General Pharmaceutical Council

Council meeting

Thursday, 12 December 2024 at 1.30 p.m.

In person, One Cabot Square

Public business

Standing Items

13.30	**1. Welcome and introductory remarks**	Gisela Abbam
13.32	**2. Declarations of interest – public items**	Gisela Abbam
13.33	**3. Minutes of the September meeting** Minutes of the public session on 12 September 2024 – for approval	**24.12.C.01** Gisela Abbam
13.35	**4. Actions and matters arising** RAG ratings – outcome of discussion by Executive (8.2)	**24.12.C.02** Gisela Abbam
13.40	**5. Summaries of the September workshop and October awayday** *For noting*	**24.12.C.03** Gisela Abbam
13.45	**6. Committee minutes** • Public minutes of the Audit and Risk Committee, June 2024 • Public minutes of the Audit and Risk Committee, September 2024 • Minutes of the Quality and Performance Assurance Committee, November 2024	**24.12.C.04a-c**
13.55	**7. Strategic communications and engagement - Chair and Executive update** *For discussion and noting*	**24.12.C.05** Duncan Rudkin
14.00	**8. Chair's End of Year Reflections 2024**	**24.12.C.06** Gisela Abbam

Regulatory functions

14.05	**9. Standards for Chief Pharmacists** *For approval*	**24.12.C.07** Louise Edwards
14.20	**10. Quality assurance of Education and Training** *For*	**24.12.C.08** Louise Edwards

14.35	**11. Inspection methodology update**	**24.12.C.09** Roz Gittins

Governance, finance and organisational management

14.50	**12. Board Assurance Framework Report Q2** *For discussion and noting*	**24.12.C.10** Duncan Rudkin
15.00	**13. PSA Performance review report 2023-24** *For discussion and noting*	**24.12.C.11** Duncan Rudkin
15.10	**14. Standing Financial Instructions** *For approval*	**24.12.C.12** Jonathan Bennetts
15.15	**15. Any other business**	

Dates of 2025 meetings

22 February – in person
24 April – online
18 and 19 June –Awayday
17 July – online
18 September – in person
16 October – online
11 December – in person

General Pharmaceutical Council

Minutes of the Council meeting on 12 September 2024

To be confirmed on 12 December 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
Elizabeth Mailey	Ade Williams
Penny Mee-Bishop	

Apologies:

Ann Jacklin

Aamer Safdar

Selina Ullah

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
Laura McClintock	Chief of Staff
Gary Sharp	Associate Chief Operating Officer - Resources
Liam Anstey	Director for Wales
Siobhan McGuinness	Director for Scotland

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. Ann Jacklin, Aamer Safdar and Selina Ullah had sent their apologies.

1.2 The Chair noted that Mark Voce had retired since the last meeting and that Louise Edwards was now fully in post as Chief Strategy Officer and Deputy Registrar.

2. Declarations of interest

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

3. Minutes of the last meeting (24.09.C.01)

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

4. Actions and matters arising (24.09.C.02)

4.1 The action log was up to date.

4.2 Louise Edwards gave an update on the development of the Standards for Chief Pharmacists. The early consultation analysis on the draft standards had been reported at the previous meeting and it had been envisaged that a revised draft, incorporating feedback, would be presented at this meeting. However, the necessary stakeholder engagement had been difficult to arrange over the summer and so the revised draft would now come to Council in December.

5. Workshop summary – July 2024 (24.09.C.03)

5.1 The Council noted the summary of the July workshop.

6. Strategic Communications and engagement update (24.09.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. Members welcomed the suggested Memorandum of Understanding with Pharmacist Support.

6.2 There were two important developments which had happened since the paper had been published.

6.3 The Darzi report (the Independent Investigation into the state of the NHS in England) had been published that morning. It included a number of references to pharmacy, including pharmacy closures, the changing role of the profession and current and future prescribing potential. The GPhC would look at the review in relation to the development of the next strategic plan.

6.4 There would be a further report setting out recommendations in relation to the issues identified.

6.5 The Royal Pharmaceutical Society had announced plans to change its structure and governance with the aim of becoming a Royal College and a registered charity, among other changes.

Regulatory functions

7. June 2024 Registration Assessment report (24.09.C.05)

7.1 Louise Edwards introduced the report. An error had been identified in the original cover paper which stated that graduates of Portsmouth had performed poorly in the assessment. This was incorrect. The paper had been corrected, including on the website, and an apology made to the School.

7.2 The June sitting had run well. The data shown in the paper was a snapshot from that one sitting but trend analysis was also being carried out. It would be helpful to see at least the previous year's results alongside current data.

7.3 The work on the review of the assessment was going well and would be discussed with Council in the near future.

7.4 Members expressed concern at the lack of data from Northern Ireland, which meant that it was not possible to assess performance. This was understood to be one-time error. There were continuing concerns about differential attainment between groups of candidates and the poor performance of some universities.

7.5 Members discussed the 25% failure rate for the June sitting. The Board of Assessors' report did not express concern about the pass rate, which was broadly in line with those for other professions. It would be a decision for Council when reviewing the assessment whether it was happy with the level of the assessment.

7.6 Following the discussion, the Council noted the report.

Governance, finance and organisational management

8. Q1 Board Assurance Framework report (24.09.C.06)

8.1 Duncan Rudkin introduced the report, which had been produced in a more concise format as part of its ongoing development. The annual plan for 2023-24 had originally included some placeholders to allow the new Chief Officers to have input. It had now been updated and the revised version was included with the report.

8.2 There was a question as to whether the RAG ratings should be based on where the organisation had said it would be at relevant points, or where it wanted to be. This would be discussed further by the Executive.

8.3 Members raised questions about some specific points in the report and there was a discussion about the revised metrics used for Fitness to Practise.

8.4 Approximately £1.4m had been realised following the decision to utilise the profits from investment. Bids for ways to use the funds were being reviewed by the Executive and decisions would be reported to Council via the Finance and Planning Committee.

8.5 Following the discussion, the Council noted the Q1 Board Assurance Framework report.

9. Report on Year 2 of the EDI Strategy (24.09.C.07)

9.1 Laura McClintock introduced the report which set out the work carried out across the organisation under the three strategic aims. LM thanked members who had volunteered to be anti-racism champions.

9.2 Data gathering had formed an important part of the strategy to date. Current data showed that the Fitness to Practise process itself was fair and was not impacting unduly on registrants of minority ethnic backgrounds. However, it was true that white pharmacists were under-represented in concerns received while other ethnicities were over-represented. This was a wider societal issue and there was a question as to whether the GPhC could do anything about this. Decisions needed to be made on the possible continuation of the anonymisation project when impact data was available.

9.4 There would be further work on ways to assess impact and measurable outcomes; and also on the data to be collected, how it would be used and how it could support public confidence. Resource decisions would need to be made based on the level of ambition and prioritisation.

9.5 Following the discussion, the Council noted the report. While there was still work to be done, Council acknowledged the progress that had been made.

10. Review of Governance policies

10.1 Janet Collins introduced this paper, which set out updates to a number of Governance policies which required Council approval.

10.2 It was agreed that policies 0026 and 0021 should make clear that external members of non-statutory committees can serve a maximum of eight years (in the same way as Council members), formalising what was already current practice.

10.3 With that minor amendment, the Council approved the following policies:

- 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.

11. Any other business

11.1 There being no other public business, the meeting closed at 11.30.

General Pharmaceutical Council

Council action log – December 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	Rescheduled to February so that the report can be on a full 12 months of implementation	February 2025

General Pharmaceutical Council

Council workshop and awayday summaries

Meeting paper for Council on 12 December 2024

Public

Purpose

To provide a summary of the Council workshop on 12 September 2024 and the Awayday on 9 and 10 October.

Recommendations

The Council is asked to note and discuss the summaries

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 in 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. Workshop – 12 September

Pharmacy in Scotland

2.1 Siobhan McGuinness, Director for Scotland, presented a session on pharmacy in Scotland.

2.2 The session included pharmacy in Scotland, population health, drivers for change in NHS Scotland; upcoming initiatives and reflections for the GPhC.

2.3 This was the last of three session on pharmacy and related issues in the three countries that the GPhC covers, all of which would feed into the development of the next five-year strategy.

3. Awayday – Edinburgh

3.1 The awayday was an opportunity for members to meet stakeholders in Scotland, visit a range of pharmacy premises and work on the development of the next five-year strategic plan.

3.2 Groups of members and staff visited two community pharmacies, a primary care hub and two hospitals and later met a number of stakeholders including Heads of Schools, the RPS Director for Scotland and the CEO of Community Pharmacy Scotland.

3.3 The workshop session focussed on a number of key areas in the development of the next strategic plan including relationships with 'customers' and stakeholders, working with leadership bodies, sector sustainability and data and insight.

4. Recommendations

The Council is asked to note and discuss the summaries

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

25/10/2024

General Pharmaceutical Council

Action and decision note of the Audit and Risk Committee – Additional meeting

Thursday 6 June at 09.30

Present	Apologies	In attendance
Neil Buckley (NB)		Duncan Rudkin (DR)
Helen Dearden (HD)		Jonathan Bennetts (JB)
Ann Jacklin (AJ)		Roz Gittins (RG)
Elizabeth Mailey (EM)		Dionne Spence (DS)
Jayne Salt (JS)		Rob Jones (RJ)
		Vanessa Clarke (VC)
Richard Weaver (RW)		Saleem Akuji (SA)
Nick Atkinson (NA)		Suzannah Nobbs (SN)
		Jane Daniels (JD)

1. Attendance and Introductory remarks

1.1 The Chair welcomed those present to the meeting.

2. Item 2 - Annual Report and Accounts (24.06.ARC.01a-d)

2.1 Suzannah Nobbs attended and updated the committee:

- There were some remaining edits to be made to the report. All edits would be included before the report was submitted to Council in June.
- The report would be produced bilingually in English and Welsh.
- The General Election would delay the timescale for laying the report in UK Parliament. This would take place as soon as possible after 8 July and be circulated to stakeholders by mid to late July. The timetable for Scotland remained the same.

2.2 It was noted that with regards to corporate complaints, the GPhC had a complaints policy and procedure which was managed by the Corporate Affairs team with the relevant Chief officer or the Chief Executive taking necessary decisions. The Committee felt that oversight of corporate complaints would be helpful, given one had been partially upheld over the last 12 months.

Action: Annual compliance report to be added to the committee workplan including corporate complaints.

Action: Amendment to the annual report to clarify whether data on whistleblowing also included GPhC staff.

2.3 The GPhC had made provisions to pay holiday pay for Associates and Contractors following the Somerville ruling. There was high confidence that the budgeted figure was adequate; very few Associates did not already have holiday pay built into their service agreements. The GPhC was in a different position to other regulators, and it was noted that decisions taken previously and subsequent work to monitor and address the developments in the Somerville case had left the business in a strong position. It was agreed that, given worker status would not be universally sought and the lack of clarity as to whether Brexit provided a two-year backstop, the GPhC would wait for Associates and Contractors to contact the organisation if they felt this applied to them.

2.4 Caution was raised whether there could be any financial risk for the GPhC should NHS Pensions change their current position. The Workforce Committee was reviewing all the GPhC reward areas, including this.

External Audit report and letter of recommendation.

2.5 Transactions processed by the GPhC were illustrated in a heat map contained within the report. It was noted that there had been 23000 transactions over the year. This was not dissimilar to other organisations but represented a large amount of work for a relatively small finance team. The data on transactions could be further refined, for example separating out the number made through an expense account. Members of the management team had access to these reports and would consider the level of detail of analysis.

2.6 **Action: Analysis of transactions to be taken on as business as usual with any anomalies reported annually to the committee as part of the procurement update. The parameters around reporting anomalies to be discussed with committee following discussions between JB and RW.**

2.7 Updates to FRS 102 were flagged as the new standard would require changes to ensure every lease became a finance lease, meaning they would need to be included on the balance sheet. This represented a small area for the GPhC.

2.8 **Action: The letter of representation would be amended to specify that holiday pay related to non-employee holiday pay.**

2.9 The Audit and Risk committee approved the annual report, accounts, and letter of recommendation.

3. Item 3 – Any other business

3.1. There were no items of any other business.

General Pharmaceutical Council

Action and decision note of the Audit and Risk Committee – Public items

Wednesday 25 September 2024 at 10.00

Present	Apologies	In attendance
Neil Buckley (NB)	Jayne Salt (JS)	Duncan Rudkin (DR)
Helen Dearden (HD)		Jonathan Bennetts (JB)
Ann Jacklin (AJ)		Roz Gittins (RG)
Elizabeth Mailey (EM)		Dionne Spence (DS)
Nick Atkinson (NA)		Louise Edwards (LE)
Ezenwa Osuji (EO)		Hannah Fellows (HF)
		Rob Jones (RJ)
		Stuart Heaney (SH)
		Saleem Akuji (SA)
		Sarah Stein (SS)
		Janet Collins (JC)
		Jane Daniels (JD)

1. Attendance and Introductory remarks

1.1 The Chair welcomed those present to the meeting. Apologies were received from Jayne Salt and Richard Weaver (Ezenwa Osuji deputising).

2. Declarations of interest

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

3. Item 4 – Minutes of the previous meeting – Date (24.09.ARC.01/02)

3.1. The minutes of the public items considered at the meeting on 9 May 2024 were approved.
3.2. The minutes of the public items considered at the meeting on 6 June 2024 were approved.

4. Item 6 – Actions Log – public items (24.09.ARC.04)

4.1. The committee noted the action log. It was agreed that cyber security would be brought back to committee in December

5. Item 7 – Matters arising

5.1 There were no matters arising.

6. Item 10 – Internal audit (24.09.ARC.09)

6.1. Nick Atkinson introduced the progress report, the first that had been received by the committee from RSM UK. In addition to internal audit reports, the progress report included a risk radar which was updated every six months and could be useful to flag what other organisations were thinking about more broadly with regards risk.

6.2. All previous actions had been completed and closed off and the remainder of the internal audit plan was running to time, with FtP on the next agenda.

6.3. The Target Operating Model received a substantial assurance rating and the internal audit had not raised any actions. The timing of the audit was at an early stage of the project with the outcome representing a good starting point from which the delivery element would commence.

6.4. The committee would revisit the TOM project in more detail at a later stage, looking at outputs and how they were measured, with a view to achieving greater clarity on the deliverables of the TOM. Input from the internal auditors would support this and the joint meeting with the Finance and Planning Committee would help tie the work into the systems roadmap.

6.5. The Health and Safety audit received a reasonable assurance level; a positive result with a few issues raised around mitigating the risks identified in the accidents, incidents and near misses report for lone workers, through the proposed confrontation training for inspectors and provision of lone worker apps. Medium-term actions had been identified and classified as such to recognise that while an event was unlikely, should one occur the impact was likely to be considerable.

6.6. The Committee recommended prioritisation of the safety of lone workers. Caution around the use of technology was raised, for example inability to access and app where there was no Wi-Fi or additional kit that employees did not use for various reasons. It was confirmed that work in this area was assessing the best solutions including more practical systems and 'calling in' procedures.

6.7. Very positive feedback was given in terms of the team's cooperation with the audit and the information that had been provided. It was noted that Stephen Lawrence had done good work on the improvement of the GPhC's H7S score and had received an award. The Committee thanked him for his efforts.

6.8. **ACTION: The safety of lone workers at examination centres would be taken away for consideration and recirculated to the committee for comment.**

7. Item 13 - Purchase Orders: mid-year statistics (24.09.ARC.11)

7.1. Saleem Akuji reported that planned work on KPI development and management reporting of non-compliance began during 2023/24. Publishing of Q1 2024/25 purchasing statistics was introduced in July 2024 on the staff intranet. Monthly statistics had been brought to the Resources Group for review and quarterly statistic reviews would continue for the rest of the year. The publishing of performance statistics on the staff intranet and review by management had initiated a positive reaction on raising of timely purchase orders and teams were addressing operational challenges.

7.2. Supplier payment performance stood at 88% year to date. The target set by management was to pay 90% of invoices within 30 days of the date of the invoice. Year to date statistics on Purchase Orders raised on time stood at 69%. Finance had adopted a targeted approach to the 8 operational

areas that made up 85% of the purchase orders raised, resulting in direct engagement with these departments. Broadly, progress was on track, however there were some factors that had contributed to delays such as the new organisational structure and resourcing issues.

7.3. The committee considered the number of areas that were less than 80% compliant on raising purchase orders, concerned that this equated to poor practice and a failure to utilise the procurement system. It was explained that while areas of poor practice did exist, these findings did not show a failure to use the procurement system. Reasons that could be flagged as non-compliance included completion of the PO not falling within the timeframes required. Monitoring had been initiated to track progress against the KPIs and meetings held to understand the issues in various areas,

7.4. It was suggested that individuals be warned that if a PO was not in place, an explanation would need to be provided to the CE&R. It was confirmed that those who were non-compliant had been called to meetings with the COO and would be required to attend the Resources Group and potentially the Audit and Risk Committee.

7.5. The Enforcement team had low compliance. This was due to a change in practice; historically the team raised one PO for panel firms at the start of the year. Efforts were being made to move to a PO for each case, and there had been a lot of work and training given, but it was a change to the culture of the team and required time.

7.6. Areas in which compliance was going up had been identified, including within the facilities team.

7.7. It was clarified that the 30 days for payment was taken from the date on the invoice system, this allowed for situations in which invoices were not received for immediately.

8. Item 14 - Credit Card deletion project update (24.09.ARC.12)

8.1 A review of the GPhC's processes in 2020 identified that payment security was not being maintained as cardholder data was being received via email. Although these emails were stored securely, as the information was still held on GPhC systems, the organisation would be in breach if this information was accessed via a cyber-attack. A new system called paybylink was introduced in January 2021 at which point receipt of card details by email and the processing of payments manually stopped. Work had been undertaken to search mailboxes and identify and delete any card details that were still within archive folders.

8.2 The team undertook additional checks, manually searching the Registers inbox by key words, and found further emails containing card details. This was due to complexities within the software and the setting of search criteria. The team intended to manually find any remaining card details in the inbox by searching for key words and limiting the searches to 2019-2020. This would be resourced by members of the team volunteering for overtime, with a maximum number of hours per week/month per person. The cost was estimated to be approximately £6,000.

8.3 The committee agreed with the proposed approach. It was confirmed that while the GPhC did have an email retention policy , when it came to registration details, these were generally kept for longer. The Information Asset Risk Register set out why certain types of information were retained. It was agreed that this needed further consideration as businesses should not be storing information on email, however the TOM would have a role in document management. It was confirmed that the GPhC no longer stored information on email and that this was a historical

problem. Blanket deletion of all the emails had been considered but was not viable. All hard copy applications had been archived appropriately.

ACTION: The email retention policy to be brought to a future meeting.

9. Item 16 – Committee work-planning (24.09.ARC.14)

9.1 The committee considered deep dives for the next year. Regarding compliance reporting, it was agreed that a lot of this was delivered at different points, for example through the annual report. It was agreed that a map of this reporting would be useful.

9.2 It was agreed that a deep dive would be held on information retention with the possibility of compliance reporting being considered once the strategic review had been completed. The inspection model could also be brought to committee, and the Chair would discuss this with the Chair of QPAC to ensure there was no duplication.

10. Item 17 – Serious incidents/never events

10.1 There were none to report.

11. Any other business

11.1 There was no other business.

General Pharmaceutical Council

Action and decision note of the Finance and Planning Committee – Public items

Wednesday 24 September 2024 at 13.30

Present	Apologies	In attendance
Yousaf Ahmed (YA)	Roz Gittins (RG)	Jonathan Bennetts (JB)
Dianne Ford (DF)	Rose Marie Parr (RP)	Duncan Rudkin (DR)
Gareth Powell (GP)	Gisela Abbam (GA)	Louise Edwards (LE)
Andrew Maclaren (AM)		Dionne Spence (DS)
		Vanessa Clarke (VC)
		Stuart Heaney (SH)
		Luke Surry (LS)
		Janet Collins (JC)
		Jane Daniels (JD)
		Gary Sharp (GS)
		Liam Anstey (LA)

1. Attendance and introductory remarks

1.1. Yousaf Ahmad welcomed committee members including Dianne Ford who was observing the meeting as part of her Council induction. Apologies were received from Gisela Abbam, Rose Marie Parr, and Roz Gittins.

2. Declarations of interest

2.1. The committee was reminded to raise any declarations of interest under the relevant item.

3. Minutes of the meeting held on 15 May 2024 (24.09.FPC.01)

3.1 The minutes of the meeting held on 15 May 2024 were approved.

4. Actions and Matters Arising (24.09.FPC.02)

4.1 Item 3: A Review of the GPhC's position with regards charitable status was to be considered in November 2024.

4.2 Item 4: A review of the committee meeting schedule to align financial oversight with Council had been incorporated into planning for the next session.

4.3 Item 5: A meeting between FPC and ARC to discuss the TOM was scheduled for Friday 22 November.

4.4 Item 6: Deep dives were on the agenda and would be marked as a complete action.

4.5 With regards item 9.4 of the previous minutes, it was confirmed that information was held on the investment strategy of other regulators, most of whom invested solely to maintain their reserves. More detailed information could be sought if or when the committee felt it was useful.

5. Item 5 - Finance Update (24.09.FPC.03)

5.1 Vanessa Clarke led this item, providing an update of the GPhC's 2024/25 financial position at the end of quarter three, which included commentary on the key variances in expected income and expenditure (I&E) for the year following on from the recent reforecast exercise.

5.3 The general conclusion for Q1 was that the Q1 reforecast anticipated a (£1.7m) deficit after interest and tax which was (£0.3m) more than the original budget for 2024/25. The increased deficit was driven mostly by increasing employee related expenditure, due to enhanced proficiency in the recruitment of vacant roles. Costs had come down slightly around professional services.

5.4 The rephasing of accreditation events had led to a decrease in income forecast under 'other income', and the impact of the draw down from the investment portfolio would further impact the GPhC's projected budget deficit.

5.5 The Committee considered whether the deficit and the projected increase could be accepted. It was advised that the forecasted change was not significant; any material changes would be taken to Council and their cause explained. Further, the budget needed to be viewed in the context of the next five-year strategic plan, Council's risk appetite, and its broader ambitions, when thinking about expenditure.

5.6 **ACTION: Year to date figures to be included within the BAF quarterly financial reports.**

6. Item 8 - Existing Expenditure deep dives (24.09.FPC.06)

6.1 Stuart Heaney, Luke Surry and Vanessa Clarke led this item looking at IT and Service level occupancy. As a percentage of annual spend, these areas amounted to 11.8% and 2.4% respectively. Facilities included building costs, repairs and maintenance and other office costs. Both included staff costs.

6.2 The first year of the facilities service cost model would be used as a baseline against which spend could be compared year on year. 2023-24 was a transitional year following the move to the new office and a stable cost model would be in place from 2024-25. This aligned with recommendations from the Target Operating Model around the development of a service management framework.

6.3 Key points of note included the establishment of building maintenance contracts with individual suppliers, saving approximately £10k on managing fees, a review of the provision of home equipment to staff, a cleaning tender which was in progress aimed at identifying savings, and the digitisation of archiving records.

6.4 It was confirmed that the Audit and Risk Committee considered the procurement process within their remit and a review was scheduled for early 2025. There was scope for the FPC to take a commercial view of the process.

6.5 **ACTION: Delegated authorities and limits to be laid out in more detail and brought to the next committee meeting.**

6.6 The IT cost model was part of the IT service management framework and was in the process of being updated. The IT sourcing strategy broadly revolved around governance and strategy development resourced in-house and operational delivery outsourced. Managed services provision was to be reviewed in 2026. In addition, the team was developing a three-year technology roadmap and expected increased use across most business units, further inflating technology costs.

6.7 There was an ongoing aim to create balance between what the business could afford to take on as permanent staff resource in an inflationary area, versus whether it was more cost effective to outsource. The current job market made retention of staff an issue.

6.8 Future deep dives for the FPC would focus on Legal and Professional costs and Managing Concerns – employee costs. More generally, deep dives would be taken at and activity level.

7. Any other business

7.1 None received.

General Pharmaceutical Council

Strategic communications and engagement: Chair and Executive update

Meeting paper for Council on 12 December 2024

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting on 12 September 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: September- December 2024

Policy makers (including parliamentarians and Government officials)

2.1 On 3 December 2024, the Chair and Chief Executive met with Karin Smyth MP, Minister of State for Health. Karin Smyth MP's portfolio of responsibilities includes professional regulation and the NHS workforce in England, including education and training of healthcare professionals, and so this meeting provided the opportunity to update the minister on our regulatory performance and key developments in pharmacy education and training.

2.2 We have also written to Jeremy Miles MS, the Cabinet Secretary for Health and Social Care in Wales, and Neil Gray MSP, the Cabinet Secretary for Health and Social Care in Scotland, to request meetings, and will provide a further update at the next Council meeting.

2.3 Following the General Election, officers have been appointed to all-party groups, including the All Party Pharmacy Group (APPG). In October, the Chair and Chief Executive met with Steve Race MP, who was elected as Chair of the APPG, and with Sadik Al-Hassan MP, who was elected as Vice-Chair and is a registered pharmacist.

2.4 The new members of the Health and Social Care Committee have also now been elected, and we have written to the new members to congratulate them on their appointments and to seek meetings.

2.5 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.

Patient, pharmacy and other regulatory leaders

2.6 In this period, the Chair attended the PSA forum for regulatory chairs where discussions focussed on culture and values, and the Chair and Chief Executive held joint meetings with their counterparts at the General Medical Council and the General Optical Council. Discussions included strategic priorities, recent legislative changes and wider regulatory developments such as optical business regulation.

2.7 The Chief Executive also attended additional leadership meetings in this period, including UK Pharmacy Professional Leadership Advisory Board and Sub-Committee meetings. These meetings are a useful opportunity to ensure that ongoing discussions about pharmacy professional leadership are informed by regulatory perspectives. They also provide a new forum for developing and promoting a positive understanding of the different but complementary roles of professional leadership and regulation, particularly in respect of professional and regulatory standards. There were also Executive level engagements with the Patient Safety Commissioner, National Pharmacy Association and the Independent Pharmacies Association.

Frontline visits

2.8 Council and Executive members attended various site visits to different pharmacy setting in Scotland, as part of their strategy away day in October. This was an opportunity to hear directly from stakeholders about the unique challenges in Scotland and reflections on the future, to help inform our next Strategic Plan. Further visits for the Chair and Executive are being planned at present and will be reported in the next update.

3. Forums, roundtables media engagement

3.1 **Roundtables:** we hosted our eighth and ninth events in our regional roundtable series, with events in London on 1 October and Glasgow on 5 November 2024. Topics raised by participants included ongoing pharmacy pressures; the evolving role of pharmacy professionals; independent prescribing; education and training; and managing concerns about pharmacy professional. Participants at our London event also discussed digital services and changing models as well as end of life care. In Glasgow, participants also discussed challenges specific to remote and rural practice, as well as approaches to addressing health inequalities.

3.2 **Patient and Public Voice**: this group met on 17 September and shared their concerns about privacy and confidentiality when being asked to provide information about themselves and their health at the pharmacy counter. Members told us they would like to see community pharmacies focus more on providing services and less on retail, but also shared their concerns about funding in pharmacy. Additionally, members shared challenges around medicines packaging not being accessible.

3.3 **Pharmacist Forum:** we held the first meeting of our new Pharmacist Forum to coincide with World Pharmacist Day. Topics discussed included workforce pressures in community

pharmacy; career progression and post-registration training; support for novice independent prescribers; and opportunities and challenges around using AI in pharmacy. Members shared their support for ongoing GPhC initiatives to promote equality, diversity, and inclusion.

3.4 **Pharmacy Technician Forum:** the inaugural meeting was held on 15 October to coincide with World Pharmacy Technician Day. Members noted the significant evolution of the pharmacy technician profession and discussed the need for initial education and training and post-registration training to reflect this.

3.5 **Student Voice:** this group met on 3 September and discussed the timing of registration assessment results with a variety of different preferences expressed. The group also discussed the opportunities and challenges of being independent prescribers when they join the register from 2026.

3.6 **Pre-registration trainee pharmacy technicians**: this group forum met on 24 September and discussed their differing experiences of training, particularly differing access to study time. The group welcomed our webinar for pre-registration trainee pharmacy technicians held in September and went on to discuss further engagement opportunities with this audience.

3.7 Members of the Executive spoke at and attended a number of conferences and events focusing on pharmacy or health regulation in this period. This included the Pharmacy Show, Clinical Pharmacy Congress North, APTUK Conference, Avicenna Conference, the Annual Regulatory Event for Health and Social Care Professionals in Scotland and the Independent Pharmacy Association Superintendent Forum.

3.8 Through these speaking engagements, we raised awareness of themes including inspections and online pharmacy and how to safeguard the public; pharmacy technician futures; understanding the managing concerns and the support available; and, the role of patients and the public in shaping regulation.

3.9 We continued to receive a significant number of queries from the national and trade media relating to online pharmacies and the provision of medicines used for weight management. Our Chief Pharmacy Officer took part in interviews with Channel 5 News and Radio 4's You and Yours programme on weight-management medication, and we provided statements to several national and trade publications.

4. Key developments in pharmacy and healthcare regulation

'Change NHS' conversation: development of NHS 10-year plan

4.1 A nationwide conversation about the future of the NHS has been launched by the UK Government. 'Change NHS' is seeking views on three key shifts: from hospital to community, analogue to digital, and treatment to prevention. This will be used to chance to shape the 10-year plan for health, which is expected to be published in spring 2025. The GPhC has submitted a response, which is also being made available via our website.

Assisted dying

4.2 There have been recent developments in this area, with MPs voting in favour of a bill to legalise assisted dying in England and Wales. The bill will face lengthy periods of further scrutiny before the proposed changes could become law. A bill that would legalise assisted dying is also proceeding through the Scottish parliamentary process, and Jersey and Isle of Man are also considering legislative changes that would legalise assisted dying.

4.3 The proposed law for England and Wales references a role for pharmacists and pharmacy technicians, and the proposed law in Scotland references a role for pharmacists. We are closely monitoring the progress of these Bills and working closely with our counterparts at other regulators on potential implications.

National Pharmacy Association members vote in favour of collective action

4.4 Members of the National Pharmacy Association, which represents independent community pharmacies, have voted in favour of the first collective action in their history. 99% of pharmacy owners said they were willing to limit their services in the interests of patient safety if improved funding is not forthcoming. NPA members also voted in favour of a motion saying pharmacy owners "cannot guarantee community pharmacy services will remain safe into the future if the current depressed funding, pharmacy closures and increasing workload continues". 97.8% are prepared to reduce opening hours to contractual minimums. 63.5% of members in England, Wales and Northern Ireland took part.

4.5 The NPA has said it will await a response from the government before deciding to advise members to take collective action, which could take place in the new year. If this goes ahead, pharmacies could potentially decide to take action including not to open beyond their contracted hours, to stop providing free home deliveries of medicines which are not funded, not to offer emergency contraception, substance misuse and smoking support services, and to stop supplying free monitored dose systems (medicine packs), other than those covered by the Disability Discrimination Act.

RPS launches Medicines Shortages Report

4.6 The Royal Pharmaceutical Society (RPS) published its report ***Medicines Shortages: Solutions for Empty Shelves*** developed in collaboration with patient groups and stakeholders, on 26 November. The report examines the causes of medicine shortages and makes recommendations to mitigate and manage their impact. Our Chief Executive and Chief Strategy Officer attended the parliamentary event to launch the report.

4.7 The Royal Pharmaceutical Society in England have also written to the Secretary of State for Health and Social Care, Wes Streeting, calling for a cohesive cross-government strategy to tackle medicine shortages across the UK. RPS Scotland and RPS Wales have also sent letters to the cabinet secretaries for health and social care in Scotland and Wales.

4.8 Our Chief Pharmacy Officer contributed to the report. Following the report's publication **we issued a statement** which said that our Council shares the concerns outlined in this report about the significant impact these shortages are having on both patients and pharmacy teams, and that we support the report's call for action.

New Government review of physician and anaesthesia associates launched

4.9 An independent review of physician associates (PAs) and anaesthesia associates (AAs) has been launched by the Health and Social Care Secretary Wes Streeting, to consider how these roles are deployed across the health system, in order to ensure that patients get the highest standards of care. The review will be chaired by Professor Gillian Leng CBE, and will cover recruitment and training, scope of practice, supervision and professional regulation.

4.10 The review and next steps are due to be published in the Spring. The GMC has begun regulating physician associates and anaesthesia associates this month. PAs and AAs will have

to follow *Good medical practice* which sets out the standards of care and behaviour expected of GMC registrants.

Temporary ban on the sale and supply of puberty blockers

4.11 In late September, we **responded to a DHSC consultation on proposed changes to the availability of puberty blockers.** This consultation sought views on making the temporary ban on the sale and supply of puberty-suppressing hormones permanent, and on the benefits and risks of that decision.

4.12 In November, the government renewed the temporary ban until 31 December 2024. The continuation of the ban applies to the sale or supply of these drugs, prescribed by private UK-registered prescribers for gender incongruence or dysphoria to under 18s not already taking them. It also prevents the sale and supply of the medicines from prescribers registered in the European Economic Area or Switzerland for any purposes to those under 18.

4.13 We are monitoring closely for further updates as to whether there will be a further extension of the ban beyond that date and will highlight key updates via our website and social media channels.

5. Recommendations

Council is asked to note and discuss the update.

Laura McClintock, Chief of Staff
Rachael Gould, Head of Communications

December 2024

General Pharmaceutical Council

Chair's end of year reflections 2024

1. As we approach the end of 2024 and my third full calendar year in office, I want to reflect on our key achievements, challenges and what we have learned along the way.

2. It's important to say from the outset that all our work this year has been carried out in the knowledge and recognition that times are tough in pharmacy. Patients and their carers have been impacted by issues such as medicines shortages, pharmacy teams have struggled with workplace and financial pressures, and collective wellbeing has been affected. Yet, pharmacy teams have continued to drive innovation, deliver services and protect the public, across different settings and sectors, in the most challenging of circumstances. I would like to express my sincere appreciation for that.

3. There is not enough time to cover everything in this brief end of year note, but I would like to highlight the following points:

Using our levers

4. It's fair to say that the complex issues in pharmacy cannot be resolved by the regulator alone and so over the course of the year we have used our regulatory levers and our influence to help make a difference. Along with the Chief Executive, I've continued to deliver our strategic engagement framework, mobilising other leaders on collective issues and challenges and raising the profile and visibility of the GPhC. We have significantly increased our engagement with parliamentarians, policy makers and senior leaders across the sector, including engagement with the new Government following the general election in the summer.

5. I've been delighted to attend a wide range of meetings and supported our teams to contribute to major Government Inquiries and reviews, making sure that strategic issues for pharmacy are raised at the highest levels. This included contributions to the Future of Pharmacy Inquiry, Lord Darzi's Independent investigation of the NHS in England and the Change NHS national conversation to help develop the Government's 10-year plan for the NHS. And, we have enhanced the way we report and update Council on this work throughout the year.

Listening and learning from our stakeholders

6. The roundtables I initiated culminated in a report to the government in all countries and we had a discussion with the Special Adviser to the then Prime Minister. I was delighted to continue supporting our programme of regional events, and other stakeholder forums throughout the year, including our Student Voice, Patient and Public Voice, and Pre-registration Trainee Pharmacy Technician Forums. Along with other colleagues, I've also attended several

frontline visits to different settings, making sure that we are informed about the real issues affecting our stakeholders.

7. Through these events and visits, we've heard about the wide range of issues affecting people, both from a professional, patient and public perspective. This has reinforced our commitment to help make healthcare more accessible to all patients and ensure patient safety. The openness of our stakeholders and their willingness to share their experiences and their ideas for change, have made a significant difference to our thinking and helped inform our work across many areas.

8. I've also focused on building our strategic engagement with other regulators across the health and care system this year, leading to important discussions about regulating professionals working in multi-disciplinary ways. This included meeting the Royal College of General Practitioners on areas of mutual interest such as integrated working, pharmacist prescribing and access to records. I've also taken part in PSA forums for regulatory Chairs, which has been invaluable for sharing insights and approaches across the sector.

Regulatory developments

9. I was pleased to see the progression of several key regulatory developments around patient safety and the future of the pharmacy professions in this period. This included the launch of consultations on our draft Standards for Chief Pharmacists and our approach to the quality assurance of pharmacy education and training. We also updated our proposed approach to revise the routes to registration for internationally qualified pharmacists who want to practise in Great Britain, in response to direct feedback from stakeholders.

10. In the second half of the year, we launched our survey to seek views from pharmacy technicians and pharmacists on our revalidation processes and asked people and organisations to share their views on extra safeguards to prevent unsafe online supplies of medicines, including those used for weight loss (which we know has been an issue of significant interest for patients, the public and others this year).

Standards of Good Regulation

11. This year, the PSA concluded that the GPhC had still not met Standard 15 relating to timeliness of fitness to practise investigations. However, it was positive to see the PSA recognition of our improvement initiatives, our ability to manage and mitigate risk and continuing to meet all other standards, despite a 30 per cent year on year increase in referrals. Achieving the timeliness standard will continue to be an important area of focus moving forward.

Championing equality, diversity and inclusion

12. I was delighted to continue to champion our EDI strategy and associated work in this period. Our strategy has helped frame and guide our approach to a range of challenging issues across the year and has supported us to meet the enhanced expectations set by Professional Standards Authority in this space. We produced cases studies on a range of EDI topics and published materials to support the professions to make on complex subjects such as gender

identity care, linked to recent legislative change. I've spoken directly to the pharmacy professions about the importance of delivering inclusive care through my Chair's message in Regulate and raised awareness with patients, pharmacy and other equality groups through our roundtables and other discussions. I'm also proud that we've set up a new Council and Executive Anti-Racism Working Group which I am part of.

Collaborating with colleagues

13. Finally, I would like to thank our Council, Committee and Advisory Group Chairs and members for their collaboration and commitment over the year, providing important assurance to the Council on a wide range of areas. This includes our three new Council members, who joined us in April 2024. I would also like to thank the Executive team and the staff for their ongoing dedication and commitment.

Looking ahead to 2025

14. As we look ahead to 2025, we know there are major discussions about health and care happening across Great Britain, including the future of the NHS, the development of the 10 Year Health Plan in England and the devolved elections in 2026. Pharmacy and pharmacy regulation needs to be at the heart of those discussions, helping to shape and inform the direction of travel. This is important context as we move to finalise our next Strategic Plan for the GPhC.

15. Alongside our Strategic Plan, we will be continuing our work around initial education and training, including important discussions on all aspects of the registration assessment and how this might evolve in the future, and consulting on new standards for the initial education and training of pharmacy technicians. We'll also be continuing our important programmes of work connected to our standards, inspection and enforcement approaches.

Summary of key events and visits in 2025

16. Below is a list of the key events/visits I attended in 2024 (not including the regular programme of 1-2-1 meetings I attend with other leaders in the sector):

Date	Event
Tuesday 19 March 2024	GPhC Patient and Public Voice
Wednesday 20 March 2024	GPhC Student Voice
Friday 22 March 2024	Nottingham University Hospitals NHS Trust
Thursday 28 March 2024	Pre-registration Trainee Pharmacy Technician forum
Wednesday 3 April 2024	BPSA Annual Conference, Norwich - Listening event workshop
Friday 10 May 2024	Clinical Pharmacy Congress
Friday 24 May 2024	Visit to Kings College London Pharmacy School
Wednesday 19 June 2024	Patient and Public Voice

Thursday 27 June 2024	Pre-registration Trainee Pharmacy Technician forum
Wednesday 3 July 2024	Next steps for pharmacy in healthcare delivery, and developing the role of community pharmacy in England - spoke on 'Regulating the developing role of community pharmacy'
Tuesday 23 July 2024	Virtual roundtables event
Wednesday 24 July 2024	Visit to Derbyshire Healthcare NHS Foundation Trust
Tuesday 24 September 2024	RPS differential attainment working group - Equality, Diversity and Inclusion Forum - pre-record a speech
Friday 27 September 2024	Independent Pharmacy Awards
Tuesday 1 October 2024	Regional roundtables, London
Tuesday 15 October 2024	Pharmacy Technician Forum
Tuesday 22 October 2024	RPS Black History Month Celebratory Reclaiming Narratives
Monday 28 October 2024	Multidisciplinary Healthcare Forum
Wednesday 30 October 2014	Black History Month – GPhC event and webinar
Tuesday 5 November 2024	Regional roundtable event Glasgow - joined virtually
Thursday 7 November 2024	Independent Pharmacies Association – Annual Ball and Award Ceremony

General Pharmaceutical Council

Standards for Chief Pharmacists

Meeting paper for the Council on 12 December 2024

Public

Purpose

To approve the Standards for Chief Pharmacists

Recommendations

The Council is asked to approve the standards for Chief Pharmacists.

1. Introduction

1.1 In July, we brought you the outcome of a consultation on standards for Chief Pharmacists. We explained that the consultation had raised several matters we wanted to explore in more detail. The Council agreed that we should do this before finalising the standards and returning for approval.

1.2 As a brief reminder, the power to set these standards comes from the Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022. It is not an open-ended power and is directed towards a specific purpose: removing the threat of criminal penalties for accidental or unintentional preparation and dispensing errors by pharmacy staff working in hospitals and other settings (listed in the 2022 Order).

1.3 To benefit from the defences created by the 2022 Order, the hospital or other pharmacy setting must have a Chief Pharmacist (or equivalent with a different job title) in post, that person must be a registered pharmacist with the appropriate skills, training and experience, and they must meet our standards for Chief Pharmacists.

1.4 Our July paper goes into detail on the standards and the consultation. You can find it here: gphc-council-papers-18-july-2024.pdf (page 13).

2. The issues we have explored further since July

The need for further clarification about how the standards will be implemented and enforced	This is to a significant extent dependent on the final detail of the standards and will be planned and implemented upon their approval. As with all our standards, we can pursue failings via our fitness to practise processes. The statutory defence to criminal offences created by the standards will, however, ultimately rest with the courts to

	determine whether the defence is made out in any specific criminal case.
Identification of those settings where the standards cannot be applied or met, and if there is anything that can be done to support them	We do not have the legal authority to mandate that any individual setting must have a Chief Pharmacist. This is an operational decision for the organisational management of the setting concerned. Beyond these standards, however, our inspections, guidance and wider engagement with pharmacy settings provides general support.
The need to include additional personal qualities, and experience needed by Chief Pharmacists, and specifying a minimum skill requirement	We have included the following in the standards "Both the standards for pharmacy professionals and those for Chief Pharmacists apply to Chief Pharmacists whatever setting they work in and even when they do not provide care directly to patients and the public. The attitudes, behaviours, conduct, and practice of Chief Pharmacists can indirectly have an impact on the safe and effective care that patients and the public receive, and on the confidence of members of the public in pharmacy as a whole."
Specifying how errors would be reported, and how learning would be achieved	This is covered by nationally or locally agreed patient safety reporting frameworks or programmes. National country specific frameworks exist in England, Scotland and Wales. Such frameworks promote reporting and learning from incidents across a range of settings.
Consideration about how the standards could be made more specific, measurable, and less open to subjective interpretation	The Chief Pharmacist standards follow our approach of being are outcome focused and consistent with the defined purpose as set out in legislation. They cannot serve the purpose of SMART objectives for individual Chief Pharmacists as these roles often differ in the independent and NHS systems across England, Scotland, and Wales. Many of the Chief Pharmacists we consulted with highlighted the wide-ranging nature of their roles which are locally agreed within their organisations or wider health systems.
If ways need to be included to prevent Chief Pharmacists from delegating all authority	The protection for this is set out in the way the 2022 Order establishes these standards. If the authority is all delegated, then the court is unlikely to accept that a defence has been made out.

Clarifying the alignment with standards and expectations from other regulators, membership bodies, and governing bodies	The standards set a clear requirement for Chief Pharmacists to be aware of, and meet, any necessary legislation or standards and guidance set by other regulators, membership bodies and governing bodies. Backed by inspections and enforcement as relevant, as with all our standards, this creates a meaningful alignment.
Request for the Chief Pharmacist role to be registered or annotated, so that staff, patients and the public, and other regulators, know who is in charge, and for them to have performance reviews, and undertake revalidation based on their role	After discussions with the Post-Registration Assurance of Practice Advisory Board, we have developed the position that for annotation to be appropriate a practice must be defined in law and annotation must serve a regulatory need. This then links to the revalidation process. We can see merit in the argument that the Chief Pharmacist role should be annotated and will consider this alongside other advanced practices as an integral part of the revalidation review. Annotation is, however, separate from the standards themselves.
Including a requirement for Chief Pharmacists to make sure that staff feel confident/supported when challenging behaviours such as discrimination, bullying, and harassment	We have incorporated this into the standards.
Whether we should recommend or require that Chief Pharmacists should be aligned with, or on the Board, to have the authority to carry out their role as outlined in the standards.	The purpose of the Order is to strengthen governance, but the specific scope of the power to set these standards does not extend to the position held by the Chief Pharmacist within an organisation. We cannot recommend or require the position to be at a certain level of authority. That said, the training, skills and experience we do require give a strong steer as to the seniority and authority of the role.

2.1 As you will see from this analysis, we have worked carefully to ensure that the standards give meaningful effect to the purpose of the 2022 Order, and to our strategic aims around proportionate and fair regulatory interventions. These standards do not stand alone; they are part of our network of standards, guidance and quality assurance which create an holistic approach to ensuring safe and effective pharmacy services.

2.2 We therefore recommend that the standards for Chief Pharmacists are approved, adding a further layer to the safeguards we maintain and enforce, and enabling a statutory defence and protection for pharmacy professionals as intended by Parliament in the 2022 Order.

3. Equality and diversity implications

3.1 Please see the July Council paper for details of the Equality Impact Screening Assessment.

3.2 The changes we have made since July include specific reference to ensuring staff feel confident in speaking out if they are experiencing discrimination, bullying or harassment. This should have a positive impact on pharmacy settings and aligns with our strategic aims around EDI within the pharmacy sector.

4. Communications

4.1 We will schedule publication of the standards for the New Year, accompanied by appropriate explanatory and support guidance.

5. Resource implications

5.1 The implementation of the standards will be managed within our existing resources.

6. Risk implications

6.1 We have identified and mitigated two main risks.

(a) The risk of exceeding the purpose and scope of these standards: the standards are, as noted above, for a specific purpose and with a defined scope. We have kept within this and aligned it with the broad network of standards that apply to registrants and registered pharmacies. We are confident that the standards as drafted are within the scope of the power given to us by the 2022 Order and make clear the strengthening of pharmacy governance that can result from having a Chief Pharmacist in post.

(b) The risk of failing to respond to stakeholder input: we have set out above and in our July paper how we considered and responded to stakeholder views both during and following the consultation on the standards.

7. Monitoring and review

7.1 Please see our July paper for details. In essence, these standards will form part of the wider network of standards that are evaluated and reviewed on a rolling three to five year cycle.

8. Recommendations

The Council is asked to approve the standards for Chief Pharmacists.

Louise Edwards, Chief Strategy Officer
General Pharmaceutical Council

05/12/2024

Draft standards for Chief Pharmacists

Introduction

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

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

Under the 1968 Medicines Act, there are already 'defences' pharmacy professionals can use if they are responsible for an accidental or unintentional preparation or dispensing error.

Since 2018, pharmacy staff working in registered pharmacies have been able to use these defences. The Order now includes pharmacy staff working in hospitals and certain other pharmacy settings, such as care homes, some Integrated Care Boards (ICBs), some ambulance trusts, prisons, and other places where people are lawfully detained.

Including these other pharmacy settings will:

- lead to consistency across the pharmacy sector
- encourage people to report preparation and dispensing errors, and
- mean that there is more 'shared learning' from errors, which will improve patient safety

If you are not sure whether you or staff within your organisation are able to benefit from the defences, please ask your organisation's legal team for advice.

The Order gives the GPhC various new powers. One of these is the power to set professional standards for Chief Pharmacists, including a description of their professional responsibilities. By producing new standards, we will clarify the role, responsibilities, and accountability of Chief Pharmacists. In turn this will maintain and strengthen pharmacy governance. Strengthening governance will create a framework where there is a smaller likelihood of preparation and dispensing errors, and a culture where staff feel able to report any errors and learn from them.

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

The legislation is 'enabling' in its effects, rather than imposing new rules. This means that an organisation can choose not to benefit from the defences, and if so, they will not need to have a Chief Pharmacist (or their equivalent) in post. If that is the case, our standards for Chief Pharmacists will not apply.

The standards have been created for the defined purpose as set out in legislation, and not as an exhaustive description of the scope of a Chief Pharmacist's role, which often differ in the independent and NHS systems across England, Scotland, and Wales. However, we encourage organisations to acknowledge and follow the standards as part of good practice and to strengthen pharmacy governance.

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

The Chief Pharmacist role

Under the 2022 Order, organisations in any of the listed pharmacy settings must have a Chief Pharmacist (or equivalent) in place if they want to benefit from the defences against criminal prosecution in case of an accidental or unintentional preparation or dispensing error. The postholder must meet our **Sstandards for Ppharmacy Pprofessionals** as well as the ~~new~~ standards for Chief Pharmacists. ~~**The Standards for Pharmacy Professionals**~~ The Standards for Pharmacy Professionals describe how safe and effective care is delivered through 'person-centred' professionalism, and the need to treat every person as an individual. –The new standards for Chief Pharmacists builds on those standards, describinge the role and responsibilities of Chief Pharmacists as well as setting standards of conduct and performance. ~~The postholder must meet our standards for pharmacy professionals as well as the new standards for Chief Pharmacists.~~ Both the standards for pharmacy professionals and those for Chief Pharmacists apply to Chief Pharmacists whatever setting they work in and even when they do not provide care directly to patients and the public. The attitudes, behaviours, conduct, and practice of Chief Pharmacists can indirectly have an impact on the safe and effective care that patients and the public receive, and on the confidence of members of the public in pharmacy as a whole.

Chief Pharmacists are senior healthcare professionals responsible for providing leadership, expertise, and oversight and management of pharmacy services within an organisation. The role includes:

- planning and allocating resources
- improving productivity
- providing value for money, and
- making sure that pharmacy services meet the needs of the communities they serve and improve health outcomes.

The work of a Chief Pharmacist contributes to the safe, high-quality, and effective provision of services in these settings.

It is not necessary to use the title 'Chief Pharmacist'. Other titles, such as Director of Pharmacy, are often used. If a title other than Chief Pharmacist is used, for the organisation to benefit from the defences the job description must meet:

- the description of a Chief Pharmacist's role given in section 67F (4) of the Medicines Act 1968, and
- our requirements in these standards for Chief Pharmacists.

Section 67F (4) of The Medicines Act 1968 sets out the role of the Chief Pharmacist (or equivalent) as someone:

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

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

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

Has the authority to make decisions that affect the running of the pharmacy service as far as concerns the sale or supply of medicinal products, and

Is responsible for securing that the pharmacy service is carried on safely and effectively.

The Chief Pharmacist (or equivalent) must meet these requirements if their organisation wants the pharmacy staff to benefit from the defences. We have built upon these requirements in producing the standards for Chief Pharmacists. If a Chief Pharmacist does not meet these standards, we may investigate concerns about their fitness to practise.

The standards for Chief Pharmacists

The standards for Chief Pharmacists set out their professional responsibilities. They also describe the knowledge, conduct and performance required by a Chief Pharmacist to support the organisation and its staff to deliver safe and effective pharmacy services, including preparing and dispensing medicines.

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

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

The standards are designed to be 'outcome' focused in acknowledgement of the differing circumstances of pharmacy settings. We do not set out one way of achieving each outcome, instead, we accept that there may be multiple ways of achieving the same outcome. For example, all Chief Pharmacists must develop a workforce with the right skills, knowledge, and experience. The outcome or goal is to deliver safe and effective pharmacy services, but how each Chief Pharmacist will achieve this will be dependent on multiple factors, including the services they deliver, the skills, knowledge and experience of their existing team, the resources available to them, and so on. Chief Pharmacists should make sure they can show that they are meeting the standards, while considering the requirements of the setting they work in. The standards are also a statement of what patients and other people working with Chief Pharmacists can expect of them.

How to demonstrate that the standards are being met

There are several ways of determining whether a Chief Pharmacist is ~~can show that they are~~ meeting the standards:

- during a regulatory inspection discussion
- by referring to the requirements of their role as a Chief Pharmacist when carrying out their revalidation work
- through investigation, if a concern is raised with the regulator:
    - by a member of staff, a patient or a member of the public, or
    - through inspections or other regulatory actions carried out by the Care Quality Commission, Healthcare Improvement Scotland, or Healthcare Inspectorate Wales
- during the regular performance reviews with their line manager.

Applying the standards

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

Chief Pharmacists are personally accountable for meeting the standards and must be able to justify their conduct and the decisions they make.

Alongside these standards, Chief Pharmacists must also meet the GPhC's standards for pharmacy professionals, which need to be met by all pharmacy professionals. Chief Pharmacists should also:

follow their organisation's policies and procedures, and meet the requirements of, and follow the advice from, other relevant regulatory bodies and inspectorates, such as the Care Quality Commission, Healthcare Improvement Scotland, Healthcare Improvement Wales, and the Medicines and Healthcare products Regulatory Agency, as well as any other relevant legislation.

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

Standard 1: Provide strategic and professional leadership

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

Chief Pharmacists must:

- **have a clear vision and strategy to deliver safe and effective pharmacy services across the organisation**
- **lead by example, taking responsibility for their own professional growth and development**
- **be able to influence and work collaboratively with others, to meet the needs of patients and contribute to shared organisational and system objectives**
- **promote~~embrace~~ research, technology and innovation to enhance safety and improve services.**

Examples of how to meet this standard

Here are some examples of how Chief Pharmacists can meet this standard. It is not meant to be a complete list, and should be used as a prompt and not as a checklist:

- being able to build effective relationships at all levels both inside and outside the organisation, and across organisational boundaries
- building and developing partnership working with internal and external stakeholders
- meeting organisational priorities and demonstrating compliance with key organisational policies, such as the Duty of Candour
- making sure staff understand their impact and the wider impact of pharmacy on patients
- being able to solve problems in high-pressure situations
- being able to analyse and interpret complex data and information when making decisions
- demonstrating good decision-making skills that positively affect how pharmacy services are delivered
- being able to adapt and innovate to meet the changing needs of patients and changes to how pharmacy services are delivered

- keeping up to date with developments in the pharmacy sector and applying any relevant learning to their organisation
- developing and supporting a culture of research and innovation (within financial constraints)
- providing clinical leadership in the sourcing and management of medicines across the organisation
- providing professional support and expert pharmacy advice to colleagues
- reference the requirements of their role when undertaking their annual revalidation.

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

To deliver high-quality, efficient and safe pharmacy services with positive outcomes for patients, staff must have the right skills, knowledge, and experience. As part of their overall responsibility, Chief Pharmacists must make sure that the pharmacy workforce receives the necessary development and training. They must also put 'succession planning' in place, so that team efficiency does not suffer when staff move on.

Chief Pharmacists must:

- **be aware of what skills, knowledge and experience are needed to deliver safe and effective pharmacy services in their setting**
- **make the best use of resources, and get the right skill mix in each team to deliver safe and effective pharmacy services**
- **support and value staff, and consider their health and wellbeing**
- **create and maintain a culture of equality, diversity and inclusion where:**
  - people (including staff, patients and the public) are treated as equals, with dignity and respect, and
  - staff meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences
- **make sure staff in their organisation know who the Chief Pharmacist is**
- **let staff know that they can benefit from the defences, as long as certain conditions are met**
- **promote a culture where staff feel safe to report errors and near misses, and can learn from them**
- **make sure that staff are aware of, and meet, any necessary legislation and standards, as well as the standards and guidance set by other regulators and membership bodies.**

Examples of how to meet this standard

Here are some examples of how Chief Pharmacists can meet this standard. It is not meant to be a complete list, and should be used as a prompt and not as a checklist:

- being aware of the skill mix of each team, making sure that gaps are identified and the necessary actions taken

- developing recruitment and retention strategies, as well as succession planning, to deal with any workforce or staffing issues
- keeping up-to-date education and training plans that support the workforce in their ongoing development, including when innovation and new technologies are introduced
- encouraging staff to work collaboratively, including as part of integrated and multi-disciplinary teams
- helping to protect the rights of individuals
- promoting equal opportunity for staff, patients and the wider public
- helping to improve the experience and healthcare outcomes of patients and members of the public who use their organisation's pharmacy services
- building organisational policies and procedures into team management practices - for example, around EDI (equality, diversity and inclusion) training, such as that on building 'cultural competence'
- show leadership in delivering inclusive care and reducing health inequalities, promoting equality of opportunity and challenging discriminatory behaviours, across all interactions with patients, colleagues and the wider public.

develop a culture where staff feel confident/supported to challenge behaviours such as discrimination, bullying, and harassment

- making sure systems are in place so that the workforce can provide feedback and suggestions, and contribute to the development of and changes in the pharmacy service
- identifying good practice and sharing it with all relevant staff
- making sure staff have regular development reviews and that any development needs are met
- developing a culture where staff feel confident about raising concerns, in line with the duty of candour. This is the professional responsibility to be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress.

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

Chief Pharmacists have wide-ranging responsibilities and often need to delegate to make sure services are delivered safely and effectively. To make sure that this happens Chief Pharmacists must delegate responsibly. As senior leaders, when delegating, Chief Pharmacists are responsible and accountable for making sure the lines of accountability are clear. Details of delegation must be recorded, including who is responsible and accountable. This will reduce errors and foster a culture of transparency and accountability. If pharmacy staff are to continue to benefit from the defences, a pharmacy setting must make sure that if a Chief Pharmacist leaves the organisation, a replacement or an interim Chief Pharmacist is in post.

Chief Pharmacists must:

- **provide clarity about the roles, responsibilities and accountabilities of the pharmacy workforce**
- **carry out appropriate risk assessments and only delegate to people who have the relevant skills, knowledge and experience, and who are confident about assuming the extra responsibility**
- **communicate effectively and record delegation decisions accurately**

Examples of how to meet this standard

Here are some examples of how Chief Pharmacists can meet this standard. It is not meant to be a complete list and should be used as a prompt and not as a checklist:

- being able to successfully manage and lessen clinical, safety, financial and reputational risk
- making sure risk assessments are carried out and that relevant staff are consulted/involved
- making sure that risk assessments are reviewed when needed for example, if any changes take place
- allowing staff to refuse a delegated task if they have a good reason for example, if they feel the task is outside their scope of practice
- making sure staff are aware of their responsibilities and the reporting structure.

Standard 4: Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services

Establishing clear governance, and then maintaining and strengthening it, is a key part of the Chief Pharmacist's role. It involves several aspects, such as having arrangements for managing risks and overseeing how the pharmacy is managed and run. To demonstrate that they are meeting this standard, Chief Pharmacists must communicate effectively at all levels and take a strategic approach when making decisions that affect how pharmacy services are delivered and organised.

Chief Pharmacists must:

- **have oversight of, and make sure that there is effective management of, all pharmacy services and staff**
- **establish and communicate clear lines of reporting**
- **make sure there is a process to get feedback, which includes feedback about interventions, errors and incidents, and that the process is reviewed regularly and appropriately managed**

Examples of how to meet this standard

Here are some examples of how Chief Pharmacists can meet this standard. It is not meant to be a complete list and should be used as a prompt and not as a checklist:

- reviewing governance procedures regularly, including standard operating procedures (SOPs), and having oversight of how the pharmacy is run and how services are delivered
- making sure necessary records are kept and are up to date and accurate

- making sure that an effective records management system is in place, and that relevant staff are trained in how to use it
- carrying out robust performance measurement and reporting, and making changes when needed
- having oversight of, and contributing to, the development and review of policies
- having systems in place to anticipate, identify and respond to risks
- making sure there are systems in place to identify and report errors, including preparation and dispensing errors, and that errors are reviewed and appropriately managed
- regularly reviewing and acting on internal and external complaints and concerns
- planning and using resources effectively, considering any financial, audit and budgetary requirements.

General Pharmaceutical Council

Quality assuring pharmacy education and training

Meeting paper for Council on 12 December 2024

Public

Purpose

To request a decision by Council on implementing enhanced processes to quality assure pharmacy education and training, as part of our commitment to continuous improvement.

Recommendations

The Council is asked to approve two areas of enhancement to our accreditation processes: first, to incorporate additional internal and external data to support re-approval events; secondly, to start an annual survey of students and trainees to add depth and timeliness to the data we use to direct our quality assurance work.

Council is also asked to approve a change to the accreditation and recognition criteria to align reapproval cycles across all pharmacy education and training provision. This will mean that all pharmacy technician, support staff, independent prescribing and overseas pharmacists' assessment programmes (OSPAPs) will move to a six-yearly reaccreditation cycle with three-year interim event, to replace the current three-yearly reaccreditation cycle.

1. Introduction

1.1 Under the Pharmacy Order 2010, we have a duty to set standards that education and training providers must meet to enable a person undertaking that education or training to meet the standards required for entry on our register. We must also take appropriate steps to satisfy ourselves that those standards are met.

1.2 A key part of the steps we take is the accreditation or recognition process of education and training providers: this covers an initial accreditation or recognition of a provider by the GPhC, followed by ongoing maintenance of that approval with assurance events every three years. Under the Scheme of Delegations, the Council has reserved to itself setting the criteria by which we take approval decisions.

1.3 We have established processes for quality assuring the providers we accredit. We can grant approval with or without conditions and issue recommendations to bring providers up to our standards, and we can intervene proactively where we have a reason to believe that a provider is not meeting our standards.

1.4 In February 2024 we consulted on proposals to allow our processes for quality assuring education and training providers to be more agile and anticipatory, informed by an increased breadth and depth of data gained at more frequent intervals. This paper sets out our conclusions from that consultation.

1.5 The full consultation analysis report is appended to this paper.

2. Enhancements to the education and training quality assurance process

2.1 Our overall aim is to ensure providers deliver high quality education and training that meets our standards and requirements, and gives students and trainees appropriate knowledge, skills and experience to thrive in their pharmacy profession. As you will see from the analysis in the consultation report attached to this paper, consultation respondents were broadly in favour of proposals that lead to us having more insight into how providers are performing, including from students and trainees, and on a more frequent basis.

2.2 We have identified two enhancements we want to make.

(a) Make better use of internal and external data to enhance the evidence base for reapproval events. We will do this by providing accreditation teams with internal and external data relating to the programme provision with a narrative from the provider to articulate the conclusions they have drawn and the actions they are taking to improve quality, where relevant. The data and information we propose to include are data and commentaries from providers on their student and trainee data which we collect yearly as well as on their National Student Survey (NSS) results, student performance in the Oriel foundation training year National Recruitment Scheme (NRS) application tests, and graduate performance in the GPhC Registration Assessment. It should be noted that the latter three data sets relate only to MPharm degrees and OSPAPs, and partially to foundation training year programmes.

(b) Establish an annual survey of students and trainees about the quality of the education or training they are receiving. Aggregated survey findings for each provider will give us evidence to provide ongoing assurance as well as to highlight potential areas of concern that would trigger further inquiry with the provider. Surveys would be carried out for all programme types.

2.3 Our consultation proposed further changes: an annual monitoring event and introducing more flexibility to our engagement with education and training providers, including via regulatory intervention when needed. After careful consideration we have moved closer towards the need for flexibility and away from blanket yearly monitoring. The benefits of yearly monitoring (timely information from providers, regular contact with the opportunity discuss concerns and flag best practice, relationship development) can be realised through flexible, regular engagement of a more discursive nature without the pressure and burden of a monitoring event. The intention is to develop an approach around outreach and guidance to deliver continuous quality improvements. Providers will know that they can get expert, high quality advice and engagement from us but backed, when necessary, by robust regulatory action and the enforcement of our requirements.

3. Equality and diversity implications

3.1 A full equality screening and impact assessment has been done and can be shared on request. In summary, a significant majority thought that introducing more data and flexibility into our approach would be either neutral or positive for equality, diversity and inclusion.

3.2 Our standards for education and training providers include ensuring that equality, diversity and inclusion are embedded in courses and the way they are conducted, and that equality law requirements are met. The enhancements proposed above will support us in holding providers accountable for meeting this standard and allow us to share good practice in a collaborative setting.

4. Communications

4.1 We propose introducing these enhancements for the 2025/25 academic year, giving us time to talk directly to currently approved providers and those entering the approval process now. We will also publish them on our website for the benefit of future applicants for approval, and for students and trainees.

5. Resource implications

5.1 Making better use of internal and external data can be resourced from our existing budget. This is largely a data management matter, made more efficient by aligning the approval event cycle to three years for every provider.

5.2 An annual survey of students and trainees will need resource to design, manage, analyse and report on the survey findings. Drawing on existing data and insights expertise for design and management purposes, we can deliver the rest via an additional grade E member of staff. This would be an addition to the education budget but the post will likely be based in the data and insights team.

6. Risk implications

6.1 The proposed enhancements represent a shift in our way of working with education and training providers. It places increased emphasis on engagement to drive up quality, backed by accreditation events for assurance (and monitoring conditions where necessary). There is a risk that this could be perceived as weakening our stance on high quality education and training. To mitigate the risk of this false perception we will be clear in our comms and on the website that the aim is to increase our engagement with the providers and give us and them more opportunities to discuss challenges and opportunities to raise the quality of their courses.

6.2 These proposals mean deciding not to adopt measures that we put out for consultation and that received broad support. The clarity noted above will mitigate this risk for this specific case. More widely, organisational changes to the way we plan and run projects of this nature will increase the assurance we have that proposals put out for consultation are based on broad initial discovery and evidence-gathering.

7. Monitoring and review

7.1 Subject to Council approval, we will implement these enhancements for the 2025/26 academic year. This will be overseen by the Quality and Performance Assurance committee. We will evaluate the impact of the changes after three academic years, to give us sufficient data for analysis.

8. Recommendations

The Council is asked to approve two areas of enhancement to our accreditation processes: first, to incorporate additional internal and external data to support re-approval events; secondly, to start an annual survey of students and trainees to add depth and timeliness to the data we use to direct our quality assurance work.

Council is also asked to approve a change to the accreditation and recognition criteria to align reapproval cycles across all pharmacy education and training provision. This will mean that all pharmacy technician, support staff, independent prescribing and overseas pharmacists' assessment programmes (OSPAPs) will move to a six-yearly reaccreditation cycle with three-year interim event, to replace the current three-yearly reaccreditation cycle.

Louise Edwards, Chief Strategy Officer, and Alex Lescaian, Policy Manager (Education)
General Pharmaceutical Council

[Enter date final version signed-off]

General Pharmaceutical Council

Consultation on quality assurance of pharmacy education and training: analysis report

December 2024

Contents

Executive summary

Background

The Pharmacy Order 2010 describes General Pharmaceutical Council's (GPhC) regulatory role in setting standards for the education and training of pharmacists and pharmacy technicians in Great Britain, and in approving their qualifications and training. Over time, the way that pharmacy education and training is quality assured has evolved, taking account of best practice in quality assurance and of how our standards have changed. However, over the last few years, there have been some significant changes in pharmacy education and training which affect its structure and what is expected from it.

The GPhC wants to make sure that the way in which quality assurance is understood and applied to pharmacy education and training remains up to date and fit for purpose. Therefore, it carried out a review of the quality assurance process and produced a set of proposals which support the Professional Standards Agency's 'Standards of Good Regulation' and GPhC's strategic aims to achieve a more tailored and intelligence-led approach to quality assurance by 2025. First, by driving improvements in pharmacy care by modernising how education and training are regulated, and also by shifting the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy.

Between 4th April 2024 and 21 June 2024, the GPhC held a full, formal public consultation on these proposals. The consultation included an online survey, four engagement events, a focus group with patients and the public, a focus group with students and trainees, a focus group with pre-registration trainee pharmacy technicians and a webinar open to all stakeholders. The consultation was also promoted through a press release to the pharmacy trade media and via our social media. This report provides a summary of the responses to the consultation on the draft standards.

The GPhC proposed changes in quality assurance in pharmacy education and training and the consultation focused on four specific areas.

- The introduction of yearly monitoring with a greater use of data collected before approval events.
- Defining clear lines of responsibility and criteria for making decisions about whether to reapprove.
- Adopting a more flexible approval and intervention process.
- Achieving greater scrutiny of education and training, while applying GPhC quality assurance processes across all pharmacy education and training.

The online survey also explored the impact of the proposed changes on people sharing protected characteristics and those in specific groups.

There were 167 responses to the online survey (including emailed responses): 122 from individuals and 45 from organisations. 97 people attended the engagements events. A list of the organisations that responded to the consultation can be found in **Appendix 5**.

Key issues raised in responses

General view

Overall, there was strong support for the proposals across the four areas of change, with on average 73% of respondents to the online survey agreeing with the suggested changes. However, the comments left by respondents did not always reflect the overall level of support, tending to focus on issues and potential improvements. Two-thirds of the top ranked themes raised concerns or queries.

A perceived lack of clarity in the proposals was a top theme in all four areas, as was a concern that the proposals would bring an increased burden on providers and employers. Other themes related to the proposed timings and limitations and concerns with proposed data sources including gaps or missing data.

On a positive note, comments on the improved scrutiny and oversight which the proposals would bring was one of the top themes in three areas. Other prominent themes were the more efficient, effective and robust process that would result from the suggested changes and a general support for the proposals with the perception among those respondents that the proposals would have an overall beneficial impact.

The most prevalent response to the online survey was that overall, there would be no impact on people sharing protected characteristics - *age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation* (ranging from 38% to 53%). Overall respondents felt there would be a positive impact on other specific groups – *employers, pharmacy staff, patients and the public, students and trainees* (ranging from 35% to 45%). For education and training providers and partners however, most respondents felt the changes would bring both positive and negative impacts (44%).

Views on yearly monitoring

A majority (70%) of respondents felt the GPhC should introduce yearly monitoring to help bridge the present gaps between interim and reapproval events. Far fewer respondents overall (19%) did not think that the GPhC should introduce yearly monitoring.

Around two-thirds (68%) of all respondents thought the seven proposed areas should be considered in the yearly monitoring of providers of all education and training - *Management, oversight and delivery of education and training, Changes affecting education and training, Experiential and inter-professional learning, Stakeholder feedback, Internal and external quality assurance, Student and trainee admissions and performance, GPhC registration assessment performance*. Around a fifth of all respondents (18%) did not think the proposed areas should be considered as part of yearly monitoring.

Of the sets of data the GPhC proposed using to strengthen the quality assurance of education and training, the use of student and trainee feedback collected by the GPhC had 75% agreement and 19% disagreement, with a higher proportion of organisations disagreeing (28%). National Student Surveys (NSS), Post Graduate Taught (PGT) surveys and equivalent subject-level data had 57% agreement, 23% disagreement, with some disparity between individuals (18%) and organisations (38%). GPhC registration assessment performance data had 74% agreement and 13% disagreement among respondents. The use of oriel assessment performance data had 63% agreement and 13% disagreement. Finally, the use of other data (for example, upheld education concerns) had 69% of respondents agreeing and 13% of all respondents disagreeing.

Around three-fifths (62%) of all respondents thought that the proposed yearly monitoring process would provide sufficient quality assurance between interim and reapproval events. However, fewer organisations (51%) shared this view compared to individuals (66%). A fifth of all respondents (20%) did not think the yearly proposed monitoring would be sufficient.

Around three-quarters of all respondents left explanatory comments on the proposal in this section. The top positive theme which emerged from these comments was the suggestion that the proposals offered improved scrutiny and oversight such as highlighting how the proposals helped to identify gaps and give the GPhC a rounded, complete and informed picture. However, the remaining top themes identified areas of concern. This included: the limitations and concerns over proposed data sources such as a view among respondents that the data sources outlined were potentially inaccurate, inconsistent, unreliable and subject to bias and could lead to misleading conclusions, the possible increased burden on providers and employers who were facing unprecedented demand and were already "overstretched", data which could be utilised but was missing from the proposals, issues related to the proposed timings of QA such as the interventions would be too frequent, a lack of flexibility and that there was no alignment with existing provider structures, the lack of clarity in the proposal was also identified here and finally a perceived lack of evidence to support the proposals.

Views on intervention, escalation and decision-making

The proposals suggested a range of interventions to strengthen the quality assurance of education and training. When responses were analysed 77% of respondents felt that asking the provider for more evidence and information would strengthen the quality assurance of education and training, with just over one-tenth (11%) disagreeing. 73% agreed with helping the provider with a quality management activity, 12% disagreed. 86% agreed with having a focused meeting with the provider. Finally, carrying out a focused activity with the provider had 71% overall agreement with 27% disagreeing. However, there was a marked discrepancy between individuals and organisations, with over three-quarters of individuals agreeing (76%) and closer to only half of organisations having the same view (56%).

Just over three-fifths of respondents left explanatory comments in this section. The top positive themes were general support with respondents suggesting the proposals were reasonable and covered all viable options, and a view that the proposals would provide a more efficient, effective and robust process. Respondents felt overall that the proposals would make for a better intervention. The main areas of concern raised in these comments were again a lack of clarity, general negative comments or general disapproval, disapproval of the GPhC role in quality assurance including the approval team role, composition or expertise and the increased burden on providers and employers.

Views on increased flexibility for approval and intervention

In this section 79% of respondents agreed with a flexible approach to the timing of interim and reapproval events, so that these will not be limited to taking place once every three or six years, with just over one-tenth (11%) disagreeing. 74% agreed with taking a variable approach to the periods of approval, meaning that approval status would not have a set end date but would depend on the outcome of the next planned interim and reapproval events, with 12% disagreeing. 81% agreed that QA intervention activity should be carried out as a result of an unsatisfactory yearly monitoring outcome, with 13% disagreeing. 80% agreed that a QA event (interim, exceptional interim, or reapproval) should be held as a result of an unsatisfactory QA, with 11% disagreeing.

Just under three-fifths of respondents left explanatory comments in this section. The top positive themes were that the proposals would offer a more efficient, effective and robust process, general

support and that changes would improve scrutiny and oversight. Alternatively, there were concerns related to the proposed timings of QA, a lack of clarity, an increased burden on providers and employers and an opinion among some respondents that the suggested changes would create uncertainty, decrease moral and have a negative impact on wellbeing. Of those who felt that way highlighted how the proposed changes might create both pressure and stress.

Views on applying our processes across all pharmacy education and training

87% of respondents agreed with the proposal to apply our QA processes so that arrangements that apply to national awarding organisations also apply to private providers of pharmacy technician and support staff courses, with just one-tenth (10%) disagreeing.

81% agreed with the proposal to apply our QA processes so that arrangements that apply to MPharm providers also apply to providers of independent prescribing programmes, with just one-tenth (10%) disagreeing.

Just under three-fifths of respondents left explanatory comments in this section of the proposal. The top supportive themes found in this section were that the proposals would ensure consistency in QA process, with both the QA process itself and how the proposals aided consistency in education and training. The other popular positive theme was again that changes would improve scrutiny and oversight. The most mentioned areas of concern was an observation that the standardised approach in certain contexts was not appropriate and on occasion not possible. That there would be increased burden on providers and employers and finally that there was again lack of clarity in this section of the proposals.

Impact of the proposed changes

Views on impact on people sharing protected characteristics

With reference to the impact of the proposed changes on people sharing protected characteristics under the Equality Act 2010, ‘no impact’, was the most common response for all protected characteristics (38% to 53%). This was followed by ‘positive impact’ 17% and 26% and ‘don’t know’ (18% and 25%).

Views on impact on other individuals or groups

With reference to the impact of the proposed standards on other groups, ‘positive impact’ was the most common response with patients and the public highest (62%); followed by students and trainees (56%); pharmacy staff (41%); employers (35%) and finally education and training providers (29%). For this latter group, more respondents felt the proposals would bring a combination of positive and negative impact (44%).

Views on the impact of the proposals

The comments section on the impact of the proposals encompassed both the views on the impact on people sharing protected characteristics and views on the impact on other individuals or groups. Just over half of respondents left a comment relating to this section. The top positive themes were a range of general support for the proposals and a view among respondents that the suggested changes would improve the student experience and the provision of education and training. An additional positive theme raised in the consultation was that the changes would be in the best interest of patients, improving quality and patient safety including standards, outcomes, and patient specific benefits. The

top areas of concerns raised were that the proposals would increase the burden on providers and employers and that there was a lack of clarity. Finally, some respondents stated that the proposals would have no impact on those with protected characteristics or on the specific groups described.

Additional themes and suggestions

In addition to the themes outlined above there were a range of other themes raised in the consultation, some of which came up across multiple sections. This is a summary of the additional themes which were raised during the consultation but were not the most common in any one section. Respondents stated that the proposed changes:

- would create a proportionate and limited process which reduced provider burden.
- were adapting to current and future changes in pharmacy.
- would create a process which used data well.
- would provide assurance to the public, patients and GPhC stakeholders.
- improved support for providers and stakeholders.
- would have a positive impact on those with protected characteristics, particularly students.
- would create a less efficient process or duplicate existing processes.
- did not engage sufficiently with certain groups.
- would have a negative impact on students.
- would have a negative impact on specific groups.
- were not interventionist enough.
- did not address inconsistencies in provision.

We also received a wide range of suggestions on alternative or additional aspects of quality assurance of pharmacy education and training. Whilst these could not be grouped thematically due to the variety and range of ideas, all comments were collated and passed on to the education team for further review.

Introduction

Policy background

The Pharmacy Order 2010 describes General Pharmaceutical Council's (GPhC) regulatory role in setting standards for the education and training of pharmacists and pharmacy technicians in Great Britain, and in approving their qualifications and training. The aim of this is to assure the GPhC that:

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

The GPhC approves pharmacy education and training provisions that have been quality assured using appropriate approval processes and which have met relevant standards in full.

Currently, the main way in which the GPhC quality assures pharmacy education and training is through regular 'approval events'. The GPhC appoints an Approval team from the Accreditation and Recognition panel to review documentary evidence, and a submission from the provider. This is done every three years for any particular provider.

Over the last few years, there have been some significant changes in pharmacy education and training which affect its structure and what is expected from it. These changes include:

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

Over time, the way that pharmacy education and training is quality assured has improved, taking account of best practice in quality assurance and of how our standards have evolved. For example, since 2011, the tone of the approval events and the way the GPhC works with providers during these has improved. This means that providers are clearer about what the GPhC expects from them and how events will be carried out. The way the GPhC works with providers to get their approval submission has also been reviewed. For example:

- Ahead of an approval event, the GPhC will tell the provider which learning outcomes are going to be reviewed.
- The GPhC has produced submission templates for events, so that providers don't have to give the same information more than once.

- The GPhC is collecting more data before the event, and since 2022, this includes data from independent prescribing programmes.

However, although the current way in which the GPhC quality assures pharmacy education and training bring important benefits, such as making sure there is a regular and wide-ranging scrutiny of all providers against standards and at fixed times, it also means that the regulator checks in with providers only once in every three years. During this time, issues – such as poor performance in the registration assessment – may crop up and reach a stage where they can pose a serious concern under the standards, potentially compromising the quality of the education and training that students and trainees receive. These processes have limited GPhC's ability to spot or anticipate concerns early, or to review providers early as a result of concerns where identified.

The GPhC wants to make sure that the way in which quality assurance is understood and applied to pharmacy education and training remains up to date and fit for purpose. Therefore, the GPhC carried out a review of the quality assurance processes used by other healthcare regulators and can see that there may be advantages in adopting a similar approach to other health professions. For example, the GPhC can use a wider range of data to help them carry out quality assurance and monitoring within pharmacy education and training.

This would support two of GPhC's strategic aims to achieve a more tailored and intelligence-led approach to quality assurance by 2025 through:

- driving improvements in pharmacy care by modernising how education and training are regulated, and
- shifting the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy

This would also support the Professional Standards Agency's 'Standards of Good Regulation', more specifically Standard 9:

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

To build upon these developments while making sure that quality assurance processes are suitable for the rapidly developing education and training provided, and act quickly if there is under-performance, the GPhC proposes to:

- introduce yearly monitoring with a greater use of data collected before an approval event
- define clear lines of responsibility and criteria for making decisions about whether or not to reapprove a course or qualification
- adopt a more flexible approval and intervention process, and
- achieve greater scrutiny of education and training, while applying the same quality assurance processes across all pharmacy education and training

For further details on the proposals, see Appendix 1: Summary of proposals.

For more detail on the changes we are proposing, see **Appendix 1: Summary of our proposals**.

Analysis of consultation responses

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

For more information see:

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

1. Yearly monitoring

1.1 Survey response tables and analysis

Table 1: Views on whether GPhC should introduce yearly monitoring to help bridge the present gaps between interim and reapproval events (Base: All respondents)

Q1: To what extent do you agree or disagree that we should introduce yearly monitoring to help bridge the present gaps between interim and reapproval events?	N and % individuals	N and % organisations	N and % Total
Strongly agree	36 (30%)	4 (9%)	40 (24%)
Agree	54 (44%)	23 (51%)	77 (46%)
Neither agree nor disagree	14 (11%)	3 (7%)	17 (10%)
Disagree	8 (7%)	9 (20%)	17 (10%)
Strongly disagree	10 (8%)	5 (11%)	15 (9%)
Don't know	0 (0%)	1 (2%)	1 (1%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

Overall, a majority (70%) of respondents felt the GPhC should introduce yearly monitoring to help bridge the present gaps between interim and reapproval events. Those that shared this view included more individuals (74%) than organisational respondents (60%). In contrast, table 1 shows that far fewer respondents overall (19%) did not think that the GPhC should introduce yearly monitoring. This included 15% of individual and 31% of organisational respondents. A small percentage of respondents (10%)

neither agreed nor disagreed that the GPhC should introduce yearly monitoring, of those individual and organisational respondents made up 11% and 7% respectively.

Table 2: Views on whether proposed areas should be considered in the yearly monitoring of providers of all education and training (Base: All respondents)

Q2: To what extent do you agree or disagree that the proposed areas (listed on page 16 of the proposal) should be considered in the yearly monitoring of providers of all education and training?	N and % individuals	N and % organisations	N and % Total
Strongly agree	29 (24%)	3 (7%)	32 (19%)
Agree	60 (49%)	22 (49%)	82 (49%)
Neither agree nor disagree	14 (11%)	8 (18%)	22 (13%)
Disagree	7 (6%)	7 (16%)	14 (8%)
Strongly disagree	11 (9%)	5 (11%)	16 (10%)
Don't know	1 (1%)	0 (0%)	1 (1%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

In response to question 2, around two-thirds (68%) of all respondents thought the seven proposed areas should be considered in the yearly monitoring of providers of all education and training - *Management, oversight and delivery of education and training, Changes affecting education and training, Experiential and inter-professional learning, Stakeholder feedback, Internal and external quality assurance, Student and trainee admissions and performance, GPhC registration assessment performance*. However, considerably fewer organisations (56%) shared this view compared to individuals (73%). As highlighted in table 2, around a fifth of all respondents (18%) did not think the proposed areas should be considered, including a higher percentage of organisations (27%) than individuals (15%). Overall, 13% of respondents neither agreed nor disagreed, 11% of individual and 18% of organisational respondents.

Table 3: Views on to what extent respondents agree or disagree, in each case, that the following sets of data will strengthen the quality assurance of education and training (Base: All respondents)

Q3: To what extent do you agree or disagree, in each case, that the following sets of data will strengthen the quality assurance of education and training?	Student and trainee feedback collected by the GPhC	National Student Surveys (NSS), Post Graduate Taught (PGT) surveys and equivalent subject-level data	GPhC registration assessment performance data (pharmacist initial education and training only)	Oriel assessment performance data (pharmacist initial education and training only)	Other data (for example, upheld education concerns)
Strongly agree	52 (31%)	38 (23%)	45 (27%)	31 (19%)	41 (25%)
Agree	73 (44%)	56 (34%)	76 (46%)	74 (44%)	73 (44%)
Neither agree nor disagree	10 (6%)	28 (17%)	15 (9%)	28 (17%)	30 (18%)
Disagree	21 (13%)	14 (8%)	13 (8%)	9 (5%)	9 (5%)
Strongly disagree	10 (6%)	25 (15%)	9 (5%)	13 (8%)	6 (4%)
Don't know	1 (1%)	6 (4%)	9 (5%)	12 (7%)	8 (5%)
Total N and % of responses	**167 (100%)**	**167 (100%)**	**167 (100%)**	**167 (100%)**	**167 (100%)**

Table 3.1: Views on to what extent respondents agree or disagree, in each case, that the following sets of data will strengthen the quality assurance of education and training (Base: Individuals and organisations)

Q3: To what extent do you agree or disagree, in each case, that the following sets of data will strengthen the quality assurance of education and training?	Student and trainee feedback collected by the GPhC		National Student Surveys (NSS), Post Graduate Taught (PGT) surveys and equivalent subject-level data		GPhC registration assessment performance data (pharmacist initial education and training only)		Oriel assessment performance data (pharmacist initial education and training only)		Other data (for example, upheld education concerns)	
	Individuals	Organisations	Individuals	Organisations	Individuals	Organisations	Individuals	Organisations	Individuals	Organisations
Strongly agree	45 (37%)	7 (16%)	32 (26%)	6 (13%)	39 (32%)	6 (13%)	28 (23%)	3 (7%)	36 (30%)	5 (11%)
Agree	48 (39%)	25 (56%)	42 (34%)	14 (31%)	51 (42%)	25 (56%)	50 (41%)	24 (53%)	54 (44%)	19 (42%)
Neither agree nor disagree	10 (8%)	0 (0%)	22 (18%)	6 (13%)	9 (7%)	6 (13%)	17 (14%)	11 (24%)	15 (12%)	15 (33%)
Disagree	10 (8%)	11 (24%)	9 (7%)	5 (11%)	11 (9%)	2 (4%)	9 (7%)	0 (0%)	8 (7%)	1 (2%)
Strongly disagree	8 (7%)	2 (4%)	13 (11%)	12 (27%)	5 (4%)	4 (9%)	9 (7%)	4 (9%)	5 (4%)	1 (2%)
Don't know	1 (1%)	0 (0%)	4 (3%)	2 (4%)	7 (6%)	2 (4%)	9 (7%)	3 (7%)	4 (3%)	4 (9%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**122 (100%)**	**45 (100%)**	**122 (100%)**	**45 (100%)**	**122 (100%)**	**45 (100%)**	**122 (100%)**	**45 (100%)**

In response to question 3, exactly three quarters of respondents (75%) felt the use of student and trainee feedback collected by the GPhC would strengthen the quality assurance of education and training. This result was uniform across both individuals (76%) and organisations (72%). Overall, nearly a fifth of respondents (19%) disagreed, with a higher proportion of organisations disagreeing (28%), compared with only 15% of individuals. The percentage of overall respondents who neither agreed nor disagreed was low (6%), with 8% of individuals and 0% of organisations responding this way.

On whether National Student Surveys (NSS), Post Graduate Taught (PGT) surveys and equivalent subject-level data would strengthen the quality assurance of education and training, 57% of respondents overall agreed that it would. 60% of individuals and 44% of organisations shared this view. The disparity between individuals and organisations was also reflected in those respondents who

disagreed. There was 23% disagreement overall, with only 18% of individuals disagreeing rising to 38% among organisations. Overall, 17% of respondents neither agreed nor disagreed, 18% of individuals and 13% of organisations.

Once again almost three-quarters (73%) of respondents believed GPhC registration assessment performance data would strengthen the quality assurance of pharmacist education and training, with 74% of individuals and 69% organisations responding similarly. Overall, 13% of respondents disagreed, which was mirrored exactly with 13% of individuals and 13% of organisations disagreeing too. Overall, 9% of respondents neither agreed nor disagreed, 7% of individuals and 13% of organisations. While 5% of respondents overall answered don't know, with 6% of individuals and 4% of organisations.

There was a broadly uniform view among respondents that the use of oriel assessment performance data would strengthen the quality assurance of pharmacist education and training with about three-fifths of all respondents (63%), individuals (64%) and organisations (60%) agreeing. Of respondents who had other opinions, 13% of all respondents disagreed, with 14% of individuals and only 9% of organisations disagreeing. 17% of respondents overall neither agreed nor disagreed, which included 14% of individuals but a considerably higher proportion of organisations (24%).

Finally for question 3 on whether other data (for example, upheld education concerns) would strengthen the quality assurance of education and training opinion there was slightly less agreement between individuals and organisations. Although 69% of respondents overall agreed, while nearly three-quarters of individuals (74%) agreed, only about half (53%) of organisations held a similar view. However, this did not translate into a large percent of respondents disagreeing. Overall, only 9% of respondents disagreed, 11% of individuals and 4% of organisations. Instead, the relatively low level of agreement among organisations (when compared with other suggested sources of data) reflected a relatively high percentage of organisations neither agreeing nor disagreeing (33%), with 12% of individuals having a similar opinion.

Table 4: Views on whether the proposed yearly monitoring process will provide sufficient quality assurance between interim and reapproval events (Base: All respondents)

Q4: To what extent do you agree or disagree that the proposed yearly monitoring process will provide sufficient quality assurance between interim and reapproval events?	N and % individuals	N and % organisations	N and % Total
Strongly agree	20 (16%)	2 (4%)	22 (13%)
Agree	61 (50%)	21 (47%)	82 (49%)
Neither agree nor disagree	13 (11%)	11 (24%)	24 (14%)
Disagree	13 (11%)	6 (13%)	19 (11%)
Strongly disagree	11 (9%)	4 (9%)	15 (9%)
Don't know	4 (3%)	1 (2%)	5 (3%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

In response to question 4, around three-fifths (62%) of all respondents thought that the proposed yearly monitoring process would provide sufficient quality assurance between interim and reapproval events. However, considerably fewer organisations (51%) shared this view compared to individuals (66%). As highlighted in table 4, a fifth of all respondents (20%) did not think the yearly proposed monitoring would be sufficient, including exactly the same percentage of individual (20%) but a slightly higher percentage of organisations (22%). Overall, 14% of respondents and 11% of individuals neither agreed nor disagreed, with 24% of organisational respondents responding similarly.

1.2 Summary of themes

Around three-quarters of all respondents left explanatory comments. Set out below is an analysis of the themes found in their responses.

Respondents who left open-ended comments on this section held a range of views on yearly monitoring. However, of the top seven most popular themes that emerged six highlighted areas which respondents felt were areas of concern. Those who spoke positively about this section of the proposals felt that the changes to monitoring would offer better scrutiny and oversight.

However, issues related to time were also highlighted including that the proposals could mean monitoring would happen too often, did not encompass possible longer-term changes and improvements, did not take into account wider alignment with providers and were overall limited.

The most popular theme highlighted by respondents were limitations and concerns with proposed data sources, with another popular theme being data which could be utilised but was missing from the proposals. While the increased burden of providers and employers was also a prevalent theme.

Finally, there were two additional themes which were prevalent for organisations highlighting what they felt was a lack of clarity and overall lack of evidence to support the proposals.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Limitations and concerns with proposed data sources
- Improved scrutiny and oversight
- Increased burden on providers and employers
- Missing data
- Concerns regarding the proposed timings of QA
- Lack of clarity or more information needed
- Lack of evidence to support proposals

1.3 Limitations and concerns with proposed data sources

When asked to give their views on yearly monitoring, the most common aspect that respondents felt needed further attention were the proposed sources of data. Respondents highlighted a range of limitations and concerns with the data sources outlined in the proposals.

Respondents felt the data outlined in the proposals lacked quality in that the data sources were inaccurate, inconsistent, unreliable and subject to bias and would lead to misleading conclusions. They also highlighted that certain sources were incompatible due to lack of standardisation and format variations. Respondents were also concerned about the accessibility of the data, with restricted access due to privacy, proprietary issues, or unawareness and unforeseen ethical considerations such as privacy and consent issues.

Those who had issue with the proposed data focused on how they believed various data sources were unsuitable. Some respondents in this category felt that the proposed data was in general unreliable with student feedback and provider action plans as examples of data which would not provide evidence of good or bad outcomes.

Some respondents felt there needed to be further consideration of data that explained what, why, when and how things happen. They also felt the data used lacked outcome focus, that it was unclear whether the data sets proposed would provide sufficient quality assurance, was subject to time lag, not reproduceable and that there was a risk of overreliance on data alone. Finally, some thought that there was an over reliance on certain data, for example, that there was too much focus on the registration assessment and university-based monitoring.

Some respondents went further and questioned the suitability of data due to its specificity and suggested that using data from specific sources in different settings was not appropriate. Due to its complexity, interprofessional education (IPE) and experiential learning fit into this category, with further difficulties in quantifying and standardising data from this source.

Respondents also highlighted the lack of influence education and training providers have over Oriel results. It was felt that national, standardised assessment and outcomes from Oriel assess suitability and capability of foundation training so would not work as a proxy for QA measures of MPharm curricula design, delivery and development. Some respondents also pointed out that Oriel was not used in Northern Ireland (NI). It was felt therefore that it would be an unsuitable method to assess quality. Oriel was also felt to have validity issues.

This criticism was also applied to the National Student Survey (NSS). Some of the most regular feedback highlighted the issues with the NSS as a source of evidence with validity and accuracy issues owing to its very poor design, lack of course level specificity and broad scope, low response rates and subjectivity, especially with the propensity of responses from unsatisfied students. These criticisms were also applied lesser extent to National Education and Training Survey (NETS), registration assessment data, Situational Judgement Test (SJT), Postgraduate taught experience survey (PTES) and Post Graduate Taught (PGT) surveys. One respondent highlighted that PGT courses for Independent Prescribing are under a year in length and non-credit bearing which means most universities do not perform PGT exit surveys. For respondents who mentioned these data source this made them unsuitable.

Finally, some respondents thought that the collection of certain data outlined in the proposal might breach data protection and suggested further communication would be needed for students to explain what information would be used for and what the implications for its use would be. Finally, some respondents suggested plans needed to be put in place to protect providers from wrongful reputational damage.

1.4 Improved scrutiny and oversight

The most common positive theme to emerge from respondents to this section centred on how the proposed yearly monitoring process offered better and more frequent scrutiny and oversight.

Respondents highlighted how the proposals helped to identify gaps and give the GPhC a rounded, complete and informed picture. They felt the proposals would enable better identification of changes, issues, slippages and areas of concern of providers' performance which could then be used to highlight improvements. Others thought the proposals would also be more timely, leading to earlier and more frequent identification of issues and action to be taken more quickly with similar positive outcomes.

Some respondents also felt that the better and more frequent oversight would fill gaps in existing oversight.

Finally, others pointed to regular monitoring as general good practice. They highlighted how the proposals would strengthen the quality assurance process, make the regulatory process more transparent, and make the whole process generally more proportionate, systematic, tailored, robust and less of a "tick-box exercise".

1.5 Increased burden on providers and employers

One of the most popular themes for both individuals and organisations was the issue of increased burden. It was felt by those respondents who mentioned this theme that education providers and employers were facing unprecedented demand and were already "overstretched" financially, and also by subsequent reductions in numbers of teaching staff and administrators. They felt that the proposals would create a lot of additional work, including administrative work, for staff who were already overburdened. It was felt the proposals would also create an extra financial burden too.

Some of those who commented on this theme also felt that yearly monitoring was unnecessary and linked burden to duplication of existing practice, including submitting the same quantity of information and evidence every year that was currently submitted every three years. The outcome of this increased burden was likely to be that the proposals would be detrimental to teaching and learning.

1.6 Missing data

Another common theme was that there was a range of data which could be utilised but was missing from the proposal. Of those who responded, reference was made to outdated data, missing data types or variables, an absence of data in certain areas, groups or populations, missing data of certain granularity or detail and specific methods of collecting that data which were also missing.

The types of data respondents felt was missing included data which originated from the providers included provider assessments "where many learning outcomes are met", data from Ether, an education management programme, data from the Apprenticeship End Point Assessment (EPA) and data on trainees who did not meet the learning outcomes. Others highlighted data which originated from other sources and "outside factors" such as pre-registration exam data and data on the number of pre-registration trainee pharmacy technicians in training each year and even the GPhC portfolio sign off, part of the initial pharmacist education.

In relation to data collection methods some respondents felt that the data sources identified did not include other components. A range of solutions was suggested to rectify that gap such as for the GPhC to run their own yearly survey, a greater amount of commentary to aid interpretation of the data, qualitative commentary relating to the specific issue(s) and even the use of more up to date methods such as electronic templates.

Another commented upon aspect of this theme was the gaps in groups and times where data was collected. Of those respondents who mentioned this theme some felt that newly qualified pharmacists should be surveyed on their experiences of whether their MPharm degree had actually prepared them for life as a foundation pharmacist. Respondents also felt this focus on whether qualified students were prepared was also applicable to employers who should also be asked for their feedback on student knowledge, skills and behaviours.

This focus on gaps in data also applied to a wider range of stakeholders with respondents suggesting that data should be sort from specific stakeholders such as commissioners, assessment groups, pharmacy contractor body representative bodies, pharmacy representative groups, such as Community Pharmacy Wales (CPW) and the Royal Pharmaceutical Society (RPS) with data also collected from their assessment and credentialing process. More generic suggestions included collecting data which highlighted strategic and workforce needs, such as availability, demand and capacity including clinical placement capacity in practice-based settings. Finally, some respondents also felt that data was missing about pharmacy technicians, including those who had been grandfathered in following changes to standards.

1.7 Concerns related to the proposed timings of Quality Assurance

Although respondents highlighted the positives of more frequent scrutiny and oversight, respondents also pointed to issues which could arise related to the proposed quality assurance (QA) cycles.

The most common criticism was that the interventions would be too frequent. Others were more nuanced suggesting that more flexibility was necessary, for example suggesting that if providers were doing well then the proposed monitoring was too often. Similarly, others felt that if a concern had been highlighted then time for further submissions to be presented should be allowed.

There was also a focus on how the proposed monitoring did not align with the existing provider timelines. It was pointed out that the proposed timelines did not align with already existing provider QA process cycles such as education and training standards, continued professional development (CPD), internal quality reporting and external examiner monitoring, with some commentators foreseeing a risk of overlapping reviews and actions. They highlighted the need to ensure there was enough time for the interventions to take place and to ensure relevant information was shared with other stakeholders.

Another criticism related to how the proposals were short-term. Respondents suggested greater account of longer-term trends was needed. It was suggested that proposals would only produce a “snapshot” and that in fact there was never just a single point of failure. While others suggested outcomes would take time to bear fruit, with change taking several years to become visible. It was felt that this was especially pertinent with programmes happening at varying times, with programmes having different lengths and each having their own “ebb and flow”.

1.8 Lack of clarity

Although not one of the most mentioned themes overall, one of the top themes mentioned by organisations who responded to the consultation was a perceived lack of clarity or ambiguity, and the call for more information. Two broad issues in this area were that firstly it was difficult to understand whether the proposals would achieve their objectives and secondly that possible concerns were not given in detail.

The most common issue related to data. Some respondents commented that they were hesitant to agree to the “Other data” section without a clearer understanding of what these could be. Others felt the overall approach to analysis and how data would be used was unclear. Many of the comments on this theme came from education and training providers, who were unclear how the process of annual reporting, analysis and response would be undertaken at the provider level. More granular responses asked for greater clarification on how the GPhC would collate student and trainee data each year.

Some respondents felt that they were unable to assess the impact of yearly monitoring without sight of the proposed data collection templates, with others pointing out that there was no information included

in the consultation on how the interim and reapproval documentation might change as a result of enhanced annual monitoring. Two more areas were mentioned with reference to data. Some respondents wished for a fuller explanation of the proposed decision making, intervention and escalation model. While some respondents felt the detail in the consultation document did not link the large number of data sources, collected in a variety of ways, from a number of sources, to the aims of the assessment process.

Two less mentioned areas requiring greater clarity related to time and burden. Respondents commented that the timelines for feedback from the GPhC on the annual return and any subsequent processes were not outlined. Others were unclear what the impact would be and asked for more clarity from the GPhC on potential workload, affordability, resource burden and practicalities.

1.9 Lack of evidence to support proposals

Another top theme mentioned by organisations but not one of the most mentioned themes overall was the proposals' lack of evidence. This tended to fall into two categories, the first was a lack of evidence on the need and rationale for change. For those with specific comments on this it was noted that there was no evidence that the current regime was not already effective, sufficient or efficient. Respondents asked for evidence of the possible shortfalls or failings of the current process, for evidence this level of monitoring was warranted for pharmacy education and also asking for evidence of the change in burden.

The second category mentioned under this theme was the lack of evidence of impact and outcomes of the proposal. Those who commented on this felt there was a lack of evidence that the proposed new methodology would produce definite benefits and no evidence that the new approach would improve the quality of newly registered pharmacists. Some also felt it was not clear what could be gained from this that is not gained from other evaluation work within programmes.

Although these were the two main subthemes under this theme there was also again comments relating to data and what the evidence for using the new data sources was. Overall, the response of respondents to the perceived lack of evidence was either to feel that there was a need for revision, that this made the proposals unjustified or that there was the need to test the proposals for example with a "limited pilot".

2. Intervention, escalation and decision-making

2.1 Survey response tables and analysis

Table 5: Views on whether a range of interventions will strengthen the quality assurance of education and training (Base: All respondents)

Q6: To what extent do you agree or disagree that, in each case, the following interventions will strengthen the quality assurance of education and training?	Asking the provider for more evidence and information (for example, action plans)	Helping the provider with a quality management activity (for example, assessment standard setting)	Having a focused meeting with the provider (for example, a conversation about the concern)	Carrying out a focused activity with the provider (for example, a visit or observing teaching)
Strongly agree	45 (27%)	44 (26%)	59 (35%)	49 (29%)
Agree	87 (52%)	78 (47%)	86 (51%)	70 (42%)
Neither agree nor disagree	16 (10%)	23 (14%)	9 (5%)	17 (10%)
Disagree	7 (4%)	9 (5%)	6 (4%)	14 (8%)
Strongly disagree	11 (7%)	11 (7%)	6 (4%)	16 (10%)
Don't know	1 (1%)	2 (1%)	1 (1%)	1 (1%)
Total N and % of responses	**167 (100%)**	**167 (100%)**	**167 (100%)**	**167 (100%)**

Table 5.1: Views on whether a range of interventions will strengthen the quality assurance of education and training (Base: individuals and organisations)

Q6: To what extent do you agree or disagree that, in each case, the following interventions will strengthen the quality assurance of education and training?	Asking the provider for more evidence and information (for example, action plans)		Helping the provider with a quality management activity (for example, assessment standard setting)		Having a focused meeting with the provider (for example, a conversation about the concern)		Carrying out a focused activity with the provider (for example, a visit or observing teaching)	
	Individuals	Organisations	Individuals	Organisations	Individuals	Organisations	Individuals	Organisations
Strongly agree	40 (33%)	5 (11%)	37 (30%)	7 (16%)	51 (42%)	8 (18%)	42 (34%)	7 (16%)
Agree	58 (48%)	29 (64%)	53 (43%)	25 (56%)	55 (45%)	31 (69%)	51 (42%)	19 (42%)
Neither agree nor disagree	10 (8%)	6 (13%)	12 (10%)	11 (24%)	5 (4%)	4 (9%)	11 (9%)	6 (13%)
Disagree	5 (4%)	2 (4%)	8 (7%)	1 (2%)	5 (4%)	1 (2%)	6 (5%)	8 (18%)
Strongly disagree	9 (7%)	2 (4%)	11 (9%)	0 (0%)	6 (5%)	0 (0%)	12 (10%)	4 (9%)
Don't know	0 (0%)	1 (2%)	1 (1%)	1 (2%)	0 (0%)	1 (2%)	0 (0%)	1 (2%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**122 (100%)**	**45 (100%)**	**122 (100%)**	**45 (100%)**	**122 (100%)**	**45 (100%)**

When overall responses were analysed over three-quarters (79%) of overall respondents felt that asking the provider for more evidence and information would strengthen the quality assurance of education and training, with just over one-tenth (11%) disagreeing and a similar amount neither agreeing nor disagreeing or not knowing (10% and 1%). This was broadly reflective of the results when individuals and organisations were examined separately.

These results were similar when looking at whether helping the provider with a quality management activity would strengthen the quality assurance of education and training with just under three-quarters (73%) agreeing and just over one-tenth disagreeing (12%). When comparing individuals and organisations, there were similar levels of agreement, but a much larger proportion of individuals disagreed (16% compared with 2%) and nearly a quarter of organisations (24%) neither agreeing nor disagreeing.

The intervention which received the most support was having a focused meeting with the provider with nearly nine-tenths (86%) agreement which was reflected both with individuals and organisations. The final intervention – Carrying out a focused activity with the provider, garnered slightly less support with 71% of overall respondents suggesting this intervention would strengthen the quality assurance of education and training. However, here there was a marked discrepancy between individuals and organisations, with over three-quarters of individuals agreeing (76%), whereas closer to half of organisations agreed (58%) and over a quarter (27%) disagreeing.

Table 6: Views on the extent the teams allocated to each type of intervention activity are appropriate decision makers (Base: All respondents)

Q7: To what extent do you agree or disagree that the teams allocated to each type of intervention activity are appropriate decision makers?	N and % individuals	N and % organisations	N and % Total
Strongly agree	22 (18%)	3 (7%)	25 (15%)
Agree	50 (41%)	18 (40%)	68 (41%)
Neither agree nor disagree	19 (16%)	10 (22%)	29 (17%)
Disagree	10 (8%)	4 (9%)	14 (8%)
Strongly disagree	13 (11%)	3 (7%)	16 (10%)
Don't know	8 (7%)	7 (16%)	15 (9%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

Of the survey respondents who left explanatory comments just over half (56%) agreed that the teams allocated to each type of intervention activity are appropriate decision makers, with around a fifth (18%) disagreeing, 17% neither agreeing nor disagreeing and approximately one-tenth (9%) not knowing. When analysis was completed by individual and organisation separately relatively more individuals agreed (59%) compared to organisations (47%) with the percentage of organisations neither agreeing nor disagreeing (22%) and not knowing (16%) higher overall.

2.2 Summary of themes

Just over three-fifths of respondents left explanatory comments in this section. Set out below is an analysis of the themes found in their responses.

Unlike the comments on yearly monitoring the comments on intervention, escalation and decision-making were more evenly spread between the positive and negative, with two of the top six being positive. Those who spoke positively about this section of the proposals offered a more generalised support and felt the process was more efficient, effective and robust. However, there were a range of negative comments about this section of the proposals, with lack of clarity and increased burden once again often being mentioned, and respondents also disagreeing with the accreditation team composition or expertise.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Lack of clarity
- General support
- Disapproval of GPhC role in QA
- General negative comments
- Increased burden on providers and employers
- More efficient, effective and robust process

2.3 Lack of clarity

The top theme overall in this section was reserved for the proposals' lack of clarity. This theme has been discussed in detail in section 1.8 above, however, there were a few differences between these two sections which warrant mentioning. A high proportion of comments referenced a general lack of clarity in this section.

Comments on lack of clarity covered all aspects of this section including intervention, escalation and decision-making. Overall, respondents pointed to a lack of clarity about the teams involved, including the difference between the teams for example the reaccreditation team and a monitoring team, how they would be involved and when. Commentors were also unclear on team selection, balance, consistency and the qualifications necessary to be part of the team. They also felt more information was needed on decision making, including lines of responsibility for decision making and the link between decision making and the concerns matrix.

Respondents also spoke specifically about what they saw as a lack of detail on the interventions including what a focused activity would involve and its resource implications. They were also of the opinion that there was a lack of clarity on the type and form of support available. This included a number of respondents who felt unsure whether the interventions were indeed supportive or actually disciplinary and punitive. In relation to the intervention, escalation and decision-making process some respondents again made reference to timeliness, wanting more clarity on how the approval process would fit in with interim visits.

Finally, those who left comments on this section suggested there was a lack of detail on non-approval including thresholds, escalation and the practicalities should accreditation fail including the transfer of students.

2.4 General support

The most common positive response of those who made comments, was general positivity. This took the form of overall support with no specific details included in the comment. In this theme of general support, respondents agreed and were happy with the proposals and felt the proposals were reasonable and covered all viable options.

2.5 Disapproval of GPhC role in QA

Another common theme related to a range of concerns around the GPhC's role in quality assurance and the approval team role, composition or expertise. The highest number of comments in this section were reserved for the composition and expertise of the QA team. Commentators broadly felt that the team should include practitioners, practising pharmacists or in certain cases only practising pharmacists. It was felt that unlike "disconnected GPhC types" these practitioners were the only people with sufficient

expertise and that these were the people students would have to work with once qualified. Finally, one respondent feared that there may be bias if the approval teams were made up of "competitor" schools.

Other concerns focused on a general questioning of whether GPhC was best placed to perform the role of quality assurance with commenters querying whether the GPhC was best placed to provide help with quality management processes and activities. Others felt there were clear monitoring and quality assurance policies and processes already in place and that institutions were already able to identify appropriate sources of guidance if needed. Some respondents also felt there might be a negative impact if the role of the GPhC was blurred. They disagreed with the GPhC acting as both a quality assurer and as a training organisation for the providers being accredited.

Another sub-theme on which respondents made comments was the role, composition or expertise of the approval team. Of those who made comments on this theme there was a suggestion that the approval team must have total and full oversight of the whole accreditation process and it is they who should decide which interventions may be delegated to the GPhC QA team. Alternatively, it was suggested that the quality assurance team should always be involved and as the proposal was written the approval team could be the only ones involved.

2.6 General negative comments

As well as a range of general positive comments there were also a range of general negative comments. Once again, these comments took the form of a general disapproval of the proposals but with no specific details included in the comment. Under the theme of general negative comments there included a general disenchantment with GPhC highlighting its speed of response more generally and its lack of efficiency. Others felt the changes were unnecessary and a waste of time, with some also disliking the proposed action plans and focused meetings.

2.7 More efficient, effective and robust process

The other positive comments, although raised by a larger proportion of individuals than organisations, were by those who felt the proposed intervention, escalation and decision-making processes were more efficient, effective and robust.

These comments included the perception that the proposals would make for a better intervention which would be more effective, proficient and robust. Including that the proposals would strengthen QA providing better service provision while addressing weaknesses.

The most common comment in this section spoke about how the proposed processes would help remedy or resolve issues and concerns earlier and quicker or more promptly, with flexibility highlighted as one aspect which would help to achieve this. However, this proficiency did not only apply to issues and conflicts, with comments that the proposals would mean that any changes would be implemented quickly.

Finally, other comments mentioned that the proposals would lead to better use of resources, be more productive, tailored and fit for purpose, more timely, low impact and would enable greater capacity.

2.8 Increased burden on providers and employers

Although not one of the top overall themes in this section one of the top themes for organisations was again the increased burden the proposals would bring. These comments reflected those outlined in section 1.5 above, however, respondents also commented more specifically on intervention, escalation and decision-making. It was noted again that education providers and employers were facing greater

demand and less capacity. They also felt the proposals were unnecessary and linked burden to duplication of existing intervention, escalation and decision-making practice.

3. Increased flexibility for approval and intervention

3.1 Survey response tables and analysis

Table 7: Views on taking a flexible approach to the timing of interim and reapproval events (Base: All respondents)

Q9: To what extent do you agree or disagree with taking a flexible approach to the timing of interim and reapproval events, meaning that these will not be limited to taking place once every three or six years?	N and % individuals	N and % organisations	N and % Total
Strongly agree	41 (34%)	10 (22%)	51 (31%)
Agree	55 (45%)	25 (56%)	80 (48%)
Neither agree nor disagree	13 (11%)	7 (16%)	20 (12%)
Disagree	7 (6%)	2 (4%)	9 (5%)
Strongly disagree	6 (5%)	1 (2%)	7 (4%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

When overall responses were analysed nearly four fifths (79%) agreed with a flexible approach to the timing of interim and reapproval events, so that these will not be limited to taking place once every three or six years, with just under one-tenth (9%) disagreeing and a slightly higher proportion neither agreeing nor disagreeing (12%). This was broadly reflective of the results when individuals and organisations were examined separately, with a slightly higher percentage of organisations neither agreeing nor disagreeing (16% compared with 11%).

Table 8: Views on taking a variable approach to the periods of approval (Base: All respondents)

Q10: To what extent do you agree or disagree with taking a variable approach to the periods of approval, meaning that approval status will not have a set end date but will depend on the outcome of the next planned interim and reapproval events?	N and % individuals	N and % organisations	N and % Total
Strongly agree	31 (25%)	8 (18%)	39 (23%)
Agree	62 (51%)	21 (47%)	83 (50%)
Neither agree nor disagree	13 (11%)	9 (20%)	22 (13%)
Disagree	7 (6%)	3 (7%)	10 (6%)
Strongly disagree	8 (7%)	2 (4%)	10 (6%)
Don't know	1 (1%)	2 (4%)	3 (2%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

When overall responses were analysed nearly three quarters (73%) agreed with taking a variable approach to the periods of approval, meaning that approval status would not have a set end date but would depend on the outcome of the next planned interim and reapproval events, with just over one-tenth (12%) disagreeing and slightly more neither agreeing nor disagreeing or not knowing (13% and 2% respectively). This was broadly reflective of the results of individuals, however, organisations agreed a little less (65%), with once again a higher percentage (20%) neither agreeing nor disagreeing.

Table 9: Views on QA intervention activity being carried out as a result of an unsatisfactory yearly monitoring outcome (Base: All respondents)

Q11: To what extent do you agree or disagree that a QA intervention activity should be carried out as a result of an unsatisfactory yearly monitoring outcome?	N and % individuals	N and % organisations	N and % Total
Strongly agree	53 (43%)	11 (24%)	64 (38%)
Agree	47 (39%)	24 (53%)	71 (43%)
Neither agree nor disagree	6 (5%)	5 (11%)	11 (7%)
Disagree	4 (3%)	4 (9%)	8 (5%)
Strongly disagree	10 (8%)	1 (2%)	11 (7%)
Don't know	2 (2%)	0 (0%)	2 (1%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

When overall responses were analysed over four fifths (81%) agreed that QA intervention activity should be carried out as a result of an unsatisfactory yearly monitoring outcome, with 12% disagreeing and less neither agreeing nor disagreeing or not knowing (7% and 1% respectively). This was broadly reflective of the results of individuals, however, organisations agreed a little less (77%), with once again a higher percentage (11%) neither agreeing nor disagreeing.

Table 10: Views on whether a QA event (interim, exceptional interim, or reapproval) should be held as a result of an unsatisfactory QA (Base: All respondents)

Q12: To what extent do you agree or disagree that a QA event (interim, exceptional interim, or reapproval) should be held as a result of an unsatisfactory QA	N and % individuals	N and % organisations	N and % Total
Strongly agree	48 (39%)	9 (20%)	57 (34%)
Agree	52 (43%)	25 (56%)	77 (46%)
Neither agree nor disagree	7 (6%)	7 (16%)	14 (8%)
Disagree	4 (3%)	3 (7%)	7 (4%)
Strongly disagree	10 (8%)	1 (2%)	11 (7%)
Don't know	1 (1%)	0 (0%)	1 (1%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

When overall responses were analysed four fifths (80%) agreed that a QA event (interim, exceptional interim, or reapproval) should be held as a result of an unsatisfactory QA, with just over one tenth (11%) disagreeing and a little under one tenth neither agreeing nor disagreeing or not knowing (8% and 1% respectively). This was broadly reflective of the results of individuals, however, once again organisations had a higher percentage (16%) neither agreeing nor disagreeing.

3.2 Summary of themes

Just under three-fifths of respondents left explanatory comments in this section. Set out below is an analysis of the themes found in their responses.

Comments on increased flexibility for approval and intervention were fairly evenly spread between positive and negative themes, with three of the top seven being positive and four being negative. The comments of those who spoke positively about this section related to a more efficient, effective and robust process, general support for the proposals, and improved scrutiny and oversight. Negative comments related to concerns about proposed timings of the QA, lack of clarity and the need for more information, the increased burden that the proposals would generate and the uncertainty and negative impact on wellbeing that may result from implementation.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- More efficient, effective and robust process
- Concerns related to proposed timings of QA
- General support
- Lack of clarity
- Increased burden on providers and employers
- Uncertainty and negative impact on wellbeing
- Improved scrutiny and oversight

3.3 More efficient, effective and robust process.

The most common theme amongst respondents was that the proposals around increased flexibility would ultimately result in a more efficient, effective and robust quality assurance process. The comments in this section closely reflected those relating to intervention, escalation and decision-making (see section 2.8 above).

In these comments it was noted by respondents that the proposals would strengthen QA providing a better service provision while addressing weaknesses. Comments in this section commonly focused on how the proposed processes would be timelier, helping remedy or resolve issues and concerns earlier and quicker or more promptly. Flexibility was again highlighted as one aspect which would help to achieve this.

Of those that commented there was also mention of the proposals making the QA process more robust and proportional. Another comment in this theme was that the proposals would require fewer interventions meaning lower overall impact on providers and employers. Finally, it was felt that the proposals would help prevent duplication and repetition and lead to more targeted use of resources and overall better service provision.

3.4 Concerns related to proposed timings of QA

The most common criticism was that the interventions would be too frequent. Others were more nuanced suggesting that more flexibility was necessary, for example suggesting that if providers were doing well then monitoring was too often. Similarly, others felt that if a concern had been highlighted then time for further submissions to be presented should be allowed.

There was also a focus on how the proposed monitoring did not align with the existing provider timelines. It was pointed out that the proposed timelines did not align with already existing provider QA process cycles such as education and training standards, continued professional development (CPD), internal quality reporting and external examiner monitoring, with some commentators foreseeing a risk of overlapping reviews and actions. They highlighted the need to ensure there was enough time for the interventions to take place and to ensure relevant information was shared with other stakeholders.

Another criticism related to how the proposals were short-term. Respondents suggested greater account of longer-term trends was needed. It was suggested that proposals would only produce a "snapshot" and that in fact there was never just a single point of failure. While others suggested outcomes would take time to bear fruit, with change taking several years to become visible. It was felt that this was especially pertinent with programmes happening at varying times, with programmes having different lengths and each having their own "ebb and flow".

3.5 General support

Another common positive response of those who made comments, was general positivity about the proposed flexibility. Like in section 2.4 above this took the form of overall support with no specific details included in the comment. In this section, respondents felt the changes were good, important, were logical and made sense, were useful and that they had no concerns.

3.6 Lack of clarity

Once again, a theme which appeared in comments on this section related to the perceived lack of clarity or ambiguity in the proposals, and the call for more information. These comments predominantly highlighted a lack of clarity about interventions and quality assurance events.

This included a call for more clarity on the benefits of any intervention but also what the activities were and how they differentiated or what they "looked like". There were also comments about expectations, thresholds, the criteria for monitoring or intervention outcomes, such as changes to standards, qualifications and key staff.

For those who commented on the proposals lack of clarity on expectations they felt the proposals also included a lack of clarity on the questions and information which would be expected of the providers.

Another aspect of the lack of clarity related to timeliness, timelines and timescales. This included how long would be allowed for response, change, and the time limits for interim and full accreditation events.

Finally, of those who commented on this section there was concern about the lack of clarity on the reach of these proposals. This included whether organisations that provide experiential learning as part of the undergraduate pharmacist degrees would need to be included in the processes for quality assurance of education and training.

3.7 Increased burden on providers and employers

These comments very closely reflected those outlined in the above sections (see sections 1.5 and 2.7). Respondents felt the proposals would lead to increased amount of time, effort, workload, administration, implementation and cost. These respondents felt this would affect staff, providers and employers. This could lead to increasing levels of stress in groups who were already at "breaking point".

3.8 Uncertainty and negative impact on wellbeing

Another concern relating to the increased flexibility of approval and interventions was the concept that the proposals would create uncertainty, decrease morale and have a negative impact on wellbeing.

The majority of the comments on this theme suggested that by removing certainty and introducing a continual process of investigation would help to create pressure, lower morale and in certain circumstance "extreme" stress. It was suggested in these comments that the pressure and stress would impact a range of people. For staff yearly uncertainty and observation could negatively impact their health and wellbeing. For providers and employers there would be uncertainty over the planning of staff and resources. Wider pharmacy stakeholders and groups would be left feeling unimportant. Finally, there would be uncertainty for students who would not know what would happen if their course failed part way through.

3.9 Improved scrutiny and oversight

Of those who made comments on this section a positive theme revolved around the improved scrutiny and oversight which would come from these proposals. These comments broadly reflected those in the yearly monitoring section (see 1.4 above) including that early intervention would help identify any issues or concerns early and ensure students had access to the highest standards of training.

They also felt increased touch points would help providers to be kept accountable and education current, relevant, and modern. Both in its approach to readying a workforce and in support the growing demand for pharmacy services. Finally, if this increased oversight was also more in depth the proposals would allow more clarity, accurate and targeted focus and a lighter touch where necessary.

4. Applying our processes across all pharmacy education and training

4.1 Survey response tables and analysis

Table 11: Views on to apply QA processes so that arrangements that apply to national awarding organisations also apply to private providers of pharmacy technician and support staff courses (Base: All respondents)

Q14: To what extent do you agree or disagree with our proposal to apply our QA processes so that arrangements that apply to national awarding organisations also apply to private providers of pharmacy technician and support staff courses?	N and % individuals	N and % organisations	N and % Total
Strongly agree	56 (46%)	15 (33%)	71 (43%)
Agree	49 (40%)	24 (53%)	73 (44%)
Neither agree nor disagree	5 (4%)	1 (2%)	6 (4%)
Disagree	3 (2%)	2 (4%)	5 (3%)
Strongly disagree	9 (7%)	2 (4%)	11 (7%)
Don't know	0 (0%)	1 (2%)	1 (1%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

When overall responses were analysed nearly nine out of ten respondents (87%) agreed with the proposal to apply our QA processes so that arrangements that apply to national awarding organisations also apply to private providers of pharmacy technician and support staff courses, with just one-tenth (10%) disagreeing and the remaining neither agreeing nor disagreeing or not knowing (4% and 1% respectively). This was broadly reflective of the results when individuals and organisations were examined separately.

Table 12: Views on whether to apply our QA processes so that arrangements that apply to MPharm providers also apply to providers of independent prescribing programmes (Base: All respondents)

Q15: To what extent do you agree or disagree with our proposal to apply our QA processes so that arrangements that apply to Mpharm providers also apply to providers of independent prescribing programmes?	N and % individuals	N and % organisations	N and % Total
Strongly agree	51 (42%)	13 (29%)	64 (38%)
Agree	50 (41%)	22 (49%)	72 (43%)
Neither agree nor disagree	7 (6%)	4 (9%)	11 (7%)
Disagree	4 (3%)	1 (2%)	5 (3%)
Strongly disagree	9 (7%)	2 (4%)	11 (7%)
Don't know	1 (1%)	3 (7%)	4 (2%)
Total N and % of responses	**122 (100%)**	**45 (100%)**	**167 (100%)**

When overall responses were analysed just over four fifths (81%) agreed with the proposal that arrangements that apply to MPharm providers also apply to providers of independent prescribing programmes, with just one-tenth (10%) disagreeing and the remaining neither agreeing nor disagreeing or not knowing (7% and 2% respectively). This was broadly reflective of the results when individuals and organisations were examined separately, however a higher percentage of organisations once again neither agreed nor disagreed or did not know (9% and 7% respectively).

4.2 Summary of themes

Just under three-fifths of respondents left explanatory comments in this section. Set out below is an analysis of the themes found in their responses.

Comments on applying processes across all pharmacy education and training were again fairly evenly spread with negative themes slightly more popular than positive themes with two of the top five being positive and three being negative. The top two themes in this section, that the proposals would ensure consistency in QA process and in the provision of education and training and that a standardised approach was not appropriate, did not appear in the top themes in other sections.

The comments of those who spoke positively about this section wrote about how the proposals would ensure consistency in QA process and in the provision of education and training and improve scrutiny and oversight. Negative comments related to the inappropriateness of a standardised approach, increased burden, a lack of clarity and the need for more information.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Ensures consistency in QA process and in the provision of education and training
- Standardised approach is not appropriate

- Improved scrutiny and oversight
- Increased burden on providers and employers
- Lack of clarity

4.3 Ensures consistency in QA process and in education and training

The most common theme amongst respondents was the increase in consistency that the proposals would provide. This consistency referred to both the QA process itself and how the proposals aided consistency in education and training.

For those who made comments in this section the proposals ensured consistency in the application of QA. For them the uniform approach would provide the same standard of scrutiny, with judgements made in the same way. It would also provide equity and parity or in other words a process which was fair and applied to everyone.

Aligning QA would mean pharmacists, pharmacy technicians and Independent Prescribers (IP) were comparable, leading to common themes and wider feedback, with clear roles and focus points for providers and the GPhC.

For some respondents this consistency was key to ensuring a well-rounded and highly skilled workforce. Stability in the quality and content of what is being taught would help to produce overall consistent provision and help to address variations in interprofessional learning and training including current course variability. The proposals would ensure standards of the profession are upheld to the highest level consistently, rather than simply at the single point of review. One respondent identified the drop in the quality of pharmacy technicians since COVID as a clear sign for the need for consistency.

There were a few other areas of consistency which were identified by respondents. It was felt that the proposals would help with administration, streamlining and bringing consensus across equivalent programmes, with others believing it would help unite the profession. Finally, respondents felt that the consistency that the proposals would achieve will help to ensure a safe environment, with patients and the public, government and all healthcare professionals having confidence in the competence of GPhC registrants' ability to undertake their work safely and effectively.

4.4 Standardised approach is not possible or appropriate

This theme represented the most common concern amongst respondents and captures the overall view that a standardised approach is either not possible or not appropriate. Respondents emphasised the need to take into account overall context and the need to provide appropriate adjustments for those different contexts. The contexts mentioned by those who made comments in this section focused on two closely linked aspects. The first was the differences between programmes.

Some of the contexts where respondents felt a standardised approach may not be appropriate were courses where most learning happened in the workplace and in which the type of pharmacy used in a placement was a factor. It was also felt standardisation was not appropriate for courses which were shorter. Here it was felt either the proposals were too generic or alternatively it was easier to make swift changes in response to issues compared to other courses.

Others identified the experience and number of the students on the course as a context which made standardisation impossible. It was pointed out that independent prescriber courses involved students who were already registered pharmacists and had already completed an accredited course so were at a somewhat higher level and lower risk of failure. Furthermore, the smaller numbers of pharmacists on IP

courses both changed the metrics of measurement and affected the amount of data and therefore its usefulness.

The differences between courses as problematic to standardisation was closely linked to the other aspect where standardisation was felt to be inappropriate or not possible. Respondents identified the framework for review and intervention was likely to be different for programmes that ran on a four or five-year cycle compared to those that are one academic year or shorter or where there were several intakes during the same academic year. It was felt that this issue of time was also likely to affect the time it took for change to become visible, with it taking longer courses more time to make changes and see the results of those changes.

4.5 Improved scrutiny and oversight

Of those who made comments on this section a positive theme revolved around the improved scrutiny and oversight which would come from these proposals. These comments broadly reflected those in the earlier sections (see 1.4 and 3.9) including that greater scrutiny would ensure consistent quality assurance and early intervention would help identify any issues or concerns early to ensure students had access to the highest standards of training.

Other positives improved scrutiny and oversight would provide included closing the gaps in monitoring which were currently across pharmacy education and training. A standardisation in the level of skill and knowledge expected of all roles within a pharmacy team. Ensuring the highest level of professional and clinical conduct. Helping to ensure a patient centred approach and focus. Finally, it was felt that the improvements suggested would offer pharmacy stakeholder a chance to discuss what needs to happen for positive change in the industry.

4.6 Increased burden on providers and employers

These comments very closely reflected those outlined in the above sections (see 1.5, 2.7 and 3.7). Once again respondents identified increased amount of time and effort in complying with the monitoring processes, increased workload and increased cost affecting staff, providers - especially small providers and employers.

4.7 Lack of clarity

Lack of clarity and a call for more information was again a popular theme mentioned by respondents in this section. Broadly similar aspects were mentioned as in earlier section (see 1.8, 2.3 and 3.6), such as types of data, benefits and resource implication. However, other aspects were specific to this section.

This included a lack of clarity about why these measures would necessarily apply to pharmacy technician training. Respondents queried how the proposals would take into account the costs of and capacity for data collection across the spectrum of providers, including the likely measures used for organisations outside of HEIs. There was a call for more information on the proportionality across these different education settings including with regards to data. Finally, one respondent asked for more clarity and information about risk.

5. The impact of the proposed changes on people sharing protected characteristics and those in specific groups

5.1 Survey response charts and analysis

Figure 1: Views of all respondents (N = 167) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

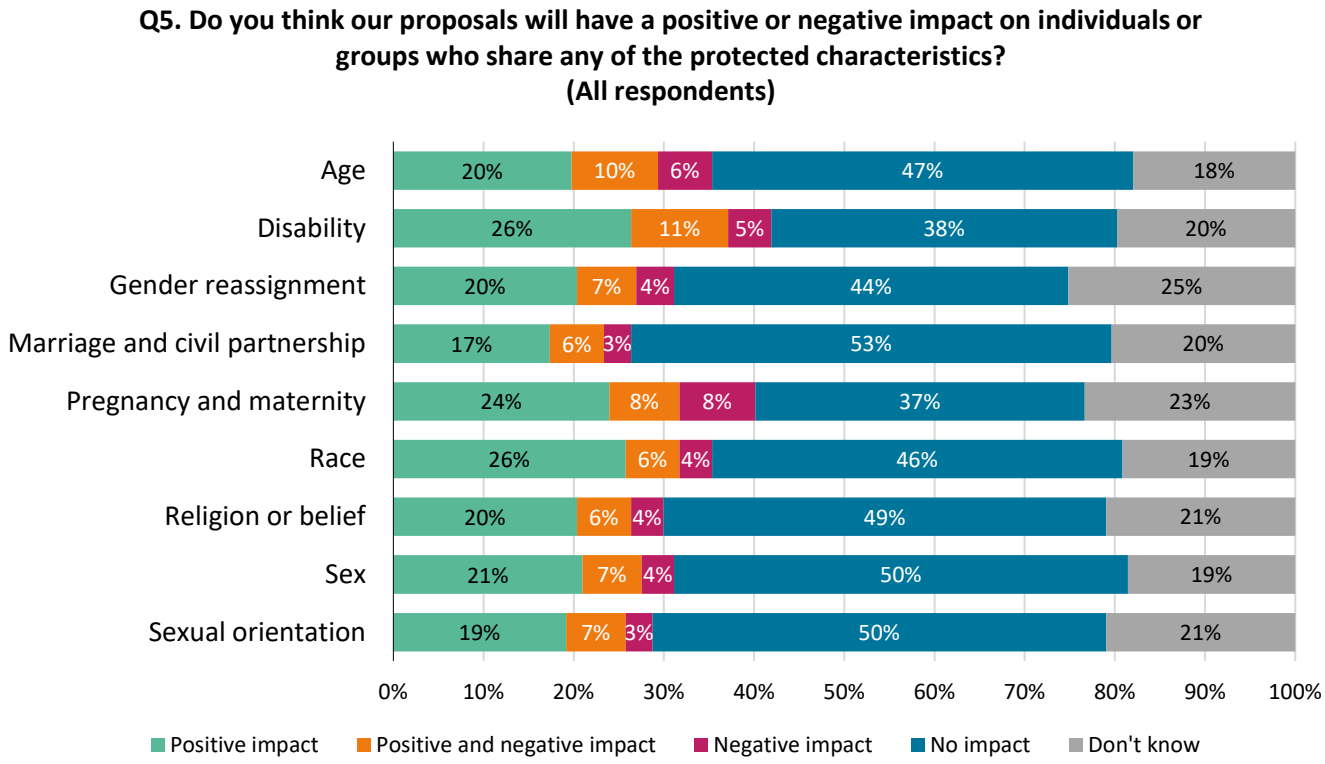


Figure 1 shows that the highest percentage of respondents (ranging from 38% to 53%) felt that our proposals would have no impact on each of the protected characteristics.

Between 17% and 26% of respondents felt there would be a positive impact on groups or individuals who share each of the nine protected characteristics. The protected characteristic on which respondents thought the proposals would have the largest positive impact was disability (26%) and race (26%). A similar proportion of respondents (between 18% and 25%) did not know what the impact of the proposals would be.

Only a small proportion of respondents (between 3% and 8%) felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics, with pregnancy and maternity (8%) scoring the highest in this category. Slightly more respondents (ranging from 6% to 11%) indicated that the proposals would have both a positive and negative impact on each of the protected characteristics.

A full breakdown of individual and organisational responses to this question is available in **Appendix 7**.

Figure 2: Views of all respondents (N = 167) on whether our proposals positively or negatively impact any other individuals or groups

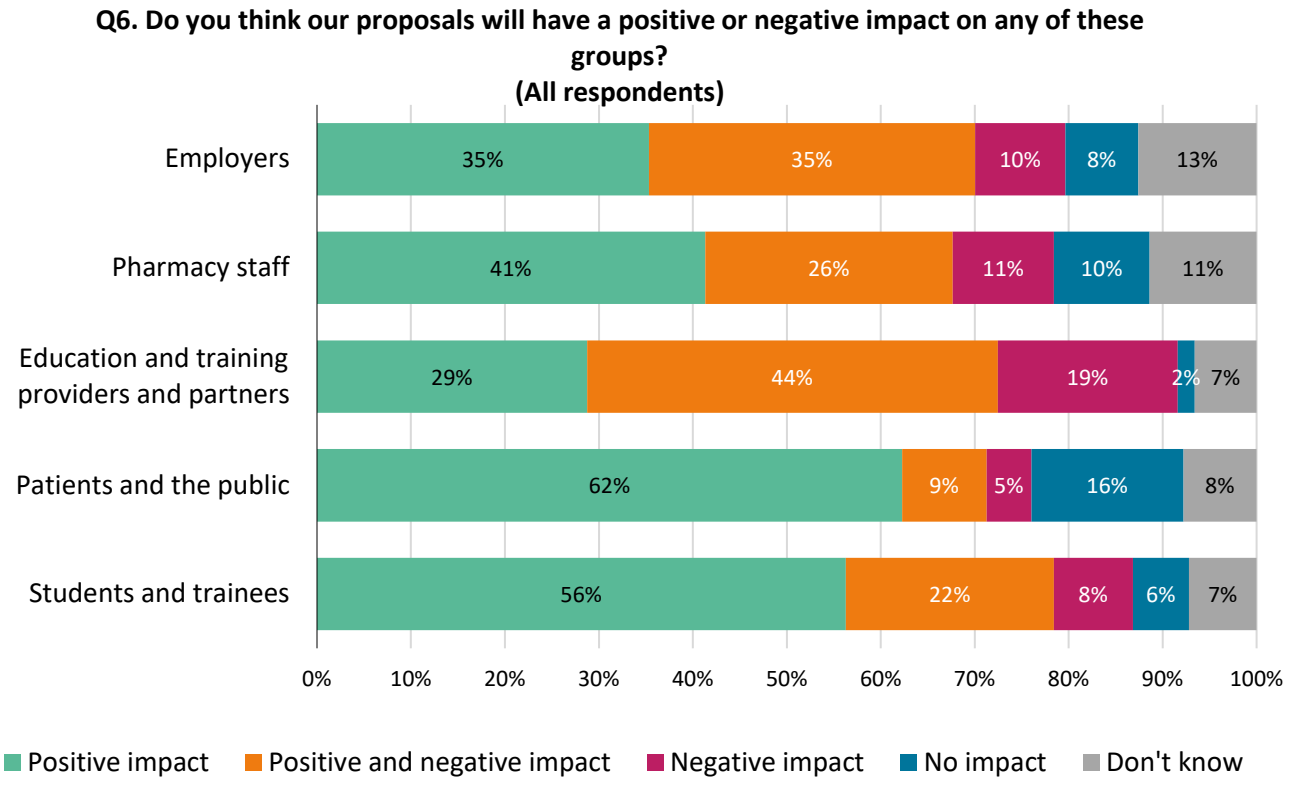


Figure 2 shows that many respondents thought that the proposals would have a positive impact on patients and the public (62%). Slightly fewer respondents felt that students and trainees (56%), would be positively impacted by the proposals. The fewest percent of respondents felt there would be a positive impact on education and training providers and partners (29%).

In contrast, a smaller proportion of respondents thought that the proposals would have a negative impact, with education and training providers and partners (19%) scoring the highest. A modest proportion of respondents indicated that the proposals would have both a positive and negative impact on the groups identified above, with education and training providers and partners (44%) again scoring the highest.

A small proportion of respondents (between 2% and 16%) thought the proposals would have no impact, with patients and the public (16%) being the highest in this section. Slightly more respondents indicated they did not know how the proposals would affect the above groups (between 7% and 13%).

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

Just over half of all respondents left explanatory comments on the impact of the proposals. Set out below is an analysis of the top themes found in their responses.

5.2 Summary of themes

Just over half of respondents left a comment relating to this section. Set out below is an analysis of the themes found in their responses.

The majority of themes on the impact of the proposals were positive. The top positive themes found in this section were comments of general support, the improvements in the provision of education training

and the beneficial impact on students and the comments on improved quality of patient safety and care. Negative comments in this section were on the increased burden on providers and employers and the lack of clarity of the proposals and call for more information.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Increased burden on providers and employers
- General support
- Lack of clarity
- Improves provision of education and training and the student experience
- No impact on those with protected characteristics and other groups
- Improves patient safety and care

5.3 Increased burden on providers and employers

These comments very closely reflected those outlined in the above sections (see 1.5, 2.7, 3.7 and 4.6). Once again respondents felt additional levels of data collection, paperwork and meetings would lead to increased amount of time, effort, workload, administration, implementation and cost. These respondents felt this would affect staff, education providers, the university sector, healthcare providers and employers. This would lead to increasing the levels of stress of individuals within the groups listed.

5.4 General support

The most common positive response of those who made comments, was general positivity about the impact of the proposals. This took the form of overall support with no specific details included in the comment. In this theme of general support, respondents said the proposals would have an overall positive impact and effect, that they would address problems and be of overall benefit. Others who responded to this section felt the proposals were good, that overall they were supportive, they could only see a positive impact on everyone, that they were good in general, of an overall benefit and mainly positive.

5.5 Lack of clarity

Lack of clarity and a call for more information was again a popular theme mentioned by respondents in this section. Broadly similar aspects to previous sections were mentioned in this theme such as types of data, benefits and resource implication (see 1.8, 2.3, 3.6 and 4.7 above). However, other aspects were specific to this section. In order to fully understand the impact of the proposals respondents called for clarity on how proposals would be implemented including tangible examples and details on process support.

Respondents again pointed to a lack of evidence including how the proposals would reduce the burden on education and training providers. Finally, a respondent asked for clarity on what would be published to the public domain.

5.6 Improves provision of education and training and the student experience

Another set of positive comments in this section referred to how the proposals would improve the provision of education and training and the student experience.

Respondents who made comments in this section suggested the proposals would have positive outcomes for everyone involved in pharmacy. Those delivering the training would be able to follow

agreed processes and procedures so that they would know what was required of them in order to deliver the course. The proposals would also give them added confidence and voice. While updating the education and training would incorporate new developments. Overall, this would lead to the quality of education and training improving.

Students and trainees would benefit from knowing that whatever course they were on, they could be confident that the GPhC had set high standards. Therefore, they would be able to choose any provider and feel confident that they have been measured and judged as suitable for delivering courses. This would be in the best interest of students reducing the impact of QA on them and producing well rounded and better educated graduates.

Respondents who left comments in this section believed the proposed changes would also lead to wider positive outcomes as quality assured education is of benefit to those undertaking it and paying to ensure delivery of good, safe practice and service. They felt employers would know they were employing a well-trained pharmacist or technician and their business would benefit from this. The better educated students would also enhance the standing of pharmacy overall.

Finally, some respondents felt a flexible approach would enable any concerns to be identified and managed at an early stage. Therefore, these proposals would help safeguard trainees and students who might be more vulnerable to discrimination and bullying by unscrupulous training providers.

5.7 No impact on protected characteristics and other groups

Some respondents to the questions on impact referred to how the proposals would have no impact on those sharing protected characteristics or those in specific groups. Those who commented on this section suggested that there was nothing in the proposals that would impact any groups either positively or negatively. Others highlighted specifically how individuals with protected characteristics would not be adversely affected by anything suggested in the proposals. Most respondents did not elaborate on the reasons why there would be no impact. However, those who did provide possible reasons suggested the level of data required under the proposals could in no way impact any of the individuals or groups listed, with others saying they could not see any current issues which might impact these groups. One respondent suggested that the absence of impact would depend on how the proposals are implemented with another suggesting there would be no impact if the GPhC ensured institutions were engaging with the processes suggested.

5.8 Improves patient safety and care

Of those who responded to this section another common positive theme was the impact the proposals would have on patient safety and care. The responses mostly did not offer specific details about how patient safety and care would be improved instead simply stating the proposals would improve standards and quality, have positive outcomes for patients, lead to benefits for patient safety or be in the best interest of patients.

However, other respondents were more specific. There was a suggestion among these that better assurance and increased accountability would lead to a growth in public trust in the pharmacy profession with this leading to positive outcomes. While others felt the proposals would help to build better teams and promote well-being which would translate into patients receiving the best care. Finally, some respondents believed enhanced support and greater feedback and discussions outlined in the proposals should lead to improved training and ultimately better patient care.

6. Additional themes and other suggestions

The most common themes for each question have been explored in the body of the report. However, there were a wide range of other themes that were raised in the consultation, some of which came up across multiple sections. This is a summary of the additional themes which were raised during the consultation but were not the most common in each section.

6.1 Summary of additional themes

The additional themes raised in the consultation were equally split between positive and negative. Six of the themes raised were positive and six negative. The top additional theme was positive and suggested the proposals reduced provider burden. The second most popular theme was negative, with those who mentioned this theme believing the proposals were less efficient and duplicated existing processes. Several of the themes related to the impact of the proposals on those sharing protected characteristics and other groups with a mixture of positive and negative viewpoints.

Positive comments

Respondents stated that the proposals:

- outlined processes which were proportionate, limited, effective and efficient, that would keep impact on delivery of education and training to a minimum and reduce provider burden.
- helped bring GPhC QA in line and adapt to current and future changes in pharmacy roles, the pharmacy profession and continuing professional development (CPD) requirements.
- suggested the right approach to data with the right data, an appropriate mix of data and a good range of data, used in the right way.
- assured the public, patients and GPhC stakeholders that standards would be met and continue to be met.
- offered greater support to providers, the workforce and stakeholders.
- would have a positive impact on those with protected characteristics, particularly students, through better identification of individual needs and targeted support, bridging the attainment gap and bias awareness.

Negative comments

Respondents stated that the proposals:

- would create a more reactive and less efficient system which duplicated or overlapped existing processes.
- failed to engage with or failed to engage enough with a range of other pharmacy related groups such as pharmacy assistants, users, other frontline staff and newly qualified pharmacists.
- would have a negative impact on students with the additional activities taking staff away from providing education and training, an added additional burden on students and an impact on student retention and progression in the industry if results were published.
- would have a negative impact on specific groups, including those with mental health conditions, and women due to them working part-time more often and family commitments.
- did not go far enough and there should be a more interventionist approach. This included, that the proposals provided insufficient guidance, advice, support and administrative support, work at preliminary stages, regular audits or serious enough sanctions. They also felt the proposals did

not go far enough in changing the relationship between universities and GPhC or supporting programmes to develop in ways which deviate from university standard rules.
- did not address inconsistencies in provision and needed to align pharmacy clinical knowledge between universities and teaching standards across pharmacy technician training programmes.

6.2 Other suggestions

A range of suggestions for alternative approaches to quality assurance of pharmacy education and training also appeared in the comments of the online survey. These suggestions were often quite detailed, specific or specialised and did not directly relate to the four specific areas dealt with in the proposal. It was therefore not possible to group the suggestions thematically and so they have not been included in this report. However, these comments were collated and passed on to the education team for further review.

Appendix 1: Summary of our proposals

1. Yearly monitoring

Part of the proposal is to introduce a yearly monitoring process to improve the quality assurance of pharmacy education and training. As part of this process better use will be made of data. Information which individual providers will be asked to provide include comments on:

- the management, oversight and delivery of education and training
- changes affecting education and training, such as changes in staffing, infrastructure or financial resources
- the delivery of experiential and inter-professional learning during the academic year
- key themes coming from stakeholder feedback, including students, trainees, supervisors and patients
- outcomes from internal and external quality assurance, such as independent appraisals and external examiner reports
- provider analysis of student/ trainee admissions and performance data, including equality monitoring data, and
- reflection on GPhC registration assessment performance data, including action plans where appropriate

Data from other sources will also be considered, such as National Student Surveys (NSS) and student and trainee feedback collected by the GPhC. The yearly monitoring process will build upon the existing yearly data collection processes and timings, so that there is a single reporting point each year. This will allow for a more tailored approach to the timing of the approval activities. The GPhC will be able to adapt the current three-yearly event cycle, so that timings between events can be changed based on the outcome of yearly monitoring. It will help everyone involved in the quality assurance of pharmacy education and training to maintain oversight. It will also help the regulator to spot and deal with concerns early.

The overall aim is to assure patients and the public that GPhC standards and requirements for education and training continue to be met.

2. Intervention, escalation and decision-making

As part of reviewing the information that the GPhC gathers during yearly monitoring, the regulator will need good decision-making and appropriate ways of dealing with concerns. Therefore, the following four intervention activities are proposed to be carried out by appropriate teams (the GPhC Quality Assurance team, the Approval team or both):

- asking the provider for more evidence and information (for example, action plans)
- helping the provider with a quality management activity (for example, assessment standard setting)
- having a focused meeting with the provider (for example, a conversation about the concern), and
- carrying out a focused activity with the provider (for example, a visit or observing teaching)

These activities will help the GPhC make sure that any concerns are dealt with in the most effective ways and that their impact on the delivery of education and training is as low as possible.

3. Increased flexibility for approval and intervention

The proposed update to the quality assurance of education and training will give the GPhC more flexibility in the way pharmacy course provision is approved. The regulator will be able to intervene when concerns are identified, and work with providers to help deal with these quickly. Equally, because of the flexibility that the GPhC will have with the proposed yearly monitoring and intervention processes, there will no longer be a need for the regulator to publish an 'end date' for the education and training approved.

The GPhC would still expect there to be an event every three years, as is currently the case. However, the timing of events can change based on satisfactory yearly monitoring and/or the outcomes of interventions. These may delay an interim or reapproval event by one or more academic years, as satisfactory outcomes may give GPhC sufficient assurance. This could reduce the need for an approval event to every three years.

However, if there are unsatisfactory monitoring or intervention outcomes, the GPhC may need to schedule extra meetings or events. These are likely to be on top of the usual reapproval or interim events. This would give GPhC the level of scrutiny needed to work with the provider and deal with concerns quickly.

4. Applying the same quality assurance processes across all pharmacy education and training

Pharmacy technician and pharmacy support staff qualifications are delivered and overseen by national awarding organisations. Currently, the GPhC reapproves these courses and qualifications using a six-year cycle, with an interim event every three years. This is also the case for Master of Pharmacy (MPharm) degrees delivered by higher education institutions. However, pharmacy technician and pharmacy support staff courses that are delivered by private providers do not have this quality oversight from other organisations. For this reason, the GPhC reapproves these using a three-year cycle. This reapproval arrangement also applies to the pharmacist independent prescribing programmes delivered by higher education institutions.

By introducing yearly monitoring, the GPhC will have greater oversight of all courses of pharmacy education and training. Therefore, it is proposed to apply to private providers and pharmacist independent prescribing providers the same arrangements that apply to, for example, national awarding organisations and MPharm providers. In effect, this will result not only in greater scrutiny but in a consistent quality assurance approach overall, meaning that any pharmacy course or qualification approved by the GPhC will be subject to yearly monitoring, interim events and reapproval events.

Appendix 2: About the consultation

Overview

The consultation was open for 11 weeks, beginning on 4th April 2024 and ending on 13 June 2024. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses.
- we organised a series of stakeholder events aimed at pharmacy professionals, pharmacy service users, organisations and other interested parties. These included the following:
    - Focus group with Patient and Public Voice
    - Focus group with Student Voice (students and trainees)
    - Webinar (open to stakeholders)
    - Focus group with pre-registration trainee pharmacy technicians
- we promoted the consultation through a press release to the pharmacy trade media, and via our social media.

Survey

We received a total of **167** written responses to our consultation. **122** of these respondents identified themselves as individuals and **45** responded on behalf of an organisation. The vast majority of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.

Stakeholder events

We held **4** stakeholder events. These were attended by a mix of pharmacists, pharmacy technicians, people working in education and training, employers, pre-registration pharmacists, and representatives from professional bodies and trade bodies.

We organised:

- Focus group with patients and the public on 7 May 2024 attendance **14**
- Focus group with students and trainees on 14 May 2024 attendance **8**
- Focus group with pre-registration trainee pharmacy technicians on 22 May 2024 **6**
- Webinar on 16 May 2024 attendance **69**

97 individuals and representatives of organisations participated in these events.

Social media

We monitored social media activity during the consultation period. No feedback was received for inclusion in our consultation analysis.

Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period in surveys has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations.

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

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

The term 'respondents' used throughout the analysis refers to those who completed the consultation survey. It includes both individuals and organisations.

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

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

The consultation questions are provided in **Appendix 6**.

Quantitative analysis

The survey contained a number of quantitative questions such as yes/no questions and rating scales. All responses have been collated and analysed including those submitted by email using the consultation document.

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

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%. This rounding also results in differences of up to one percentage point when combining two or more response categories. Figures of less than 1% are represented as <1%.

All questions were mandatory and respondents had the option of selecting ‘don’t know’. Routing was used where appropriate to enable respondents to skip questions that weren’t relevant. Skipped responses are not included in the tables for those questions.

Qualitative analysis

This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses and those received by email, including those from individuals and organisations.

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

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

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

The consultation survey structure

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

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

Appendix 4: Respondent profile: who we heard from

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify in what sector they usually worked. For individuals working in community pharmacy, they were asked the size of pharmacy chain. For organisational respondents, there were questions about the type of organisation that they worked for. The tables below present the breakdown of their responses.

Category of respondents

Table 13: Responding as an individual or on behalf of an organisation (Base: all respondents)

Are you responding:	Total N	Total %
As an individual	122	73%
On behalf of an organisation	45	27%
Total N and % of responses	**167**	**100%**

Profile of individual respondents

Table 14: Countries (Base: all individuals)

Where do you live?	Total N	Total %
England	106	87%
Scotland	10	8%
Wales	3	2%
Northern Ireland	1	1%
Other	2	2%
Total N and % of responses	**122**	**100%**

Table 15: Respondent type (Base: all individuals)

Are you responding as:	Total N	Total %
a pharmacist?	78	64%
a pharmacy technician?	35	29%
a student or trainee pharmacist?	1	1%
a pharmacy support staff trainee?	1	1%
a member of the public?	1	1%
other?	6	5%
Total N and % of responses	**122**	**100%**

Table 16: Main area of work (Base: individuals excluding pharmacy students and members of the public)

Sector	Total N	Total %
Hospital pharmacy	35	29%
Research, education or training	32	27%
Community pharmacy (including online)	27	23%
GP practice	12	10%
Primary care organisation	3	3%
Pharmaceutical industry	2	2%
Other	8	7%
Total N and % of responses	**119**	**100%**

Table 17: Size of community pharmacy (Base: individuals working in community pharmacy)

Size of pharmacy chain	Total N	Total %
Independent pharmacy (1 pharmacy)	4	15%
Independent pharmacy chain (2-5 pharmacies)	4	15%
Small multiple pharmacy chain (6-25 pharmacies)	2	7%
Medium multiple pharmacy chain (26-100 pharmacies)	3	11%
Large multiple pharmacy chain (Over 100 pharmacies)	14	52%
Total N and % of responses	**27**	**100%**

Profile of organisational respondents

Table 18: Type of organisation (Base: all organisations)

Please choose the option below which best describes your organisation	Total N	Total %
Research, education or training organisation	22	49%
Organisation representing pharmacy professionals or the pharmacy sector	9	20%
NHS organisation or group	7	16%
Registered pharmacy	2	4%
Government department or organisation	1	2%
Other	4	9%
Total N and % of responses	**45**	**100%**

Monitoring questions

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

Appendix 5: Organisations

The following organisations engaged in the consultation through the online survey and email responses:

Association of Pharmacy Technicians UK

Aston University Pharmacy School

Bangor University

Boots UK

Bradford Teaching Hospitals NHS Foundation Trust

Broughton Park Pharmacy Ltd

Cardiff University School of Pharmacy

Community Pharmacy Scotland

Community Pharmacy Wales

Cumberland Infirmary Carlisle, North Cumbria Integrated Care

De Montfort University

Directors of Pharmacy, Scotland

Health Education & Improvement Wales

Healthcare Improvement Scotland

King's College London

Medway School of Pharmacy

National Pharmacy Association

NHS Education for Scotland

NHS Grampian

NICPLD

Open Awards

Oxford Health NHS Foundation Trust

Pharmacist Support

Pharmacy Schools Council

Pharmacy Technician Education & Training Strategic Group Scotland

Queen's University Belfast

Royal Pharmaceutical Society

Scottish Practice Pharmacy & Prescribing Advisers Association

Sheffield Hallam University

SQA

Swansea University

The Pharmacists' Defence Association

The University of Manchester (Independent Prescribing Programme)

The University of Manchester (Pharmacy School)

UCL

University of Bradford

University of Brighton

University of Nottingham

University of Reading

University of Strathclyde

Workforce, Training & Education, NHS England

Appendix 6: Consultation questions

Q1: To what extent do you agree or disagree that we should introduce yearly monitoring to help bridge the present gaps between interim and reapproval events?

Q2: To what extent do you agree or disagree that the proposed areas (listed on page 16 of the consultation) should be considered in the yearly monitoring of providers of all education and training?

Q3: As well as considering the areas listed on page 16 of the consultation, we are proposing to collect more data. This will help us develop the evidence base we use as part of our quality assurance and give us a more all-round view of the evidence. To what extent do you agree or disagree, in each case, that the following sets of data will strengthen the quality assurance of education and training?

a) Student and trainee feedback collected by the GPhC.
b) National Student Surveys (NSS), Post Graduate Taught (PGT) surveys and equivalent subject-level data.
c) GPhC registration assessment performance data (pharmacist initial education and training only).
d) Oriel assessment performance data (pharmacist initial education and training only).
e) Other data (for example, upheld education concerns).

Q4: To what extent do you agree or disagree that the proposed yearly monitoring process will provide sufficient quality assurance between interim and reapproval events?

Q5: Please give your comments explaining your answers to the above four questions about our proposals for yearly monitoring.

Q6: We are proposing four intervention activities to make sure that any concerns are dealt with in the most effective ways to keep their impact on the delivery of education and training as low as possible. To what extent do you agree or disagree that, in each case, the following interventions will strengthen the quality assurance of education and training?

a) Asking the provider for more evidence and information (for example, action plans).
b) Helping the provider with a quality management activity (for example, assessment standard setting).
c) Having a focused meeting with the provider (for example, a conversation about the concern).
d) Carrying out a focused activity with the provider (for example, a visit or observing teaching).

Q7: To what extent do you agree or disagree that the teams allocated to each type of intervention activity are appropriate decision makers? (Please see figure 5 on page 20 of the consultation).

Q8: Please give your comments explaining your answers to the above two questions about our proposals around intervention and decision-making.

Q9: To what extent do you agree or disagree with taking a flexible approach to the timing of interim and reapproval events, meaning that these will not be limited to taking place once every three or six years?

Q10: To what extent do you agree or disagree with taking a variable approach to the periods of approval, meaning that approval status will not have a set end date but will depend on the outcome of the next planned interim and reapproval events?

Q11: To what extent do you agree or disagree that a QA intervention activity should be carried out as a result of an unsatisfactory yearly monitoring outcome?

Q12: To what extent do you agree or disagree that a QA event (interim, exceptional interim, or reapproval) should be held as a result of an unsatisfactory QA intervention activity outcome?

Q13: Please give your comments explaining your answers to the above four questions about our proposals around flexible and continual approval.

Q14: To what extent do you agree or disagree with our proposal to apply our QA processes so that arrangements that apply to national awarding organisations also apply to private providers of pharmacy technician and support staff courses?

Q15: To what extent do you agree or disagree with our proposal to apply our QA processes so that arrangements that apply to MPharm providers also apply to providers of independent prescribing programmes?

Q16: Please give your comments explaining your answers to the above two questions about applying our processes across all pharmacy education and training.

Appendix 7: The impact of the proposed changes on people sharing protected characteristics

Individual responses

Figure 3: Views of individual respondents (N = 122) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

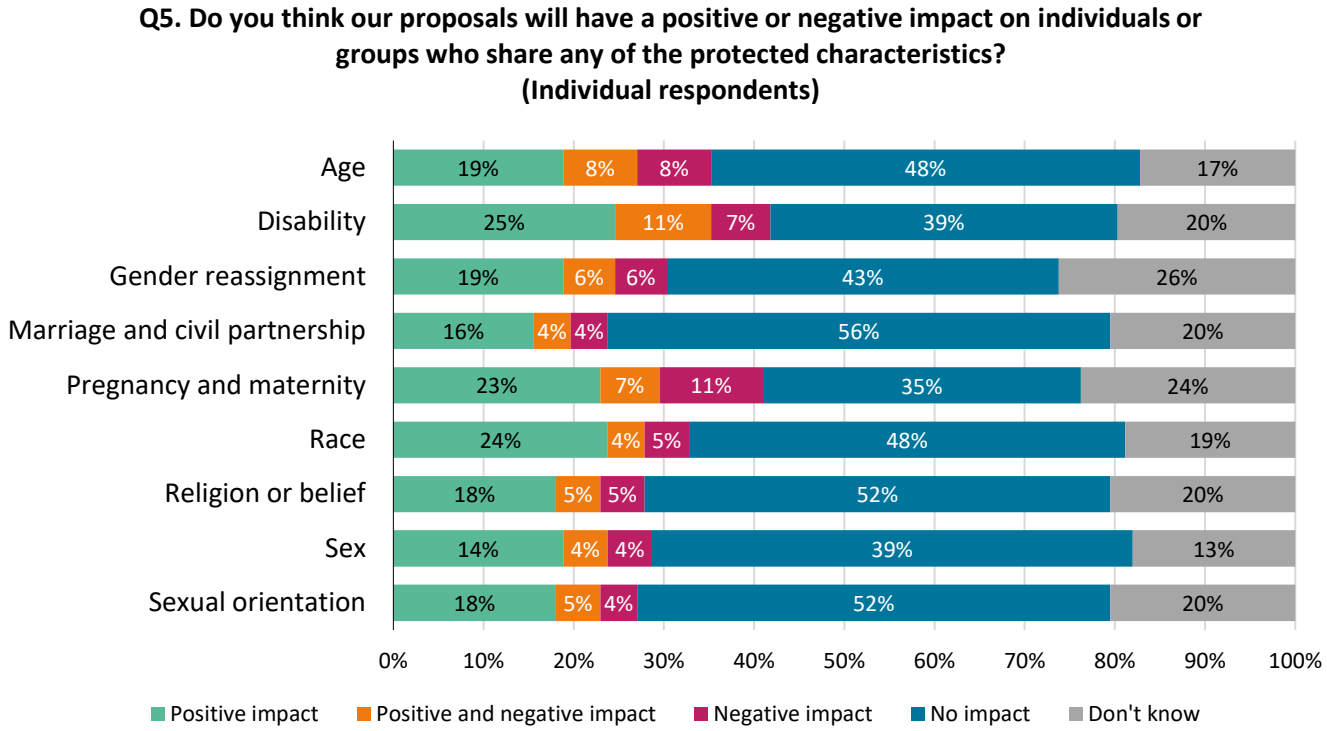


Figure 3 shows that the highest percentage of individual respondents (ranging from 35% to 56%) felt that our proposals would have no impact on each of the protected characteristics.

Between 14% and 25% of respondents felt there would be a positive impact on groups or individuals who share any of the nine protected characteristics. The protected characteristic that individual respondents thought would have the largest positive impact was disability (25%). A similar proportion (between 13% and 26%) did not know what the impact of the proposals would be.

Only a small proportion of individuals (between 4% and 11%) felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics, with pregnancy and maternity (11%) scoring the highest in this category. A similar range of individual respondents (ranging from 4% to 11%) indicated that the proposals would have both a positive and negative impact on each of the protected characteristics.

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

Organisational responses

Figure 4: Views of organisations (N = 45) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

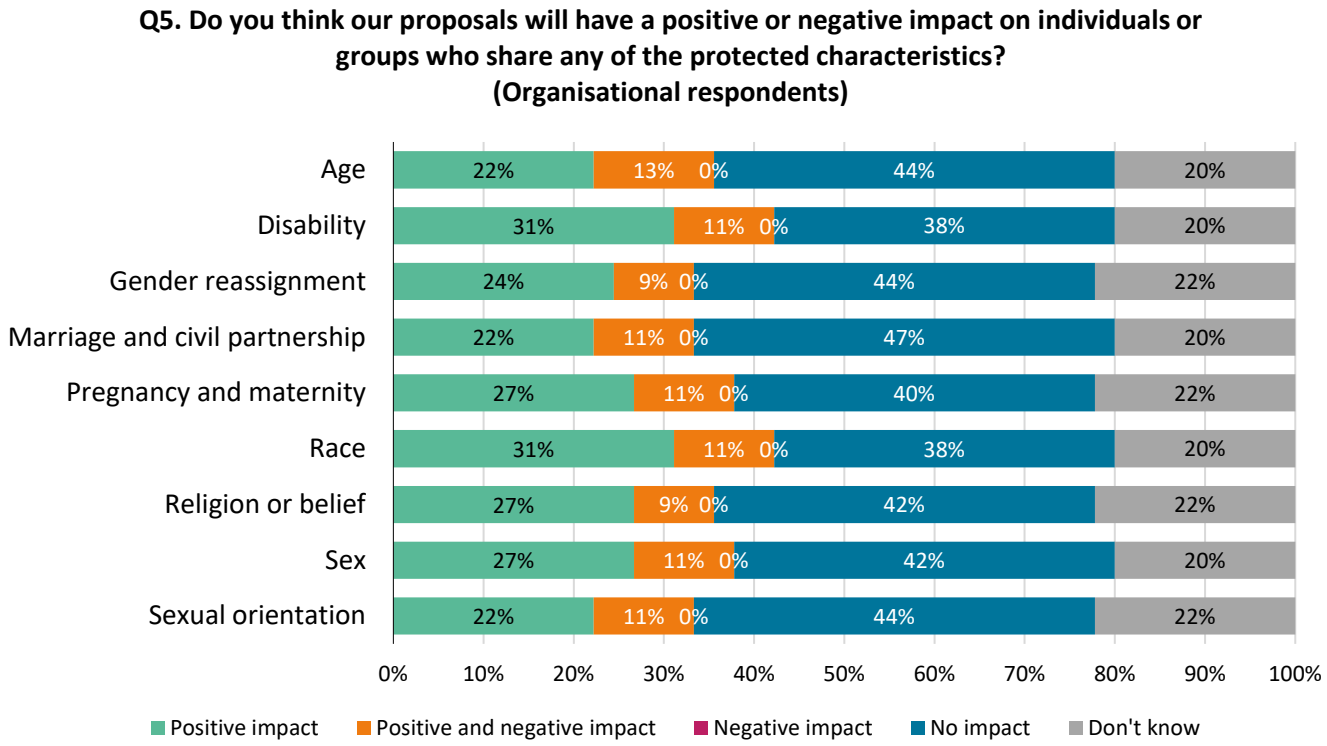


Figure 4 shows that the highest percentage of organisations (ranging from 38% to 47%) felt that our proposals would have no impact on each of the protected characteristics.

Between 22% and 31% of organisational respondents felt there would be a positive impact on groups or individuals who share any of the nine protected characteristics. The protected characteristic that organisations thought would have the largest positive impact was race (31%). A smaller and uniform proportion (between 20% and 22%) did not know what the impact of the proposals would be.

No organisations s felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics. More organisational respondents (ranging from 9% to 13%) indicated that the proposals would have both a positive and negative impact on all of the protected characteristics.

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

Appendix 8: The impact of the proposed changes on other groups

Individual responses

Figure 6: Views of individual respondents (N = 122) on whether our proposals positively or negatively impact other individuals or groups

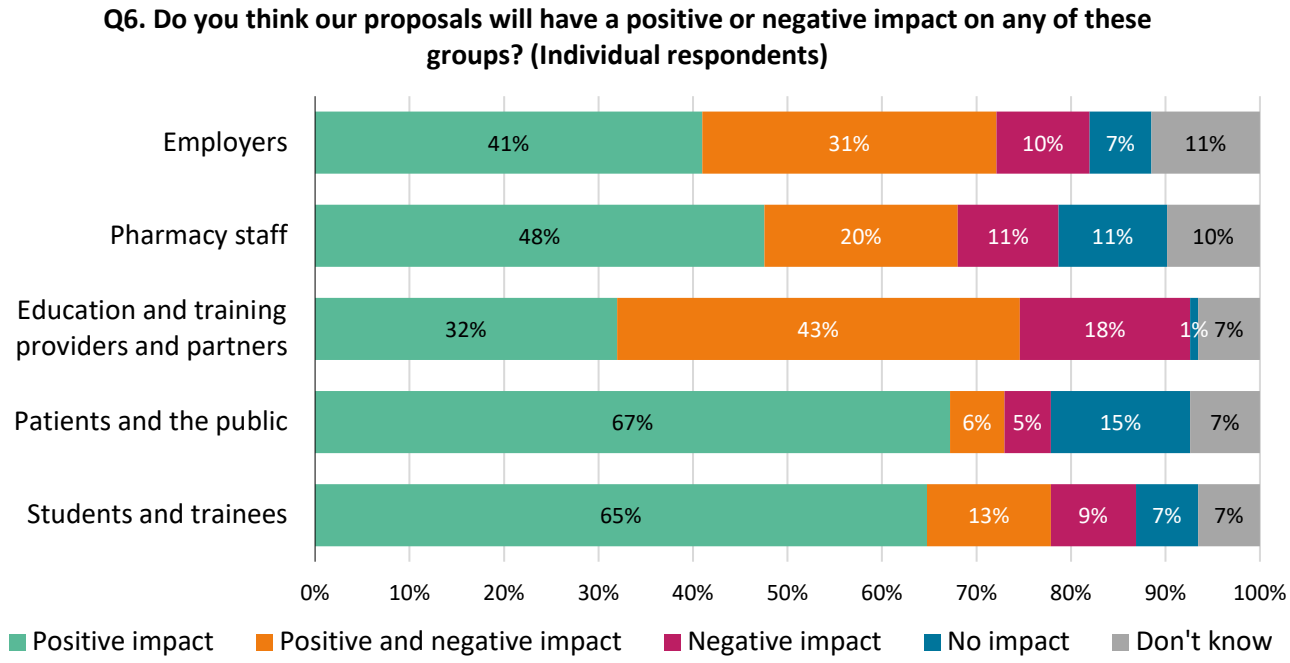


Figure 6 shows that many individual respondents thought that the proposals would have a positive impact on patients and the public (67%). Slightly fewer felt that students and trainees (65%) would be positively impacted by the proposals. The fewest percent of individual respondents felt there would be a positive impact on education and training providers (32%).

In contrast, a smaller proportion of individuals thought that the proposals would have a negative impact, with education and training providers (18%) scoring the highest. A higher proportion indicated that the proposals would have both a positive and negative impact on the groups identified above, with education and training providers (43%) again scoring the highest.

A small proportion of individuals (between 1% and 15%) thought the proposals would have no impact, with patients and the public (15%) being the highest. A slightly more uniform proportion indicated they did not know how the proposals would affect the above groups (between 7% and 11%).

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

Organisational responses

Figure 7: Views of organisations (N = 45) on whether our proposals positively or negatively impact other individuals or groups

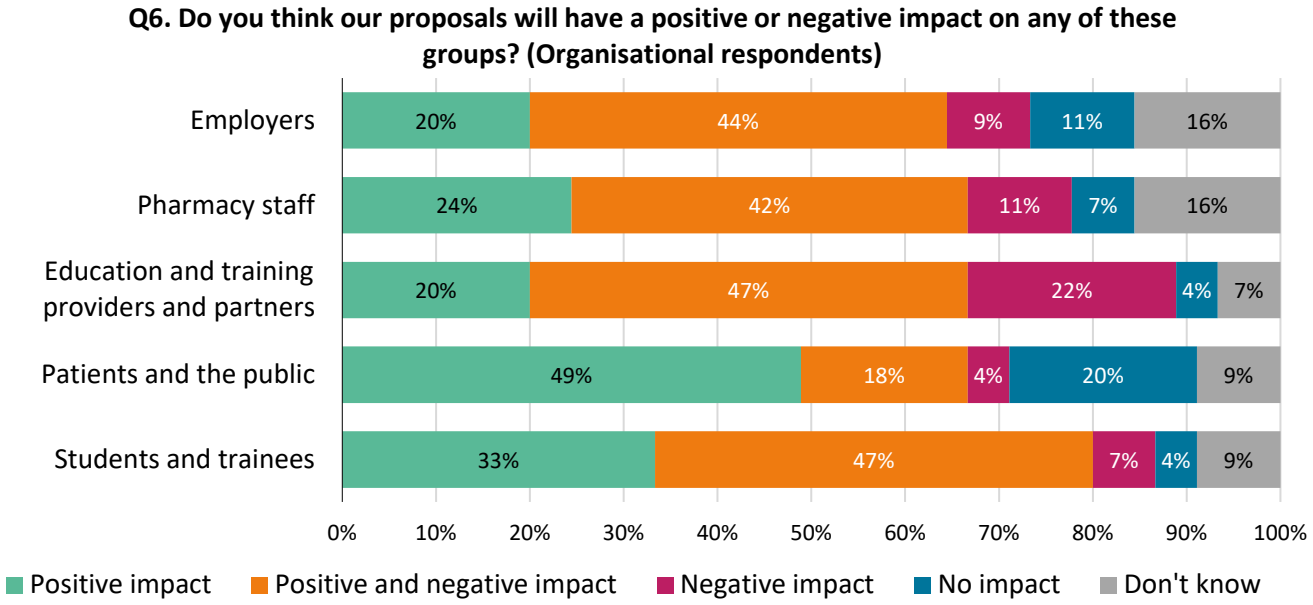


Figure 7 shows that just under half of organisations thought that the proposals would have a positive impact on patients and the public (49%), with the fewest percent of organisations believing there would be a positive impact on education and training providers (20%) and employers (20%).

In contrast, a smaller proportion of organisations thought that the proposals would have a negative impact (4% to 22%), with education and training providers (22%) scoring the highest. The highest proportion of organisations indicated that the proposals would have both a positive and negative impact on the groups identified above (18% to 47%), with education and training providers (47%) and Students and trainees (47%) scoring the highest.

A proportion of organisations (between 4% and 20%) thought the proposals would have no impact, patients and the public (20%) being the highest. Slightly more indicated they did not know how the proposals would affect the above groups (between 7% and 16%).

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

General Pharmaceutical Council

Inspection Methodology Update

Meeting paper for Council on 12 December 2024

Purpose

For discussion

Recommendations

Council is asked to note the plans for further improvement of inspection methodology under Strategic Aim 4 (Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy) to be implemented from January 2025.

1. Introduction

1.1 Alongside our fitness to practise function and broader approach to engagement and enforcement activity, inspection continues to form a key part of our effective regulation of pharmacies and pharmacy professionals.

1.2 In June 2024, we presented a planned suite of improvements to our inspection processes to Council. These included:

1.3 Employing a shorter, targeted inspection methodology for some routine inspections, which will focus on areas of higher risk. This replaces assurance visits which did not result in a published report and enables us to better demonstrate / capture our regulatory activity. As a consequence, it is anticipated that these improved processes will result in a greater volume of (focused/full) inspections being undertaken

(a) Shorter, clearer inspection reports resulting in reduced time taken to generate/quality assure, and improved standardisation of approach across the inspectorate

(b) The ability to carry out re-inspections at any time up to six months plus two weeks from the date of initial inspection resulting in more timely follow up when standards have not been met and improving the currency and accuracy of information for pharmacy owners, pharmacy professionals, and the public

(c) The ability to conduct desktop re-inspections where an improvement action plan has been issued and assurance can be provided through submission of documentation or other evidence electronically (for example copies of training records)

(d) Introduction of supportive resources for inspection staff, designed to be completed electronically on-site, and over time developed to cover more specialist services e.g. aesthetics, with prompts for additional areas to consider

1.4 These improvements formed phase one of an end-to-end review of our inspection methodology under Strategic Aim 4 (Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy). The changes are being rolled out in a stepwise fashion and are scheduled to be implemented by the end of January 2025.

1.5 In collaboration with colleagues, we will continue to develop the associated inspection costings model, so that once improvements and efficiencies have been made, we can articulate what (if any) additional inspectorate resource may be required for the future.

1.6 In June 2024, we also set out our plans to review the random sampling approach in light of external critique and previous council feedback. In this paper we set out our findings and recommendations for our approach going forward.

2. Random sample approach

2.1 From June 2022, a new pilot methodology was introduced which focused on inspecting a random sample of pharmacies while ensuring the sample was representative of the types of pharmacy on the register. A sample was generated every 6 months consisting of 400 pharmacies across five different strata:

- England: Community
- Scotland: Community
- Wales: Community
- GB: Hospitals, prison, or temporary
- GB: Internet

2.2 Whilst a randomised approach gives a representative sample and a snapshot of performance of pharmacies on the register at a point in time, it brings with it the following disadvantages:

(e) Because the sample is truly random, workload is inequitable between individual inspectors and between different teams, creating difficulties with capacity planning and reducing our ability to respond flexibly to risk and changing priorities. In addition, it is not possible to set KPIs and clear expectations about the amount of inspection activity we expect individuals to deliver.

(f) Random allocation of inspections means there are a proportion of pharmacies not inspected for a considerable period of time

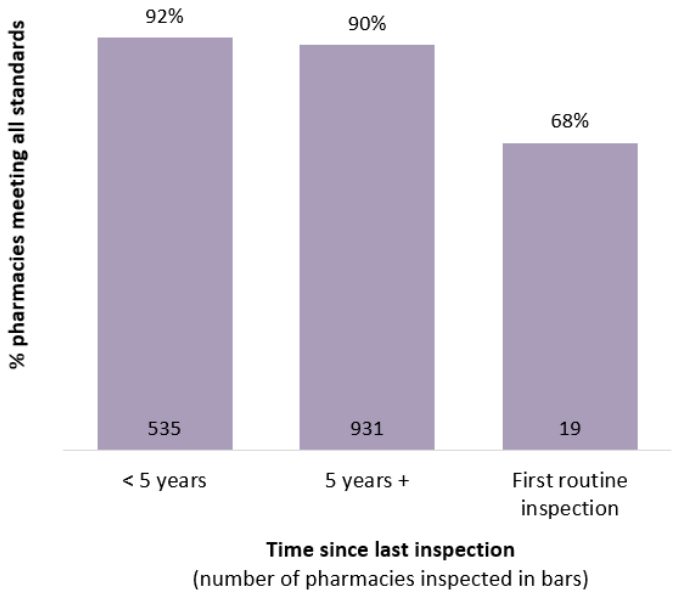
(g) Inspection activity is not targeted to pharmacy types known to present greater risk, for example online pharmacies (85% meeting standards compared to 91% for other pharmacy types). In addition, all pharmacies receive full inspections regardless of their risk profile, meaning less capacity overall to deliver greater inspection numbers.

2.3 It is therefore proposed that rules be applied to the sampling and scheduling approach to ensure our limited inspection resource is deployed to greatest effect, in line with Strategic Aim 4 (Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy)

2.4 The following data covers the period from when the random sample was introduced (June 2022) to September 2024.

3. Time since previous inspection

3.1 We wanted to know whether pharmacies who had a longer period since their last inspection had lower compliance rates. Samples were separated into less than five years since the last inspection, five years and greater, and first routine inspection (never previously inspected):

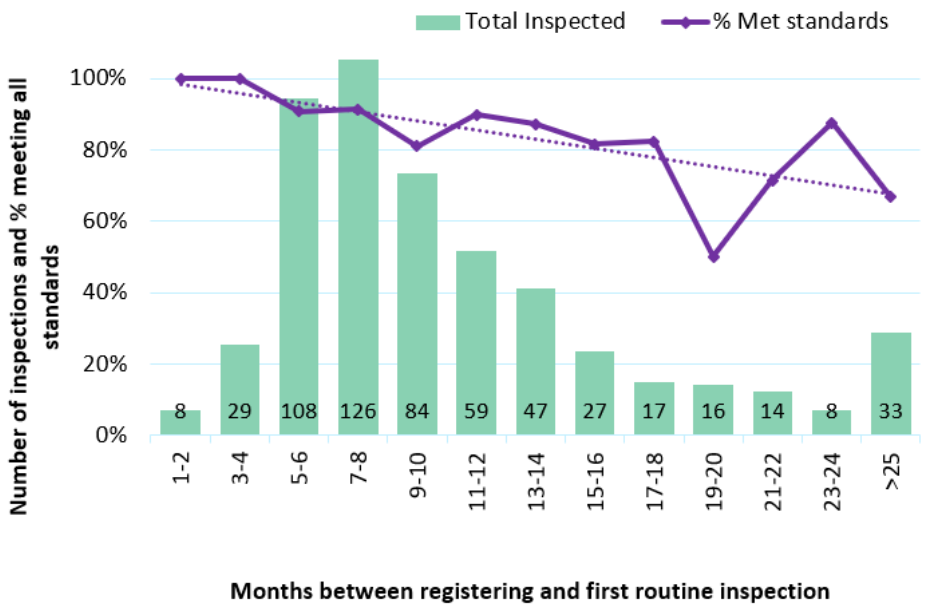


3.2 There was no significant difference between less than five years, and five years and greater when first routine inspection was excluded. **We are therefore proposing that rather than having fixed frequency rules, a fixed proportion of the oldest last inspected pharmacies are included in every sample.** This ensures that we do not have pharmacies with significantly aged inspection history and improves the currency and accuracy of our register and inspection judgements for pharmacy owners, pharmacy professionals and the public.

4. Time to first routine inspection

4.1 The graph above shows a greater proportion of pharmacies fail to meet all standards at their first inspection. Therefore, in terms of the impact of our regulatory interventions, the first inspection has a greater positive impact in ensuring safety and driving improvement.

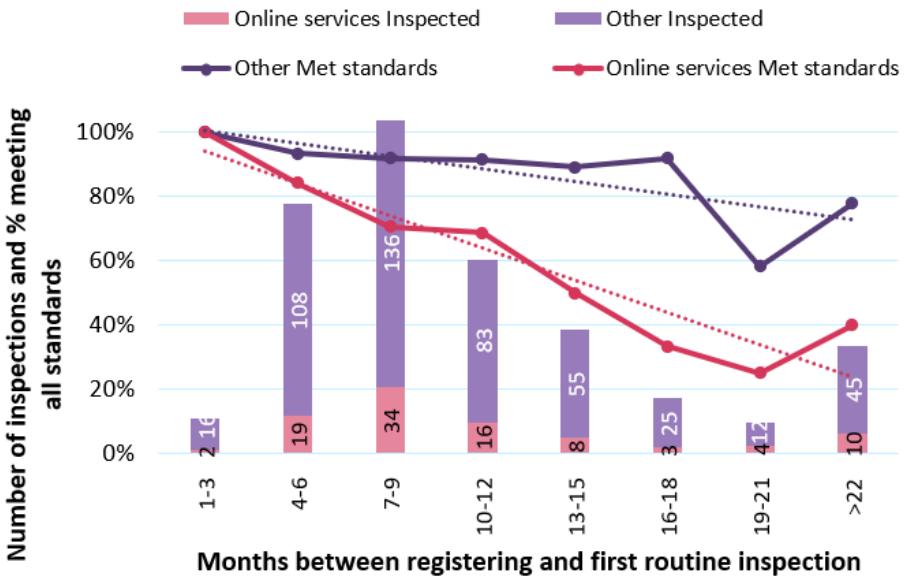
4.2 In a separate analysis, we looked at all new pharmacies registered since April 2020 and their subsequent first routine inspection (not just those in the random sample pilot):



** Historic data covering the period from June 2022 to September 2024.*

4.3 There is a clear trend, that as time between registration and first routine inspection increases, the % of pharmacies meeting all standards reduces.

4.4 We also analysed data for first routine inspection of online pharmacies:



** Historic data covering the period from June 2022 to September 2024.*

4.5 Fewer pharmacies with online services were meeting all standards at their first inspection (66% vs 90%). Although the numbers are small, pharmacies with online services have an even steeper drop off in performance the larger the gap between initial registration and first inspection.

**It should be noted that currently we use a derived online flag to categorise pharmacies that provide online services through either their registered premise type, a historic voluntary*

internet pharmacy logo, or where an inspector has identified online services being provided during an inspection. To improve the accuracy of our registers, we need to collect detailed information about service types at both registration and renewal. This is currently being hampered by the inability to develop MyGPhC Pharmacy to facilitate information collection and updating.

4.6 We do not currently take a risk-based approach to determine when the first inspection of a pharmacy takes place. **We are therefore proposing that first inspections be prioritised within 12 months of registration based on a pharmacy's risk profile, or within 6 months for online pharmacies.** For a non-online pharmacy, the inspector will determine during the registration inspection whether the first inspection should be conducted before 12 months based on information we hold about the pharmacy and the type of services being provided. Increasing the available period to 12 months increases our capacity to conduct first inspections of riskier services and gives increased flexibility to respond to risk and information of concern.

4.7 When we last presented to council in June 2024, there were 175 premises on the register that had never had a **routine** inspection. At the time of writing, this figure has fallen to 99 owing to targeted efforts to prioritise these inspections. We have a plan in place to continue working through these from the oldest first, which is supported by the additional efficiency and flexibility released from implementing the recommendations in this paper.

5. First inspections when a pharmacy changes address

5.1 In 2023, 231 new pharmacy premises were registered, and at the time of writing 263 have registered so far this year. Currently, when a pharmacy moves premises, a new registration is generated with a new premises registration number. This also triggers a 'first' inspection even though the pharmacy may have been registered with us for some time and have a significant positive regulatory history. In many cases, the owner, superintendent, staff, and policies and procedures remain the same.

5.2 Under the current system, a full on-site first inspection must be conducted at six months. This takes significant time and resource, and in many cases the only material differences from the previous registration are the premises themselves, which the inspector will have already visited as part of the registration process.

5.3 **We are therefore proposing that where a new registration consists of a change of address only, the inspector will risk assess the new registration and may choose to defer the first inspection for up to two years (based on time since last inspection data above) or conduct a visual inspection of the premises remotely, for example by video call.** The inspector would still retain the ability to conduct an on-site inspection where this was felt necessary, for example if the pharmacy has a poor regulatory history or any issues of concern were identified during the registration process, for example planned future changes to services or the layout of the premises.

6. Other considerations

6.1 We will continue to carry out intelligence-led inspections in response to risk and information of concern. Working closely with Fitness to Practise colleagues and other regulators we will continue to refine our information sharing and improve joint working practices.

6.2 Thematic inspections are a valuable opportunity to use our independent voice to shine a light on topical issues in pharmacy. Going forwards we are planning to complete at least one per year, with potential for more dependent on resource. Currently these are ad-hoc requests or formal external asks (e.g. the current homecare thematic in response to the House of Lords Public Services Committee report). We plan to continue developing this approach, supporting the Data and Insights team to make better use of the data we hold to identify internal themes and trends.

6.3 Our approach to inspection methodology will remain iterative and under continued review, making better use of data and reflecting the changing external landscape to inform what we inspect and when. For example, we may choose to place a greater weighting on pharmacies providing particular services should our data indicate this is necessary, such as anticipated developments in hub and spoke delivery models.

7. Recommendations

- The inspections sample will be divided equally between inspectors and teams ensuring that the highest priority inspections are completed first (for example first inspections and re-inspections) and that workload and capacity can be more efficiently managed
- Whilst there were no significant differences in compliance rates between pharmacies that have not been inspected for longer periods of time, we will include a fixed proportion of the oldest last inspected pharmacies in every sample period so that we do not have pharmacies with significantly aged inspection history
- We will prioritise first inspections within 12 months, and within 6 months for online pharmacies because of the observed difference in compliance rates
- To improve efficiency, where a new registration consists of a change of address only, the inspector may choose to defer the first inspection or conduct elements of it remotely, depending on regulatory history and risk

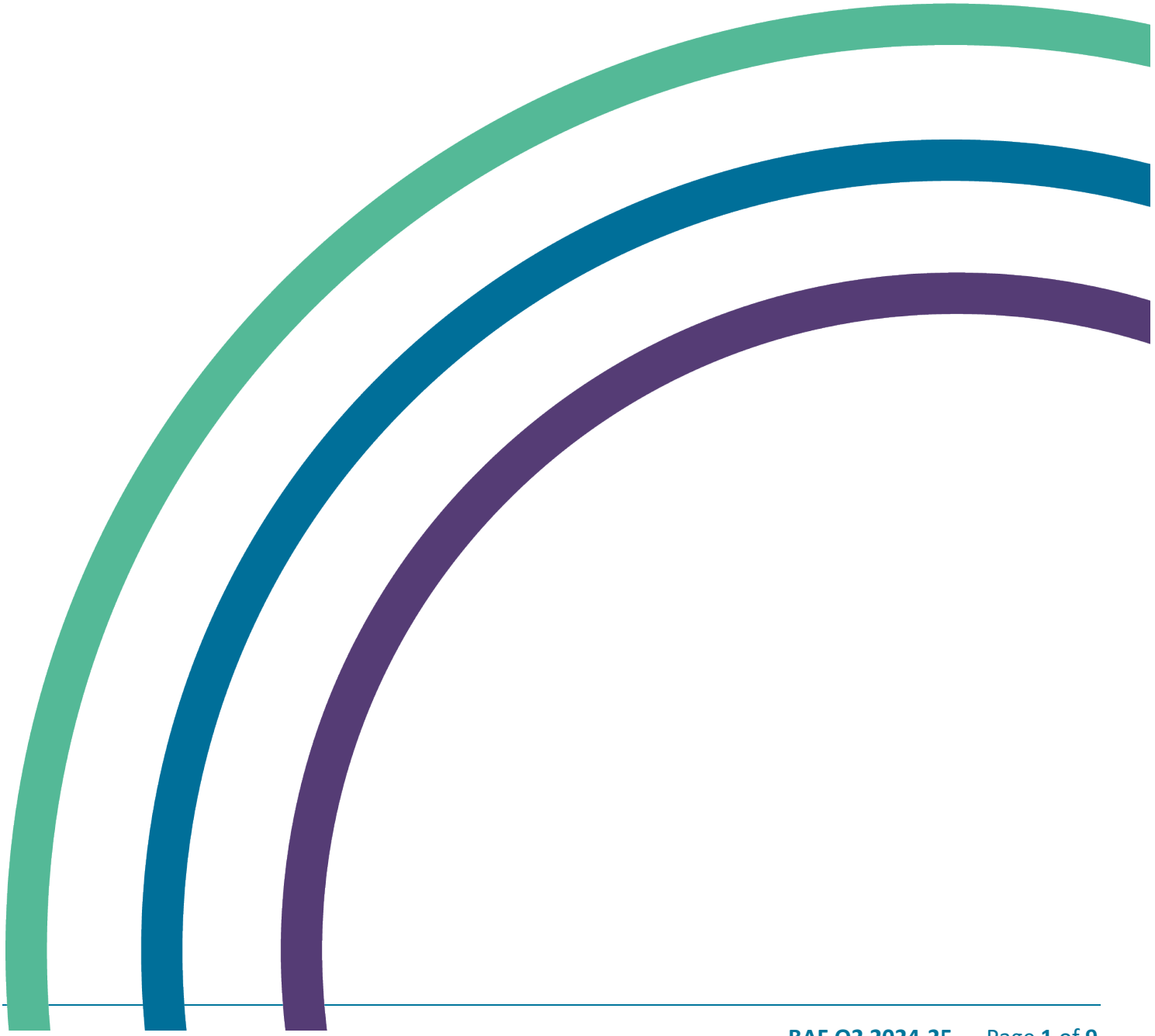
Alongside our random sampling approach, we will continue to carry out intelligence-led and thematic inspections in response to risk and information of concern. Our approach to inspection methodology will remain iterative and under continued review: our next formal review will be scheduled for Q1 2025-2026, and the associated inspection costing model work remains ongoing.

Kieron Jones
Head of Pharmacies Regulation
General Pharmaceutical Council
03/12/2024

General Pharmaceutical Council

Board Assurance Framework Report

Year 2024/2025, Quarter 2



Contents

Section A: Chief Executive's overview

A.1 This report covers Quarter 2 (Q2) of 2024-25, 1 July to 30 September 2024, in our final year of delivering our 2020-2025 Strategy.

A.2 In Q2, whilst our performance is largely still on track there are areas of our Service Performance, our Strategic Plan and our Finance that are experiencing some challenges which have impacted our ability to meet our performance targets this quarter, therefore, these areas are judged to be Amber. An overview is provided below, with Section B, our scorecard providing the high-level picture and Section C providing more detail on those areas where we have not met our expected performance measures along with how we will we be addressing these challenges.

A.3 **Risk** - There have been no significant changes in the organisation's strategic risk profiles in Q2. We have two strategic risks rated as Amber which are outside of our risk appetite, these are Strategic Risk 3: We are unable to practise an anticipatory and proportionate approach to regulation and Strategic Risk 4: We do not have the capacity and capability to deliver our strategic objectives to a good quality standard (SA5). Mitigating actions for both risks are progressing, though some actions are contingent upon key decisions around fees, the development of our five-year strategy and the subsequent annual planning. We will be rebasing our risk register as our new strategy is developed. Looking forward to the rest of 2024-25 we do not anticipate any significant changes to our risk profile.

A.4 **Service Delivery** - In regard to the delivery of our services in Q2, the majority performed well with five out of seven areas having met expected performance measures, with two improving performance, four maintaining and one declining. However, there were two areas which were judged to Red or Amber:

- Information Governance - In Q2 we judged our performance in Information Governance to be Red, this is judged to be below our performance standards and outside of our tolerances.
- Corporate Complaints – In Q2 we judged our performance in this area to be Amber, this is judged to be within our tolerances but has not met or exceeded our performance standards.

It is worth noting that in both of the above areas we have a low tolerance approach and therefore individual incidents can significantly impact our RAG rating. Further information is provided in Section C of this report, including any learning or actions we are taking.

Two of areas have moved from Amber in Q1 to Green in Q2. These are Inspection and Fitness to Practise. For both of these we have seen improvement and have met and/or exceeded our performance standards for Q2. As Council will be aware we have two-year programme of work to improve our performance in Fitness to Practise. Whilst we are yet to achieve our overall, longer-term goals, we are where we expect to be on delivering our improvement programme and therefore have judged our performance in Q2 as Green.

A.5 **Finance** - Our overall financial position remained stable at the end of Q2. We are on track with our annual goals, with our variances being proportionately small compared to our original budget. However, from a strategic perspective we have judged our financial position to be Amber as we are, and will continue to be, in a sustained deficit position with a number of challenges to address. This strategic view has also been applied, retrospectively, to Q1.

A.6 **Strategic Plan** - At the end of Q2, progress against our 2024-25 plan is ragged as Amber. Within this, three of our five strategic aims were judged to be Amber in Q2. These are:

- SA1 - Deliver an adaptable standards framework that meets public and professional needs that are changing quickly (Green in Q1). Work against SA1 is largely on track but delayed for two objectives: Chief Pharmacists Standards and Online Pharmacies, with the work for both raising more complexity than was initially thought to be the case in early scoping of the work.
- SA3 - Drive improvements in pharmacy care by modernising how we regulate education and training. Again, we are largely on track however management capacity has delayed in our Overseas Pharmacists work. This is being addressed via the introduction of project management structures for the work. In addition, we are giving further consideration to the scope of our post-registration assurance of practice objective, in conjunction with the chairs of the Post-Registration Assurance of Practice Advisory Group. SA2 was Green in Q1.
- SA5 - Enhance our capabilities and infrastructure to deliver our Vision. Following the September Council meeting this Strategic Aim was retrospectively judged to be Amber due to the pausing of MyGPhCPharmacy work. The work is paused until 2025 and therefore this Strategic Aim will remain Amber for the remainder of 2024-25.

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. Initiatives started in Q1 including the Planning Group and the Resource Group have continued into Q2 and we are already seeing the benefits of these group with more focussed discussions on the delivery of our strategic plan and the operational aspects of performance that support delivery. 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 – Q2

RISKS

Strategic risk register overview

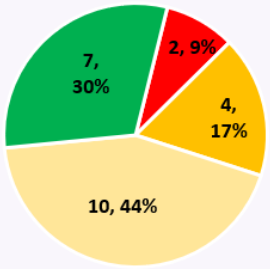
RAG rating	Q4 23/24	Q1	Q2	Q3	DoT
Red	0	0	0		→
Amber (outside risk appetite)	2	2	2		→
Amber (inside risk appetite)	2	2	2		→
Green	0	0	0		→

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)

Q1 Corporate Risks



SERVICE PERFORMANCE

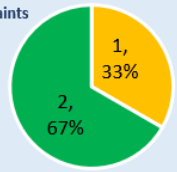
Service Performance Overview

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

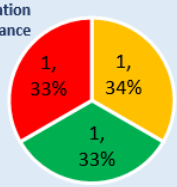
*New FtP interim measures from Q1 2024/25

Amber and Red Service Performance breakdown

Corporate Complaints KPIs



Information Governance KPIs



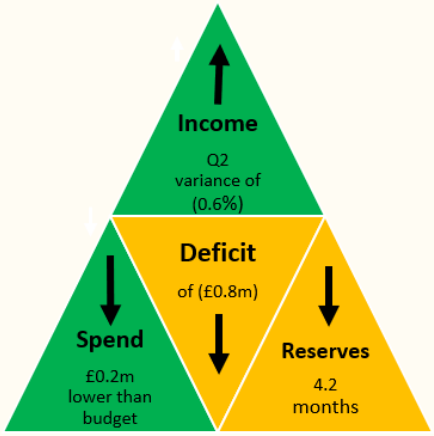
Quarter 2 24/25 Council Scorecard

STRATEGIC PLAN

Annual Plan 24/25 Progress

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

FINANCE



We are within an acceptable range for the forecast deficit position

Income – At end of Q2, income slightly higher.

Spend – below forecast by £0.2m,.

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

Deficit – Actual deficit lower than expected at end of Q2, however, this is projected to align with reforecast level with a minor upturn in income being offset by anticipated increases in utilities and IT costs

Investments – unchanged at £15m having realised the gain of £1.8m in Q1.

Strategic risk	RAG	DOT	Issue	Planned action
1. Our regulatory programme does not support the development of competent pharmacy professionals or assure their continued development and professionalism		→	Risk concerned with ensuring pharmacy professionals are trained to meet ever changing public needs	The four-year project to reaccredited existing MPharm degrees against the new standards is on track and progressing well. We have completed the accreditation process for pharmacy foundation training programmes in England, Scotland and Wales in preparation for trainees commencing the programme in 2025/26.
2.The delivery of our strategy and wider regulatory activities do not support open and transparent engagement with regulation or a culture of professionalism		→	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		→	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	The new clinical structure for inspections will be reviewed in October with a view to making new arrangements permanent. Other actions progressing.
4..We do not have the capacity and capability to deliver our strategic objectives to a good quality standard		→	Risk relates to firstly to having the resource to deliver plans and in turn using that resource efficiently and effectively	o significant updates.

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 | **Strategic Plan KEY** | **Council Scorecard Key** | **Service Performance 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
Green	On track/ completed
Amber	Some issues emerging, aims still achievable
Red	Significant issues, aims may not be met on time/ budget/ quality
Black	Not started/ Scheduled to start

Indicator	Desc	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

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.** We measure our performance in Service Delivery against our performance standards for each individual performance measure. An Amber rating is given to those areas where our performance is judged to be within our tolerances but hasn't met or exceeded our targets. A Red rating is given to those areas where our performance is judged to have fallen short of our standards and outside of our tolerances. In both cases an overall Amber or Red rating is applied if any area within a Service is judged to be amber or red. In both of the below areas we have a very low tolerance approach and therefore individual incidents can significantly impact our RAG rating. Looking forward to 25-26 we will explore how we can better capture, define and report in both of these areas. Further details on the areas judged to be Red and Amber in Q2 24-25 are below:

1. **Information Governance –** During Q2 we reported a data breach to the information Commissioners Office (ICO). This breach was in regard to an individual for whom we disclosed personal information in a letter sent to them via their employer. The individual raised a complaint, and we notified the ICO of the incident. We subsequently identified that the information we disclosed was already in the public domain and therefore no action was taken by the ICO. Whilst no action was taken, we have reminded staff that they should only be disclosing the minimum amount of data necessary to achieve their objectives.

   Corporate Complaints – Our performance in Q2 remains Amber. This is due to the average time we take in responding to Stage 2 complaints remaining above our 20-day performance standard. In Q2 the average response time was 21 days (22 in Q1). Stage 2 complaints responses require more information be reviewed, including the original Stage 1 response and any additional communication, and are handled by the Executive for the relevant area of the business. We are exploring if there are any underlying causes which have resulted in the increased response time, this may include reviewing our policy, procedures or resource allocated to our complaints work.

   The majority of complaints we receive are related to the outcomes of Fitness to Practise concerns and where we can identify learning from complaints, we do. In Q2 we identified learning regarding the timing and content of communication with people raising Fitness to Practise concerns, this was fed back to the appropriate team.

C.2 **Service delivery areas improved from Q1**. Two areas were judged to be Amber at Q1, these were Inspection and Fitness to Practise. Both of these have seen improvement and have met and/or exceeded performance standards and in Q2, are now judged to be Green.

1. **Inspection** – In Q2 we improved and exceeded our performance standards, and all three areas are now judged to be Green, with a further improvement in the timeliness of re-inspections up from 77.1% in Q1 (Amber) to 97.6% in Q2 (Green). It is also worth noting that we have amended our 'timeliness of enforcement action' performance standard, to '5 days with a tolerance of 7 days' from 01 July 2024 (previously 10 days and 12 days, respectively). This is to reflect the improved efficiency of our new enforcement processes and we met this more ambitious target in Q2.

2. **Fitness to Practise** – We have sustained our strong start to the year, with all our quarterly Fitness to Practise measures currently on track to meet or exceed our performance standards. Whilst we are yet to achieve our overall, longer-term goals, we are where we expect to be on delivering our two-year improvement programme and therefore our performance in Q2 is judged to be Green.

   We continue to prioritise our legacy aged caseload while ensuring the timely progression of our newer cases and in Q2, the number of investigations open for longer than two years has reduced by 16% to 21%, surpassing our performance measure and moving this from Amber in Q1 to Green in Q2.

   We continue to receive a high volume of new concerns and with 1410 receipts in Q2 we are expecting that we will exceed 6,000 new concerns this year. In turn we anticipate that our investigation caseload will grow as we absorb the increase in concerns. To mitigate this, we continue to explore how we can divert resource to support caseload and are also looking at a focussed capacity model to ensure that we have greater resilience within our resources.

C.3 **Finance**. In Q2 our year-to-date financial position was an operating deficit of £0.7m. This was £0.3m lower than the Q1 reforecast with the reduction in the expected deficit driven by a marginal £0.1m (0.6%) increase in income and £0.2m (1.5%) lower expenditure than we had predicted.

Looking forward to the rest of the year our total income and total expenditure are forecast to increase, with our overall deficit expected to remain in line with the Q1 reforecast. The higher income forecast is projected to come from volume increase in pharmacist income (independent prescriber and overseas applications). However, this income increase is expected to be offset by higher spend including in IT and occupancy costs (utility spend).

The process to set the annual budget has commenced with an information and insight gathering exercise to produce an initial draft budget. This includes the process of identifying the activities which the organisation will be progressing with, and the level of funding required. On the current cost base, there is every indication to expect a prolonged deficit position and work continues on developing measures to achieve a sustainable financial position. Our Finance and Planning Committee (F&PC) continue to closely monitor our financial position.

C.4 **Strategic Plan** - At the end of Q2 progress against our 2024-25 plan is judged to be Amber with some issues emerging but with our aims still achievable by year end. The Strategic Aims where we are judged as Amber are below:

1. **SA1 - Deliver an adaptable standards framework that meets public and professional needs that are changing quickly**. (Green at Q1). Work against SA1 is largely on track but two objectives are slightly behind where we hoped they would be:
   a. Further work has been undertaken in Q2 on the **Chief Pharmacists Standards,** however this work has proven to be more complex than initially anticipated, with the consultation undertaken in the Summer highlighting a number of issues that require further consideration. This has impacted our timelines, pushing delivery back to Q4.
   b. Our **online pharmacies work** is slightly behind where we had hoped but we have published our proposed changes to our online pharmacies guidance, and we expect to be back on track in Q3.

2. **SA3 - Drive improvements in pharmacy care by modernising how we regulate education and training**. (Green at Q1). Again, we are largely on track for SA3 however there are delays in two objectives:

    a. Work continues on our **overseas pharmacists** and **quality assurance processes for accredited courses.** However, the former has experienced delays due to management capacity, and the latter requires Council approval but was deferred from the September Council meeting. Approval is being sought in December.

    b. Further consideration is being given on the scope of our **post-registration assurance of practice** objective, including expectations for what we can achieve in the next 3-6 months.

3. **SA5 - Enhance our capabilities and infrastructure to deliver our Vision**. (Following the September Council meeting this Strategic Aim was retrospectively judged to be Amber in Q1). The majority of our work in SA5 is progressing well and covers wide range of work including IT, workforce, wellbeing and culture and our annual finance objectives, however our work on MyGPhCPharmacy, our platform for pharmacy owners and superintendent pharmacists to keep the registration of their pharmacy premises up to date, remains paused. This pause was to allow resource and focus on delivering our Foundation Training changes as part of our Initial Education and Training for Pharmacists work. We expect MyGPhCPharmacy work to be completed in late 2025 and therefore SA5 will remain Amber for the remainder of 2024-25.

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

General Pharmaceutical Council

Professional Standards Authority: annual performance review 2023/24

Meeting paper for Council on 12 December 2024

Public

Purpose

To present the outcome of the annual performance review

Recommendations

The Council is asked to note the outcome of the 2023/24 performance review.

1. Introduction

1.1 The Professional Standards Authority (PSA) carries out an annual performance review of each of the ten health and social care regulators, assessing their performance against the Standards of Good Regulation.

1.2 This report looks at the GPhC's performance between July 2023 and June 2024. This is a more concise report than that produced in 2022/23 as this was a 'monitoring review', whereas last year's report was based on a fuller 'periodic reivew' (carried out every three years with annual monitoring reviews inbetween).

1.3 The Standards of Good Regulation against which the reviews are carried out include general standards relating to information provision, the application of policies, EDI, performance reporting, corporate complaints, how we address learning from public enquiries and other relevant reports. The standards also cover registration, education, fitness to practise (FtP) and standards/guidance.

1.4 The report is attached as **Appendix 1**.

2. Key findings

2.1 The PSA concluded that the GPhC met 17 of the 18 Standards of Good Regulation, the same outcome as the previous year.

2.2 All of the general standards were met, as were all standards relating to guidance and standards; education and training; and registration. Four out of the five standards for FtP were met, while standard 15 was not. Again, this is the same as the previous year.

2.3 Under standard 3, the PSA once again recognised our work on EDI and also noted two particular examples of good practice (page 3 of the report).

2.4 In relation to FtP, the report notes that we are still taking too long to progress investigations. It acknowledges that 2023-24 saw a 30% increase in referrals and notes a number of initiatives that were introduced to improve timeliness. The Q2t Board Assurance Framework report (paper 24.12.C.10 for this meeting) shows that performance in this area is improving.

3. Communications

3.1 The report has been published on the PSA and GPhC websites.

4. Resource implications

4.1 The changes to the performance review process introduced in 2022 have reduced the staff resource required. However, it is still significant with the regular provision of data, audits and regular meetings with the PSA. The required resources are factored into our annual planning.

5. Risk implications

5.1 The PSA report provides constructive feedback on the GPhC's performance and it is important that we respond to it in order to improve the way we regulate, for the benefit of patients, the public and the profession.

5.2 The Audit and Risk Committee continues to monitor progress in FtP.

6. Monitoring and review

6.1 We monitor progress and developments in all areas of performance and Council will continue to receive regular information via the Board Assurance Framework. Further assurance about aspects of organisational performance comes from the audits which are carried out across the business and reported to the ARC.

6.2 The next PSA performance review cycle started in July of this year and the report should be completed before the end of September 2024.

7. Recommendations

The Council is asked to note the outcome of the 2023/24 performance review.

Janet Collins, Senior Governance Manager
Duncan Rudkin, Chief Executive and Registrar

General Pharmaceutical Council

28/11/2024

General Pharmaceutical Council (GPhC)

Performance Review – Monitoring year 2023/24

professional standards authority

This monitoring report covers the period 1 July 2023-30 June 2024. You can find out more about our performance review process at the end of our report.

Key findings

- The GPhC has met Standard 3, our Equality, Diversity and Inclusion (EDI) Standard, again this year. We have seen clear evidence that the GPhC is undertaking a wide range of activity designed to embed EDI in its work and to improve processes across different areas of its work, including registration and fitness to practise (FTP). For example, we noted the GPhC's analysis of EDI data of registrants involved in the FTP process, and its wider work around this, as an example of good practice.
- We received some feedback that raised concerns about the GPhC's risk-based approach to pharmacy inspections, which it introduced in 2022. The GPhC said it is carrying out an end-to-end review of the inspection process and is considering how it can improve the usefulness of its inspection outputs and improve consistency. The GPhC also said it recently improved its enforcement decision-making processes and introduced a specific check on regulatory history. We will continue to monitor the GPhC's approach to pharmacy inspections and keep a close eye on its work to address the issues that stakeholders have raised with us.
- We note the GPhC's work to reduce the time it takes to progress cases through its FTP system and are aware of the pressure caused by another significant increase in the number of FTP referrals. However, because timeliness has deteriorated this year, we have concluded that Standard 15 is once again not met. We have written to the Secretary of State for Health and Social Care and the Chair of the Health and Social Care Committee to provide an update on the GPhC's performance, and we will continue to closely monitor the GPhC's performance in this area.
- We received feedback from some stakeholders who were concerned that the GPhC was not giving registrants enough time to provide information during FTP investigations. While we welcome the GPhC's work to progress cases promptly, it needs to ensure all parties are given sufficient time to be able to effectively participate in the FTP process.

Standards met 2023/24

General Standards	5/5
Guidance and Standards	2/2
Education and Training	2/2
Registration	4/4
Fitness to Practise	4/5
Total	**17/18**

GPhC standards met 2021-23

2022/23	17/18
2021/22	15/18

90,426
professionals on the register
(as at 30 June 2024)

13,270
premises on the register
(as at 30 June 2024)

General Standards

The GPhC met all five General Standards this year.

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

Our report focuses on Standard 3 because we have used a new approach to assessing the regulators against this Standard. More information is available in our guidance document.

Our assessment of the GPhC's performance against Standard 3

As part of our new approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would need to be assured that the regulator has met all four of the outcomes. Our assessment of the GPhC's performance against the four outcomes is set out below.

Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities

The GPhC has clearly defined governance, structures and processes in place to embed EDI across all its regulatory functions. The GPhC has a published EDI Strategy[1] and annual EDI Action Plans against which it reports on progress every six months. These provide a comprehensive picture of the GPhC's activities and are discussed at public Council meetings.

Delivery of the EDI Strategy (including development of the annual Action Plans) is led by the EDI Strategy Leadership Group which includes chairs and co-chairs of the GPhC's inclusion network as well as senior managers/leaders from across the organisation.

The GPhC also confirmed that it holds diversity data for all senior leadership, Council, Committees, and FTP panellists although it does not routinely publish this information.

Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills

There is currently some variation in the expectations for pharmacy students/trainees and professionals, with the more recently updated initial education and training (IET) standards for pharmacists including the requirement to take account of the protected characteristics and background of each patient. The GPhC plans to consult on draft new standards for the initial education and training of pharmacy technicians by Q4 of 2024/25. The GPhC has told us that it expects to strengthen and align the EDI requirements with the IET standards for pharmacists, where appropriate. It told us that the requirements may not be exactly the same, because the two professions are different and distinct.

The GPhC has also developed equality guidance for pharmacies, designed to help pharmacy owners meet the Standards for registered pharmacies, specifically in relation to ensuring no one is unlawfully discriminated against, either in the workplace or when providing services to patients and the public.

The GPhC continues to publish material to support registrants to improve their EDI knowledge and skills across a range of topics, including reports from its roundtable events. The GPhC is currently reviewing its annual revalidation process more broadly, including how it might focus on particular themes, which could include EDI and other issues.

Opportunity for Improvement

The Standards for Pharmacy Professionals requires pharmacists and pharmacy technicians to challenge poor practice and behaviours. However, none of the GPhC's standards and guidance explicitly refers to the need for registrants to challenge discrimination in the way that most (but not all) other regulators do.

Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions

The GPhC holds race/ethnicity, sex and age data for almost 100% of the register. As part of a wider project, it is undertaking work on improving EDI data collection at registration/renewal by Q4 of 2024/25. In June 2023 the GPhC introduced a form to collect EDI data from people raising concerns and will use the information provided to inform any future approach.

The GPhC conducted an organisation-wide EDI learning needs analysis to inform development of an EDI training plan, which is being delivered to staff, Council and Committee members and FTP panellists.

Good Practice

The GPhC published an initial EDI analysis of registrants involved in the Fitness to Practice process, followed by a more detailed report in January 2024.[2] The GPhC said it will be using the data from this report as well as the feedback from recent equality focused roundtable events to identify next steps and will be reporting on these further as the work progresses. The quality of the EDI data analysis, and the transparency of reporting, represents good practice.

Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes

We have seen clear evidence that the GPhC seeks and acts on feedback from a diverse range of stakeholders. During the review period the GPhC has hosted two virtual roundtable events with a wide range of pharmacy stakeholder organisations, patient groups and equality groups. It also considered the PSA's research on the *Perspectives on discriminatory behaviours in health and social care.* when developing its new Fitness to Practise hearing and outcomes guidance.

Good Practice

The GPhC has set up three feedback forums made up of patients/public, pharmacy students/trainees, and pre-registration pharmacy technicians. The GPhC has also engaged with a variety of stakeholder organisations such as the UK Black Pharmacist Association, ADHD UK (a charity for people with attention deficit hyperactivity disorder), and patient group INFACT to hear about the lived experience of patient safety issues affecting women and girls. We commend the GPhC's work to engage with a diverse range of stakeholders during the review period.

The GPhC has generally performed well against each of the four outcomes in the Standard. We have seen clear evidence that the GPhC is undertaking a wide range of activity designed to embed EDI in its work and identify and improve processes across different areas of its work. Although we identified some areas for improvement, we noted that the GPhC had work planned to address most of these areas. Therefore Standard 3 is met.

Regulation of online pharmacies

In January 2024 the BBC reported on the outcome of an undercover investigation they had carried out into the purchase of prescription-only medicines from online pharmacies.[3]

The GPhC outlined the actions it will be taking in response to this issue and highlighted the GPhC's guidance and enforcement action.[4] The GPhC explained that it has taken enforcement and regulatory action where appropriate against the owners of these registered pharmacies, as well as individual pharmacy professionals involved in both the prescribing and supply of medicines where their conduct may have fallen short of professional standards. The GPhC also said it intends to obtain further information from the BBC to consider appropriate enforcement action where appropriate.

The GPhC also aims to facilitate a leadership roundtable event to highlight and discuss issues relating to online pharmacies and online prescribing with the potential to update relevant guidance. The GPhC said it will also be engaging with patients and the public to understand their views and share information on what to expect when going online for medicines. We will continue to monitor developments in this area.

Guidance and Standards

The GPhC met both Standards for Guidance and Standards this year.

From 1 December 2022, the GPhC has had the power to outline in rules the essential roles and responsibilities of Responsible Pharmacists and to set professional standards for Responsible Pharmacists, Superintendent Pharmacists and Chief Pharmacists. During this review period, the GPhC consulted on draft Standards for Chief Pharmacists and the GPhC expects to consult on the draft standards for Responsible Pharmacists and Superintendent Pharmacists thereafter. However, this work is dependent on the Government's plans on reforms to supervision, which itself was subject to a recent consultation earlier this year.[5] We will continue to monitor developments.

The GPhC continues to identify and respond to emerging areas of risk by providing information to help registrants apply its standards, whether that be through formal guidance or by publicising the issues and signposting to existing guidance.

Education and Training

The GPhC met both Standards for Education and Training this year.

Standards for the initial education and training of pharmacists

We have previously reported that, in January 2021, the GPhC launched its new *Standards for the initial education and training of pharmacists* and started the transition to the new Standards, and also introduced an interim set of learning outcomes for the new pharmacist Foundation Training Year in July 2021.

The GPhC formed an Advisory Group while developing the new Standards. It continues to meet regularly and works with stakeholders from across the UK to support the phased implementation of the new Standards which will come into full effect in 2025-26.[6]

Standards for the initial education and training of pharmacy technicians (IETPT)

Following the findings of research carried out on the current IETPT Standards the GPhC has committed to consult on new initial education and training standards for pharmacy technicians by Q4 2024/25. The GPhC said it is considering the most effective way to continue pre-

engagement on reviewing the IETPT standards. We will monitor future developments.

Registration assessment pass rates

We have seen evidence again this year of the GPhC acting on poor registration assessment pass rates at a number of schools of pharmacy (SoP). It has required these schools to develop action plans and implement improvements which are being reviewed by the GPhC's accreditation team. Both the GPhC's Quality and Performance Assurance Committee (QPAC) and Council have been kept updated on developments regularly during the review period. We are satisfied that the GPhC is managing the risks appropriately with oversight from both QPAC and Council. We will continue to monitor developments.

Review and consultation of the quality assurance process

Last year we noted that the GPhC was looking to revise its quality assurance and accreditation approach for all education providers. During this review period, the GPhC has carried out a number of workshops with Council members and has consulted on proposals for a revised approach, focusing on four specific aspects:

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

The consultation closed in June 2024 and we will continue to monitor developments.

Registration

The GPhC met all four Standards for Registration this year.

Covid-19 temporary register

The GPhC provided regular updates and information to registrants and employers about the closure of the Covid-19 temporary register on 31 March 2024, following a decision by the Department of Health and Social Care.

Premises inspections

During this review period, the GPhC continued inspecting pharmacies to ensure they meet its *Standards for Registered Pharmacies*. The GPhC carried out 975 routine inspections and 93 intelligence-led inspections during 2023-24, compared to 800 inspections the previous year.

We received feedback regarding concerns about the GPhC's risk-based approach to inspections, which it introduced in June 2022. This included:

- The number and quality of the inspections undertaken.
- Lack of themed inspections and reports despite a commitment from the GPhC to carry these out.
- Lack of consistency in detail and language in some inspection reports.
- A number of pharmacies where standards have not been met on more than one occasion without GPhC taking further action.

In response the GPhC said it is carrying out an end-to-end review of the inspection process and is considering how it can improve the usefulness of its inspection outputs and improve consistency. The GPhC also said it recently improved its enforcement decision-making

processes and introduced a specific check on regulatory history. This will ensure it considers past regulatory history on every occasion and where it finds multiple historic failures, the process encourages consideration of escalating enforcement action. We will be monitoring how it responds and manages the risks identified.

Fitness to Practise

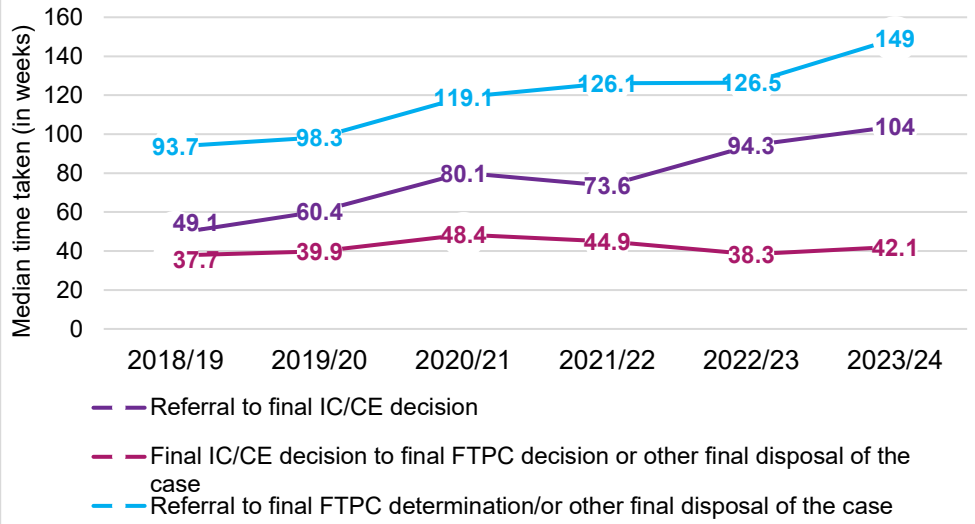
The GPhC met four of five Standards for Fitness to Practise. The GPhC met Standards 14 16, 17 and 18 and did not meet Standard 15.

The GPhC has seen a 30% year on year increase in FTP referrals received since 2022. The increase in referrals has predominantly involved low-level service complaints from members of the public which do not constitute concerns about FTP. The percentage of referrals closed at triage increased again this year to 91%. The GPhC put measures in place to deal with the increase in referrals received this year and is looking at how best to manage this moving forward.

Time taken to progress cases

The GPhC has not met the Standard relating to timeliness of investigations since 2017/18 and the GPhC is still taking too long to progress FTP investigations. Figure 1 shows that there has been a deterioration in our three key measures of timeliness performance this year.

Fig 1: Median timeframes of key timeliness measures

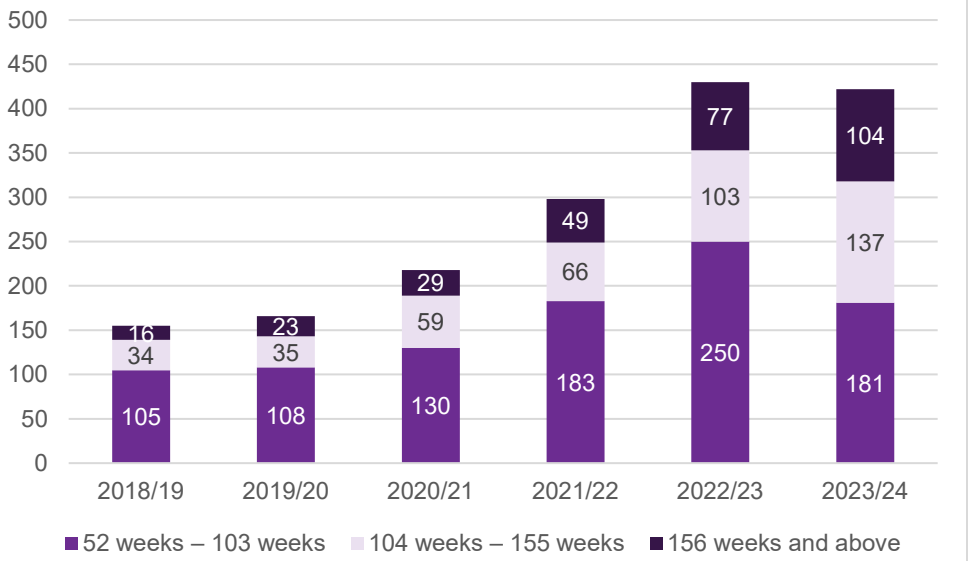


As part of its strategy to improve timeliness the GPhC has introduced several initiatives including:

- Appointing a new executive-level chief enforcement officer and deputy registrar to oversee the GPhC's FTP improvement work and overall enforcement strategy.
- Following a successful pilot, creating a New Case Action Team to deal with cases from referral to investigation more swiftly.
- Reducing the overall caseload by six per cent and the overall investigation caseload by just under 12%.
- Following a number of members of staff leaving, restructuring the casework team and upskilling other members of the FTP team to undertake simple investigations.
- Allocating dedicated investigation lawyers into case teams and piloting more clinical input through a seconded inspector.

Figure 2 shows the number of open cases over 52 weeks has largely remained the same overall (with fewer cases between 52 and 103 weeks old but an increase in cases more than 103 weeks old).

Fig 2: Number of open older cases over 52 weeks



During this review period, the GPhC has reported in its Council papers that timeliness data was likely to deteriorate further (as was the case) before getting better as it looked to progress a significant number of complex cases. The data shows that timeliness has not improved this year and it is still too early to see the impact of some measures the GPhC has introduced. While we recognise the additional challenges the GPhC has faced from the increase in referral numbers, we concluded that it was taking too long to resolve FTP cases and that Standard 15 remains not met.

Support for parties in the fitness to practise process

The GPhC met Standard 18 last year – the first time it had met our standard on support to FTP parties since 2017/18. It has introduced further measures to improve its support this year, including a 'phone first' initiative for case officers to speak with parties in the first instance. As part of its quality assurance process, it introduced additional case reviews for cases closed at triage and investigation which include looking at compliance with internal customer care standards and the clarity of communications. The GPhC has continued to support vulnerable registrants by offering access to its Independent Support Service provided by Victim Support.

We did however receive feedback from some stakeholders who raised concerns around the GPhC not always giving registrants enough time to provide information. The GPhC told us that the feedback we received was not in line with the analysis generated from its internal quality assurance processes, and the comments it collected from parties through feedback forms sent out with case closure letters. The GPhC also noted that, as it attempts to progress older and more complex cases, it may create additional work and pressure for defence organisations. However, it told us that it would not undertake any action that would prevent any party actively engaging fairly within its FTP process, and that 'it is rare, if at all, that the GPhC has refused an extension request in totality'.

We have not seen any evidence that the GPhC has not provided extensions to deadlines when requested. However, given the feedback we received this year, we invite the GPhC to reflect further on how it balances its work to improve timeliness of case progression with giving parties enough time to participate effectively in the FTP process. In other respects, the GPhC has built on the improvements we saw last year across Standard 18 more broadly, and we were satisfied that it was met again this year.

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process here. We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

Quick links/find out more

- Find out more about our performance review process
- Read the GPhc's 2022/23 performance review
- Read our Standards of Good Regulation
- Read our new evidence framework for Standard 3

[1] Delivering equality, improving diversity and fostering inclusion: Our strategy for change 2021-2026
[2] Initial analysis of diversity data of professionals involved in the GPhC managing concerns process and Protected characteristics of pharmacists involved in managing concerns process for 2021/22
[3] Prescription drugs sold online without robust checks - BBC News
[4] GPhC response following BBC investigation
[5] https://www.gov.uk/government/consultations/pharmacy-supervision#:~:text=This%20consultation%20sets%20out%20proposals,sale%20and%20supply%20of%20medicines
[6] Although the GPhC does not regulate pharmacists in Northern Ireland, it works with the PSNI in the area of education and training. The PSNI adopts the GPhC's education and training standards and the two regulators carry out joint accreditation visits in Northern Ireland.

General Pharmaceutical Council

Standing Financial Instructions 2024

Meeting paper for Council on 12 December 2024

Council Meeting

Purpose

To approve the updates to the Standing Financial Instructions.

Recommendations

The Council is asked to approve the updates and amendments to the SFIs.

1. Introduction

1.1 As the organisation evolves, so do the financial landscapes and regulatory frameworks within which it operates. Regular review of the SFI's ensure controls continue to be robust and risks are mitigated.

1.2 The Standing Financial Instructions (SFIs) set out the key principles and controls to maintain proper financial integrity and stewardship of our assets and resources. They are designed to ensure that the GPhC's financial transactions are conducted in accordance with the responsibilities laid upon it by parliament as well as other financial reporting requirements.

1.3 The policy was last reviewed and approved in September 2023 with a view that it would come back to council in 2024 to reflect the outcomes of the organisational restructure and ensure alignment to related policies.

2. Summary of key changes

2.1 A review of the policy found that generally the core elements of the policy and the foundational principles remains relevant and effective in guiding our financial practices.

2.2 There were some small amendments required to reflect changes that had occurred since the over the last 12 months. These mainly relate to:

- Amendments to job titles post organisation restructure
- Updates to names of working groups
- Name changes to committees
- Strengthening committee oversight around contracts and large value bad debts

- Minor clarification of roles and responsibilities

2.3 These changes have been identified through process of review, internal audits, stakeholder feedback, compliance audits and are aimed at improving efficiency, enhancing compliance and maintain robust procedures and controls.

2.4 Summary of key changes

Updates to relevant job titles throughout the policy	
Director of Adjudication and Financial Services	Chief Operating Officer
Directors	Chief's
Associate Director of Human Resources and Organisational Development	Associate Chief Operating Officer-Resources
IT Director	Associate Chief Operating Officer – Technology
Head of Finance & Procurement	Principal Finance Officer
Directorates	Portfolios

Policy Reference point	Change
10.4 – Fraud, Corruption and Bribery	Removal of specific reference to £20 value refer to the Gifts and Hospitality policy
13.2 – Banking	Updated to say that the COO will review annually rather than maintain the list of employees on the bank mandate.
13.9- Banking	Updated to say there will be a review of banking service arrangements rather than a competitive tendering exercise.
14.8 & 14.9 – Fees and charges	Addition of the Principal Finance Officer alongside the COO to be responsible for annual review and making fee recommendations to Council
14.19 & 14.20 -Debt recovery	Additional reporting and approval to strengthen process. • A schedule of written off debt will be presented to the Audit & Risk Committee on an annual basis when a single item is in excess of £1,000 • A schedule of debt when a single item is in excess of £50,000 and **approved** by the Audit and Risk Committee will be presented to Council for noting on an annual basis
15.3 &15.7 – Tendering and contracting procedure	Update to reflect the new procurement regulations are now expected to go live in 2025
15.16 - Tendering and contracting procedure	Additional processes around contracting: • All contracts in excess of £1m require dual sign-off from the CE&R and COO

Policy Reference point	Change
	• Audit & Risk Committee will be informed of all contracts with a value greater than £1m that are being engaged
16.1- Council Members	Updated reference to the Workforce Committee which has been changed from Renumeration Committee
16.2 – Council members	Updated references to the Council members, Associates and Partners expenses policy which has replaced the non-staff expenses policy.
16.4 – Associates and partners	Point added to state that levels of renumeration are agreed by the Workforce Committee
20.2 – Finance arrangements	Clarified that that transactions can be approved in line with Purchasing Approval Limits rather than transactions below £10K.
21- Whole Section	Updated all references to Resources and Planning groups which replaced the Performance Delivery Board
26 – Insurance	Principal Finance Officer is responsible for arranging cover, managing policy changes, and storing certificates etc.

3. Communications

3.1 Once the council has approved the policy it will be published and communicated to all staff highlighting any key changes. We will continue to ensure that all staff including new staff understand procedures, controls, and the scope of their responsibilities.

4. Equality and diversity implications

4.1 There are no immediate equality and diversity implications of this policy.

5. Resource implications

5.1 There are no immediate resource implications of this policy.

6. Risk implications

6.1 The implementation and compliance with the policy will help mitigate the risk of the GPhC being exposed to fraudulent activities, ineffective financial management and improper financial planning and cashflow management. To achieve smooth delivery of financial operations the policy will need to be supported by effective guidance and well communicated so that it is clearly understood.

7. Monitoring and review

7.1 The policy will be subject to continual monitoring to ensure it appropriately reflects the impact of any internal or external changes.

7.2 Compliance with the policy will be monitored by the Principal Finance Officer and any exceptions documented and reported.

7.3 A formal review of the policy will take place in two years' time, December 2026.

8. Recommendations

The Council is asked to approve the updates and amendments to the SFIs.

Vanessa Clarke
General Pharmaceutical Council 12/12/2024

General Pharmaceutical Council

Standing Financial Instructions

The Standing Financial Instructions (SFIs) set out the key financial responsibilities, policies and procedures adopted by the GPhC

Policy details

Policy reference	0055
Version	1.4
Policy author	Vanessa Clarke, Principal Finance Officer
Approved for issue by	12 December 2024
Effective from	TBC
Next review	14 December 2026, or in line with other legislative or good practice requirements

Version control tracker

Version	Approved date	Description of change	Amendments by
1.2	July 2020	Complete refresh of the existing Standing Financial Instructions, incorporating current working arrangements, policies, and procedures, as well as external and audit advice.	Jonathan Bennetts, Director of Adjudication and Financial Services Laura McClintock, Chief of Staff & Associate Director of Corporate Affairs
1.3	September 2023	Minor amendments to Job titles. Updated reference to Find a Tender Service post Brexit. Specific reference to supplier payment matrix.	Vanessa Clarke Principal Finance Officer
1.4	December 2024	Minor amendments to Job titles and business groups Updates to process to provide committee oversight for contracts >£1m and single debts >£50k.	Saleem Akuji Financial Controller Vanessa Clarke Principal Finance Officer

Contents

1. Introduction

1.1 The Standing Financial Instructions (SFIs) are part of a suite of documents that outline the main governance arrangements for the GPhC[1]. You should read this document together with the following:

- the Scheme of Delegation
- the Authority Framework
- the lists of budget holders, authorised signatories and purchasing limits

1.2 In line with our Scheme of Delegation, appropriate financial matters are delegated by way of the Standing Financial Instructions (SFIs). The SFIs are maintained by the Senior Financial Officer (SFO), as designated by the Chief Executive and Registrar (CE&R). In practice, the role of the SFO is carried out by the Principal Finance Officer, who will delegate the operational delivery of certain tasks, as appropriate within the wider Finance team.

1.3 When using these SFIs, you should also follow any relevant guidance in the Employee Handbook, wider organisational policies, and any agreed procedures ("SOPs") within your own team or portfolios.

2. Purpose

2.1 The SFIs are a key mechanism for managing financial risks and for ensuring efficient working by delegating financial decisions to the lowest level competent to take them. The SFIs establish a framework within which the internal financial control systems are built. The SFIs are therefore an essential part of the governance structure which acts as a control against inappropriate expenditure and a protection against fraud.

3. Scope

3.1 The SFIs detail the financial responsibilities, policies and procedures adopted by the GPhC. They are designed to ensure that the GPhC's financial transactions are carried out in accordance with the responsibilities laid upon it by parliament and comply with good governance standards.

3.2 The SFIs remain in force unless and until they are amended or revoked by the Council.

4. Application

4.1 The SFIs set out the financial responsibilities, which apply to Council members and GPhC employees.

4.2 The SFIs are the primary source of guidance on financial control within the GPhC and override all other operational instructions and procedures on financial matters. All financial procedures must be approved by the Chief Operating Officer.

4.3 If you have any questions about the interpretation or application of any of the SFIs, you must seek advice from the Chief Operating Officer/Principal Finance Officer **before you act**.

[1] All of the supporting policies and procedures referred to in this framework are available on the staff intranet in our 'Policies and procedures library'.

5. Monitoring and compliance

5.1 Compliance with the SFIs is compulsory for all Council members and employees.

5.2 Council members and employees are expected to understand and apply those sections of the SFIs that are relevant to their responsibilities. **This is particularly important for budget holders**.

5.3 It is the duty of all people managers in the GPhC to ensure that their staff read and comply with these SFIs.

5.4 Failure to comply can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

5.5 If for any reason these SFIs are not complied with, full details of the non-compliance, any justification and the circumstances around the non-compliance will be reported to the next formal meeting of the Audit & Risk Committee for referring action or ratification.

5.6 All members of the Council and employees have a duty to disclose any non-compliance with these SFIs to the Chief Operating Officer as soon as they become aware of this.

6. Key roles and responsibilities

6.1 Below is an overview of the key financial responsibilities and delegations.

The Council

6.2 The Council has resolved that certain powers and decisions may only be exercised by the Council. All other powers have been delegated to the CE&R and such committees as the GPhC has established. This is set out in more detail in the Scheme of Delegation.

6.3 In terms of financial matters, the Council is responsible for:

a. consulting on and setting fees.
b. keeping accounts.
c. preparing and publishing annual accounts in accordance with extant legislation applicable to corporate bodies.
d. appointing auditors.

6.4 The Council exercises financial supervision and control by:

a. formulating the financial strategy.
b. requiring the submission and approval of budgets within approved overall income.
c. defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
d. defining specific responsibilities placed on the Council, committees, and Chief Executive & Registrar as per the Scheme of Delegation.

The Chief Executive & Registrar (CE&R)

6.5 The CE&R is ultimately accountable to the Council for ensuring that the Council meets its obligation to perform its functions within the available financial resources. The CE&R has overall executive responsibility for the GPhC's activities, is responsible to the Council for ensuring that its

financial obligations and targets are met and has, through the Chief Operating Officer, overall responsibility for the GPhC's system of financial control.

6.6 The CE&R and the Chief Operating Officer will, as far as possible, delegate their responsibilities. The CE&R, and the Chief Operating Officer through the CE&R, remain accountable to the Council for financial control.

6.7 The CE&R is responsible for ensuring that Council members, employees and all new appointees are notified of, and put in a position to understand, their responsibilities within these SFIs.

The Chief Operating Officer

6.8 The Chief Operating Officer is responsible for:

a. implementing the GPhC's financial policies and for co-coordinating any corrective action necessary to further these policies.

b. maintaining an effective system of internal financial control, including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions.

c. ensuring that good financial practice is adopted by the GPhC, in accordance with accepted professional standards and taking account of advice received from the internal and external auditors.

d. ensuring that sufficient records are maintained to show and explain the GPhC's transactions, in order to disclose, with reasonable accuracy, the financial position of the GPhC at any time.

and, without prejudice to any other functions of the GPhC and employees of the GPhC, the duties of the Chief Operating Officer include:

e. the provision of financial advice to the Council, committees, and employees of the GPhC.

f. the design, implementation, and supervision of systems of internal financial control; and

g. the preparation and maintenance of such accounts, certificates, estimates, records, and reports as the GPhC may require for the purpose of carrying out its statutory duties.

Council members and employees

6.9 All Council members and employees of the GPhC, separately and collectively, are responsible for:

a. the security of the property of the GPhC.
b. avoiding loss.
c. exercising economy and efficiency in the use of resources; and
d. conforming with the requirements of the SFIs and all other financial and governance policies and procedures

Contractors and their employees

6.10 Any contractor, or employee of a contractor, who is empowered by the GPhC to commit the GPhC to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the CE&R to ensure that such persons are made aware of this.

6.11 For all employees who carry out a financial function, the form in which financial records are kept and the manner in which employees discharge their duties must be to the satisfaction of the Chief Operating Officer.

7. Financial policies and procedures

7.1 Despite being the primary source of financial guidance, it is undesirable that the SFIs outline all detailed financial procedures. Instead, more detailed guidance on finance systems, controls and procedures is to be found in our financial policies and procedures.

7.2 Policies and procedures should at all times comply with the requirements of the SFIs.

8. Finance and Planning Committee

8.1 The Council has established the Finance and Planning Committee to provide the Council with assurance on the continuing efficiency and effectiveness of the organisation, and to support the Council by overseeing and monitoring the implementation of the GPhC's investment strategy and policy.

8.2 The Committee is a non-executive committee and has no executive powers except as set out in the Committee's Terms of Reference.

8.2 The minutes of the Finance and Planning Committee meetings are formally recorded and circulated to the Council. The Committee reports to the Council annually on its work.

8.3 Where the Finance and Planning Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Finance and Planning Committee should raise the matter at a full meeting of the Council.

8.4 The Chief Operating Officer is responsible for agreeing the annual plan and specific agenda items for each meeting with the Chair of the Finance and Planning Committee.

Investment

8.5 The GPhC's investment portfolio represents an important asset for the organisation. The Council is ultimately responsible for determining and agreeing the overall investment policy, objectives, risk appetite and target returns. The Council is also responsible for awarding the contract for the supply of investment services and for specifically nominating both the original and ongoing signatories to act on behalf of the Council to operate the investment account.

8.6 The Finance and Planning Committee fulfils an important role in the long-term stewardship of the investment assets and provides recommendation and guidance to the Council for all aspects of Councils responsibilities set out above. The Finance and Planning Committees full responsibilities in relation to the management of GPhC investment strategy are set out in the Committee's Terms of Reference.

8.7 The Chief Operating Officer is responsible for day-to-day activities relating to the running, development and implementation of the investment strategy and interaction with the investment suppliers. The Chief Operating Officer is also responsible for providing the necessary information and reporting to the Finance and Planning Committee so they can effectively review the ongoing applicability and performance of the investment policy, strategy, and performance of the portfolio.

9. Audit

Audit & Risk Committee

9.1 An Audit & Risk Committee is a central means by which the Council ensures that effective internal control arrangements are in place. In addition, the Audit & Risk Committee provides a mechanism to assist the Council in holding the executive to account through the CE&R.

9.2 The minutes of the Audit & Risk Committee meetings are formally recorded and circulated to the Council. The Committee reports to the Council annually on its work.

9.3 Where the Audit & Risk Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit & Risk Committee should raise the matter at a full meeting of the Council.

9.4 The Chief Operating Officer is responsible for:

a. ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function.

b. ensuring that the internal audit function meets professional audit standards and provides sufficient independent and objective assurance to the Audit & Risk Committee and the CE&R.

c. deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption; and

d. ensuring that an annual internal audit report is prepared for the consideration of the Audit & Risk Committee. The report must cover:

- a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance including, for example, compliance with control criteria and standards.
- major internal financial control weaknesses discovered.
- progress on the implementation of internal audit recommendations.
- progress against plan over the previous year.
- a strategic audit plan covering the coming three years.
- a detailed plan for the coming year.

9.5 The Chief Operating Officer, or designated internal or external auditor, is entitled without necessarily giving prior notice to require and receive:

a. access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature.

b. access at all reasonable times to any land, premises or Council member or employee of the GPhC.

c. the production of any cash or other property of the GPhC under the control of a Council member or employee or other appointee; and

d. explanations concerning any matter under investigation.

Role of internal audit

9.6 Internal audit is an independent and objective appraisal service within an organisation which provides:

- an independent and objective opinion to the CE&R, the Council, and the Audit & Risk Committee on the degree to which risk management and internal controls support the achievement of the organisation's agreed objectives.
- an independent and objective consultancy service specifically to help line management improve the organisation's risk management and internal control arrangements.

9.7 Internal audit will review, appraise, and report upon policies, procedures, and operations in place to:

a. establish and monitor the achievement of the organisation's objectives.

b. identify, assess, and manage the risks to achieving the organisation's objectives.

c. ensure the economical, effective, and efficient use of resources.

d. ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws, and regulations.

e. safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity, or corruption.

f. ensure the integrity and reliability of information, accounts, and data, including internal and external reporting and accountability processes.

9.8 The Audit & Risk Committee must consider the appointment of the internal audit service and make appropriate recommendations to the Council.

9.9 The individual responsible for internal audit will provide to the Audit & Risk Committee.

a. a risk-based plan of internal audit work, agreed with management and for approval by the Audit & Risk Committee, based upon the management's assurance framework that will enable the auditors to collect sufficient evidence to give an opinion on the adequacy and effective operation of the organisation.

b. regular updates on the progress against plan.

c. reports of management's progress on the implementation of action agreed as a result of internal audit findings.

d. an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management and system of internal controls.

e. additional reports as requested by the Audit & Risk Committee.

9.10 The individual charged with responsibility for internal audit will normally attend Audit & Risk Committee meetings and has a right of access to all Audit & Risk Committee members, the GPhC Chair and the CE&R.

9.11 The individual responsible for internal audit is managed by the Chief Operating Officer. The reporting system for internal audit shall be agreed by the Audit & Risk Committee, with advice from the Chief Operating Officer and the individual charged with responsibility for internal audit.

9.12 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Operating Officer must be notified immediately.

Role of external audit

9.13 The External Auditor is appointed by the Council of the GPhC. The Council must ensure that a person eligible for appointment as a statutory auditor under the Companies Act audits the Council's annual accounts.

9.14 The Audit & Risk Committee must ensure an efficient and effective service through periodic review of service provision and authorise in advance any non-audit work carried out by the External Auditor.

9.15 Competitive tenders should be subject to periodic review not more than every 5 years and carried out in line the GPhC procurement policy. The results of the tendering exercise should be reported to the CE&R, the Audit & Risk Committee, and the Council.

10. Fraud, corruption, and bribery

10.1 Fraud, corruption, and other irregularities are sensitive and damaging issues that can lead to financial loss, adverse publicity, and loss of public confidence in the way an organisation's finances and resources are being used.

10.2 It is therefore important that the GPhC has robust systems and procedures in place to ensure that the risk of impropriety is minimised as far as possible, and that where instances do occur, there is a prompt and effective response to them.

10.3 The GPhC imposes an obligation that all gifts and hospitality given to staff in the course of their duties are centrally recorded on a gifts & hospitality register, maintained by the governance team. Please read our **Gifts and Hospitality** policy for more information.

10.4 Additionally, the GPhC provides clear guidance on how we identify, manage and record conflicts of interest, or potential conflicts of interest. This includes detailed advice on financial and non-financial interests. Please read our **Conflicts of interest** policy for more information.

10.5 The GPhC expects all Council members and employees to report to the CE&R, Chief Operating Officer or GPhC Chair any suspicions they might have of fraudulent or corrupt behaviour. Please read our **Fraud & Anti-bribery policy** and **Raising Concerns** policy for more information.

11. Budgets, budgetary control and monitoring

Approval of financial plans and budgets

11.1 Prior to the start of the financial year the Principal Finance Officer, on behalf of the CE&R, will compile budgets for the approval by the Council. Such budgets will:

a. include a statement of the significant assumptions on which the plan is based, including expected fee levels, financial targets and forecast limits of expenditure and resources.
b. be in accordance with the aims and objectives set out in the Council's strategic plan.
c. accord with workload and resourcing plans.
d. be produced following discussion with appropriate budget holders.
e. be prepared within the limits of available funds.
f. identify potential risks.

11.2 The Principal Finance Officer shall monitor financial performance against budget and the financial plan, periodically review them, and report to the Chief Operating Officer who will report to the Council.

11.3 All budget holders must provide information as required by the Principal Finance Officer to enable budgets to be compiled.

11.4 The Principal Finance Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage budgets successfully.

11.5 Budget holders shall consult the Chief Operating Officer or the Principal Finance Officer with respect to any new proposals which have financial implications that cannot be met from within agreed budgets; such consultation shall take place in sufficient time beforehand for due consideration to be given to the financial implications.

Budgetary delegation

11.6 The CE&R may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

- the amount of the budget.
- the purpose(s) of each budget heading.
- individual and group responsibilities.
- authority to exercise virement.
- achievement of planned levels of service.
- the provision of regular reports.

11.7 The CE&R and delegated budget holders must not exceed the budgetary total set by the Council.

11.8 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the CE&R, subject to any authorised use of virement.

11.9 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the CE&R, as advised by the Principal Finance Officer.

Budgetary control and reporting

11.10 The Principal Finance Officer will devise and maintain systems of budgetary control. These will include:

a. regular financial reports to the Council/FPC in a form approved by the Committee containing:

- income and expenditure to date showing trends and forecast year- end position.
- movements in working capital.
- capital projects spend and projected outturn against plan; and,
- explanations of any material variances from plan.

b. details of any corrective action where necessary and the CE&R's and/or Senior Financial Officer's view of whether such actions are sufficient to correct the situation.

c. the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible.

d. investigation and reporting of variances from financial, workload and manpower budgets.

e. monitoring of management action to correct variances.

f. arrangements for the authorisation of budget transfers.

Budget holder responsibilities

11.11 Each budget holder is responsible for ensuring that:

a. any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Council.
b. the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement.
c. no permanent employees are appointed without the approval of the CE&R other than those provided for within the available resources as approved by the Council.
d. budget holders shall use the GPhC's accounting systems to enable effective monitoring of their budgets and shall ensure that expenditure and income are allocated to the appropriate activity in the accounts.

Capital expenditure.

11.12 The general rules applying to delegation and reporting shall also apply to capital expenditure. (The applications relating to capital are contained in SFI 20).

12. Annual accounts

12.1 The Council must

a. keep accounts, which must be in such form as the Privy Council may determine; and

b. prepare annual accounts in respect of each financial year, which must be in such form and must be prepared by such date as the Privy Council determines.

12.2 The Chief Operating Officer will:

a. ensure the accounts are prepared in accordance with Privy Council requirements, accounting standards (including disclosures), the GPhC's accounting policies and generally accepted accounting practice.

b. submit the accounts to the Council.

12.3 The GPhC's annual accounts must be audited by a person eligible for appointment as a statutory auditor under the Companies Act.

12.4 The GPhC's audited annual accounts together with the report of the external auditor must be presented to the Council for approval.

12.5 As soon as is reasonably practicable after those accounts have been audited and approved, the Council will cause them to be published together with the report by the auditors.

12.6 The CE&R shall ensure that the Council is supplied with a statement on the effectiveness of internal controls within the annual accounts.

12.7 A copy of the annual accounts and the auditors' report will be sent to the Privy Council, which will place before each House of Parliament and before the Scottish Parliament a copy of the annual accounts and report on the accounts made by the appointed auditors. A copy is also provided to the Welsh Parliament. This is completed alongside our other annual statutory reporting requirements.

13. Banking

13.1 In accordance with authority framework the CE&R shall approve the banking arrangements, including authorising the opening and closing of bank accounts.

13.2 The CE&R and Chief Operating Officer will review a list of employees who are on bank mandates annually or as and when an employee leaves the GPhC.

13.3 Transfers to and from accounts must be authorised in accordance with the bank mandates approved by the CE&R, by the Chief Operating Officer or his authorised deputy and a senior manager drawn from a panel of authorised signatories approved by the CE&R.

13.4 All cheque or individual electronic payments (e.g., Chaps) must be authorised by the Chief Operating Officer or authorised deputy in accordance with the bank mandates approved by the CE&R.

13.5 The Chief Operating Officer is responsible for:

- the management of bank accounts, including arrangements for opening and closing accounts approved by the CE&R
- ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made.
- reporting to the Council all arrangements made with the GPhC's bankers for accounts to be overdrawn in accordance with the borrowing levels approved by the Council, in accordance with the Scheme of Delegation.

13.6 The Financial Controller will prepare detailed instructions on the operation of bank accounts which must include:

- the conditions under which each bank account is to be operated.

- those authorised to sign cheques or other orders drawn on the GPhC's accounts.

13.7 The Financial Controller must advise the GPhC's bankers in writing of the conditions under which accounts will be operated.

13.8 The Senior Finance Officer and the Financial Controller will review the banking arrangements of the GPhC and, to ensure that they continue to reflect best practice and represent best value for money; periodically seek competitive tenders for the GPhC's banking business.

13.9 Service arrangements should be subject to periodic review not more than every 5 years. The results of the review should be reported to the CE&R.

14. Income, fees and charges, security of cash, cheques and other negotiable instruments, and debt recovery

Income

14.1 The Financial Controller is responsible for designing, maintaining, and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

14.2 The Financial Controller is also responsible for the prompt banking of all monies received. No deductions may be made from, or personal (or other) cheques cashed from, monies received.

14.3 All agreements, invoices, receipts, and other documents relating to income receivable by the GPhC shall be in the name of the GPhC.

14.4 An official receipt shall be issued for all payments either by cheque or electronic method whenever requested by the payer.

14.5 In the case of card related receipts of monies, the Chief Operating Officer will be responsible for reporting on the GPhC's compliance with the Payment Card Data Security Standards (PCI DSS), set of guidelines covering all transaction security and data protection to help protect against fraud.

14.6 The Chief responsible for the Applications team will be responsible for ensuring card payment processes comply with the PCI DSS requirements. Compliance with the PCI DSS is mandatory for processing credit card transactions online.

14.7 All staff dealing with online receipts must comply with the guidelines, unacceptable use of data or supply to third parties will result in disciplinary action.

Fees and charges

14.8 The Chief Operating Officer and Principal Finance Officer is responsible for annually reviewing the level of all fees and charges and making recommendations to the Council. Independent professional advice on matters of valuation shall be taken as necessary.

14.9 The Council is responsible for approving:

- all statutory regulation fees following completion of consultation processes required by the Pharmacy Order 2010.

- all other fees and charges recommended by the Chief Operating Officer and Principal Finance Officer, in accordance with the Scheme of Delegation.

14.10 All employees who have the delegated authority to enter into transactions must inform Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

Security of cash, cheques and other negotiable instruments

14.11 The Chief Operating Officer is responsible for:

a. approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable.

b. ordering and securely controlling any such stationery.

c. the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin- operated machines.

d. prescribing systems and procedures for handling cash and negotiable securities on behalf of the GPhC.

14.12 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

14.13 All cheques, postal orders, cash etc. shall be banked intact. Disbursements shall not be made from cash received except under arrangements approved by the Chief Operating Officer.

14.14 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the GPhC is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the GPhC from responsibility for any loss.

Debt recovery

14.15 The Chief Operating Officer is responsible for the appropriate recovery action on all outstanding debts.

14.16 Income not received, after all attempts at recovery have failed, should be written off in accordance with the following approvals limits.

- Financial Controller up to £1,000
- Chief Operating Officer up to £50,000
- CE&R in excess of £50K

(Please note that the recovery of legal costs awarded in favour of the GPhC are dealt with in line with our Costs Recovery policy)

14.17 Salary overpayments not received, after all attempts at recovery have failed should be written off in accordance with the following approval limits:

- up to £1,000 – Payroll Manager with counter approval from the Financial Controller

- any amount above £1,000 - will require approval from the Associate Chief Operating Officer - Resources with counter approval from Chief Operating Officer.

14.18 As the GPhC are not VAT registered, VAT exclusive limits does not apply to debt write offs.

14.19 A schedule of written off debt will be presented to the Audit & Risk Committee on an annual basis when a single item is in excess of £1,000.

14.20 A schedule of debt when a single item is in excess of £50,000 and **approved** by the Audit and Risk Committee will be presented to Council for noting on an annual basis.

15. Tendering and contracting procedure

Contracting authority obligations

15.1 The GPhC is defined as a Contracting Authority for the purposes of contracting. It is not defined as part of Central Government but is part of the wider government bodies.

Duty to comply with Standing Financial Instructions

15.2 The procedure for awarding all contracts by or on behalf of the GPhC shall comply with these Standing Financial Instructions.

Formal competitive tendering

15.3 All procurement activities within the GPhC must now comply with Procurement Regulations, which at present is WTO Government Procurement Agreement; UK EU Trade & Co Operation agreement (TCA) and UK Public Contract Regulation 2015 (PCR15). PCR15 is due to be replaced by the Procurement Regulation 2024 which is now due to go live in 2025.

15.4 The detailed requirements are set out in the Procurement Policy, which is the responsibility of the Head of Procurement. This policy will be regularly reviewed as Public Procurement Notices (PPNs) are published which modify Contracting Authority obligations.

Compliance requirements

15.5 As a healthcare regulator and having been defined by the Public Contracts Regulations as a Contracting Authority the GPhC are required to follow the GPA, TCA and PCR15 when it comes to purchasing and contracting.

15.6 Procurement activities must comply with the public sector procurement thresholds which are now be updated by the UK directly. However, the updates are likely to be in-line with the EU changes and likely to be covered by the TCA.

15.7 From 1 January 2021, a new e-notification service called **Find a Tender** is being used to post and view public sector procurement notices and PCR 15 still apply until the new legislation is live and then PCR 2024.

15.8 The procurement team will continue to monitor and update when further guidance or Directives are issued.

15.9 For more detailed information, please read the procurement policy and procedures.

Personnel and Agency or Temporary Staff Contracts

15.10 The CE&R shall nominate employees with delegated authority to enter contracts of employment regarding staff, agency staff or temporary staff service contracts.

Disposals (See overlap with SFI no. 21)

15.11 Competitive tendering or quotation procedures shall not apply to the disposal of:

- any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre- determined in a reserve) by the CE&R or his nominee.
- obsolete or redundant articles, which may be disposed of in accordance with the supplies policy of the GPhC.
- items to be disposed of with an estimated sale value of less than £1,000, this figure will be reviewed periodically.

15.12 The CE&R shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an outsourced basis. The CE&R may also determine from time to time that outsourced services should be market-tested by competitive tendering.

15.13 In all cases where the CE&R determines that outsourced services should be subject to competitive tendering the following group shall be set up: Outsourced tender group, comprising a nominee of the CE&R, Chief Operating Officer, or representative and technical support.

15.14 The outsourced tender group shall make recommendations to the CE&R.

15.15 The CE&R shall nominate a member of staff to oversee and manage the contract on behalf of the GPhC.

15.16 All contracts in excess of £1m require dual sign off by the CE&R and COO and will be reported to the Audit & Risk Committee.

16. Terms of service, allowances, and payment of employees and members of the GPhC Council

Council members

16.1 Council members are appointed by the Privy Council and the GPhC pays allowances to the Chair and members of the Council. Council Chair and Council member remuneration rates are recommended to the Council by the workforce committee. See Workforce committee terms of reference for more information.

16.2 Council members expenses will be processed in line with our standard arrangements and in line with our Council members, associates and partners expenses policy.

Employees

16.3 All rates and regulations regarding expense claims by non-Council members shall be reviewed on a regular basis, by the Chief Operating Officer and approved by the CE&R, in accordance with the Scheme of Delegation.

Associate and Partner Groups (A&P)

16.4 Levels of remuneration are agreed by the Workforce committee.

16.5 The lead officer for Human Resources is responsible for:

- specifying timetables for submission of properly authorised time records and other notifications.
- the final determination of pay and allowances payable on each occasion.
- making payment on agreed dates.
- agreeing method of payment.

16.6 The lead officer for Human Resources, with advice from the Chief Operating Officer, will issue instructions regarding:

a. verification and documentation of data.
b. the timetable for receipt and preparation of payroll data and the payment of employees and allowances.
c. maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay.
d. security and confidentiality of payroll information.
e. checks to be applied to completed payroll before and after payment.
f. authority to release payroll data under the provisions of the Data Protection Act.
g. methods of payment available to various categories of employee and others.
h. procedures for payment by cheque, bank credit, or cash to employees and others.
i. procedures for the recall of cheques and bank credits.
j. pay advances and their recovery.
k. maintenance of regular and independent reconciliation of pay control accounts.
l. a system to ensure the recovery from those leaving the employment of the GPhC of sums of money and property due by them to the GPhC.

16.7 Appropriately nominated employees within the payroll department have delegated responsibility for:

a. submitting payroll notifications in accordance with agreed timetables.

b. completing payroll records and other notifications in accordance with instructions from the lead officer for Human Resources and in the form prescribed by the lead officer for Human Resources.

c. submitting termination notifications in the prescribed form immediately upon knowing the effective date of an employee's or other appointee's resignation, termination, or retirement. Where an employee fails to report for duty in circumstances that suggest they have left without notice, the lead officer for Human Resources must be informed immediately.

16.8 Regardless of the arrangements for providing the payroll service, the lead of officer for Human Resources shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls, and audit review procedures. The payroll department will make suitable arrangements for the collection of statutory payroll deductions and payment of these to appropriate bodies.

Contracts of employment

16.9 The CE&R has responsibility for:

- ensuring that all employees are issued with a Contract of Employment in an appropriate form which complies with employment legislation; and
- dealing with variations to, or termination of, contracts of employment.

Severance payments

16.10 Severance payments are paid to employees or contractors outside of normal statutory or contractual requirements or the GPhC's redundancy policy when leaving employment at the GPhC before retirement or before the end of the contract whether they resign, are dismissed, or reach an agreed termination of contract. Severance payments to GPhC employees or contractors should be exceptional.

16.11 In determining a severance payment, the following factors should be considered:

- the nature and circumstance of the case
- the amount involved.
- the legal advice where appropriate including reference to a tribunal with its potential consequences including the legal assessment of the organisations chances of winning or losing the case and likely scale of any award.
- the management procedure followed.
- an assessment of value for money of the case
- any non-financial aspects including the impact of any potential operational disruption.
- whether the case in question could have a wider impact e.g., as a precedent for other potential cases

16.12 All severance payments will require approval from the CE&R and will require reporting to the Workforce Committee regardless of their value.

17. Financial delegations

17.1 Financial delegations to employees of the GPhC should be set out by the CE&R.

17.2 Financial delegations should be reviewed annually by the CE&R and any proposed changes approved by the Chief Operating Officer.

18. Non-pay expenditure

18.1 The Council will approve the level of non-pay expenditure on an annual basis and the CE&R will determine the level of budget delegation and purchasing authority levels for all authorised signatories.

18.2 The CE&R will set out:

- the list of managers who are authorised to place requisitions for the supply of goods and services.
- the maximum level of each requisition and the system for authorisation above that level.

18.3 The CE&R shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

19. Choice, requisitioning, ordering, receipt and payment of goods and services

19.1 **Requisitioning** - The requisitioner, in choosing the item to be supplied or the service to be performed, shall always obtain the best value for money for the GPhC in accordance with the procurement policy.

19.2 **System of Payment and Payment Verification** - The Chief Operating Officer shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with agreed contract terms. Payments to suppliers are made in accordance with the payment matrix which sets out the means by which different suppliers and expenditures shall be paid.

19.3 The Chief Operating Officer will:

a. advise the Council regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the procurement policy and regularly reviewed.

b. prepare procedural instructions or guidance on the obtaining of goods, works and services incorporating the thresholds.

c. be responsible for the prompt payment of all properly authorised accounts and claims.

d. be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

i. A list of employees (including specimens of their signatures) authorised to certify invoices either manually or electronically.

ii. Certification that:

iii. goods have been duly received, examined and are in accordance with specification and the prices are correct.

iv. work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct.

v. in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined.

vi. where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained.

vii. the account is arithmetically correct.

viii. the account is in order for payment.

ix. A timetable and system for submission to the Financial Controller of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

x. Instructions to employees regarding the handling and payment of accounts within the Finance Department.

e. be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out below.

19.4 **Prepayments** - Prepayments are permitted subject to the following conditions:

- Where the financial advantages outweigh the disadvantages.
- The appropriate budget holder must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the GPhC if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments.
- The Chief Operating Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed.
- The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the Chief Operating Officer or CE&R if problems are encountered.

20. Credit finance arrangements, including leases

20.1 No person other than the CE&R or the Chief Operating Officer can approve any contract or transaction which binds the GPhC to credit finance commitments on an on-going basis.

20.2 One off transaction, in line with Purchasing Authority Limits can be approved by those with the delegated authority to do so.

20.3 Prior to the signing of any agreement, cost comparisons should be carried out for buy, hire, or lease options to demonstrate that value for money is being achieved.

Duties of budget holders

20.4 Budget holders must ensure that they comply fully with the guidance and limits specified by the Chief Operating Officer and that:

a. all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the finance department in advance of any commitment being made.

b. no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

- isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars.

- conventional hospitality, such as lunches in the course of working visits.

c. no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Operating Officer or the CE&R.

d. all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract.

e. verbal orders must only be issued exceptionally - by an employee designated by the CE&R and only in cases of emergency or urgent necessity.

f. orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds.

g. goods are not taken on trial or loan in circumstances that could commit the GPhC to a future uncompetitive purchase.

h. changes to the list of employees authorised to certify invoices are notified to the Financial Controller who will update the purchasing Authority levels.

21. Capital investment, fixed asset registers and security of assets

Capital investment.

21.1 The Chief Operating Officer, alongside the Resources and Planning Groups will ensure capital expenditure proposals are prioritised within the available resource envelope that has been set aside for capital funding.

21.2 The Senior Responsible Owner of capital investment projects is responsible for ensuring:

- the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost.
- that the capital investment is not undertaken without confirmation of availability of resources to finance all revenue consequences.
- an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs.
- appropriate project management and control arrangements.
- that the Resources and Planning Groups have reviewed and approved the business case and involved appropriate GPhC personnel and external agencies in the process.

21.3 For capital schemes where the contracts stipulate staged payments, the Principal Finance Officer will issue procedures for their management. The Principal Finance Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

21.4 The approval of a capital programme shall not constitute approval for expenditure on any scheme. The Chief Operating Officer shall issue to the manager responsible for any scheme:

- specific authority to commit expenditure.
- authority to proceed to tender (see overlap with SFI no. 14).

- approval to accept a successful tender (see overlap with SFI no. 14).

21.5 The Principal Finance Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

21.6 Capital approval limits apply in that any commitments above £10,000 will need to be approved via the Resources Group. Expenditure below £10,000 will need to be approved by the Chief Operating Officer or Principal Finance Officer and adhere to the appropriate fixed asset procedure.

Asset registers

21.7 Fixed assets comprise of tangible and intangible assets.

- Tangible fixed assets are those individual assets that will be in existence for more than 1 year and have a value greater than or equal to £1,000. PC's and laptops costing less than £1,000 will be added to the fixed asset register to ensure that they can be tracked and depreciated over their useful economic life.
- Intangible fixed assets are those individual assets that will be in existence for more than 1 year and have a value greater than or equal to £10,000. Internally developed computer software and systems will be added to the fixed asset register and amortised on a straight-line basis over 3 years.

21.8 The Financial Controller is responsible for the maintenance of a register of fixed assets, furniture & fittings, and equipment, updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

21.9 Additions to the register must be clearly identified to an appropriate budget holder and be validated by reference to proof of acquisition (e.g., invoices, leases, deed).

21.10 Where assets and equipment are sold, scrapped, lost, or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

21.11 The Financial Controller shall approve procedures for reconciling balances on fixed assets accounts in ledger to the fixed asset balances recorded in the register.

21.12 Where required the value of each asset shall be revalued, indexed, and depreciated in accordance with methods specified by the Chief Operating Officer taking into account accounting standards and practice.

Security of property and assets

21.13 The overall control of fixed assets is the responsibility of the CE&R.

21.14 The Chief Operating Officer will keep a record of all rights to titles to real property and rights to occupy premises and ensure safe custody of title deeds and associated documents.

21.15 The Chief Operating Officer is responsible for ensuring that all GPhC property is adequately maintained and that, at all times, the GPhC complies with the terms of its property leases, as well as the regulations relating to Health & Safety.

21.16 The Facilities Manager is responsible for the preparation of a maintenance plan and of annual estimates of the costs of repair and maintenance of GPhC property, including leased office premises.

21.17 All staff of the GPhC have an individual and collective responsibility to safeguard the financial resources of the GPhC. These resources may take the obvious tangible form of fixed assets or cash, as well as less tangible items such as lost opportunities to earn or recover income that is due. Further to this requirement, each member of staff has an individual and collective responsibility for the security of property.

21.18 Asset control procedures (including fixed assets, cash, cheques, and negotiable instruments and also including donated assets) must be approved by the Senior Financial Officer. This procedure shall make provision for:

a. recording managerial responsibility for each asset.

b. identification of additions and disposals.

c. identification of all repairs and maintenance expenses.

d. physical security of assets.

e. periodic verification of the existence of condition of, and title to, assets recorded.

f. identification and reporting of all costs associated with the retention of an asset.

g. reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

21.19 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Operating Officer

21.20 Where practical, assets should be marked as GPhC property.

21.21 Whilst each employee has a responsibility for the security of property of the GPhC, it is the responsibility of Council members and senior employees in all disciplines to apply such appropriate routine security practices in relation to GPhC property as may be determined by the CE&R. Any breach of agreed security practices must be reported in accordance with agreed procedures.

21.22 Any damage to the GPhC's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Council members, employees, and other appointees in accordance with the procedure for reporting losses.

22. Disposals and condemnations, losses, and special payments

Disposals and condemnations

22.1 The Chief Operating Officer must prepare detailed procedures for the disposal of assets including condemnations and ensure that these are notified to managers.

22.2 When it is decided to dispose of GPhC assets or equipment, the Head of the relevant department or authorised deputy will determine and advise the Chief Operating Officer of the estimated market value of the item, taking account of professional advice where appropriate.

22.3 The disposal of obsolete or surplus stock, equipment, or furniture with a net book value of less than £1,000 (collective value of items) shall occur only with the prior approval of the Financial Controller.

22.4 Items with a net book value more than £1,000 shall only be disposed of with the prior approval of the Chief Operating Officer. The disposal of items with a net book value more than £50,000 shall require the prior approval of the CE&R.

22.5 All unserviceable articles shall be:

a. condemned or otherwise disposed of by an employee (Condemning Officer) authorised for that purpose by the Senior Financial Officer.

b. recorded by the Condemning Officer in a form approved by the Chief Operating Officer which will indicate whether the articles are to be converted, destroyed, or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee (approving officer) authorised for the purpose by the Senior Financial Officer.

22.6 The approving officer shall determine as to whether there is evidence of negligence in use and shall report any such evidence to the Chief Operating Officer who will take the appropriate action.

Losses

22.7 **Procedures** - The Chief Operating Officer must prepare procedural instructions on the recording of and accounting for condemnations and losses.

22.8 Any employee discovering or suspecting a loss of any kind must either immediately inform their Head of Department, who must immediately inform the CE&R and the Chief Operating Officer or inform an employee charged with responsibility for responding to concerns involving loss. This employee will then appropriately inform the Chief Operating Officer and/or CE&R. Where a criminal offence is suspected, the Chief Operating Officer must immediately inform the police.

22.9 **Suspected fraud** - The Chief Operating Officer must notify the external and internal auditor of all frauds.

22.10 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Operating Officer must immediately notify:

- the Audit & Risk Committee
- the external auditor

22.11 The Chief Operating Officer shall take any necessary steps to safeguard the GPhC's interests in bankruptcies and company liquidations.

22.12 For any loss, the Chief Operating Officer should consider whether any insurance claim can be made.

22.13 The Chief Operating Officer shall maintain a Losses Register in which write- off action is recorded.

22.14 All non-trivial losses must be reported to the Audit & Risk Committee at its next meeting.

23. Information technology

Associate Chief Operating Officer - Technology

Duties

23.1 The Chief's in charge of any computerised financial data within the GPhC shall:

a. devise and implement any necessary procedures to ensure adequate (reasonable) protection of the GPhC's data, programs, and computer hardware for which the Chief is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft, or damage, having due regard to the Data Protection Act 2018.

b. ensure that adequate controls exist over data entry, processing, storage, transmission, and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system.

c. ensure that adequate controls exist such that the computer operation is separated from development, maintenance, and amendment.

d. ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

23.2 The Principal Finance Officer will need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

23.3 The Data Protection Officer shall publish and maintain a Freedom of Information Publication Scheme. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the GPhC that should be publicly available. This is available on our website.

Contracts for computer services with outside agencies

23.4 The Chief Operating Officer shall ensure that contracts for computer services for financial applications with an agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission, storage, and disaster recovery. The contract should also ensure rights of access for audit purposes. Where an agency provides a computer service for financial applications, the Chief Operating Officer shall periodically seek assurances that adequate controls are in operation.

Requirements for computer systems with an impact on corporate financial systems

23.5 Where computer systems have an impact on corporate financial systems the Chief Operating Officer shall need to be satisfied that:

a. systems acquisition, development and maintenance are in line with corporate policies.

b. data produced for use with financial systems is adequate, accurate, complete, and timely, and that a management (audit) trail exists.

c. the relevant staff have access to such data.

d. such computer audit reviews as are considered necessary are being carried out.

24. Financial records

24.1 The Associate Chief Operating Officer - Resources shall be responsible for the maintenance of the payroll records and the provision of any relevant information to authorities, including HMRC, that are entitled to receive.

24.2 The Chief Operating Officer shall be responsible for the maintenance of the accounting records and the provision of any relevant information to authorities.

24.3 No unauthorised person is allowed access to the financial or payroll records, including records held in the computer system.

24.4 The GPhC will ensure that it meets all legal requirements relating to the retention of prime documents and minor accounting records. These legal requirements should be clearly set out in writing and communicated to all employees. Examples of prime documentation are:

- Purchase invoices
- Sales invoices and copies of receipts
- Tax and VAT records
- Bank statements
- Salaries and wage records
- Pension records

24.5 The timing of destruction and or disposal of documents and records will be in accordance with the legal requirements for retention of documents and the GPhC's information retention policy. No employee may dispose of or destroy a financial record of the GPhC without the prior authorisation of the relevant Associate Chief Operating Officer - Resources or Chief Operating Officer.

24.6 Records shall be maintained of documents disposed of or destroyed.

24.7 The Chief Operating Officer shall:

- have access to all records, documents, correspondence, and explanations relating to any financial transactions of the Council; and
- require to be produced, cash, stores or any other GPhC property controlled by any Council or committee member, panellist, member of staff or other appointee.

25. Risk management

25.1 The Chief Operating Officer shall ensure that the GPhC has a programme of risk management, in accordance with best practice, which must be approved by the Council and monitored by the Audit & Risk Committee. The programme of risk management shall include:

a. a process for identifying and quantifying risks and potential liabilities.

b. engendering among all levels of staff a positive attitude towards the control of risk.

c. management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk.

d. contingency plans to offset the impact of adverse events.

e. audit arrangements including internal audit, health, and safety review.

f. a clear indication of which risks shall be insured.

g. arrangements to review the risk management programme.

25.2 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the annual reports and accounts.

26. Insurance

26.1 The Principal Finance Officer shall arrange all insurance cover and negotiate all claims in consultation with other staff where necessary for approval by the executive team. The Principal Finance Officer shall ensure that the Certificate of Insurance and other necessary insurance records are maintained and securely stored.

26.2 Budget managers shall be responsible for minimising any insurable risks within their areas and give prompt notification to the Principal Finance Officer of any new risks which require to be insured and of any alterations affecting existing insurance.

26.3 Budget managers shall notify the Principal Finance Officer in writing as soon as possible, of any loss, liability, or damage, or of any event likely to lead to a claim.

26.4 The Chief Operating Officer shall annually, or after such shorter period as may be considered necessary, carry out a risk assessment and review all insurance, in consultation with budget managers as appropriate. Independent advisers should also be consulted as necessary.

27. Evaluation and review

27.1 The SFIs will be evaluated through the performance monitoring and evaluation framework for the organisation and through review of the organisation's financial performance.

28. Associated policies

- *Scheme of Delegation*
- *Authority Framework*
- *Council member, Associates and Partners expense policy*
- *Cost Recovery policy*
- *Redundancy policy*
- *Gifts and Hospitality Policy*
- *Conflicts of interest Policy*
- *Fraud & Anti-bribery policy*
- *Raising Concerns Policy*
- *Procurement Policy*
- *Records and Information Management Policy*
- *Information Security Policy*
- *Workforce Committee ToR*
- *Audit and Risk Committee ToR*
- *Finance and Planning Committee ToR*