence, information or documents or requiring the applicant to undergo an examination or other assessment (art 23A(4) and (6));
 26. Determining the form and manner of application for registration (including annotation of the register), renewal of registration, voluntary removal from and restoration to the register and the information to be provided. (arts 23(1)(a), 27(1)(b), 31(1)(a), 37(3)(a) This also includes determining the form and manner of applications relating to premises under the Medicines Act 1968);
 27. Determining the form of notices of registration (art 26(2));
 28. Consulting upon rules, standards and criteria approved for consultation by the Council (arts 5(1), 36(6), 43(3)(a), 66(3));
 29. Publishing the standards or criteria set and rules made by the Council (arts 36(2), 42(2), 43(2), 43(3)(b), 48(2));
 30. Publishing the CPD framework adopted by the Council (art 43(6));
 31. Publishing or providing information about the regulation of pharmacists, pharmacy technicians and pharmacy premises (Sch 1, para 3(1));
 32. Publishing or providing guidance agreed by the Council to registrants, employers or others in respect of the standards for the education, training, supervision and performance of persons who are not registrants but who provide services in connection with those provided by registrants (Sch 1, para 6(2));
 33. Appointing, from members appointed by the Appointments Committee, the members of panels to hear appeals or conduct particular fitness to practise proceedings, in line with any decisions on the composition of panels made by the chair of the Fitness to Practise Committee under the Statutory Committees and their Advisers Rules (Sch 1, para 5);
 34. Determining the form of documents provided for in rules covering the procedures and rules of evidence of the statutory committees (art 61(6));
 35. Making arrangements for the GPhC to be represented at any appeal or fitness to practise proceedings (art 61(2));
 36. Publishing the particulars of orders and decisions made by the Investigating, Fitness to Practise and Appeals committees, and the reasons for them (arts 40(11)-(12), 54(5)(c), Sch 1, para 3(1));
 37. Requiring information or documentation from a registrant or a third party to assist the GPhC in carrying out functions under the Order (art 49(1));
 38. Seeking a court order where a person has failed to provide information or documentation required under art 49(1) from a registrant or a third party to assist the GPhC in carrying out

functions under the Order (art 49(4));

39. Disclosing information relating to the fitness to practise of particular registrants, of all registrants or of groups of registrants, in the public interest (art 50(1)-(2));
40. Seeking an extension by a court of an interim order made by the Fitness to Practise committee (art 56(5));
41. Approving fees to be charged under art 65(1) of the Pharmacy Order other than charges in connection with entry to the pre-registration scheme and registration assessment for prospective pharmacists, and the assessment of overseas-qualified pharmacists (art 65(1));

Governance, finance and organisational management

42. Conducting and defending all proceedings (other than criminal prosecutions brought under Sch 1 para 3(2)(b)) brought by or against the GPhC in any court, tribunal or arbitration (Sch 1, para 3(1));
43. Instituting criminal prosecutions under any enactment (Sch 1, para 3(2)(b));
44. Advising the Privy Council that a person has ceased to be a member of the Council (Constitution Order, para 6);
45. Notifying the Privy Council if the Council has suspended a member provisionally under standing orders, pending a decision of the Privy Council on whether or not to suspend that member under the Constitution Order, para 7(5);
46. Terminating a provisional suspension of a Council member under standing orders if the Privy Council decides not to suspend that member (Constitution Order, para 7(6));
47. Maintaining and publishing the register of members' interests, including gifts and hospitality (Sch 1, para 4);
48. Keeping the accounts and preparing the annual accounts of the GPhC (Sch 1, para 7(1));
49. Administering the GPhC's finances including, but not limited to, the day to day control of those finances (Sch 1, para 3(1));
50. Approving guidance on expenses for witnesses (Sch 1, para 3(1));
51. Arranging any insurance on behalf of the GPhC (Sch 1, para 3(1));
52. Tendering, awarding and varying contracts (Sch 1, para 3(1));
53. Approving the terms of any other agreements or transaction (Sch 1, para 3(1));
54. Approving the Council's bank mandates (Sch 1, para 3(1));
55. Managing any property owned by the GPhC, or in which the GPhC has an interest, including the submission of planning and building consent applications (Sch 1, para 3(1));
56. Determining and administering the GPhC's employment procedures and processes (Sch 1, para 3(2)(c));
57. Appointing or removing all other employees of the GPhC (Sch 1, sub-para 3(2)(c)), including inspectors (art 8(1)) and any Deputy Registrar (art 18(4));
58. Determining the remuneration packages and terms & conditions for employees of the GPhC, within the overall remuneration framework agreed by the Remuneration Committee (Sch 1,

para 3(2)(i));

59. Determining the remuneration packages and terms & conditions for non-employees who are not covered by the Remuneration Committee's remit (such as CPD reviewers, medical assessors, adjustments panel, European pharmacy professional application evaluators, return to the register application evaluators, question writers) (Sch 1, para 3(2)(i));
60. Approving the GPhC's Publication Scheme under the Freedom of Information Act 2000 (Sch 1, para 3(1));
61. Publishing the GPhC's reports, plans and accounts approved by the Council for submission to the Privy Council (Sch 1, paras 7(4)(a) & 8(1));
62. Approving the GPhC's Welsh Language Scheme (Sch 1, para 3(1));
63. Approving the annual report to the Welsh Language Commissioner on how we have met our obligations under the Welsh Language Scheme (Sch 1, para 3(1));
64. Approving the procedure for dealing with organisational complaints (Sch 1, para 3(1));
65. Approving submissions to the Professional Standards Authority for the purpose of the annual performance review (Sch 1, para 3(1)).

6. Matters delegated to non-statutory committees or structures

Non statutory committees

6.1 The following non-statutory committees and structures have delegated responsibilities within the Council's policies:

- **Audit & Risk Committee** (art 4(7) and Sch 1, para 3(1))

The Council has established the Audit & Risk Committee to support the Council by reviewing the comprehensiveness and reliability of assurances and internal controls in meeting the Council's oversight responsibilities. The Audit & Risk committee reviews internal and external audit arrangements and advises the council on the implications of assurances provided in respect of risk and control.

- **Finance & Planning Committee** (art 4(7) and Sch 1, para 3(1))

The Finance & Planning Committee is responsible for providing the Council with assurance on the continuing efficiency and effectiveness of the organisation. This includes overseeing business and financial planning, to ensure that they align with the overall strategy set by the Council as well as overseeing and monitoring the implementation of the GPhC's investment strategy and policy, and other investment activities.

- **Quality & Performance Assurance Committee** (art 4(7) and Sch 1, para 3(1))

The Council has established the Quality & Performance Assurance Committee (QPAC) to support the Council 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.

- **Workforce Committee** (art 4(7) and Sch 1, para 3(1)(g)-(j))

The Council has established a Workforce Committee to support the Council by providing assurance that there are appropriate systems in place for remuneration for council members, employees and others and associated workforce matters.

- **Assurance and Appointments Committee** (art 4(7) and Statutory Committees and their Advisers Rules, Rules 6, 9 & 14)

The assurance and appointments committee is accountable, but operates at arm's-length from the Council, and is responsible for the selection and recruitment of statutory committee members.

6.2 The delegated responsibilities for each Committee are set out in more detail in their respective Terms of Reference, as approved by the Council.

Board of Assessors

6.3 The Board of Assessors has responsibility, within the Council's policies, for:

- Developing and holding, or causing to be held, registration assessments (art 44(1)(b))
- Determining the arrangements under which assessments under art 44(1)(b) will be held including: dealing with disciplinary matters relating to candidates or prospective candidates; agreeing adjustments for candidates with specific needs related to any protected characteristic; considering candidate appeals and awarding results (art 44(1)(b)(iii)).

7. Application of the Scheme

7.1 The Chief Executive & Registrar will be responsible for the application of the Scheme and will be accountable to the Council for ensuring that:

- decisions on matters reserved to the Council are referred to the Council;
- decisions on matters delegated to a non-statutory committee or other structure are referred to that committee or structure; and
- decisions on matters delegated to the CE&R are consistent with relevant legislation and with the Council's policies.

8. Monitoring and compliance

8.1 The Council is responsible for the Scheme of Delegation and will review the Scheme every two years, or in line with relevant legislative or other change.

8.2 Compliance with the scheme, or specific aspects of the scheme, is monitored in a number of different ways, including through performance monitoring and other assurance mechanisms such as internal audit and review.

8.3 If you have any questions about the Scheme, please contact the Executive Office and Governance Team.

9. Supporting documents

9.1 The core legislation including the Pharmacy Order 2010, associated procedural rules and key governance policies and procedures are available on the GPhC website.

10. Appendices

10.1 **Appendix A** below sets out the statutory functions of the Registrar.

Appendix A: Statutory duties and powers of the Registrar under the Pharmacy Order 2010

The main duties and powers of the Registrar under the Pharmacy Order 2010 are summarised below. These are not included in the Scheme of Delegation as they are statutory functions of the Registrar and are shown here for ease of reference. The Registrar also has a number of statutory functions under procedural rules and other legislation such as the Medicines Act 1968.

Establishment, maintenance of and access to the Register

The Registrar must:

- establish and maintain the Register of pharmacist, pharmacy technicians and pharmacy premises (art 19(1))
- in such manner as the Registrar sees fit, compile lists comprising information in or derived from entries in the Register (art 19(5)).

Entitlement to entry in Part 1 or Part 2 of the Register

The Registrar is to determine whether applicants are entitled to be entered in Part 1 or, as the case may be, Part 2 of the Register (art 20(1)) and to determine whether such entries may be renewed (art 20(2)).

The Registrar may, in certain circumstances, require an applicant for registration to undertake additional education, training or experience (art 20(1)(a)(iii)).

Pre-entry requirements in respect of qualifications and additional education, training or experience: pharmacists

The Registrar may require:

- certain applicants for registration holding overseas qualifications to undertake additional education, training or experience (art 21(1)(d)(ii)(bb));
- certain exempt applicants for restoration to the Register to undertake additional education, training or experience but only where this is consistent with the EU Treaties and Directive 2005/36/EC (art 21(4));
- applicants for registration to meet requirements as to additional education which comprise or include reaching an adequate standard of proficiency in the knowledge and use of English (art 23A).

Pre-entry requirements in respect of qualifications and additional education, training or experience: pharmacy technicians

The Registrar may require:

- certain applicants for registration holding overseas qualifications to undertake additional education, training or experience (art 22(1)(c)(ii)(bb));
- certain exempt applicants for restoration to the Register to undertake additional education, training or experience but only where this is consistent with the EU Treaties and Directive 2005/36/EC (art 22(2));
- applicants for registration to meet requirements as to additional education which comprise or include reaching an adequate standard of proficiency in the knowledge and use of English (art 23A).

Form, manner and content of applications for entry or for renewal of an entry in the Register: pharmacists and pharmacy technicians

The Registrar may refuse to enter an applicant in the Register or refuse to renew the entry of an applicant in the Register, if the applicant fails to comply with, or if in respect of the applicant there is a failure to comply with registration rules (art 23(2)).

If a registrant fails to comply with registration rules relating to a renewal application, the failure may be treated as misconduct and the Registrar must consider whether or not to refer the matter to the Investigating Committee or the Fitness to Practise Committee (art 23(3)).

Notification by the Registrar: entry & renewal

The Registrar must, within one month, acknowledge an application for registration in Part 1 or Part 2 of the Register and inform the applicant of any missing document required.

The Registrar must, within three or four months (depending on the basis of the application) of receiving all the documents required for a registration application, notify the applicant of the result of the application.

The Registrar must, within one month, acknowledge an application for renewal of registration in Part 1 or Part 2 of the Register and inform the applicant of any missing document required.

The Registrar must, within one month of receiving all the documents required for a renewal application, notify the applicant of the result of the application.

Duration of entry

The Registrar must remove entries from Parts 1 & 2 of the Register when they cease to be valid (art 25(3)) and must send the person concerned a statement of the reasons for the removal (art 25(4)).

Notice of entry in the Register

The Registrar must send registrants written notice of their entries in the Register (arts 26(1)-(3)).

Specialisations: registrants and registered pharmacies

Where the Registrar decides not to enter, renew or restore an annotation in respect of a specialisation of an entry in the Register of a registrant or a registered pharmacy, or to remove such an annotation from the Register, the Registrar must send a notice to the person concerned stating the reasons for the decision and the right of appeal to the Appeals Committee (arts 27(2)-(3)).

Registrants' duties with regard to their entries

If the Registrar sends two notices to a registrant in Part 1 or Part 2 of the Register and, in each case, receives no reply within a specified time, the Registrar may remove the registrant from the Register (art 28(2)).

If a registrant in Part 1 or Part 2 of the Register fails to comply with rules about information to be provided by registrants, the Registrar may remove the registrant from the Register (art 28(3)).

The Registrar must send a notice to any person removed from the Register under art 28(2)-(3) stating the reasons for the removal and the right of appeal to the Appeals Committee (art 28(4)).

Corrections to the Register

The Registrar must keep the Register correct and up to date (art 29(1)).

If the Registrar determines that an entry of a registrant or pharmacy in the Register has been fraudulently procured or incorrectly made, the Registrar may, subject to any provisions in rules, remove the registrant or registered pharmacy from that part of the Register (art 29(3)). The Registrar must then send a notice to the person concerned stating the reasons for the removal and the right of appeal to the Appeals Committee (arts 29(5)-(6)).

Fitness to practise matters before entry or renewal of an entry

The Registrar may, subject to any provisions in rules, remove a registrant from Part 1 or 2 of the Register if the Registrar is satisfied that:

- (a) the registrant's fitness to practise was impaired as a result of prescribed circumstances or because of a health problem at the time of the registrant's entry in the Register or at the time of a renewal application; and
- (b) the registrant had not informed the Registrar of those circumstances or that problem in advance (arts 30(1)-(2)).

If a registrant in Part 1 or Part 2 of the Register fails to comply with rules about fitness to practise matters before entry or renewal of an entry, the Registrar may remove the registrant from the Register (art 30(3)).

The Registrar must send a notice to the person concerned stating the reasons for the removal and the right of appeal to the Appeals Committee (art 30(5)).

Voluntary removal from the Register

Where the Registrar refuses an application for voluntary removal from the Register, the Registrar must send the applicant a statement giving notice of the refusal and the reasons for it (art 31(2)).

Indemnity arrangements

The Registrar may, subject to any provisions in rules, refuse to enter a person in, or to restore a person's entry in, the Register where that person has failed to comply with rules concerning information to be provided to the Registrar on indemnity arrangements (art 32(8)).

The Registrar may remove a registrant from the Register where that person is in breach of requirements in rules or the Order relating to the requirement to have in force an indemnity arrangement which provides appropriate cover, or may refer the matter as an allegation of misconduct (art 32(9)).

Where the Registrar refuses to enter a person in, or restore a person to, the Register, or removes a person from the Register, the Registrar must send a notice to the person concerned stating the reasons for the decision and the right of appeal to the Appeals Committee (art 32(10)).

Temporary entry with regard to emergencies involving loss of human life or human illness etc.

If the Secretary of State advises the Registrar of a state of emergency, the Registrar may:

- enter appropriate persons in Part 1 or Part 2 of the Register during the emergency and may make such entries subject to conditions (arts 34(1)-(4))
- remove a person registered under this article from the Register if the Registrar has grounds for suspecting that the person's fitness to practise is impaired, and must remove such persons from the Register when the Secretary of State advises that the emergency no longer exists (art 34(5))
- make available information to assist with the identification of persons entered in the Register under this article in such manner as the Registrar sees fit (art 34(9)).

Temporary annotations with regard to emergencies involving loss of human life or human illness etc.

If the Secretary of State advises the Registrar of a state of emergency, the Registrar may:

- annotate entries in Part 1 or Part 2 of the Register to allow such persons to order drugs, medicines & appliances during the emergency (art 35(1))
- remove such an annotation if the Registrar has grounds for suspecting that the person's fitness to order drugs, medicines & appliances is impaired, and must remove such annotations when the Secretary of State advises that the emergency no longer exists (art 35(3)).

Restoration to the Register of persons or premises removed from the Register

The Registrar may restore a person or a registered pharmacy to the Register in accordance with rules (arts 37(1)-(2)).

Where restoration of a person is granted subject to compliance with an undertaking with regard to CPD and the person breaches that undertaking, that breach may be treated as misconduct and the Registrar must consider whether or not to refer the matter to the Investigating Committee or the Fitness to Practise Committee (art 37(4)).

Where the Registrar refuses an application for restoration to Part 1, 2, 4 or 5 of the Register, the Registrar must send the applicant a notice stating the reasons for the refusal and the right of appeal to the Appeals Committee (art 37(5)).

Where the Registrar refuses an application for restoration to Part 3 of the Register, the Registrar must send the person concerned a notice stating the reasons for the refusal and the right of appeal to the Appeals Committee (art 37(6)).

Appeals to the Appeals Committee

The Registrar may extend the deadline for giving notice of an appeal where he is satisfied that the person did not receive the statement of the reasons for the appealable decision within 14 days of it being sent (art 40(4)).

Continuing Professional Development

The Registrar may, in accordance with rules, remove a registrant from the Register or impose other remedial measures where the registrant has failed to comply with the CPD framework or made a false declaration about his compliance (art 43(8)(a)).

Where the Registrar removes a registrant from the Register as above, he must send the person concerned a notice stating the reasons for the decision and the right of appeal to the Appeals Committee (art 43(8)(c)).

Impairment of fitness to practise

If a registrant fails to comply with rules about information to be provided to the Registrar on fitness to practise matters that arise while registered, the failure may be treated as misconduct and the Registrar must consider whether or not to refer the matter to the Investigating Committee or the Fitness to Practise Committee (art 51(6)).

Initial action in respect of allegations

Except in such cases as are provided for in rules, the Registrar must refer all fitness to practise allegations to the Investigating Committee or, as appropriate, the Fitness to Practise Committee and must inform the registrant concerned and the person, if any, who made the allegation accordingly (art 52(1)-(4)).

Once a decision has been taken to refer the allegation to the Investigating Committee or the Fitness to Practise Committee, the Registrar must:

- require from the registrant concerned details of any person by whom the registrant is employed or engaged to provide services relating to pharmacy, or with whom the registrant has arrangements to provide such services;
- notify any such persons of the investigation;
- notify the Secretary of State, Scottish Ministers and Welsh Ministers of the investigation; and
- notify the Department of Health, Social Services and Public Safety in Northern Ireland of the investigation where the registrant is also registered in Northern Ireland (art 52(5)).

Where a registrant fails to provide details as above, the failure may be treated as misconduct and the Registrar may refer the matter to the Committee that is considering the allegation, the Registrar may seek an order of the relevant court requiring the requested details to be supplied (art 52(6)).

Consideration by the Investigating Committee

If the Investigating Committee closes a case without referring it to the Fitness to Practise Committee, the Registrar must inform the person concerned and the person who made the allegation, if any, of the Investigating Committee's decision and any action it is taking (art 53(2)).

If the Investigating Committee refers an allegation to the Fitness to Practise Committee, the Registrar must inform the person concerned and the person who made the allegation, if any, of the referral and, where relevant, of the Investigating Committee's opinion that the Fitness to Practise Committee should consider making an interim order (art 53(3)).

Consideration by the Fitness to Practise Committee

If the Fitness to Practise Committee determines that the fitness to practise of the person concerned is not impaired, the Registrar must inform the person concerned and the person who made the allegation, if any, of the Committee's decision and any warning or advice given by the Committee (art 54(5)).

If the Fitness to Practise Committee gives a warning or a direction, the Registrar must send the person concerned a notice of the reasons for the warning or direction and of any right of appeal (art 54(8)).

Professional performance assessments

If the Registrar has, in accordance with rules, ordered an assessment of a registrant's professional performance (art 55(1)) and the registrant fails to produce any records required by an individual assessor or an assessment team, the Registrar may seek a court order requiring the records to be produced (art 55(7)).

Interim orders

If an interim order is made, revoked or varied, the Registrar must send the person concerned a notice of the order, revocation or variation (art 56(4)).

Restoration of names to the Register: fitness to practise

If a person who has been removed from the Register by the Fitness to Practise Committee applies for restoration, the Registrar must refer the application to the Fitness to Practise Committee (art 57(1)).

The Registrar may, if the rules so provide, determine whether any, and if so what, additional education, training or CPD is required before an applicant may be restored to the Register (art 57(3)(c)).

Where the Fitness to Practise Committee refuses an application for restoration, the Registrar must send the applicant a notice stating the reasons for the refusal (art 57(5)).

If the Fitness to Practise Committee directs that an applicant's restoration to the Register shall be conditional on them complying with specified requirements, or directs that a person may make no further applications for restoration, the Registrar must send that person a notice stating the reasons for the decision and, in the case of a direction that a person may make no further applications for restoration, their right of appeal (art 57(10)).

Interim measures pending a direction taking effect

If the Fitness to Practise Committee makes an order to suspend a registrant's registration forthwith or to impose conditions on their registration forthwith, pending the coming into force of a direction, the Registrar must send that person a notice stating the contents of the order and their right of appeal (art 60(6)).

Rules in respect of proceedings

The Registrar may, if the rules so provide, request a review of a direction for suspension or conditional entry in the Register (art 61(2)(e)(iii)(aa)).

Registration in respect of provision of occasional pharmacy services (pharmacists)

Where a visiting practitioner is entitled to be entered in Part 4 of the Register, the Registrar must give effect to that entitlement (Sch 2, Pt 1, para 2(1)).

The Registrar may refuse to enter a visiting practitioner in Part 4 of the Register if, in the Registrar's opinion, that person is not so entitled. If the Registrar refuses to enter a visiting practitioner in Part 4 of the Register, the Registrar must send the practitioner a notice stating the reasons for the decision and the right of appeal (Sch 2, Pt 1, paras 2(3)-(4)).

If a person ceases to be entitled to provide occasional pharmacy services, the Registrar may remove them from Part 4 of the Register (Sch 2, Pt 1, paras 2(5)-(6)).

Entitlement to provide occasional pharmacy services after the first year: renewals (pharmacists)

If a visiting practitioner has been removed from Part 4 of the Register for reasons other than the cessation of his entitlement, and that person applies to have his entitlement renewed, the renewal will only be granted if the Registrar decides, after having regard to the fact of the removal and the reasons for it, that the entitlement should be renewed (Sch 2, Pt 1, para 6(4)).

If the Registrar refuses to renew the entry of a visiting practitioner in the Register, the Registrar must send the practitioner a notice stating the reasons for the refusal and the right of appeal (Sch 2, Pt 1, para 6(9)).

Registration in respect of provision of occasional pharmacy services (pharmacy technicians)

Where a visiting practitioner is entitled to be entered in Part 5 of the Register, the Registrar must give effect to that entitlement (Sch 2, Pt 2, para 10(1)).

The Registrar may refuse to enter a visiting practitioner in Part 5 of the Register if, in the Registrar's opinion, that person is not so entitled. If the Registrar refuses to enter a visiting practitioner in Part 5 of the Register, the Registrar must send the practitioner a notice stating the reasons for the decision and the right of appeal (Sch 2, Pt 2, paras 10(3)-(4)).

If a person ceases to be entitled to provide occasional pharmacy services, the Registrar may remove them from Part 5 of the Register (Sch 2, Pt 2, paras 10(5)-(6)).

Entitlement to provide occasional pharmacy services after the first year: renewals (pharmacy technicians)

If a visiting practitioner has been removed from Part 5 of the Register for reasons other than the cessation of his entitlement, and that person applies to have his entitlement renewed, the renewal will only be granted if the Registrar decides, after having regard to the fact of the removal and the reasons for it, that the entitlement should be renewed (Sch 2, Pt 2, para 14(4)).

If the Registrar refuses to renew the entry of a visiting practitioner in the Register, the Registrar must send the practitioner a notice stating the reasons for the refusal and the right of appeal (Sch 2, Pt 2, para 14(9)).

Imposing, revoking or varying conditions on registered pharmacy premises

The Registrar may make the entry of premises entered in Part 3 of the Register of pharmacist, pharmacy technicians and pharmacy premises subject to such conditions as the Registrar considers it necessary to impose for the purpose of securing the safe and effective practice of pharmacy at those premises; and may vary or revoke any such conditions (section 74D of the Medicines Act 1968).

Non-compliance with improvement notices

The Registrar must refer certain cases of non-compliance with Improvement Notices to the Fitness to Practise Committee under section 80(1)(c) or (1A) of the Medicines Act 1968 (grounds for disqualification in certain cases) (art 14 (4A)). (Improvement notices may be issued where there is a failure to meet standards or conditions relating to standards)

Please note that you should always refer to the relevant legislation for full details of the Registrar's statutory functions and powers.

For GPhC staff, please also refer to the Authority Framework for detailed guidance and information about delegated authority to act for the Registrar, including the exceptions list.



Appointment of members to non-statutory committees

GPHC0021 Version 2.3

This policy sets out the procedure for appointment members to the GPhC's non-statutory committees



Procedure details

Procedure reference	GPHC0021
Version	2.3
Procedure author	Laura McClintock, Chief of Staff
Approved for issue by	Council, 12 September 2024
Effective from	12 September 2024
Next review	September 2027, or in line with good practice or legislative updates

Version control tracker

Version	Approved date	Description of change	Amendments by
1.0	2016	Creation of policy	Matthew Hayday, Head of Governance
2.0	November 2018	Scope expanded to include EEAAG. Minor amendments in light of data protection changes	Laura McClintock, Chief of Staff
2.1	September 2020	References to EEAAG replaced with FPC	Laura McClintock, Chief of staff
2.2	March 2021	Updated to reflect Council decision in March 2021 that memberships are reviewed and confirmed by Council every 12 months. References to Remuneration Committee replaced with references to Workforce Committee. Administrative steps updated for clarity.	Janet Collins, Senior Governance Manager
2.3	September 2024	Updated to include references to the Quality and Performance Assurance Committee	Janet Collins, Senior Governance Manager

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1. Purpose

- 1.1 The following procedure should be used for the appointment of all members (i.e. Council members, external members and Chairs) to the Council's non-statutory committees - the Audit and Risk, Finance and Planning, Quality and Performance Assurance and Workforce committees. This includes appointments to fill casual vacancies.
- 1.2 The procedure has been designed to ensure that a consistent approach is used when appointing members and Chairs to committees.

2. Appointment of Council members to committees

- 2.1 Members of committees who are Council members, including committee Chairs, are appointed by the Council. Committee membership is reviewed and confirmed by the Council every 12 months, to ensure that it remains appropriate. This is generally carried out in April or May, to ensure that decisions are taken in light of any new appointments to the Council.
- 2.2 Before the end of a committee member's existing appointment and the Council discussion, the Senior Governance Manager will invite members to express an interest in remaining on a committee or joining a new committee.
- 2.3 Members of Council should indicate their willingness to be appointed or re-appointed to a committee as a member, or as a committee Chair, by submitting a supporting statement. Those seeking to be appointed as a committee Chair may be asked to provide a more in-depth statement in support. The statements will be shared with the Chair of the Council.
- 2.4 The Chair will then consider the expressions of interest and may take soundings from a lay and a registrant Council member before recommending members for appointment or reappointment by the Council.
- 2.5 The Council will make appointments based on all relevant information available, including the knowledge and skills of individual members, any other expressions of interest and the balance to be achieved between retaining knowledge and bringing in new ideas.
- 2.6 If it is considered desirable to appoint a non-Council member as chair of the Workforce Committee, the procedure below for appointing external members to the committees should be followed.

3. Appointment of external members to committees

- 3.1 When a vacancy for an external member arises, a panel will be formed consisting of the GPhC Chair, one registrant Council member and one lay Council member. This will usually include the chair of the relevant committee. The Chair will invite Council members to join the panel based on expressions of interest.
- 3.2 The panel will appoint non-Council members to non-statutory committees (Audit & Risk, Finance and Planning, and Workforce), following the procedure in Section 4 below. This procedure has been designed to ensure that a consistent approach is used when appointing external members to committees. However, ultimate responsibility for making these appointments rests with the panel.
- 3.3 This procedure applies to the Council, all appointments panels, and all staff involved with the process.

4. Procedure for appointing external members

General principles

- 4.1 Appointments must be made in a way which upholds the Nolan principles of public life and adheres to good practice and all relevant legal requirements in relation to equality and diversity.
- 4.2 Although these appointments do not come within the remit of the Commissioner for Public Appointments, the procedures take into account the Commissioner's Code of Practice.

Advance planning

- 4.3 The Senior Governance Manager should monitor membership of committees for forthcoming vacancies since vacancies can take some time to fill. Six months before the end of a committee member's existing appointment, the Senior Governance Manager will invite members to indicate whether they wish to be considered for reappointment, if appropriate.
- 4.4 If so, the external member's most recent appraisal will be sent to the panel. The panel will also take soundings from the relevant committee Chair on the desirability of continuity or recruitment of a new external member. The panel will then decide whether to re-appoint or to recruit a new external member to fill the vacancy based on all relevant information available, including the balance to be achieved between retaining knowledge and bringing in new ideas.

Selection criteria, advertising and recruitment processes

- 4.5 If the panel decides to recruit a new external member, the Senior Governance Manager should produce a role description and person specification for every new appointment, for sign off by the appointments panel. The person specification should set out the experience, personal qualities, professional qualifications (if appropriate) and competencies against which applications will be assessed.
- 4.6 The selection criteria must not discriminate unlawfully against any group or groups in society.
- 4.7 All appointments must be advertised in an appropriate and proportionate way and will always, as a minimum, be promoted on the GPhC website. All advertising used must seek to encourage a diverse range of candidates.
- 4.8 Information packs will be made available for download from the website.
- 4.9 Applicants will be required to provide information on any potential conflicts of interest.
- 4.10 Applications will be accepted in the manner and time agreed by the appointments panel, which may include the use of an application form.
- 4.11 During the appointments process, it may be necessary to sift applications. All sifting processes must:
 - a. be approved by the appointments panel,
 - b. be based on the person specification, and
 - c. ensure selection is based on merit.
- 4.12 Records must be kept of the processes used to sift applications.

Interviews

- 4.13 Candidates will be interviewed by the appointments panel.

Appointment of members to non-statutory committees

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- 4.14 If a member of the appointments panel knows a candidate, then they must declare the nature and extent of the relationship. The decision of the appointments panel chair will be final on the question of what further action, if any, is needed to manage prior knowledge and conflicts of interest appropriately.
- 4.15 To ensure consistency, interview questions will be based on the competencies outlined in the person specification.
- 4.16 GPhC staff will provide an evaluation form for use by interviewers. Interviewers must make a note of the key interview performance points that influence their decision. The appointments panel chair must keep a clear and objective record of the panel's rating of each candidate and agreed decision. Each member of the panel should sign the agreed panel summary for each candidate.
- 4.17 Selection of the most suitable candidate for the appointment should only be made on merit, on the basis of information provided by them in their applications forms and at interview.

Post-selection procedures

- 4.18 When a decision has been made, all candidates will be notified in writing with the minimum of delay.
- 4.19 Candidates may request feedback on interview performance and/ or an account of the process undertaken. Such requests will be dealt with promptly by a member of GPhC staff, using the appointment panel's agreed records of sift and interview outcomes.
- 4.20 Appointment may be made subject to the provision of satisfactory references, if the appointments panel considers them to be necessary. No references will be taken up without the individual being informed in advance.



Council member and Council Chair appraisal processes

GPhC0032 Version 3.1

This procedure sets out the processes for the annual appraisal of Council members and the Chair of Council.



Procedure details

Procedure reference	GPhC0032
Version	3.1
Procedure author	Janet Collins, Senior Governance Manager
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Effective from	12 September 2024
Next review	01 September 2026

Version control tracker

Version	Approved date	Description of change	Amendments by
1	April 2016		Matthew Hayday, Head of Governance
2	May 2019	Updated to new template. Changed reference from GPr/2016/135 to GPhC0032. Updates to language.	Janet Collins, Governance Manager
3	April 2022	Updated to new template. Wording changes to procedure for members. Procedure for Chair expanded to make clear that appraisal is annual but a full 360 review only takes place prior to a potential re-appointment.	Janet Collins, Senior Governance Manager
3.1	September 2024	Minor updates to wording	Janet Collins, Senior Governance Manager

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1. Introduction

- 1.1 This procedure sets out the process for annual appraisal of Council members and the Chair of Council.

2. Purpose

- 2.1 This procedure is in place so that there is a clear and consistent process for the annual appraisal of Council members and the Chair of Council.
- 2.2 Appraisal focuses on performance against the corporate and personal behaviours required for each role, taken from the Council's behavioural framework, and against the objectives set in a previous appraisal. It is both an assessment of performance and a constructive discussion of development, encouraging self-reflection and personal accountability for development. The emphasis is on discussing performance, development and objectives as an integrated part of performance management and doing so regularly and frequently. This is a core responsibility for both reviewers and reviewees; effective appraisal is a key part of the reviewer's own performance.

3. For Council members

- 3.1 Council members will be appraised annually. Appraisal meetings will be arranged by the Executive Office.
- 3.2 At least two weeks before their meeting, members will receive a copy of the appraisal form and be asked to complete the self-assessment section. The self-assessment must be completed and returned in such time that it can be sent to the Chair at least one week before the meeting to allow the Chair time to review it.
- 3.3 The Chair may seek written input from the chair of any committee or working group on which the member has served during the period covered by the appraisal; from the person currently designated to act as the deputy Chair of Council if they have been called on to act as Chair during the relevant period; and any other relevant person.
- 3.4 If the member has chaired a committee during the period covered by the appraisal, the Chair may seek written input from the members of that committee, including external members.
- 3.5 The Chair may also seek written input from the Chief Executive & Registrar which should be based on examples of the member's behaviour and is disclosable to the member on request.
- 3.6 The member will have an appraisal meeting with the Chair, including constructive specific feedback from the Chair to the member and from the member to the Chair. Objectives and learning and development needs will be reviewed, identified and recorded through the self-assessment and the appraisal meeting.
- 3.7 The Chair will complete the remainder of the appraisal form with an overall assessment of the member's performance and send it to the member, asking them to agree it as a fair reflection of their discussion.
- 3.8 If the member is not satisfied with the completed form, the Chair will discuss the comments with the member in further detail. In the unlikely event that the member and Chair remain unable to agree on the comments, this will be recorded on the form.
- 3.9 Council members also have a mid-year review with the Chair to assess progress against objectives. This is documented but does not follow the full appraisal process.

4. For the Chair

- 4.1 In a year preceding a potential re-appointment of the Chair, a formal 360° appraisal process will be carried out, facilitated by an independent external provider. The persons to provide feedback will be agreed with the external provider but will generally include the Chief Executive & Registrar, the chairs of relevant committees and external stakeholders. The Chair will also complete a self-assessment.
- 4.2 Any objectives and learning and development needs will be reviewed, identified and recorded through the self-assessment and the appraisal meeting.
- 4.3 Following the meeting, the appraisal information may be used to inform any reappointment process, which will be conducted in line with PSA guidance.
- 4.4 In other years, the Chair will have an annual appraisal led by the Chair of the Workforce Committee, with input from up to five people selected to provide feedback on the Chair's performance, including the Chief Executive & Registrar. Others may be selected from Council and the executive team. The process will be similar to that for Council member appraisal.
- 4.5 The Chair will complete a self-assessment and the appraisal discussion will be based on this and the feedback received.
- 4.6 The Chair will have an appraisal meeting with the Chair of the Workforce Committee, including constructive specific feedback. Objectives and learning and development needs will be reviewed, identified and recorded through the self-assessment and the appraisal meeting.
- 4.7 The Chair of the Workforce Committee will complete the remainder of the appraisal form with an overall assessment of the Chair's performance and send it to the Chair, asking them to agree it as a fair reflection of their discussion.



Appraisal for external members of non-statutory committees

GPhC0072 Version 1.1

This policy sets out the process for the annual appraisal of external members of the GPhC's non-statutory committees



Policy details

Policy reference	GPhC0072
Version	1.1
Policy author	Janet Collins, Senior Governance Manager
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Effective from	12 September 2024
Next review	September 2026

Version control tracker

Version	Approved date	Description of change	Amendments by
1.0	December 2022	New policy	Janet Collins, Senior Governance Manager
1.1	September 2024	No changes	Janet Collins, Senior Governance Manager

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Introduction

- 1.1 This policy sets out the process for the annual appraisal of external members of the Council's non-statutory committees ('external members').

Purpose

- 2.1 This policy is in place so that there is a clear and consistent process and approach for the annual appraisal of external members which is closely aligned to that for Council members.
- 2.2 Appraisal focuses on performance against the corporate and personal behaviours required for each role, taken from the Council's behavioural framework, and against the objectives set in a previous appraisal (where relevant). It is both an assessment of performance and a constructive discussion of development, encouraging self-reflection and personal accountability for development. The emphasis is on discussing performance, development and objectives as an integrated part of performance management and doing so regularly and frequently. This is a core responsibility for both reviewers and reviewees; effective appraisal is a key part of the reviewer's own performance.

Scope

- 3.1 The policy applies to the external members of the Audit and Risk Committee (ARC), the Finance and Planning Committee (FPC) and the Workforce Committee (WfC). It also applies to any other non-statutory committees which may be established and which include external members.
- 3.2 While this policy is closely aligned to that for Council members, it does not cover their appraisal. Council member and Chair appraisal is dealt with in the 'Council member and Chair appraisal processes' (reference GPhC0032).

Appraisal process for the external members of non-statutory committees

- 4.1 External members will be appraised annually, as Council members are. Appraisal meetings will be arranged by the Executive Office and conducted by the Chair of the relevant committee ('the Chair').
- 4.2 At least two weeks before their meeting, external members will receive a copy of the appraisal form and be asked to complete the self-assessment section. The form will be closely aligned to that used for Council members, with any necessary changes to reflect that the external member's role is restricted to the committee that they sit on. The self-assessment must be completed and returned in such time that it can be sent to the Chair of the committee at least one week before the meeting, to allow the Chair time to review it.
- 4.3 The Chair may seek feedback from the other members of the relevant committee, should they think it helpful.
- 4.4 The Chair may also seek feedback from the Chief Executive & Registrar and other senior staff involved with the relevant committee. This should be based on examples of the external member's behaviour and input to the work of the committee and is disclosable to the member on request.
- 4.5 The member will have an appraisal meeting with the Chair, including constructive specific feedback from the Chair to the member and from the member to the Chair. Objectives and

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learning and development needs will be reviewed, identified and recorded through the self-assessment and the appraisal meeting.

- 4.6 The Chair will complete the remainder of the appraisal form with an overall assessment of the member's performance and send it to the member, asking them to agree it as a fair reflection of their discussion.
- 4.7 If the member is not satisfied with the completed form, the Chair will discuss the comments with the member in further detail. In the unlikely event that the member and Chair remain unable to agree on the comments, this will be recorded on the form.



Managing complaints about Council members

GPHC0051 Version 1.1

This policy sets out how we manage and investigate complaints about Council members



Procedure details

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1. Introduction

- 1.1 This procedure sets out how we manage and investigate complaints about Council members where it is alleged or appears that the conduct of the member has fallen below the standards set out in GPhC's Code of Conduct for Council members.
- 1.2 We use the term 'complaints' throughout this document. However, this procedure applies equally to circumstances where a concern about a Council member has come to the GPhC's attention without a formal complaint being made.

2. Purpose

- 2.1 This procedure is designed to ensure so far as possible a fair, consistent and proportionate approach to managing complaints about Council members, in line with relevant legislation.
- 2.2 Where possible, the preferred route will be informal resolution, with a focus on reaching a mutually acceptable outcome. However, there will be some circumstances where this is not possible or appropriate and more formal action is required. This document also sets out the procedure for referring matters to the Privy Council for consideration, in line with its suspension and removal powers under the General Pharmaceutical Council (Constitution) Order 2010.

3. Scope

- 3.1 The procedure set out in sections 6-9 applies to complaints about all Council members (lay and registrant), including the Chair of the Council. It also applies to complaints about Council members sitting in their capacity as members of our non-statutory committees, namely the Audit & Risk, Finance & Planning, Quality and Performance Assurance and Workforce committees.
- 3.2 Concerns about the individual performance or attendance of a Council member are usually dealt with through our training and appraisal processes. However, consistently poor attendance or performance which are not remedied through training and appraisal, or exceptionally poor performance, may mean that it is necessary to consider removing the member from office. It then becomes appropriate for the matter to be dealt with under this procedure.

4. Exclusions

- 4.1 This policy does not apply to complaints about:
 - Council or Committee policies or decisions;
 - Other associates and partners, including statutory committee members, which are dealt with under separate procedures.

5. Responsibilities

- 5.1 The Council is responsible for approving this policy.

6. Complaints procedure

Submitting a complaint

- 6.1 Anyone can make a complaint about a Council member. This includes stakeholders such as members of the public or registrants, other Council members and employees of the GPhC.
- 6.2 Complaints about Council members are considered by the Chair of Council in line with this procedure.

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- 6.3 Generally, complaints should be submitted to the governance team for the attention of the Chair in the first instance.
- 6.4 If the complaint relates to the Chair, or if the Chair is absent or otherwise unable to consider the complaint, an appropriate Chair of one of the non-statutory committees (Audit and Risk, Finance and Planning, Quality and Performance Assurance or Workforce) will be asked to consider the complaint. References throughout this procedure to ‘the Chair’ also include a committee Chair, who is considering a complaint about the Chair of Council.
- 6.5 Complaints about Council members should be sent to: **feedback@pharmacyregulation.org.uk**

Acknowledging a complaint

- 6.6 We aim to acknowledge complaints within three working days. We may ask for further information about any aspect of the complaint that we are unclear about.

Initial handling

- 6.7 As a first step, the Chair will decide if the complaint falls within the scope of this procedure. For example, it might be possible to address the issue by providing some further information or explanation from the Chair. Or, the complaint might need to be re-directed to another body, or process.
- 6.8 If the Chair decides that the complaint falls within the scope of this procedure, the Council member concerned will be informed about the complaint. Generally, this will be done within seven working days of receipt.
- 6.9 The member will be advised of this procedure and that they may wish to seek advice or support from a source external to the GPhC. The member will have seven working days to respond to the complaint, from the date that they receive it.
- 6.10 Where possible, the complaint will be redacted or anonymised before being sent to the Council member, so as not to identify the complainant unnecessarily.
- 6.11 Where it is necessary to share the name of the complainant, or other identifying details, with the Council member, we will ask for the complainant’s consent to do so.
- 6.12 Information provided to the member about the complaint may also be redacted, for example if it includes personal information about another individual.
- 6.13 The Chair will not share the details of the complaint, or the identity of the person about whom the complaint has been made, more widely than is required for the purposes of the resolution or investigation of the complaint.

Possible options for resolution

- 6.14 The Chair may request further information from the complainant or member before making a decision on the most appropriate course of action.
- 6.15 The following options are available to the Chair following consideration of the complaint:
- **Close with no further action** - where the complaint or concern raised is about a minor issue, or if the Chair has good reason to believe the complaint is vexatious
 - **Stage 1 (informal resolution)** - where the complaint requires some action to be taken, but it is not sufficiently serious to warrant referral to Stage 2 (please note - informal resolution will

only conclude the matter if the Council member concerned consents to take part in the informal resolution process)

- **Stage 2 (referral to the Privy Council)** - where the complaint is so serious that the Chair decides that informal resolution is not appropriate and the matter requires referral to the Privy Council (this may also include provisional suspension by the Council)

6.16 The complainant and the member will both be informed of the decision and the next steps as soon as possible (see more information on timelines below).

7. Stage 1: Informal resolution

- 7.1 The Chair may investigate the complaint or appoint another person to do this on their behalf. This might be, for example, a member of the GPhC governance team.
- 7.2 The preliminary investigation is not to make findings of fact. It is to establish if the complaint can be resolved through informal means, or whether there is an issue for the Privy Council to consider in line with its suspension and removal powers.
- 7.3 If the preliminary investigation finds that the matter should be referred to the Privy Council for decision, it should also consider whether provisional suspension might be appropriate.
- 7.4 Where appropriate, the Chair will attempt informal resolution as the preferred option. This will only take place where the member consents to take part in the informal resolution. For example, if a concern relates to the way in which two people are working together rather than a more serious allegation of improper conduct, the Chair will seek to resolve the complaint through contact with the interested parties, taking into account any information they may wish to supply.
- 7.5 The outcome of informal resolution may include one, or a combination of, the following:
- a request to the member to make an apology;
 - a requirement that the member should undertake additional learning, training or development;
 - written advice from the Chair¹.
- 7.6 This is not an exhaustive list and the method of informal resolution and the outcome is at the discretion of the Chair, in line with relevant legislation.
- 7.7 Informal resolution will be concluded as soon as possible and generally within three to four weeks of the complaint being made unless the Chair feels that further time is necessary.
- 7.8 Both parties will be informed of the outcome, in writing, as soon as possible once a decision has been made.

8. Stage 2: Referral to the Privy Council

- 8.1 Articles 6 and 7 of the General Pharmaceutical Council (Constitution) Order 2010 set out the circumstances in which the Privy Council may remove or suspend a Council member from office.
- 8.2 For example, a member must be removed from office by the Privy Council if:

¹ Please note that this is informal advice to the member. For registrant members, it does not appear on the individual's register entry or fitness to practise history.

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- the Privy Council is satisfied that the member's continued membership of the Council would be liable to undermine public confidence in the regulation of registered pharmacists or pharmacy technicians²;
 - the Privy Council is satisfied that the member's level of attendance at meetings of the Council falls below a minimum level of attendance acceptable to the Privy Council, having regard to any recommended minimum levels of attendance that the Council has set in its standing orders, and whether or not there has been reasonable cause for the member's non-attendance³;
 - the Privy Council is satisfied that the member has failed, without reasonable cause, to undertake satisfactorily the requirements with regard to education and training for members that apply to that member and which the Council has included in its standing orders⁴.
- 8.3 Where it has not been possible to resolve the complaint informally, or where the complaint is so serious that the Chair decides that resolution by informal means is not appropriate, the Chair may refer the matter to the Privy Council for consideration in line with its suspension and removal powers⁵.
- 8.4 If this happens, the complaint will be subject to the processes and timetables laid down by the Privy Council.
- 8.5 The Chair will also consider whether it is appropriate, necessary or justifiable to share the details of the complaint, or the outcome of the complaint, with any other regulatory body or agency. In each case, the Chair will consider whether it is in the public interest to do so. This includes consideration of the relevant law, our main objectives, and the interests of the individual concerned. In the case of a registrant member, this might include referring the complaint to the GPhC Concerns Team for consideration as a potential fitness to practise matter.
- 8.6 In such cases, the Chair may seek advice from the governance and legal teams before proceeding.

9. Provisional suspension

- 9.1 In line with its Standing Orders, the Council may provisionally suspend a member from office until the Privy Council has reached a decision on whether or not to suspend or remove the member.
- 9.2 Provisional suspension will be considered if circumstances arise which may result in a member being suspended or removed from office by the Privy Council under the Order.
- 9.3 Alternatively, the Council member may decide of their own accord not to take part in any Council activities until the Privy Council has reached a decision.
- 9.4 If the Chair is of the view that it may be appropriate for the Council member to be provisionally suspended under the standing orders, the Chair will refer the matter to the Council for a decision.

² Article 6(1)j

³ Article 6 (1)g

⁴ Article 6(1)h

⁵ Article 6(3) provides that any member or employee of the Council may notify the Privy Council if they are of the view that the Privy Council may need to exercise its functions under paragraph (1) relating to removal from Office. In practice, this will be carried out by the Chair of Council, or the Chief Executive, in line with the Scheme of Delegation.

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- 9.5 The member will be notified of the proposal to suspend and the grounds for it and given an opportunity to state his or her case on why suspension is not appropriate. This information or statement will be shared with the Council, to inform its decision.
- 9.6 Any decision of the Council in favour of provisional suspension will take effect immediately. Any member who is provisionally suspended is not entitled to attend meetings of the Council or its committees, exercise any of the functions of a member, or otherwise participate in Council business. There is no route of appeal against provisional suspension.
- 9.7 If a member has been provisionally suspended, the Council is required by the Constitution Order to notify the Privy Council in writing of the provisional suspension as soon as is reasonably practicable.
- 9.8 If the Privy Council decides not to suspend or remove the member from office, the Constitution Order requires the Council to terminate the provisional suspension. In practice, termination or suspension will be confirmed by the Chair, or Chief Executive, in line with our Scheme of Delegation and this procedure.

10. Monitoring and compliance

- 10.1 The Council is responsible for reviewing and approving this procedure.
- 10.2 The numbers of complaints considered in line with this procedure will be reported to the Council on an annual basis, together with key themes and learning if appropriate.

11. Associated documents

- 11.1 This procedure should be read in conjunction with the following legislation and procedures, which are available on the GPhC website:
- The Pharmacy Order 2010
 - General Pharmaceutical Council (Constitution) Order 2010
 - Standing Orders of Council
- 11.2 Please contact the Governance Team if you have any questions about this procedure at [**feedback@pharmacyregulation.org**](mailto:feedback@pharmacyregulation.org)

