

Council meeting

Thursday, 20 February 2025

- Council workshop: 10.00 a.m.
- Public meeting: 1.30 p.m.

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 December meeting Minutes of the public session on 12 December 2024 – for approval | 25.02.C.01 Gisela Abbam |
| 13.35 | 4. Actions, matters arising and forward look | 25.02.C.02 Gisela Abbam |
| 13.40 | 5. Summary of the December workshop <i>For noting</i> | 25.02.C.03 Gisela Abbam |
| 13.42 | 6. Committee minutes <ul style="list-style-type: none">• Public minutes of the Audit and Risk Committee, November 2024• Draft minutes of the Quality and Performance Assurance Committee, November 2024 | 25.02.C.04a-c |
| 13.50 | 7. Strategic communications and engagement - Chair and Executive update <i>For discussion and noting</i> | 25.02.C.05 Duncan Rudkin |
| 14.00 | 8. Policy update <i>For discussion and noting</i> | 25.02.C.06 Louise Edwards |
| Governance, finance and organisational management | | |
| 14.10 | 9. 2025-26 Annual plan and budget <i>For approval</i> | 25.02.C.07 Jonathan Bennetts |

14.30 10. Q3 Board Assurance Framework report

For discussion and noting

25.02.C.08

Duncan Rudkin

14.45 11. Assurance and Appointments Committee annual report

For discussion and noting

25.02.C.09

Elisabeth Davis

Regulatory functions

14.55 12. Update on implementation of the revised Hearings and Outcomes guidance

For discussion and noting

25.02.C.10

Dionne Spence

15.05 13. Any other business

- Weight management medications

Date of next meeting: 24 April 2025 (online).

Minutes of the Council meeting on 12 December 2024

To be confirmed on 20 February 2025

Minutes of the public items

Present:

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

Apologies:

None

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 |
| Siobhan McGuinness | Director for Scotland |
| Rachael Gould | Head of Communications |
| Vanessa Clarke | Principal Finance Officer |
| Kieron Jones | Head of Pharmacies Regulation |

Standing items

1. Attendance and introductory remarks

- 1.1 Gisela Abbam welcomed those present to the meeting.
- 1.2 This was the last Council meeting for Laura McClintock, Chief of Staff, who would be leaving the GPhC in January. The Chair and members paid tribute to Laura.

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 (24.12.C.01)

- 3.1 The minutes of the public session held on 12 September 2024 were approved as a true and accurate record of the meeting.

4. Actions and matters arising (24.12.C.02)

- 4.1 The action log was up to date.
- 4.2 The matter arising relating to RAG ratings in performance monitoring would be picked up during the item on the Q2 BAF report.

5. Workshop summary for September 2024 and Awayday summary for October (24.12.C.03)

- 5.1 The Council noted the summaries of the September workshop and October awayday.
- 5.2 The discussions from the Awayday had been written up and analysed as part of the development of the strategic plan, which would come back to the Council in February 2025.

6. Committee minutes (24.12.C.04a-c)

- 6.1 The minutes of the public sessions of the Audit and Risk Committee meetings held in June and September 2024 were introduced by the committee chair, Neil Buckley.
- 6.2 The minutes of the Finance and Planning Committee meeting held in November 2024 were introduced by the committee chair, Yousaf Ahmad.
- 6.3 The Council noted the relevant minutes.

7. Strategic Communications and engagement update (24.12.C.05)

- 7.1 Duncan Rudkin (DR) noted that he and the Chair would be meeting with the UK Minister responsible for pharmacy in January 2025.
- 7.2 A consultation had been launched exploring the possible regulation of NHS managers. The GPhC had already had some discussions with the Department of Health and Social Care based on its remit to regulate pharmacies and Superintendent Pharmacists and further discussions were expected.
- 7.3 In an update to the final item in the paper, the Government had confirmed on 11 December that the ban on the sale or supply of puberty blockers via private prescription to persons under 18 would be extended indefinitely.
- 7.4 The Council discussed a number of items from the paper and noted its content.

8. Chair's reflections on 2024 (24.12.C.06)

- 8.1 The Chair introduced her reflections on 2024, thanking members and staff for their support.
- 8.2 The Council noted the Chair's reflections.

Regulatory functions

9. Standards for Chief Pharmacists (24.12.C.07)

- 9.1 Louise Edwards introduced the paper. The Council had seen the draft Standards in July, following the public consultation. The consultation had raised several areas which would benefit from further discussion and the Council had agreed that this should be done before they were finalised.
- 9.2 The paper set out the issues which had been explored in the further discussions and the outcome of those discussions.
- 9.3 Yousaf Ahmad declared an interest as a Chief Pharmacist and Ann Jacklin as a member of the group which had carried out the original work on the design of the Chief Pharmacist statutory role.
- 9.4 The Standards had a specific purpose, namely to allow pharmacy professionals to benefit from the defences created in the Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022 against criminal penalties for accidental or unintentional preparation and dispensing errors by pharmacy staff working in the specified settings.
- 9.5 To benefit from the defences created by the Order, the setting must have a Chief Pharmacist (or equivalent with a different job title) in post, who was a registered pharmacist with appropriate skills, training and experience and that person must meet the Standards.
- 9.6 It was important that the standards sat well in the wider system of pharmacy governance. It would also be important to ensure that communication to the profession – and associated persons such as Medical Directors, Chief Executives and Board members - made clear the responsibility and authority that Chief Pharmacist must have, in order for the defence to be available.
- 9.7 One amendment was suggested and agreed during the discussion – the reference to financial constraints under standard 1 would be removed.
- 9.8 With that amendment, the Council approved the Standards for Chief Pharmacists.

10. Quality assurance of education and training (24.12.C.08)

- 10.1 Louise Edwards also introduced this item, which sought the Council's approval for two enhancements to the accreditation processes for pharmacy education and training and a change to the accreditation and recognition criteria.
- 10.2 The enhancements were the incorporation of additional internal and external data to support re-accreditation events and to begin conducting annual surveys of students and trainees to add depth to the data used to direct quality assurance work.
- 10.3 The proposed change to the criteria was to align all reaccreditation cycles across all pharmacy education and training provision, meaning that all pharmacy technician, support staff, independent prescribing and overseas pharmacists' assessment programmes would move to a six-yearly reaccreditation cycle with a three-year interim event.

10.4 The change would require resource in the Data and Insight team. Any further resource requirements identified would be subject to the usual business case process.

10.5 Following a discussion, the Council approved the proposed changes.

11. Inspection methodology update (24.12.C.09)

11.1 Roz Gittins and Kieron Jones presented this item. A first set of improvements to inspection methodology had been presented to Council in June 2024 and would all be implemented by January 2025. That paper had also set out plans to review the random sampling approach.

11.2 The current paper set out the findings of that review and made the following recommendations on the future approach:

- The inspection sample would be divided equally between inspectors and teams, to ensure that the highest priority inspections (such as first inspections and re-inspections) were completed first and workload could be more efficiently managed;
- Include a fixed proportion of the oldest last-inspected pharmacies in every sample period;
- Prioritise first inspections within 12 months and within six months for online pharmacies, because of the observed differences in compliance rates; and
- Where a new registration is only due to a change of address, the Inspector may choose to defer the first inspection or carry out parts of it remotely, depending on regulatory history and risk.

11.3 Following a discussion, the Council approved the proposed changes.

Governance, finance and organisational management

12. Q2 Board Assurance Framework report (24.12.C.10)

12.1 Duncan Rudkin introduced the report. In relation to the point raised about RAG ratings when the Q1 report was discussed (whether they should be based on where the organisation had said it would be at the relevant point in time, or where it wanted to be by the year end). DR noted that the RAG ratings in the Board Assurance Framework were judgements based on quarterly performance, rather than strategic performance. It was noted that the positive quarterly performance in Fitness to Practise was in the context of performance with respect to overall performance being on track rather than achieved.

12.2 Dionne Spence advised the Council of a recent High Court judgment in respect of an appeal brought by the Professional Standards Authority against the decision of a Fitness to Practise Committee. The public judgement had been particularly critical of the GPhC, with the matter remitted back for further investigation. An immediate review had been undertaken, with several learning points shared with the broader portfolio. As the matter remained live, further detail could be provided in the confidential session if required.

12.3 Following the discussion, the Council noted the Q2 Board Assurance Framework report.

13. PSA performance review report 2023-24 (24.12.C.11)

13.1 DR introduced the report. The Council was already aware of the findings but it was important that the report was received and noted in the public domain.

- 13.2 It was expected that the one standard not met (standard 15) would be regained in the 2025-26 reporting year.
- 13.3 In addition to the need to achieve standard 15, it was important to note that all the other standards had been retained and to acknowledge the hard work of the teams who made this happen, as well as to ensure that this continued.
- 13.4 The Council noted the PSA performance review report for July 2023 – June 2024.

14. Standing Financial Instructions (24.12.C.12)

- 14.1 Vanessa Clarke introduced this paper which set out minor updates to the Standing Financial Instructions.
- 14.2 During the discussion, it was agreed that any severance payments should be reported annually to the Workforce Committee. It was also agreed in principle that the Workforce Committee could change its name to the People and Culture Committee.
- 14.3 Following the discussion, the Council approved the Standing Financial Instructions.

15. Any other business

- 15.1 There being no other public business, the meeting closed at 15.25.

Council action log – February 2025

| | |
|--|-------------------|
| | 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 On the agenda for this meeting | February 2025 |

Council forward look

The Council agenda items are those that we currently know about and will be updated as the year progresses. Items in italics are tentative at this stage.

| Meeting | Agenda items |
|---------------------------|---|
| 24 April Online | <ul style="list-style-type: none"> • Five year strategy • Future of registration assessment – options paper • <i>Revalidation</i> • Risk review • Committees for 2025-26 • Council member appointments |
| 18 and 19 June | Awayday - London |
| 17 July Online | <ul style="list-style-type: none"> • Future of the registration assessment – project proposal • <i>SP and RP standards</i> • <i>Draft consultation on IET PT Standards</i> • BAF Q4 • Committee annual reports to Council • EDI Annual update |
| 18 September In person | <ul style="list-style-type: none"> • BAF Q1 |

| Meeting | Agenda items |
|---------------------------------|--|
| 16 October Online | <ul style="list-style-type: none"> • Registration assessment – June sitting • Risk review • PSA annual performance review report |
| 11 December In person | <ul style="list-style-type: none"> • BAF Q2 • Chair’s reflections on 2025 • AAC annual report to Council • Investment review |

Council workshop summary

Meeting paper for Council on 20 February 2025

Public

Purpose

To provide a summary of the Council workshop on 12 December 2024.

Recommendations

The Council is asked to note the summary

1. Introduction

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

- interact with and gain insights from staff responsible for delivering regulatory functions and projects;
- receive information on projects during development stages;
- provide guidance on the direction of travel for workstreams;
- meet and gain insights from external stakeholders; and
- receive training and other updates.

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

Delivering race equity in practice

2.1 Council members and the Executive took part in a session led by an external provider on the importance of leadership embedding race equity.

2.2 The session included:

- an exploration of different types of racism, including interpersonal and structural;

- assessing experience of racism (lived, observed or as an ally);
- assessing the level of anti-racist practice in the GPhC;
- identifying ways in which a board might influence a whole organisation approach to anti-racism;
- identifying anti-racist actions to be led by the Council; and
- exploring the potential for anti-racism to drive positive change more widely within organisations and systems, including strengthening anti-discriminatory practice across the protected characteristics.

2.3 A number of actions were identified, including:

- developing a clear position on anti-racism and what it means for the GPhC;
- developing a set of zero-tolerance messages;
- strengthening how the GPhC 'red-flags' concerns about pharmacy professionals that may be racially motivated; and
- carrying out more work on the education attainment gap.

Culture and values framework

2.4 Jonathan Bennetts (Chief Operating Officer) presented a session on the review of the culture and values framework covering the reasons for the review, the expected deliverables and progress to date.

2.5 The proposed framework would come to the Council meeting in February, with implementation following Council approval.

3. Recommendations

The Council is asked to note the summary

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

18/12/2024

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

Thursday 21 November 2024 at 09.45

| 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) | | Hannah Fellows (HF) |
| Nick Atkinson (NA) | | Rob Jones (RJ) |
| Richard Weaver (RW) | | Luke Surry (LS) |
| | | Janet Collins (JC) |
| | | Jane Daniels (JD) |
| | | |
| | | |

1. Attendance and Introductory remarks

1.1 The Chair welcomed those present to the meeting.

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 3 – Minutes of the previous meeting – 25 September 2024 (24.11.ARC.02)

3.1. The minutes of the public items considered at the meeting on 25 September 2025 were approved.

4. Item 4 – Actions Log – public items (24.11.ARC.03)

4.1. The committee noted the action log.

5. Item 5 – Matters arising

5.1 There were no matters arising.

6. Item 8 – Internal audit progress report (24.11.ARC.05/06)

- 6.1. Nick Atkinson led this item, reporting that since the last meeting a draft report on 'Fitness to Practise – Triage Processes' had been issued and fieldwork was in progress on 'Key Financial Controls – Payroll and Expenses. Scoping was also in progress for the remaining audits.
- 6.2. Regarding follow up of actions, RSM noted that not many actions had been inherited from the previous internal auditors, but there had been good progress with regards the inherited actions. It was agreed that teams would be encouraged to have a more conservative approach to their timescales.
- 6.3. The scope of the Procurement and Contract Management audit had been amended to focus on procurement only.
- 6.4. The internal audit plan for 2025-26 was scheduled for discussion at the Executive and it was agreed that Contract Management would be included as a priority with the timing to be determined in collaboration with RSM.

7. Item 9 – Internal audit procedure note (24.11.ARC.08/a)

- 7.1. The Committee noted the internal audit procedure note, agreed between RSM and the Head of Assurance/Chief Operating Officer.

8. Item 10 – Annual Cyber Security and Information Security update (24.11.ARC.09)

- 8.1 Carole Gorman and Luke Surry led this item, giving a detailed update on data protection and Freedom of Information and cybersecurity, including the current operating context, changes made over the year and their benefits, and future work across both areas.
- 8.2 Regarding data subject requests and FOI requests, it was confirmed these were low risk given that the ICO had not had concerns. However, the number of the requests did not represent the level of work that was involved, which would have an impact on resourcing in other areas, potentially raising the associated level of risk.
- 8.3 The team looked to identify any themes across data subject or FOI requests with a view to reducing risk. Information had been published on topics including the Register, EDI and Inspection. There had not been concern raised around how employees phrased emails, indicating that there was no correlation between staff communication and the release of information leading to requests. A balance of risk was applied around all retention policies, specifically what information a regulator would be expected to keep versus what could be removed quickly. Introduction of a document management system would assist in this.
- 8.4 The team's workplan for 2024-25 included the preparation of a business case for document management. This would require resourcing and input from other areas of the business, which could represent a risk. This work was being linked very closely to the Target Operating Model work and pending approval, it was planned to undertake the project in-house. The funding envelope for work was not yet known and it would be prioritised as part of a wider framework of projects.
- 8.5 The three risks around cyber security were the user and making sure they were as educated as possible in terms of links and emails, the technology and ensuring readiness for the development of AI (work had been undertaken to ensure that software was in place to protect the GPhC against emerging risks from AI), and around suppliers and ensuring that the main managed service providers that the GPhC worked with were up to date.

- 8.6 The bring your own device initiative was principally about mobile phones and creating a balance between the number of corporate devices and the flexibility to use the Outlook and Teams apps on individual devices, whilst maintaining security.
- 8.7 The current out of hours (OOH) cover, in terms of core systems, ensured that the appropriate level of monitoring and service provision was in place. Primarily, WhatsApp groups made up of key staff were used to mobilise a staff/management response OOH and the ongoing business continuity review would cover this. There had been several discussions at the Executive on this topic and there was a feeling that the GPhC needed to move to a more structured and formal approach.

ACTION: An update on OOH cover protocols to be brought back to the February meeting under matters arising.

9. Item 13 – Never events (24.11.ARC.11)

- 9.1 Rob Jones led this item informing the committee of an illegal practice in which papers were not served in time making it impossible to prosecute in the case. Risk to the public was low but the GPhC could be seriously undermined if found to not be following its processes with diligence to meet statutory deadlines.
- 9.2 The Committee noted that the documentation did not show who held managerial oversight and responsibility for ensuring that action plans and processes were followed. There was broad concern that this was a relatively simple failure due to the lack of a system being in place and that other similar blind spots could exist.
- 9.4 Work was being undertaken to put in place second and third points of oversight. In addition, work to routinely utilise data and insight to identify where cases had remained static, and may have been missed, had been established. The sweep of systems was identifying further blind spots and conversations were being held with the Head of Risk.
- 9.5 It was explained that the CRM was not a supportive case management system that could progress and lead cases through a system, but it was a good content management system. Work was underway to bring about consistency of use.
- 9.6 The Committee felt that given that illegal prosecutions were rare, the category should come under the personal supervision of the senior lawyer in the team. DS confirmed that she now had oversight of all illegal prosecution cases. Further, a clear escalation route had been developed within the legal team providing oversight up to head of legal, and legal oversight had been established at the front end of cases moving forwards.

10. Item 15 - Any other business

- 10.1 There was no other business.

Quality & Performance Assurance Committee: Action and decision note

14 November 2024

| Present | Apologies | In attendance |
|---------------------------|------------------------|------------------------|
| Rima Makarem (Chair) (RM) | Penny Mee-Bishop (PMB) | Duncan Rudkin (DR) |
| Gisela Abbam (GA) | Yousaf Ahmad (YA) | Jonathan Bennetts (JB) |
| Ann Jacklin (AJ) | | Louise Edwards (LE) |
| Dianne Ford (DF) | | Dionne Spence (DS) |
| Elizabeth Mailey (EM) | | Roz Gittins (RG) |
| Jayne Salt (JS) | | Sarah Stein (SS) |
| | | Ruth Exelby (RE) |
| | | Damian Day (DD) |
| | | Laura McClintock (LM) |
| | | Jane Daniels (JD) |
| | | |
| | | |

1. Attendance and introductory remarks

1.1. The Chair welcomed those present to the meeting. Apologies had been received from Yousaf Ahmad and Penny Mee-Bishop.

2. Declarations of Interest

2.1 The Committee was reminded to raise any declarations of interest under the appropriate item.

3. Meeting notes and matters arising (24.11.QPAC.01)

3.1. The notes of the meeting held on 22 May 2024 were approved.

3.2. There were no matters arising.

4. Action Log (24.11.QPAC.02)

4.1 The Committee noted the action log.

4.2 The Chair had discussed and agreed with the Chair of the Audit and Risk Committee (ARC) that the responsibility for the oversight of progress against the PSA standards would sit with ARC, with any deep dives being referred to QPAC.

5. Registration Assessment – November sitting

5.1 Sarah Stein gave a verbal update on the November Registration Assessment sitting. The sitting had involved the largest number of candidates undertaking the Autumn sitting to date and took place without incident. It was believed that the later date and slightly higher fail rate seen in the June sitting were responsible for the higher number of candidates. One potential occurrence of misconduct was being investigated, which was low compared to other sittings, and the team had not received much feedback following the sitting, indicating a smooth and successful process.

5.2 The committee congratulated the team on a good Registration Assessment sitting.

6. Registration assessment – the future

6.1 Ruth Exelby led this item feeding back on the key themes emerging from the initial stakeholder engagement exercise. Further workshops and consultations were planned to include a Joint Council and BOA workshop in February, an options paper for Council in April with the proposal to Council following in July in advance of public consultation throughout September to November. It was confirmed that no changes would be made to the registration assessment prior to 2026 which provided time to embed the good work undertaken by the registration assessment team to date.

6.2 The committee considered the feedback on the timing of the calculations paper. Specifically, stakeholders had considered that this paper could be taken before the end of year 5 (FTY). A candidate who was unable to do the calculations could not become a pharmacist and it was noted that there had been some candidates that stated they had not understood the significance of the calculations until they reached their foundation year.

6.3 There were implications of moving the calculations paper that warranted consideration; the timing and specifically the impact of it being placed at the end of the MPharm at which point any students that failed would find much of their degree invalidated. Practically speaking, the earlier the calculations assessment was held, the lower the knowledge base of those sitting the paper would be, requiring greater changes to the questions. Thought would be needed around whether candidates would still have three chances to pass and whether they should have the opportunity to apply their knowledge in practice before taking the exam. However, moving this element of assessment earlier would allow for greater focus on applying knowledge in a competency-based setting later.

6.4 It was agreed that work would be done to ensure that pharmacy schools understood and emphasised the significance of the calculations paper. A-level maths was not a pre-requisite for acceptance onto the MPharm and as such it would be important to ensure it was adequately incorporated within the curriculum and to see evidence that academic attainment was consistent across universities.

6.5 The clinical multiple-choice paper was emerging as a much more complex area with agreement amongst stakeholders that it should remain at the end of the FTY. The multiple-choice question format could be replaced by open text box answers, but this element of the assessment remained key to showing that a pharmacist was day 1 ready.

- 6.6 It was further discussed that the calculations paper could be delivered as an on-demand paper to be taken at a time selected by the candidate. This would require an expansion of the GPhC's question bank by approximately 4000, something that could be achieved using AI to clone questions, essentially changing the figures but keeping the calculations the same. Further ideas including sharing resources with other on-demand providers, assessments carried out online, at home or at the university, and online practice papers were all possible but required exploratory work. A clear message had been given that candidates wanted a deadline by which they needed to sit the exam.
- 6.7 A piece of work would go to council showing how the GPhC accredited the quality of courses, and while it was not possible to control whether a person passed, it was possible to assure the quality of the courses that were accredited.
- 6.8 It was suggested that stakeholders should be encouraged to look more broadly at the questions put to them. For example, how calculations were assessed over the course of a student's learning rather than assuming the continuation of a calculations paper, and how they could determine processes to ensure quality.
- 6.9 With regards the impact on trainees of high-stakes assessments held at the end of training, more work to explore this was requested. A shift in societal thinking had moved towards consideration of whether it was acceptable or necessary to put people through these types of processes; this could also go some way to reducing the number of reasonable adjustments requested. A long-term objective could be set to ensure that the quality assurance of training was at a standard that negated the need for the assessment in the future.

7. Update on actions taken for lower performing universities (24.11.QPAC.03)

- 7.1 Damian Day led this item updating on the actions being taken where there were concerns about the variability in the performance of candidates in the GPhC's Registration Assessment, based on the School of Pharmacy from which they graduated. Four schools had been identified initially as being required to develop action plans to address the GPhC's concerns, which were subsequently revised to provide sufficient metrics against which the schools could be assessed.
- 7.2 All schools of pharmacy were now seeking reaccreditation to the new initial education and training standards. This process was in two parts to enable the schools sufficient time to reconfigure clinical practice and build in preparation for independent prescribing. This provided an opportunity to ensure the action plans were built into the overall accreditation events rather than being looked at in isolation. All four schools had been reaccredited, with satisfactory outcomes.
- 7.3 Accreditation teams were able to reaccredit three schools, Brighton, Wolverhampton and Portsmouth, with a full period of accreditation. The issues raised at the University of Central Lancashire (UCLan) were more extensive and reaccreditation was limited to one year. The GPhC's concerns resulted in wholesale turnover of staff at management level within the school and very close oversight of provision by UCLan's executive team. At the last reaccreditation visit in 2023 it was clear to the accreditation team that the GPhC's concerns had been addressed and full reaccreditation for six years was restored.
- 7.4 Monitoring of action plans was now embedded in accreditation and in the case of all four schools, pass rates in the Registration Assessment had been restored to over 70%.

- 7.5 It was noted that the intervention made with regards UCLan was the most in-depth that had ever been carried out. Within all interventions, monitoring work had been the most effective approach, allowing issues to be picked up in their early stages rather than at a point of crisis. A quality assurance paper had been drafted covering outreach, engagement, and support to monitor and improve quality. It was important to have a collaborative relationship with schools to drive up quality. Opportunities for the GPhC to work with other regulators to share information would be explored to avoid duplication.
- 7.6 Given that the lack of Pharmacists as senior staff had resulted in the need for immediate intervention by the GPhC, the committee considered whether the GPhC should specify a level that was expected of the staffing. The GPhC did not have the necessary legal powers that would be required to do this and additionally, UCLan had lost many staff through resignations, a situation that could not be legislated for. NHS England had set out aspirations to increase the number of pharmacy students and the issue of adequate staffing numbers would need to be considered with regards the prevention of failures within this context.
- 7.8 While the intervention at UCLan had occurred in time to protect most of the students studying there, there was one year in which a cohort had been accepted onto the course that should not have been and there was unfortunately no action that could be taken for this.

8. Inspection Update (24.11.QPAC.04)

- 8.1 Roz Gittins and Kieron Jones led this item updating the committee on progress against plans to improve inspection methodology. 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.
- 8.2 Regarding time to first routine inspection, a greater proportion of pharmacies failed to meet all standards at their first inspection meaning the first inspection had a greater positive impact in ensuring safety and driving improvement. A clear trend could be seen that as time between registration and first routine inspection increased, the % of pharmacies meeting all standards reduced. Further, fewer pharmacies with online services were meeting all standards at their first inspection (66% vs 90%). It was planned that first inspections be prioritised within 12 months of registration or within 6 months for online pharmacies.
- 8.3 Currently, when a pharmacy moved premises, a new registration was generated with a new premises registration number. This also triggered a 'first' inspection. Under the current system, a full on-site first inspection must be conducted at six months. This took significant time and resource. It was proposed that where a new registration consisted of a change of address only, the inspector may choose to defer the first inspection or conduct elements of it remotely, for example by video call. It was confirmed that an inspector would have already visited the premises as part of its registration process.
- 8.4 The team would continue to carry out intelligence led inspections in response to concerns or other information received. Thematic inspections remained a valuable opportunity to shine a light on topical issues, and there would be an intention to complete at least one per year.
- 8.5 A change would be made to include some of the oldest uninspected pharmacies in the random inspection sample to address the issue of several pharmacies that had gone a long time without inspection, the oldest of which was currently nine years. In addition, a dashboard was being

developed to track these. The team knew there was ongoing external critique relating to this and provisional conversations with external stakeholders had generated support for the proposals.

- 8.6 The committee suggested that desktop inspections could be implemented for an initial inspection, with subsequent follow up if required, as a means of easing the backlog. However, the element of unannounced inspections was still felt to add credibility to the process and assuring the GPhC that its inspectors were witnessing what a member of the public attending that Pharmacy might.
- 8.7 It was clarified that The GPhC focus on Homecare as a deep dive had centred on the pharmacy supply aspect and that a draft response would be drafted in the next month for hopeful publication in January.
- 8.8 It was noted that MyGPhC would provide more information and data to the discussion, once the required changes were made.
- 8.9 The Committee welcomed the paper and the recommendations contained within and supported it going to Council with the following suggestions:
 - Inclusion of wording to relay the confidence around clearing the backlog.
 - A recommendation to continue to focus effort on clearing the backlog.

9. Any other business

- 9.1 There was no other business

Strategic Communications and Engagement: Chair and Executive Update

Meeting paper for Council on 20 February 2025

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting on 12 December 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: December 2024 – February 2025

Policy makers (including parliamentarians and Government officials)

2.1 On 8 January 2025, the Chair and Chief Executive met with Stephen Kinnock MP, Minister of State for Care. Stephen Kinnock MP's portfolio of responsibilities includes pharmacy, and so this meeting provided the opportunity to discuss with the Minister the role and contribution that pharmacy can play in the Government's 10 Year Health Plan, current pressures in community pharmacy and key developments in the education and training of pharmacists and pharmacy technicians.

2.2 On 15 February 2025, Taiwo Owatemi MP visited the GPhC office and met with the Chair, Chief Executive, Council Members and a number of Exec and Management colleagues. Taiwo participated in a wide-ranging discussion with the GPhC representatives on areas of our work, key issues within pharmacy and opportunities to work closely with the Government. Follow-up meetings are being planned to discuss education and training, and pharmacy inspection.

2.3 On 23 January 2025 the Chair attended the official launch of the Cogora General Practice Workforce Report at the Houses of Parliament.

- 2.4 We submitted our response to the Call for Evidence by the All Party Parliamentary Group (APPG) on Pharmacy Inquiry into medicines shortages. The APPG met on 10 February 2025 to hear evidence from a number of sector bodies. A GPhC staff member was in attendance as an observer.
- 2.5 A date for a meeting with Neil Gray MSP, the Cabinet Secretary for Health and Social Care in Scotland, is currently being arranged after we received a positive response to our request for a meeting with the Cabinet Secretary and our Chair, Chief Executive and Director for Scotland.

Patient, pharmacy and other regulatory leaders

- 2.6 On 8 January 2025 the Chair and Chief Executive met with Healthwatch England.
- 2.7 The Chair and Chief Executive met with Turning Point on 17 January 2025.
- 2.8 On 30 January 2025 the Chief Executive and Chief Strategy Officer attended the Conference of Pharmacy Education Deans (CoPED) in Birmingham to discuss a range of pharmacy education topics.
- 2.9 The Chair and Chief Executive met with the Caribbean and African Health Network (CAHN) on 31 January 2025.
- 2.10 On 11 February 2025 the Chief Executive attended a Sub-Committee Meeting of the UK Pharmacy Professional Leadership Advisory Board (UKPPLAB).

Frontline visits

- 2.11 The Chair and Chief Pharmacy Officer joined an Inspector to visit a community pharmacy in Sutton on 10 January 2025. It was an excellent opportunity to hear firsthand from an independent contractor in the community pharmacy sector. The particular pharmacy also hosts a number of pharmacy trainees and students, so during the visit, the Chair and Chief Pharmacy Officer were able to get useful feedback on perspectives relating to pharmacy education and changes to inspection methodology.
- 2.12 The Chief Pharmacy Officer attended a number of external visits in the period. These included Health Education and Improvement Wales and also two prisons HMP Berwyn and HMP Thameside.

3. Engagement events, forums and roundtables

- 3.1 Our Pre-registration Trainee Pharmacy Technician Forum met on 10 December 2024. Members shared positive experiences of cross-sector training but also some of the barriers they face such as a lack of placement opportunities. The group discussed the value of dedicated learning time but noted not all trainees were given protected time, often due to workplace pressures.
- 3.2 On 21 January we hosted a joint webinar with the Office of the Chief Pharmaceutical Officer at NHS England. The webinar covered the new fixed term national pharmacy technician fellowship, which will be co-hosted by the GPhC and Office of the Chief Pharmaceutical Officer in England.
- 3.3 We will be hosting further in-person and virtual regional roundtables events, other engagement events and forum meetings throughout 2025. Full details of these events and opportunities to participate will be sent to Council members in advance.

4. Media engagement

- 4.1 The publication of our updated guidance on providing pharmacy services at a distance, including on the internet, received extensive coverage across national, regional and trade media following its publication on 4 February 2025.
- 4.2 There was particular interest in the updated guidance relating to the prescribing and supply of medicines used for weight-management, as there continue to be a very high level of public and media interest in this subject.
- 4.3 National health editors and correspondents were offered individual briefings ahead of the launch and GPhC spokespeople took part in a series of pre-recorded and live media interviews.
- 4.4 We are planning to hold a webinar in the coming weeks for pharmacy owners, pharmacists and pharmacy technicians to continue to promote the updated guidance and answer any questions that pharmacy owners or teams may have. We have invited speakers from the Medicines and Healthcare Products Regulatory Agency (MHRA) and Advertising Standards Authority (ASA) to speak at the webinar, to help increase awareness and understanding of rules and guidance from the MHRA and ASA in relation to the advertising and promotion of medicines.
- 4.5 The publication of the Standards for Chief Pharmacists and the launch of our consultation on fees, both in January, also achieved media coverage across the pharmacy trade press.

5. Key developments in pharmacy and health regulation

Government begins negotiations with Community Pharmacy England on funding

- 5.1 The Department of Health and Social Care (DHSC) announced on 28 January 2025 that it has entered into consultation with Community Pharmacy England regarding the 2024/25 and 2025/26 funding contractual framework for community pharmacy in England.
- 5.2 The DHSC said in its statement that “The discussions will set the future direction for community pharmacy as it plays a vital role in supporting delivery of the reforms set out in the government’s plan for change”.

Professional Standards Authority launches consultation on Standards for regulators and Accredited Registers

- 5.3 The Professional Standards Authority has launched its consultation on its current Standards for regulators and Accredited Registers. The consultation will be open for 12 weeks and the GPhC will be submitting a written response.

RPS to hold vote on proposals to register as a charity and become The Royal College of Pharmacy

- 5.4 The Royal Pharmaceutical Society (RPS) announced plans in September to seek to register as a charity and move to become a royal college – The Royal College of Pharmacy.
- 5.5 The RPS has said that the proposed transition to a royal college aims to establish a stronger and more collaborative leadership body that can better deliver its strategic ambitions.
- 5.6 The RPS is planning to hold a vote in March on the proposals, following a series of roadshows across Great Britain to discuss the proposals with its members.

- 5.7 The vote must receive a two-thirds majority for the proposals to be taken forward and submitted to the Privy Council and charity regulators.

Assisted dying legislation reaches Committee stage in Westminster

- 5.8 The Terminally Ill Adults (End of Life) Bill, the private members' bill which proposes to legalise assisted suicide for terminally ill adults in England and Wales, has reached the Committee Stage in the House of Commons.
- 5.9 The Bill Committee has been scrutinising the Bill, and proposed amendments to the Bill, including a proposed amendment to replace a High Court judge's oversight with oversight by an expert panel. The Committee has also been considering both written and verbal evidence and invited the General Medical Council to give verbal evidence. In its written submission, the GMC states "If the Bill were to pass into law, we would expect to be consulted on and involved in the setting of the code of practice, and we would amend our own professional standards accordingly". We have contacted the Secretariat supporting the Bill Committee to offer to participate in any relevant discussions or answer any questions the Committee may have relating to the regulation of pharmacists, pharmacy technicians and pharmacies, including in relation to education and training requirements.

Legislation restricting sale and supply of puberty blockers extended indefinitely

- 5.10 The Department of Health and Social Care (DHSC) announced in December that existing emergency measures banning the sale and supply of puberty-suppressing hormones would be made indefinite.
- 5.11 It means the sale and supply of puberty blockers via private prescriptions for the treatment of gender dysphoria and gender incongruence will be banned indefinitely in UK for under-18s.
- 5.12 More information is available on the government website. We published an **updated version of our resource for pharmacy professionals on providing gender services in January**, after reviewing and updating the text in response to the government announcement.

6. Recommendations

Council is asked to note and discuss the update.

Paul Cummins, Chief of Staff
Rachael Gould, Head of Communications

General Pharmaceutical Council

13/02/2025

Policy update: February 2025

Meeting paper for the Council on 20 February 2025

Public

Purpose

This paper gives Council a strategic-level update on our education, policy, standards, and devolved nations work and projects. Its purpose is to highlight progress, issues, and risks.

Recommendations

The Council is asked to note the update.

1. Introduction

- 1.1 This is a new regular paper covering key strategic work and giving you contact details for getting further information. I welcome feedback on how this paper can be improved.
- 1.2 This paper focusses on two areas. First, our strengthening pharmacy governance programme covering chief pharmacists, superintendent pharmacists, and responsible pharmacists has delivered the publication of the chief pharmacist standards. Secondly, our education and training standards for both pharmacy technicians and pharmacists are currently a priority.
- 1.3 Last year, the Council decided to develop a shortened route to registration for internationally qualified pharmacists (currently, the route is the two-year OSPAP). We have spent some time with education and training providers assessing the demand for and feasibility of this new route. In response to those discussions, we are re-scheduling this work for consideration once the long-term plans for the NHS across Great Britain are clearer.
- 1.4 In relation to pharmacists, and as explored further in the section on risks, we are hearing of a growing divergence between the number of graduates from MPharms and the number of training placements that the statutory education bodies can provide.

2. Strategic updates

Publication of the chief pharmacist standards

- 2.1 We published the chief pharmacist standards on 22 January, with supporting FAQs published on 24 January and acting as a live document. We have scheduled a webinar for chief pharmacists in March, and we are developing our approach to evaluating the impact of the launch and the standards. We understand that the Deputy Chief Pharmaceutical Officer for England has asked the Royal Pharmaceutical Society to update their guidance for chief pharmacists, with work due to start in April.

- 2.2 Following on from the Chief Pharmacist standards, in March we turn to the standards and rules for superintendent pharmacists and responsible pharmacists. This is dependent on draft legislation being produced by the Department for Health and Social Care.

Further information: Annette Ashley, Head of Policy and Standards

annette.ashley@pharmacyregulation.org

Publication of revised guidance for registered pharmacies providing pharmacy services at a distance

- 2.3 Our revised guidance was published on 4 February. The guidance introduces extra safeguards around high-risk medicines, such as setting out clear expectations for the independent verification of information provided by the patient online. We intend this revised guidance to better protect patient safety, support pharmacy owners and professionals in meeting our standards, and help the public feel confident about using online pharmacy services. An FAQ has been developed to support this work.

Further information: Tejal Davda, Senior Policy Manager

tejal.davda@pharmacyregulation.org

Review of revalidation framework

- 2.4 Revalidation is an essential part of how we assure ourselves and patients of the ongoing integrity of the register of pharmacists and pharmacy technicians. Following a period of discovery work, including a survey of pharmacy professionals, we are developing our plans to evolve the revalidation framework. We plan to make updates iteratively to realise the benefits for patient safety quickly and make the transition to an evolved system easier for pharmacy professionals. Once the plan is finalised, we will ensure those going through revalidation have early and frequent information as the changes roll out. The exact timing of this programme of work is under discussion.

- 2.5 This work is closely linked to our post-registration assurance of practice advisory group of stakeholders, and the insights from that group are being incorporated into the plan.

Further information: Annette Ashley, Head of Policy and Standards

annette.ashley@pharmacyregulation.org

Transition to the 2021 standards for the registration of pharmacists - MPharm accreditation

- 2.6 We and the MPharm providers are on track for completion of their second stage accreditation events by the end of Q4 24/25. This is where we expected to be at this point.

Further information: Siobhan McGuinness, Director for Scotland

siobhan.mcguinness@pharmacyregulation.org

Transition to the 2021 standards for the registration of pharmacists – foundation training year accreditation

- 2.7 We are on track to complete the accreditation of all four statutory education bodies (SEBs) across the UK nations by the end of Q4 24/25. The SEBs will be the training providers for the new foundation year training (FTY) for trainee pharmacists.

- 2.8 In December 2024, our initial education and training of pharmacists advisory group of stakeholders carried out a readiness review. All SEBs confirmed their confidence that

training places and FTY courses for 25/26 (the first year under the new provisions) are on track to ensure a smooth transition to the new standards. However, we are carefully monitoring the risk that future applicant trainee numbers exceed the number of training places available.

Further information: Siobhan McGuinness, Director for Scotland

siobhan.mcguinness@pharmacyregulation.org

Review of the initial education and training standards for pharmacy technicians

- 2.9 We are designing revised standards after a period of working with stakeholders to understand the changing landscape of pharmacy technician roles. Proposed standards and learning outcomes are being mapped and drafted internally before being shared and iterated with external expert input. A workshop with the Council is scheduled for April, and we plan to consult on new standards in the Autumn.
- 2.10 Aligned to this, we are starting a project to establish the routes to registration for internationally qualified pharmacy technicians.

Further information: Siobhan McGuinness, Director for Scotland

siobhan.mcguinness@pharmacyregulation.org

3. Risk implications

- 3.1 Our most significant immediate risk is managing change fatigue from evolving regulation. We are making changes to education, training, and revalidation simultaneously across both pharmacy professions. These put demands on the pharmacy sector, our stakeholders, and on us. To manage this, we are talking to the sector and our stakeholders frequently so we understand the challenges they are facing, and to collaborate on the schedule of changes, incorporating a greater focus on communications and collaboration around publication launches, and breaking work down into smaller, iterative steps to keep them manageable and realise benefits sooner.
- 3.2 In the slightly longer term we are working through the issues arising from the apparent mismatch between graduate and training placement numbers. The situation differs in each nation, but all SEBs have flagged the issue with us as a matter that is likely to develop.

4. Recommendations

The Council is asked to note the update.

Louise Edwards, Chief Strategy Officer and Deputy Registrar
General Pharmaceutical Council

12/02/2025

Annual plan and Budget 2025-26

Meeting paper for Council on 20 February 2025

Public business

Purpose

To agree the Annual Plan and Budget for 2025/26

Recommendations

The Council is asked to:

- Agree the Annual Plan 2025/26 as set out in **Appendix 1**
- Approve the 2025/26 budget as set out in **Appendix 2**

1. Introduction

- 1.1 Our 2025-30 strategic plan will set out the roadmap to achieving our 2030 Vision of 'safe and effective pharmacy care at the heart of healthier communities'. As Council will be aware, our new five-year strategic plan is being developed and therefore our strategic planning and annual planning processes are running concurrently.
- 1.2 Finance and Planning Committee (F&PC) have had more detailed scrutiny and input into the approach, along with the content of the draft 2025/26 annual plan and budget. Comments received from the committee's meeting in February 2025 have been incorporated into the draft plan and budget as appropriate.

2. Context

- 2.1 Council is asked to note the context in which this year's annual plan and budget have been developed when considering this item. As referenced above, our strategic plan is in development. In line with Council's previous helpful steer on this point, we have therefore taken a light touch approach to planning in Q1/Q2 to allow space to determine and develop plans on how we will deliver our new strategy. The more detailed content and outcomes will develop through the year with the intention to undertake a comprehensive mid-year review of the plan in September. At this point we will have a deeper understanding of what is required to achieve our strategic aims.
- 2.2 During 2025/26 our organisation will continue to implement our new way of working, developing and embedding our operating model, along with our Technology Roadmap and Values and Culture work. Whilst this year will be a year of implementing that internal

change, we will continue to focus on work to deliver outcomes that benefit patients and the public.

- 2.3 Finally, context wise, the annual plan has also been developed in the knowledge that we will be operating a deficit budget this year. We are aware that managing our capacity, both in terms of money and staff resources is going to be key to its success and therefore we have identified priority areas for Q1/Q2. These are highlighted in the proposed annual plan and will be reviewed quarterly to ensure we are able to react to any new work that arises or if capacity becomes stretched.

3. Draft Annual Plan 2025/26

- 3.1 Our 2025/26 annual plan has been aligned to the new draft strategic aims, with the broad headings of The Trusted Regulator, The Progressive Regulator, The Connected Regulator, and The Skilled Regulator. We have developed cross-organisational objectives in each area, with a clear focus on our priorities in Q1/Q2 and an indication of work we expect to undertake in Q3/Q4. As mentioned above we will be undertaking a mid-year review of the plan which will be shared with Council. If Council subsequently opts for a different approach to framing its strategic aims, we are confident that the annual plan can quite easily be updated to reflect any changes.
- 3.2 Following discussions with the Chair, the Finance & Planning Committee, with our Executive colleagues and senior managers working on our planning and reporting approach, we have identified the need to update our Board Assurance Framework to include a new suite of operational quality and performance metrics aligned to the new Strategic Aims. We will be taking into account the learning from the work done previously on our strategic metrics. We are currently working to define the process, resources, and timetable to deliver that piece of work.
- 3.3 This year, following feedback and to ensure transparency, we have included a page within our plan which sets out what, as an effective and efficient regulator, we will deliver in 2025-26. The figures included are indications of what we expect to deliver/undertake in each area. Areas included range from maintaining a register of those who meet these standards through to regulating pharmacies and investigating concerns about the people or pharmacies we register. We will continually seek opportunities to improve how we deliver these core responsibilities.
- 3.4 Equality, Diversity and Inclusion (EDI) continues to underpin our annual plan. The impact of this work is broad, it not only supports pharmacy professionals and pharmacy teams to deliver person centred care, but also in being more informed and able to speak up and challenge discrimination.
- 3.5 The proposed Annual Plan for 2025/26 is set out in Appendix 1 to this paper.

4. Budget 2025/26

- 4.1 The GPhC are proposing a budget for 2025/26 with an operating deficit of £2.2m including interest and tax. The projected operating expenditure is £33.3m against a projected operating income of £30.2m.
- 4.2 The budget plan sets out the funding required to deliver our operational duties for efficient and effective regulation, which is where most of the annual cost is attributed. The plan also

supports the consolidation of ongoing strategic priorities whilst the next phase of the plan is developed.

- 4.3 The budget proposal has been prepared using the most up-to-date information and insights available to us. The plan also considers the impact of both internal and external factors and any wider economic challenges.
- 4.4 While a deficit position can be managed in the short term it is not a position that is sustainable. With the financial projections highlighting ongoing deficits it is essential for the organisation to take necessary steps to transition towards a more balanced and sustainable financial future. A financial strategy has been developed combining the next phase of the fee strategy, targeted cost improvement plans, temporary reduction in reserves level and balancing this with the delivery of strategic and capital workplans. By moving forward with these actions, the organisation can achieve a balanced position by the end of the plan period. This provides greater stability and resilience to mitigate any risks that arise, navigate the challenges associated with a sector that is expanding and provide a firmer base to progress longer terms strategic priorities.
- 4.5 The proposed budget for 2025/26 is set out in Appendix 2 with supporting annexes.

5. Equality and diversity implications

- 5.1 Our aim is to embed equality, diversity, and inclusion in both our role as a regulator and as an employer and to make sure we deliver effective, consistent, and fair regulation.
- 5.2 One of our key activities moving forwards is the delivery of our approved equality, diversity, and inclusion (EDI) strategy through identified annual priorities. We will continue to monitor and demonstrate our progress towards achieving this.
- 5.3 Consideration of any EDI implications will also be an integral part of the development of the multi-year fees strategy which is a proposed non-negotiable priority this year.

6. Communications

- 6.1 Our Vision 2030 and associated plans will continue to sit at the heart of all our internal and external communications, so that we can explain our approach and priorities as an organisation, and what we will aim to achieve through our work. This is particularly important given a key part of delivering the vision successfully involves collaboration and joint working.

7. Resource implications

- 7.1 The integrated approach to planning and budgeting continues to be developed, with a stronger focus on meeting our strategic goals. Better oversight of our progress allows us to make proactive adjustments and ensure we stay on track with our deliverables.
- 7.2 The budget paper outlines the resource needs. Our spending plans support both our daily operations and our strategic priorities for the year, and they consider the remaining effects of the 2024 fee increase.
- 7.3 The ongoing deficits we are experiencing will reduce our reserves. The projection for the cash movement expects cash to remain above the necessary level, we can therefore manage the deficit for this year. However, it is essential that we adjust how we manage our income, spending, and reserves to ensure financial stability in the long term.

8. Risk implications

- 8.1 The GPhC's effectiveness as a regulator will be significantly affected if the budget is not set properly. The executive team believes that a thorough review of our assumptions and known factors gives us a solid foundation for the proposed budget.
- 8.2 While the budget plan allows us to address some new themes for our next strategic plan, any unexpected large expenses could put a strain on our budget. Initially, we will try to manage these costs by reallocating resources and finding efficiencies. If we are not able to cover increased costs within our current expense plan, we may need to use our reserves.
- 8.3 Using our reserves too much will limit our ability to respond quickly to risks and opportunities. If we extend the use of reserves beyond what we planned without a clear plan to rebuild them, it will create serious challenges. Given the ongoing economic uncertainty and the need to keep up with changes in the sector and technology, maintaining an appropriate level of reserves is crucial.
- 8.4 The main risks associated with the delivery of pieces of work in the annual plan as well as quarterly financial information will be included as part of the updated quarterly board assurance framework report. The Finance and Planning Committee will continue to be informed and consulted on any major issues and risks relating to our plans and budgets. The strategic risk register is at present being rebased as part of the formulation of the new strategy and will also feed into providing assurance to Council that risks have been identified at both an operational and strategic level and are being monitored and treated where appropriate.

9. Monitoring and review

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

10. Recommendations

The Council is asked to:

- Agree the Annual Plan 2025/26 as set out in **Appendix 1**
- Approve the 2025/26 budget as set out in **Appendix 2**

Duncan Rudkin, Chief Executive and Registrar
General Pharmaceutical Council

12 February 2025

Proposed 2025/26 Annual Plan

2025/26 - DRAFT Headline Annual Plan

| Strategic Aim | Q1/Q2 Objectives | Mid-Year Review | Q3/Q4 Objectives |
|---|--|---|---|
| <p>The Trusted Regulator</p> <p><i>Draft Themes and Components</i></p> <ul style="list-style-type: none"> • Provide clear and consistent standards • Fairness and transparency in revalidation and inspections • Supporting the wellbeing of the professionals and safety of the public | <p>Our organisational priority for Q1/Q2 is developing the plan for delivery of the 2025-2030 strategy</p> | <p>A mid-year review of the plan will be undertaken in September, following the development of the of a Strategic Delivery plan/ Strategic Roadmap. This review will also include a strategic finance review.</p> | <p>These may be subject to change following the development of the Strategic delivery plan</p> |
| | <ol style="list-style-type: none"> 1. Deliver the improvements to our enforcement processes to: <ul style="list-style-type: none"> • sustain our standards of good regulation and to • progress towards achieving achieve PSA standard 15 regarding timeliness of investigations. PRIORITY 2. Develop and deliver our Standards work, including: <ul style="list-style-type: none"> • Standards relating to supervision and management of pharmacies. • New initial education and training standards for pharmacy technicians. PRIORITY • Monitoring the transition to the 2021 standards for pharmacist training providers. PRIORITY 3. Develop a prioritised and sequenced workplan to further develop our pharmacy registration. PRIORITY 4. Improve our financial stability and sustainability. PRIORITY | | <ol style="list-style-type: none"> 1. Deliver the improvements to our enforcement processes 2. Develop and deliver our Standards work, including: <ul style="list-style-type: none"> • Standards relating to supervision and management of pharmacies. • New initial education and training standards for pharmacy technicians. • Monitoring the transition to the 2021 standards for pharmacist training providers. 3. Determine and undertake next steps identified in Q1/Q2. 4. Improve our financial stability and sustainability. |
| <p>The Progressive Regulator</p> <p><i>Draft Themes and Components</i></p> <ul style="list-style-type: none"> • Adapting regulation to new models to give public confidence safety • Be proactive, exploring innovation, adapting standards to meet future needs | <ol style="list-style-type: none"> 1. Develop and improve our evidence-based decision making by improving our use of data and insight to inform our work. PRIORITY 2. Review our assurance processes including: <ul style="list-style-type: none"> • Undertaking an end-to end review of the learner journey help inform our future thinking in this area. PRIORITY • Build and deliver improvements to the revalidation process in priority order, starting with independent prescribing. PRIORITY 3. Continue our discovery work on the medium to long-term future of the pharmacist registration assessment. | <p>A mid-year review of the plan will be undertaken in September, following the development of the of a Strategic Delivery plan/ Strategic Roadmap. This review will also include a strategic finance review.</p> | <ol style="list-style-type: none"> 1. Continue to improve our evidence-based decision making 2. Determine and undertake next steps identified in Q1/Q2. 3. Determine and undertake next steps on the medium to long-term future of the pharmacist registration assessment. |

2025/26 - DRAFT Headline Annual Plan

| Strategic Aim | Q1/Q2 Objectives | Mid-Year Review | Q3/Q4 Objectives |
|--|--|---|---|
| <p>The Connected Regulator</p> <p><i>Draft Themes and Components</i></p> <ul style="list-style-type: none"> Align with other regulators and professional bodies to deliver a seamless service for professionals and the public Collaborate and share information with our partners to move the profession forward | <p>Our organisational priority for Q1/Q2 is developing the plan for delivery of the 2025-2030 strategy</p> <ol style="list-style-type: none"> Our focus in Q1 and Q2 will be on developing a workplan and priorities for our work in this area. This will include: <ul style="list-style-type: none"> Developing a picture of the work already undertake across the organisation. Undertake discovery work to develop an organisational approach to data and reporting | <p>A mid-year review of the plan will be undertaken in September, following the development of the of a Strategic Delivery plan/ Strategic Roadmap. This review will also include a strategic finance review.</p> | <p>These may be subject to change following the development of the Strategic delivery plan</p> <ol style="list-style-type: none"> Determine and implement, as appropriate, next steps identified in Q1/Q2 |
| <p>The Skilled Regulator</p> <p><i>Draft Themes and Components</i></p> <ul style="list-style-type: none"> Develop skilled staff who can deliver this work Deliver internal transformation to run an effective business, including improvements to fitness to practice | <ol style="list-style-type: none"> Continue to develop and deliver our Values and Culture project, building on feedback from the Employee Opinion Survey, workshops, and Council input. PRIORITY Start to deliver our technology roadmap, covering our work on public facing services, business systems, data and reporting, workforce experience and IT services'. PRIORITY Continue to implement our Operating Model, including: <ul style="list-style-type: none"> Optimising our approach to planning, projects and budgeting Implementing a service management approach Implement a quality improvement (QI) approach PRIORITY | | <ol style="list-style-type: none"> Implement Phase 2 of our Values & Culture project. Continue to implement our Technology Roadmap. Continue to implement our Operating Model. |

Delivering efficient and effective regulation

In 2025/26 we anticipate we will:

Maintain the register of over 64,000 pharmacists, 26,000 Pharmacy Technicians and 13,000 registered pharmacies. Including:

- Supporting c2300 Pharmacists, c1700 Pharmacy Technicians and c270 pharmacies to join our register
- Supporting c.350 overseas registrants to join the register

Set the education and training requirements for pharmacists, pharmacy technicians and pharmacy support staff. Including:

- Reaccreditation for all present 29 MPharm degrees.
- Accredited foundation training year programmes.
- Maintain and accredit on rolling cycle 50 accredited independent prescribing programmes.
- Continue to assure the pharmacy technician and pharmacy support worker programmes on a cyclical basis.
- Undertake c. 3000 revalidation reviews

Investigate fitness to practise concerns. Including:

- We will triage approximately 6000 concerns regarding pharmacy professionals and/or premises.
- We anticipate, based on 2024 figures, that we will close approximately 400 cases post investigation (including at Investigation Committee)
- We will close approximately 70 cases at Fitness to Practise Committee.

Inspect registered pharmacies to assess if they are meeting our standards. Including:

- Undertake over 1,000 routine and intelligence –led pharmacy inspections.
- Conduct over 100 follow-up / re-inspections and over 200 first inspections.
- Conduct a thematic inspection.
- Issue improvement action plans and take statutory enforcement action where pharmacies are not meeting our standards.

We hear the views of everyone with an interest in pharmacy services.

- Respond to circa 29,000 calls and 26000 emails from registrants and members of the public.
- Hold consultations to gather views on vital aspects of our work
- Organising stakeholder events including forums and roundtables

Delivering our Governance

- Hold 6 Council meetings and 6 Council workshops per year, plus a Council Awayday.
- Hold 12-13 Committee meetings per year.

** Numbers included are an indication of what we expect to see in 25/26, based on current data, they are are not targets.*

Budget 2025/26

1. Context

- 1.1 The budget proposal outlines the financial position for the GPhC for the 2025-26 financial year and the expected result is an operating deficit of £2.2m. Projections for the remainder of the plan period underscores the ongoing financial challenges and reflects in the continuing trend of expenditure outpacing income.
- 1.2 While planned deficits are manageable in the short-term it is not a position that can be maintained over the longer term. It is crucial for the organisation to take steps to manage deficits down and move to a balanced sustainable position.
- 1.3 In the past, we have maintained a positive financial position over plan periods by seeking cost efficiencies, using reserves, and adopting efficient working practices. This allowed us to keep registration fees steady for several years at a time.
- 1.4 Recently, the pharmacy sector has been expanding and evolving rapidly, this coupled with new technologies, increasing regulatory demand and broader economic challenges has caused costs to rise quickly.
- 1.5 The 2025/26 financial year marks the start of our next 5-year plan, which will commence with the consolidation of the continuing activities from the previous plan. The developing plan will also consider a series of new initiatives which will maintain momentum on achievements to date and set foundations that provide the ability for the organisation to be responsive to the changing landscape.
- 1.6 Efficient cost management remains a key priority, the restructuring initiated in 2024-25 aimed at creating greater cross working and more effective working practices will continue to be embedded. Building on previous efficiency initiatives, the organisation will explore further opportunities for cost savings through a targeted cost improvement plan.
- 1.7 Staying aware of external factors like regulatory changes, shifts in public expectations, and technological advancements is essential. The organisation must remain agile and responsive to these changes to uphold its statutory duties effectively.
- 1.8 The organisation continues to be impacted by economic factors with the 2025/26 reflecting inflationary cost increases particularly around the renewal of key contracts, as well as the financial impact of the employer's national insurance contributions.
- 1.9 In preparing the 2025/26 budget, we reviewed proposals, prioritized activities, and examined ways to improve efficiency. We strengthened our monitoring framework to better understand impacts and respond effectively to changes.

2. Budget 2025/26

2.1 Table 1 - Budget summary

Please see **Annex A.1** for a full breakdown

| | 2024/25 Forecast | 2025/26 Budget | 2026/27 Projected | 2027/28 Projected | 2028/29 Projected | 2029/30 Projected |
|------------------------------------|---------------------|-------------------|----------------------|----------------------|----------------------|----------------------|
| Income | £28.6m | £30.2m | £30.4m | £31.0m | £31.5m | £31.9m |
| Expenditure | £30.7m | £33.3m | £34.1m | £35.0m | £36.1m | £37.2m |
| Interest & Tax | £0.7m | £0.9m | £0.7m | £0.7m | £0.7m | £0.7m |
| Operating Surplus/(Deficit) | (£1.4m) | (£2.2m) | (£3.0m) | (£3.4m) | (£2.5m) | (£3.7m) |

- 2.2 The 2025/26 budget expects an operating deficit of £2.2m which is an increase of £0.8m when compared to the £1.4m expected deficit outturn for the 2024/25.
- 2.3 On the 1 April 2024 the GPhC raised fees by 7.5%, the first increase for individuals since 2019. This was the initial phase of the longer-term fee strategy and primarily addressed the rapid cost increases due to inflation. In January 2025 the next phase of the strategy commenced with the launch of a multi-year fee consultation proposing fee increases of 6% each year through to 2026. (These proposals are not included in the 2025/26 budget plan set out in this paper.)
- 2.4 Expenditure is expected to rise by 8% in 2025/26 to £33.3m, primarily due to increased employee costs and the need to address timely enforcement activities.

3. Income and fees

- 3.1 We propose an income budget of £30.4m for 2025/26, up £1.3m (5.3%) from 2024/25, largely due to timing recognition of the previous fee increase. Registrant fees are paid in advance, so we can reasonably predict income for the coming year.

3.2 Table 2: Income forecast

| Income type 25/26 | Amount (£000s) |
|----------------------------|-------------------|
| Pharmacist income | 19,296 |
| Pharmacies income | 5,449 |
| Pharmacy technician income | 3,756 |
| Pre-registration income | 1,209 |
| Accreditation income | 382 |
| Other income | 100 |
| Total income | 30,192 |

- 3.3 For pharmacists we have applied the most recent trend information to inform the level of expected 1.9% growth in the number of registrants. This includes information from pharmacy schools on numbers coming through degree courses and trends around those leaving the register.

- 3.4 For registered pharmacies we have projected for the numbers to remain stable. The net level of decline in registered pharmacies has been less than 1% in recent years and has been attributable to the announcements made by the multiple chains.
- 3.5 Pharmacy technicians include growth of 2.5% which is in line with last year's trends.
- 3.6 We anticipate a £0.2m increase in income from accreditation events with continuation of visits for OSPAP and MPharm courses through 2025/26
- 3.7 As fees are set and annual fees are paid in advance, the income budget is sensitive to changes in registrant volumes. We will monitor trends closely and adjust forecasts accordingly to manage any impacts.
- 3.8 We are currently consulting on proposals for a 6% fee increase for the next two years. This is moving towards a strategy that based on more incremental approach to fee increases. We are mindful that any fee increases particularly during the current economic climate does have an impact on fee payers. But for us to effectively meet our statutory obligations and continue to meet public and patient safety priorities, we do have to set fees that can resource this effectively.

4. Expenditure

- 4.1 Expenditure for 2024/25 is budgeted at £33.3m, (Please see Annex A.3 for a detailed breakdown). Much of our expenditure is related to delivering effective regulation as set out on the annual plan. Areas where we anticipate change include:

Employee Costs

- a) In 2024/25 we committed to stabilising the headcount and using the existing resource envelope to embed changes following on from a move to matrix working. We have been successful in achieving this and have taken steps to decrease establishment where relevant through natural turnover. We will carry forward these principles through to the 2025/26 ensuring that resourcing remains appropriate and maximises utilisation.
- b) **Table 3: Headcount comparison**

| Measure | Forecast 2024/25 | Budget 2025/26 |
|------------------------------------|---------------------|-------------------|
| Establishment Headcount | 314 | 309 |
| Average Headcount | 293 | 296 |
| Income | £28.6m | £30.2m |
| Expenditure | £30.7m | £33.3m |
| Surplus/(deficit) after Int & tax | (£1.4m) | (£2.2m) |
| Employee costs | £18.6m | £19.8m |
| Employee costs as % of expenditure | 61% | 59% |

- c) As part of our budget setting, we do include a vacancy saving provision as not all roles will be filled 100% of the time. After a period where recruitment was challenging and competitive, we have seen more roles being filled in a quicker timeframe during 2024/25 supporting the resourcing aims set out in the plan. Therefore in 2025/26 we have reduced the vacancy rate down from 6% to 3% and will realise £0.3m reduction in headcount savings provision.

- d) The rise employers' national insurance contributions by 1.2% and the reduced the threshold criteria has impacted the organisation and has generated an estimated £0.4m of additional headcount cost.
- e) For 2025/26 the budget includes a 3.5% provision for pay and reward changes (approximately £0.4m). We have invested time and capacity in building a workforce with the expertise to deliver marked progress against our strategic aims and the knowledge to support a growing sector. Therefore, for us continue to strengthen and maintain a skilled workforce we do need to remain competitive. This is currently a provision and is subject to agreement by the workforce committee.

Enforcement activity

- a) The organisation set out that the main strategic priority is to meet PSA Standard 15, the standard that reflects the fair, proportionate and timely progression of our investigations. A significant amount of work has been done within existing resources to improve processes and practices and direct the appropriate resources to each stage of the process. However, with a build-up of legacy cases post covid, a large volume of complex cases, increasing volumes of incoming concerns and the changing nature of concerns, specific expenditure has been identified over the next 2 years to increase throughput and push through ageing cases. This has been the main reason for the increase in both committee and associate costs as well as legal costs in the next budget year.
- b) Legal costs are set to increase by £0.3m with increase in external advocacy to progress the complex and large cases. This has been offset by expected cost reduction in panel firm costs with more of the investigative work taking place in house.
- c) Committee and associate costs are expected to increase by £0.4m with a 30% increase in the number of hearings days with more cases being heard and taking longer due to their complex nature. Revalidation review costs are also increasing by £0.1m with a 30% increase in the number of revalidation reviews. This has been offset by reduction in other committee costs with less accreditation visits and a lower volume of events linked to the registration assessment.

Professional costs

4.2 Professional services costs are also set to increase by £0.8m with supplier price increases for key activities including the facilitation of the registration assessment and the growing number of individual adjustments required. We also plan to take cost advantages through joint working arrangements to extend the fellowship programme.

Other costs

- a) £0.1m increases are expected respectively in, IT costs with growth around ongoing support cost for newer software and price increases passed on by suppliers, as the IT roadmap is rolled out there will be an increase in capital spend which will reflect in depreciation and property costs with expected increase in repairs and maintenance as we assume more of the ongoing maintenance after the initial build phase.
- b) This year we do not have any cost categories where costs are significantly lower than last year. It is worth noting that across various expenditure streams, work has been done to ensure that cost efficiencies are achieved and offset or avoid other cost increases.

5. Cost Improvement Plan (CIP)

5.1 Reducing costs has always been a key element of our financial strategy, the 2020-2025 strategic plan focused on the efficiency and modernisation programme aimed at delivery high impact structural savings or avoiding cost increases and included deliverables such as:

- Reduced accommodation arrangements
- Moved to remote hearings.
- Updated Car fleet arrangements
- Moved to computer-based registration assessment.
- Reduced printing and postage costs

5.2 During 2024/25, we continued to find savings by reviewing costs and adjusting priorities, resulting in lower value but sustainable savings. These include a decision to reduce staff healthcare benefits, review participation in exhibition events and moving to a biannual council recruitment exercise. These reductions have already been reflected in the 2025/26 budget plan.

5.3 A key element of the next phase of the financial strategy will include a proactive plan to identify efficiencies and cost savings. We have set a minimum target of £1.5m of structural savings to be achieved. Work has already commenced to move forward with ideas and suggestions for cost savings measures, these include:

- Reviewing our contracts and renegotiating terms where we can.
- Optimising where our resources are used and reviewing existing processes and procedures and eliminating waste.
- Assessing workforce needs and exploring options for flexible use of skills and labour.
- Implementing new practices so that we get full use of our resources.

5.4 A smaller proportion of our proposed spend is variable with much been committed to regulatory service delivery and essential contracts. Savings must be ongoing and not one-time reductions.

5.5 A phased approach is planned around the cost improvement recognising that some activities may take time to implement and deliver savings. But still aiming to achieve this with the early half of the plan period to maximise impact.

5.6 The progress of the cost improvement plan will be subject to ongoing on monitoring and review by the finance and planning committee.

6. Reserves and Investments

Reserves

6.1 The GPhC reserves used to measure our financial sustainability and are funds that are held to deal with various risks and challenges these include:

- Funding set aside to manage future spending needs including capital expenditure plans.
- To provide the flexibility to respond swiftly to opportunities, challenges, or any emerging initiatives.
- To manage working capital supporting business continuity.
- The ability to manage any unexpected events that may result in an increase in expenditure or a fall in income. Which can also be extended to the timing delay for recognition of fee changes.

6.2 Our reserves policy has been to maintain a level of reserves between 4-6 months of operating expenditure. By the end of 24/25 we expect the level of general reserves to be around 4 months of operating expenditure. (Please see annex A.4 for more detail)

- 6.3 Based on the projected budget estimates we will continue to see expenditure exceed income and these deficits will be funded by reserves taking them below target levels. Eroding reserves to this extent is not sustainable and intervention will be required to move away from a prolonged deficit position.
- 6.4 We have agreed for a limited time to lower minimum reserves to 2 months, with an average target of 3 months, as we work to eliminate the ongoing deficits.

Cash & Investments

- 6.5 The phasing of receipts follows a consistent pattern each year and the GPhC expects to maintain a sufficient level of cash. The balance will reduce over the year due to the budgeted deficit, but at no point do we expect the balance to fall below £15m. (please see Annex A.5)
- 6.6 We are entering our fifth year since the GPhC started £15m investment portfolio comprised of corporate bonds, sovereign bonds, and equities through our investment partner. The objective being to maximise the effectiveness of funding over the longer term.
- 6.7 The fixed portion of the investment has provided stable returns to date; however, the value of the market investments has been less predictable but has seen a fair performance recently after the initial peaks and lows.
- 6.8 Moving forwards the reduction in the general reserve to fund deficits will reflect in the reduction in the biggest assets of cash and we will see this level lower including a reduction in the level of investment held.
- 6.9 The net impact of any changes will be reflected in the GPhC's year-end financial position and are managed through the GPhC reserves. The performance will be closely monitored and subject to review via the finance and planning committee. Any extremes will be proactively managed.

7. Budget Summary

- 7.1 The 2025-26 financial year marks a pivotal phase in our vision, focusing on consolidating current efforts and adapting to the evolving landscape of the pharmacy sector.
- 7.2 The 2025-26 budget proposals have been costed to ensure we can:
- a) Meet operational delivery – costed statutory duties based most recent information on pricing and volumes. We have conducted a robust review of the cost required and have assurance to fund the activities set out in the plan under the delivering efficient and effective regulation. Any significant changes in volumes will place a burden on the budget, these costs will need to be managed within the existing expense envelope.
 - b) Deliver strategic priorities - specified costs have been set out around operational activity to deliver on our strategic priorities. Immediate capital expenditure programmes have been costed and internal resource capacity identified for the developing and underpinning activities set out in the annual plan.
 - c) Development the strategic plan accommodates the consolidation of the last strategic plan and the transition to the new strategy. This includes areas potential cost that require further clarification and planning.

7.3 Risk and Opportunities

Based on the most recent trends the table below highlights some of the key risks and opportunities faced by the organisation.

Table 4- Risk and opportunities

| Risks and opportunities | |
|-------------------------|--|
| ● | Inflation – Impact of supplier price increases particularly around key contract renewals. |
| ● | Unplanned or emergency activities driving increased costs |
| ● | Unexpected increase in volume of operational activities such as growth in incoming concerns. |
| ● | Responding to changes in the external environment. |
| ● | Investment portfolio is highly susceptible to changes in economic conditions. |
| ● | Delays in changes to government policy and reform more time to implement changes. |
| ● | Delays to strategic projects could reduce costs for the current year. There is a risk of pushing activities into later periods at a higher cost. |
| ● | Recruitment and retention an increase in the vacancy rate would lead to reduction in expenditure |

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

8. Forward outlook and supporting financial strategy

8.1 Looking forwards to meet our statutory obligations effectively, sufficiently resource the next strategic plan and to remain agile and responsive to the needs of the sector and the public we serve. Our focus now is setting out a financial strategy moving from deficits to a sustainable financial position.

8.2 This can be achieved by balancing the position through all our financial levers which include income, expenditure and reserves and we have set a number of proposed actions that will moved us toward this goal.

- a) Cost Improvement Plan- to identify efficiencies, maximising resource utilisation and reevaluating processes.
Action: Phased recognition of £1.5m in cost efficiencies supported by a structured monitoring and reporting process
- b) Income – Progressing the next phase of the fee strategy moving towards an incremental approach to fee setting and representative of policy modernisation.
Action: Launch multiyear fee consultation and progression on fees linked to policy development
- c) Expenditure - controlling expenditure whilst managing emerging themes and growing regulatory activity.
Action: Through the development of strategic and operational workplans to meet strategic and operational aims. Targeted investment in systems and processes to continue providing effective regulation in a changing environment.
- d) Reserves -maintaining a level of reserves that is prudent and proactively managing investment funds.
Action: Temporary reduction in the minimum level of reserves to 2 months in any one period aim for an average of 3 months. The intent to restore reserves to 4-6 months by the end of the plan period.

8.3 Table 5- Adjusted financial position after strategic actions.

The impact of moving forward with the actions set out in the strategy against the current baseline deficit projections.

| | 2025/26 Budget | 2026/27 Projected | 2027/28 Projected | 2028/29 Projected | 2029/30 Projected |
|--|-------------------|----------------------|----------------------|----------------------|----------------------|
| Baseline Surplus/ (Deficit) | (£2.2m) | (£3.0m) | (£3.4m) | (£2.5m) | (£3.7m) |
| CIP savings target | £0.4m | £0.7m | £1.5m | £1.5m | £1.5m |
| Fee Proposals | £0.5m | £2.4m | £3.8m | £3.9m | £4.0m |
| Capital Expenditure | (£0.1m) | (£1.0m) | (£1.4m) | (£1.3m) | (£1.6m) |
| Strategic Initiatives | (£0.1m) | (£0.3m) | (£0.5m) | (£0.6m) | (£0.7m) |
| Adjusted Deficits | (£1.6m) | (£1.3m) | £1.4m | £3.3m | £1.9m |
| Reserves utilisation | £1.6m | £1.3m | (£1.9m) | (£1.9m) | (£1.9m) |
| Net Position | £0.0m | £0.0m | (£0.5m) | £1.4m | £0.0m |

If we can achieve all the actions set out within this phase of our strategy, we will achieve a more balanced position by the end of the plan period, where income and expenditure are more aligned, consistent deficits are avoided and reserves sufficiently restored.

- 8.4 Elements of the financial strategy will continue to develop as we move through the period and strategic priorities are refined this potentially will impact areas where policy development is linked to specific fees.
- 8.5 The financial strategy will be considered on an ongoing basis alongside the advancement of the of the organisation strategic planning, consideration of future needs and delivery of statutory obligations, ensuring that we meet the strategic aim and set a position that can be maintained beyond the plan period.

[Vanessa Clarke, Principal Finance Officer
General Pharmaceutical Council

Annual plan and Budget 2025-26

Annex A.1

1. Income and Expenditure

| | 2024/25 Budget £000's | 2024/25 Reforecast 3 £000's | 2025/2026 Budget £000's | 2026/2027 Projection £000's | 2027/2028 Projection £000's | 2025/26 Variance £000's | 2025/26 Variance % |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------------------|-----------------------------------|-------------------------------|--------------------------|
| Income | | | | | | | |
| Pharmacist income | 18,123 | 18,263 | 19,296 | 19,700 | 20,199 | 1,033 | 5.7% |
| Premises income | 5,246 | 5,284 | 5,449 | 5,449 | 5,449 | 165 | 3.1% |
| Pharmacy technician income | 3,469 | 3,506 | 3,756 | 3,863 | 3,973 | 250 | 7.1% |
| Pre-registration income | 1,128 | 1,205 | 1,209 | 1,209 | 1,209 | 4 | 0.4% |
| Other income | 423 | 308 | 483 | 162 | 162 | 175 | 56.7% |
| Total income | 28,388 | 28,566 | 30,192 | 30,382 | 30,991 | 1,626 | 5.7% |
| Expenditure | | | | | | | |
| Total employee costs: Payroll | 18,459 | 18,646 | 19,782 | 20,296 | 20,807 | (1,137) | (6.1%) |
| Total employee costs: Other | 853 | 860 | 942 | 871 | 872 | (82) | (9.5%) |
| Total employee costs | 19,312 | 19,506 | 20,724 | 21,168 | 21,679 | (1,218) | (6.2%) |
| Total committee and associate costs | 2,520 | 2,444 | 2,839 | 2,846 | 2,795 | (395) | (16.2%) |
| Total professional costs | 1,995 | 1,723 | 2,177 | 2,095 | 2,127 | (454) | (26.3%) |
| Total legal costs | 1,018 | 978 | 1,312 | 980 | 703 | (334) | (34.1%) |
| Total IT costs | 2,108 | 2,227 | 2,288 | 2,346 | 2,455 | (61) | (2.7%) |
| Total event costs | 183 | 130 | 119 | 105 | 105 | 11 | 8.3% |
| Total office costs | 137 | 144 | 134 | 150 | 156 | 11 | 7.4% |
| Total property cost | 378 | 347 | 408 | 444 | 459 | (61) | (17.5%) |
| Total service level and occupancy | 1,370 | 1,563 | 1,521 | 1,521 | 1,521 | 42 | 2.7% |
| Total financial cost | 308 | 368 | 345 | 353 | 362 | 23 | 6.4% |
| Total depreciation | 990 | 992 | 1,115 | 1,722 | 2,314 | (123) | (12.4%) |
| Total other costs | 37 | 44 | 62 | 66 | 66 | (18) | (40.0%) |
| PSA levy costs | 238 | 234 | 255 | 259 | 272 | (21) | (9.1%) |
| Efficiency savings | - | - | - | - | - | - | - |
| Total expenditure | 30,594 | 30,700 | 33,298 | 34,055 | 35,016 | (2,598) | (8.5%) |
| Interest and tax | 835 | 733 | 875 | 675 | 675 | 142 | 19.4% |
| Net operating surplus/(deficit) after interest and tax | (1,370) | (1,401) | (2,231) | (2,998) | (3,350) | (830) | 59.2% |
| <i>Change in Market Value on Investments</i> | | 154 | - | - | - | | |
| Surplus / Deficit for the Period | (1,370) | (1,247) | (2,231) | (2,998) | (3,350) | | |
| Average Registrant numbers | | | | | | | |
| - Pharmacist | 65,572 | 65,448 | 66,680 | 68,300 | 70,235 | | |
| - Premises | 13,062 | 13,207 | 13,207 | 13,207 | 13,207 | | |
| - Pharmacy Technicians | 26,636 | 26,873 | 27,682 | 28,516 | 29,375 | | |

2. Income breakdown

| | 2024/25 Budget £000's | 2024/25 Reforecast £000's | 2025/26 Budget £000's |
|--------------------------------------|-----------------------------|---------------------------------|-----------------------------|
| Pharmacist Income | | | |
| Practising Registrant Fees | 17,253 | 17,235 | 18,267 |
| Application & Upgrade Fees | 373 | 349 | 349 |
| Independent Prescriber Fees | 164 | 259 | 259 |
| Registrant Administration Fee | 32 | 45 | 45 |
| Scrutiny Fee - Pharmacist | - | - | - |
| Pharmacist Restoration Fee | 95 | 84 | 84 |
| Adjudicating Committee Fee | 205 | 291 | 291 |
| Total Pharmacist Income | 18,123 | 18,263 | 19,296 |
| Premises Income | | | |
| Premises Retention Fee | 4,937 | 5,012 | 5,177 |
| Premises Registration Fee | 135 | 169 | 169 |
| Premises Administration Fee | 144 | 61 | 61 |
| Premises Restoration Fee | 30 | 39 | 39 |
| Premises Internet Logo Fee | 1 | 3 | 3 |
| Total Premises Income | 5,246 | 5,284 | 5,449 |
| Pharmacy Technician Income | | | |
| Practising Pharmacy Technician | 3,266 | 3,288 | 3,548 |
| Application Fees | 169 | 192 | 178 |
| Scrutiny Fee Technician | - | - | - |
| Pharmacy Technician Restoration Fee | 34 | 26 | 30 |
| Total Technician Income | 3,469 | 3,506 | 3,756 |
| Pre-Registration Income | | | |
| Pre-Registration Training Fee | 400 | 434 | 425 |
| Pre-Registration Exam Fee | 728 | 771 | 784 |
| Total Pre-Registration Income | 1,128 | 1,205 | 1,209 |
| Total Fee Income | 27,966 | 28,258 | 29,709 |
| Room Hire Income | - | - | - |
| Data Subscription Income | 33 | 34 | 36 |
| Prison Visits | 14 | 18 | 14 |
| Accreditation Income | 366 | 190 | 382 |
| Grants | - | - | - |
| Other Income | 9 | 66 | 50 |
| Total Other Income | 423 | 308 | 483 |
| Total Income | 28,388 | 28,566 | 30,192 |

*Other Income:- Inspection, Data Subscription

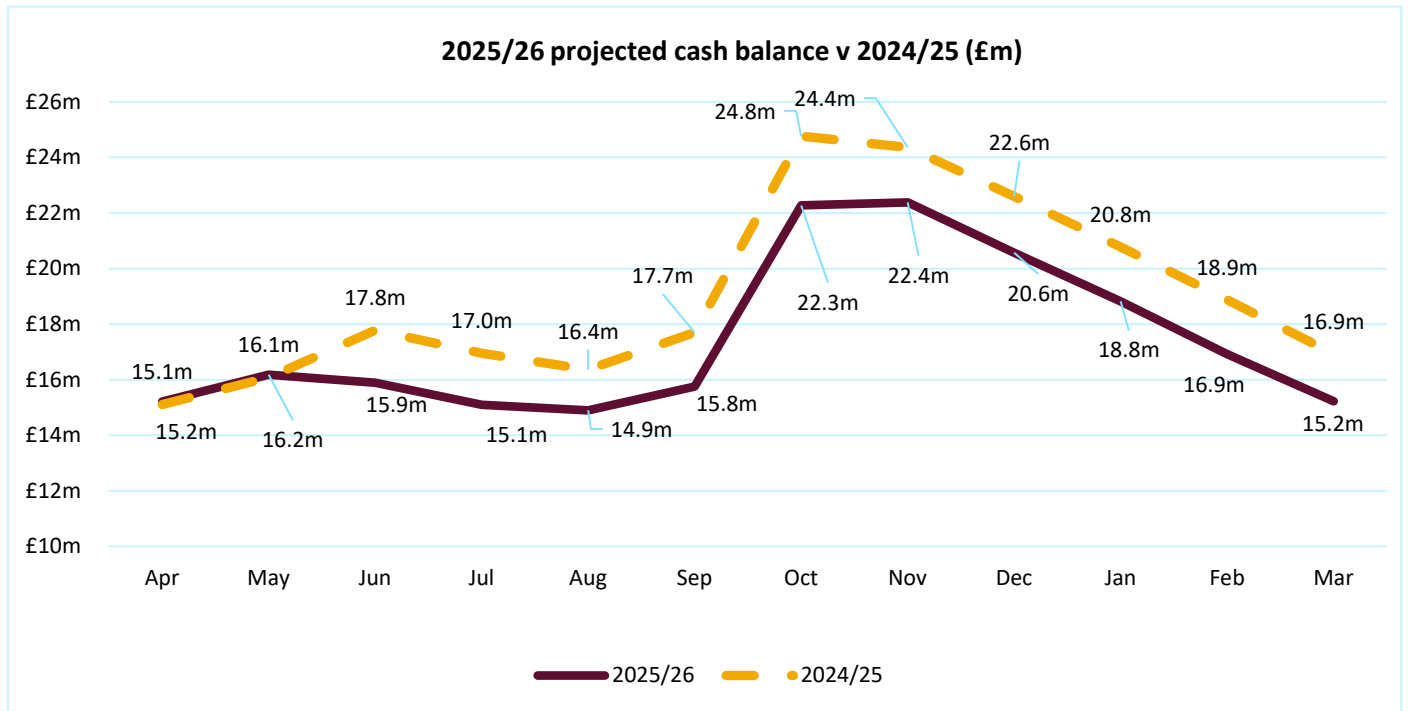
3.Expenditure by department

| | 2024/25 Budget £000's | 2024/25 Reforecast 3 £000's | 2025/26 Budget £000's |
|--|-----------------------------|-----------------------------------|-----------------------------|
| Governance | 483 | 410 | 466 |
| Chief of Staff Team | - | 1 | - |
| Chief Executive & Registrar Executive Lead | 1,042 | 1,105 | 1,071 |
| Council | 313 | 385 | 383 |
| Chief Executive Officer | 1,838 | 1,901 | 1,921 |
| Professionals Regulation | 2,688 | 2,304 | 2,370 |
| Continuous Improvement | 282 | 274 | - |
| Hearings Management & Committee Costs | 1,625 | 1,544 | 2,125 |
| Initial Assessment | 1,443 | 1,176 | 1,211 |
| Professional Regulation Team Legal | 1,032 | 1,357 | 1,445 |
| Chief Enforcement Officer Executive Lead | 331 | 308 | 745 |
| Chief Enforcement Officer | 7,401 | 6,963 | 7,896 |
| Associates & Partners | 287 | 323 | 287 |
| Application Development & Support | 994 | 947 | 943 |
| Associate COF -Technology Department Head | 205 | 223 | 147 |
| Infrastructure Development | 787 | 714 | 847 |
| IT Service Delivery | 1,722 | 1,835 | 1,882 |
| Facilities | 2,437 | 2,621 | 2,618 |
| Business Planning | 434 | 439 | 677 |
| Human Resources | 1,422 | 1,557 | 1,629 |
| Chief Operating Officer Executive Lead | 190 | 189 | 199 |
| Exam | 977 | 879 | 993 |
| Registration and Customer Services | 2,305 | 2,320 | 2,608 |
| Assurance and Information Governance | 318 | 312 | 390 |
| Finance and Procurement | 1,402 | 1,384 | 1,472 |
| Chief Operating Officer | 13,482 | 13,744 | 14,693 |
| Clinical Advisors & Specialist Inspectors | 282 | 351 | 434 |
| Data and Insight | 747 | 736 | 749 |
| Inspection | 3,634 | 3,467 | 3,722 |
| Chief Pharmacy Officer Executive Lead | 314 | 282 | 377 |
| Chief Pharmacy Officer (+) | 4,977 | 4,836 | 5,282 |
| Chief Strategy Officer Executive Lead | 402 | 453 | 530 |
| Communications | 894 | 781 | 964 |
| Policy and Planning | 241 | 145 | - |
| Policy and Standards | 352 | 373 | 658 |
| Quality Assurance of Registration Exam | 403 | 410 | 596 |
| Head of Education & Standards | 269 | 260 | 277 |
| Quality Assurance of Accreditation | 1,046 | 1,001 | 827 |
| Chief Strategy Officer (+) | 3,608 | 3,423 | 3,852 |
| Vacancy rate@ 2.5% | (713) | (167) | (347) |
| Efficiency savings | | | |
| Total Expenditure | 30,594 | 30,700 | 33,298 |

4. Balance sheet

| | Mar-23 £000's | Mar-24 £000's | Mar-25 £000's | Mar-26 £000's | Mar-27 £000's | Mar-28 £000's |
|---|------------------|------------------|------------------|------------------|------------------|------------------|
| Fixed assets | | | | | | |
| Fixed assets | 1,980 | 6,505 | 5,439 | 5,713 | 7,761 | 5,632 |
| Investments | 15,400 | 16,897 | 15,371 | 15,371 | 15,371 | 15,371 |
| | 17,380 | 23,402 | 20,810 | 21,084 | 23,132 | 21,004 |
| Current assets | | | | | | |
| Debtors | 6,754 | 2,476 | 3,088 | 3,088 | 3,088 | 3,088 |
| Bank and cash | 18,646 | 16,146 | 17,255 | 14,677 | 9,555 | 8,524 |
| | 25,400 | 18,622 | 20,343 | 17,765 | 12,643 | 11,612 |
| Creditors: amounts falling due within one year | (19,127) | (18,592) | (18,996) | (19,116) | (19,236) | (19,622) |
| Net current assets | 6,273 | 30 | 1,347 | (1,351) | (6,593) | (8,010) |
| Total assets less current liabilities | 23,653 | 23,432 | 22,157 | 19,734 | 16,539 | 12,994 |
| Creditors: amounts falling due after more than one year | (2,305) | (1,908) | (1,881) | (1,685) | (1,488) | (1,292) |
| Provision for liabilities | (54) | (393) | (393) | (393) | (393) | (393) |
| Total net assets | 21,294 | 21,131 | 19,884 | 17,656 | 14,658 | 11,309 |
| Funds employed | | | | | | |
| Accumulated surplus | | | | | | |
| -General Reserve | 12,285 | 11,129 | 10,311 | 10,559 | 7,703 | 5,041 |
| -Designated Reserve | 2,000 | 2,000 | 2,750 | 2,750 | 2,750 | 2,750 |
| -Accommodation (net) | 6,052 | | | | | |
| -Investment | (1,023) | 1,497 | 1,800 | | | |
| -Fixed Asset Reserve | 1,980 | 6,505 | 5,023 | 4,348 | 4,206 | 3,518 |
| Total funds employed | 21,294 | 21,131 | 19,884 | 17,657 | 14,659 | 11,309 |
| Monthly Operating Expenditure | 2,371 | 2,407 | 2,558 | 2,774 | 2,838 | 2,918 |
| Months of operating | 5.2 | 4.6 | 4.0 | 3.8 | 2.7 | 1.7 |
| Expenditure | 28,451 | 28,888 | 30,700 | 33,294 | 34,055 | 35,016 |

5. Cashflow



Excludes investment held with Goldman Sachs

Board Assurance Framework Report

Year 2024/2025, Quarter 3



Contents

| | | |
|------------|--|---|
| Section A: | Chief Executive’s overview..... | 3 |
| Section B: | Council scorecard..... | 5 |
| Section C: | Areas of organisation’s performance for attention..... | 7 |

Section A: Chief Executive's Overview

- A.1 This report covers Quarter 3 (Q3) of 2024-25, 1 October to 31 December 2024, in our final year of delivering our 2020-2025 Strategy.
- A.2 In Q3, 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 Red/ 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 be addressing these challenges.
- A.3 **Risk** - There have been no significant changes in the organisation's strategic risk profiles since Q1. 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).
- A.4 **Service Delivery** - In regard to the delivery of our services in Q3, there were four areas which were judged to Red or Amber:
- **Fitness to Practise** - Our performance in regard to open cases at investigation is judged to be Red, having fallen short of our performance standard with 514 cases open in Q3 (target 474). Both of other performance standards within FtP are judged to be Green in Q3.
 - **Information Governance** - In Q3 we judged our performance in Information Governance to be Red due to a data breach which was reported to the Information Commissioners Office (ICO), this is judged to be below our performance standards and outside of our tolerances. No action was taken by the ICO.
 - **Corporate Complaints** - In Q3 we judged our performance in this area to be Red due to the average time taken to respond to Stage 2 complaints. Our performance standard is to respond within 20 days and in Q3 this was an average of 34 days and therefore has fallen short. However, this was caused by one particularly complex and lengthy complaint which affected the average and our performance standards were met for all other complaints.
 - **Human Resources** - Human Resources is judged to be Amber due to absence rates in Q3. Our performance target is less than 4% absence rate but in Q3 we reached 4.1% up from 3.7% and 3.2% in Q2 and Q1 respectively.

More detailed information is provided in Section C of this report, including any learning or actions we are taking.

- A.5 **Finance** - Our overall financial position remained stable at the end of Q3. 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.
- A.6 **Strategic Plan** - At the end of Q3, progress against our 2024-25 plan is ragged as Amber. Within this, three of our five strategic aims were judged to be Amber. These are:
- **SA1 - Deliver an adaptable standards framework that meets public and professional needs that are changing quickly.** Work against SA1 is largely on track but delayed for two objectives: Chief Pharmacists Standards and Online Pharmacies, with both behind

where we hoped them to be. This is the same as Q2, but we know from work undertaken in Q4 that both of these objectives will be judged as Green.

- **SA3 - Drive improvements in pharmacy care by modernising how we regulate education and training.** Similarly, this was judged to be Amber at Q2. We are largely on track however there are delays in our Overseas Pharmacists work and further consideration needs to be explored on the scope of some of our key pieces of work in education.
- **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 work on myGPhCPharmacy, our website for pharmacy owners and superintendent pharmacists to keep the registration of their pharmacy premises up to date. 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 Q3 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. The capacity challenge and how we prioritise our work will be an integral part of planning for 2025/26.

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. Looking forward to 2025/26 and the new strategy we will be reviewing our monitoring and evaluation framework, which includes our metrics and how we report against delivery of our duties as a regulator and against the delivery of our strategy.

Section B: Council scorecard

Q3 Strategic Risk Register overview

| RAG rating | Q1 | Q2 | Q3 | Q4 | 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)

RISKS

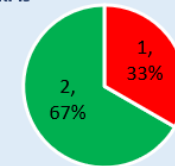
Q3 Service Performance Overview

| Service | Q1 | Q2 | Q3 | Q4 | DoT |
|-------------------------|----|----|----|----|-----|
| Customer Contact Centre | G | G | G | | ↔ |
| Registration | G | G | G | | ↔ |
| Fitness to Practise | A | G | R | | ↓ |
| Inspection | A | G | G | | ↔ |
| Corporate Complaints | A | A | R | | ↓ |
| Information Governance | G | R | R | | ↔ |
| Human Resources | G | G | A | | ↓ |

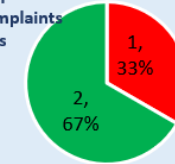
*New FtP interim measures from Q1 2024/25

RED Service Performance breakdown

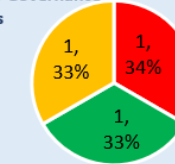
FtP KPIs



Corporate Complaints KPIs



Info Governance KPIs



SERVICE PERFORMANCE

Quarter 3
24/25
Council
Scorecard

STRATEGIC PLAN

Annual Plan 24/25 Progress

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

We are within an acceptable range for the forecast deficit position

Income – At end of Q3, income slightly higher.

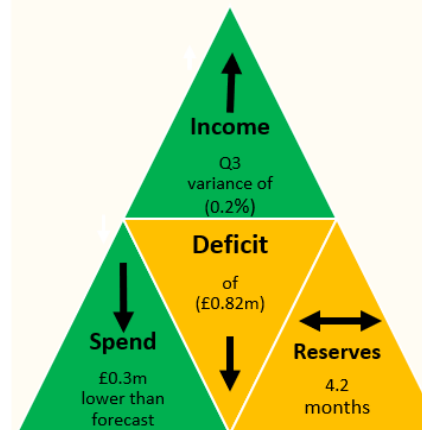
Spend – below forecast by £0.3m.

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

Deficit – Actual deficit lower than expected at end of Q3, and is projected to stay at lower due to anticipated reduction in expenditure (payroll and professional cost categories)

Investments – £15.4m market value at the end of Q3

FINANCE



| Strategic risk | RAG | DOT | Issue | Planned action |
|--|--------|-----|--|---|
| 1. Our regulatory programme does not support the development of competent pharmacy professionals or assure their continued development and professionalism | Yellow | → | Risk concerned with ensuring pharmacy professionals are trained to meet ever changing public needs | 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 | Yellow | → | Concerned that a bi-product of change (or failing to change) might be regulating in a manner that leads to patients / public and profession not engaging with us | Risk under review by owner. |
| 3. We are unable to practice an anticipatory and proportionate approach to regulation | Orange | → | We undertook a root cause analysis at a planning session and identified that a review of our registration models was required to establish whether this (and indeed our powers) supported an anticipatory and proportionate approach to regulation | 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 | Yellow | → | 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

Council
Scorecard Key

Service Performance KEY

Strategic Plan KEY

Finance KEY

Strategic Aims

- SA1 - Deliver an adaptable standards framework that meets public and professional needs that are changing quickly
- SA2 - Deliver effective, consistent and fair regulation
- SA3 - Drive improvements in pharmacy care by modernising how we regulate education and training
- SA4 - Shift the balance towards more anticipatory, proportionate, and tailored approaches to regulating pharmacy
- SA5 - Enhance our capabilities and infrastructure to deliver our Vision

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

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

Section C. Key areas for Council’s assurance

C.1 **Service Delivery.** Overall, our performance in Service Delivery is judged to **Red** in Q3. We measure our performance in Service Delivery against our performance standards for each individual performance measure. An overall Amber or Red rating is applied if any area within a Service is judged to be Amber or Red. Our RAG ratings are as follows:

- **Green** - Performance judged to be meeting or exceeding performance standard(s).
- **Amber** - Performance judged to be within performance tolerance(s) (an acceptable level of normal variation expected).
- **Red** - Performance judged to have fallen short of performance standard(s) and outside of tolerance(s).

C.2 Further details on the areas judged to be Red and Amber in Q3 2024-25 are below:

| Fitness to Practise | | | | | | | |
|--|---|----|---|----|---|-----|---|
| Q1 | A | Q2 | G | Q3 | R | DoT | ↓ |
| <p>Our Fitness to Practise performance is measured by the following three metrics;</p> <ul style="list-style-type: none"> • No more than 450 cases open at investigation. Red at Q3 • No more than 35% of investigation open for more than one year. Green at Q3. • No more than 15% of investigations open for longer than 2 years. Green at Q3. <p>In Q3, this area is judged to be overall Red because of the number of open cases at investigation has fallen short of our performance standard. Our Q3 target was to have no more than 474 cases open, however in Q3 we had 514 open cases.</p> <p>We continue to receive a high volume of new concerns, with 1,599 new receipts in Q3, up 13% from Q2. Although the proportion of cases being referred for investigation has not increased our improved and more efficient triage process has resulted in a rise in the volume of cases being referred for investigation; this presents a new challenge in our commitment to reduce our backlogs there. Furthermore, decision making capacity during Q3 also impacted on our ability to conclude matters.</p> <p>It is worth highlighting that we continue to make progress against our timeliness performance measures, both of which are judged to be Green. The percentage of cases open for more than one year has reduced from 44% in Q2 to 39% in Q3 and investigations open for longer than two years has also reduced from 21% in Q2 to 17% in Q3. Both of these exceeded our projections for this quarter.</p> <p>Actions/Next steps: Our performance in FtP is closely monitored and we continue to look at ways to both be proactive but also to be responsive to changing case numbers. We have undertaken a number of actions including:</p> | | | | | | | |

- Taking on three fee-paid contracted decision writers to support with clearing our open investigation backlog with immediate impact.
- The Chief Officer and Head of Function have undertaken case reviews throughout January to provide additional support in unlocking barriers to resolutions and as a result, we expect to see a reduction of over 50 additional cases in Q4.
- Three new Case Officers will be starting in Q4 which will, in time, ease pressure on the team.
- We are continuing to work on a focused capacity model including to review how we allocate cases based on complexity and expected time to resolution.
- We have outsourced most of our advocacy between December to February to enable our in-house lawyers to prepare and serve more cases pre-hearing, focussing particularly on our aged cases. We anticipate this will increase the numbers of final hearings in Q1-3 which we will need to resource.

Council may also be aware that we received the outcome of the independent audit of our triage process with a 'reasonable assurance' finding. This is positive and provides us with independent assurance that our processes are working.

Corporate Complaints

| | | | | | | | |
|----|---|----|---|----|---|-----|---|
| Q1 | A | Q2 | A | Q3 | R | DoT | ↓ |
|----|---|----|---|----|---|-----|---|

Our performance in Q3 has moved to Red. This is due to the average time we took in responding to Stage 2 complaints remaining above our 20-day performance standard. In Q3 the average response time was 34 days (21 days in Q2 and 22 days in Q1). However, the increase in time taken was a result of one highly complex complaint which took significantly longer to deal with than most and resulted in our overall performance standard being missed. All other performance standards were met.

Stage 2 complaints responses require more information to 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. Where we can identify learning from complaints, we do and in Q3 Learning was identified from two complaints, in relation to communication during FtP cases.

Actions/Next steps: We are in the process of reviewing how we process issues relating to the outcome of FtP cases as they are currently handled through the organisational complaints process.

Information Governance

| | | | | | | | |
|----|---|----|---|----|---|-----|---|
| Q1 | G | Q2 | R | Q3 | R | DoT | ↔ |
|----|---|----|---|----|---|-----|---|

During Q3 we reported a data breach to the information Commissioners Office (ICO) who confirmed that they would not be taking any further action. Currently any data breach reported to ICO is ragged as Red, whether action is taken or not. However, it is worth

noting that there were 11 reported information governance breaches in Q3, above the accepted levels of 8.

Actions/Next steps: We will be targeting teams with a high number of incidents, working with them to ensure the number of incidents are reduced. We will also be looking at how we can continually raise awareness of the importance of information governance.

We currently have a low tolerance approach for Information Governance and therefore individual incidents can significantly impact our RAG rating, as was seen in this quarter and Q2. We are reviewing how best to capture and report our performance in this area, any changes will be implemented in 2025/26 reporting.

| Human Resources | | | | | | | |
|--|---|----|---|----|---|-----|---|
| Q1 | G | Q2 | G | Q3 | A | DoT | ↓ |
| <p>Human Resources is judged to be Amber due to absence rates in Q3. We aim to have less than 4% absence rate but in Q3 we reached 4.1% up from 3.7% and 3.2% in Q2 and Q1 respectively. The increase was primarily driven by stress/anxiety and health concerns, but seasonal factors such as colds, flu, and post-holiday pressures may also have contributed.</p> <p>Actions/Next steps: Early indications suggest this was a temporary rise, and we have already seen improvement in the current quarter. Alongside our ongoing monitoring, we are actively implementing several initiatives to support employee well-being and resilience, these include:</p> <ul style="list-style-type: none"> • Implementing our 2025 Health and Well-Being Plan, with a focus on proactive measures such as improved access to mental health support. • Strengthening our Mental Health First Aiders programme by increasing visibility, formalising support structures, and encouraging engagement. • In regard to our Culture and Values work we have undertaken a series of workshops across the organisation to explore key themes emerging from the employee survey. These are being analysed and cross-referenced with survey results to inform tangible actions. In regard to the employee survey, this has been shared across the organisation, and we are actively addressing key areas of concern with a focus on workload management, stress reduction strategies, and reinforcing support mechanisms for staff. | | | | | | | |

C.2 **Finance.** Whilst we are on track with our annual goals from a strategic perspective and given our current financial position, we have judged our finance as **Amber**.

In Q3 our year-to-date financial position was an operating deficit of £0.98m. This was £0.3m lower than the Q2 reforecast with the reduction in the expected deficit driven by a lower expenditure (£0.27m (1.2%)) and a marginal increase in income of £0.04m (0.2%). Looking forward to the rest of the year this has resulted in a revised operating deficit of £1.4m, a £0.25m difference compared to previous forecast. This is due improved vacancy and

restructure savings, reduced legal costs for outsourced cases, adjusted costs for activities postponed to next financial year and a one-off rates refund.

We are, and will continue to be, in a sustained deficit position with a number of challenges to address. Our Finance and Planning Committee (F&PC) continue to closely monitor our financial position.

C.4 **Strategic Plan.** At the end of Q3 progress against our 2024-25 plan is judged to be **Amber** with some issues emerging but with our aims still largely achievable by year end. The Strategic Aims where we are judged as Amber are below:

| SA1 - Deliver an adaptable standards framework that meets public and professional needs that are changing quickly | | | | | | | |
|--|---|----|---|----|---|-----|---|
| Q1 | G | Q2 | A | Q3 | A | DoT | → |
| <p>Work against SA1 is largely on track but two objectives, Chief Pharmacists Standards and Online Pharmacies Guidance are slightly behind where we had hoped they would be in Q3. In regard to the Standards, our consultation highlighted areas we needed to explore further, and this pushed our original timelines back a quarter.</p> <p>Our Online Pharmacies work had an ambitious timeline, and we took the decision to spend more time ensuring we were ‘getting it right’.</p> <p>Actions/Next steps: Work is already progressing well in Q4, with both with both the standards and guidance being published in January, we know this objective will be back on track and judged to be Green in Q4.</p> | | | | | | | |

| SA3 - Drive improvements in pharmacy care by modernising how we regulate education and training. | | | | | | | |
|---|---|----|---|----|---|-----|---|
| Q1 | G | Q2 | A | Q3 | A | DoT | → |
| <p>Our education objective covers a broad range of work and whilst we are largely on track, we are slightly behind in some areas including overseas pharmacists and quality assurance processes for accredited courses.</p> <p>Our work on the post-registration assurance of practice objective has progressed in some areas, especially revalidation however, realistically, we will not meet our overly ambitious goals that we set ourselves. Much of this work is discovery and therefore the detailed timelines we set out last year were always going to be challenging to meet.</p> <p>Actions/Next steps: In regard to the quality of assurance process we will be undertaking an end-to end review of the learner journey so that we have a deeper understanding to help inform our future thinking and focus in this area. Following feedback from our external stakeholders we are currently revisiting our approach to registering overseas pharmacists. We have also developed a project plan for the Pharmacist Technician Standards, this work will progress in 2025/26.</p> | | | | | | | |

| SA5 - Enhance our capabilities and infrastructure to deliver our Vision | | | | | | | |
|--|---|----|---|----|---|-----|---|
| Q1 | A | Q2 | A | Q3 | A | DoT | → |
| <p>The majority of our work in SA5 is progressing well and covers a wide range of work including IT, workforce, wellbeing and culture and our annual finance objectives, however our work on myGPhCPharmacy 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.</p> <p>Actions/Next steps: We expect MyGPhCPharmacy work to restart in 2025/26. Exact details on the work and timings are being explored as we look to deliver our new strategy.</p> | | | | | | | |

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.

Assurance and Appointments Committee Annual Report

Meeting paper for Council on 20 February 2025

Public

Purpose

To inform the Council of the Assurance and Appointments Committee's work over the past year.

Recommendations

The Council is asked to note the report at Appendix A, together with the assurance provided in this covering paper.

1. Introduction

- 1.1 The Council established an independent Appointments Committee (known as the Assurance and Appointments Committee – AAC) to recruit, appoint and performance manage the members of its statutory committees: the Investigating Committee (IC), Fitness to Practise Committee (FtPC) and Registration Appeals Committee (RAC).
- 1.2 The AAC has a duty to report to Council annually on its work. Council reviewed and confirmed the role and remit of the Committee in June 2019 (see Appendix 1 of the report).

2. Role, remit and workstreams

- 2.1 The Committee articulates its work on the basis of five workstreams:



- 2.2 In the attached report the Council will see how the AAC is delivering against each of these workstreams. We have considered both the process we follow and also the outcomes and what the processes are telling us, including the impact of Covid-19. In keeping with previous reports we have also included important information on monitoring and reporting back on our diversity figures. This commitment remains absolutely at the heart of our work.
- 2.3 In adopting this approach I feel well placed to provide the Council with assurance that the work of the AAC and my own work as Chair – with the responsibility for quality assurance and performance management of the individuals which that involves – is operating well procedurally, is aligned with the Council’s values and reinforces its commitment to maintaining public confidence in the profession.

3. Recommendations

The Council is asked to note the report at Appendix A, together with the assurance provided in this covering paper.

Elisabeth Davies, Chair of the Assurance and Appointments Committee
General Pharmaceutical Council

12/02/2025



Assurance and Appointments Committee Annual report 2023-2024

Table of Contents

- 1. About this report 3**
- 2. Introduction 3**
- Figure 1: The five workstreams of the Assurance and Appointments committee .. 5**
- 3. About the AAC 5**
 - Executive Summary 7**
- 4. Workstream One: Recruitment 9**
 - What we do 9**
 - Outcomes for 23/24 9**
 - Plans for 24/25 9**
- 5. Workstream Two: Training and development 10**
 - What we do 10**
 - Outcomes for 23/24 10**
 - Plans for 24/25 13**
- 6. Workstream Three: Quality Performance 14**
 - What we do 14**
 - Outcomes for 23/24 14**
 - Plans for 24/25 15**
- 7. Workstream Four: Quality Assurance 15**
 - What we do 15**
 - Outcomes for 23/24 15**
 - Plan for 24/25 16**
- 8. Workstream Five: Communications 16**
 - What we do 16**
 - Outcomes for 23/24 16**

| | |
|---|----|
| Plans for 24/25 | 17 |
| 9. Equality, Diversity and Inclusion..... | 17 |
| Appendix 1 | 19 |

1. About this report

1. The Assurance and Appointments Committee has a duty to report to Council annually on its work. It last produced an Annual Report for the Council to cover the period of 2022 to 2023. This Report covers a twelve-month period from April 2023 to April 2024 and seeks to provide the Council with both a comprehensive overview of the work, focus and effectiveness of the Committee, along with an indicative forward look and a consideration of what will and is being prioritised in 2024/25.
2. This report is written against the backdrop of:
 - A strengthened Associates & Partners function within the GPhC which is providing more operational support (eg. Around supporting the ongoing recruitment of new Statutory Committee Members in 2024) alongside more strategic support (eg. Driving forward consideration of the GPhC's approach to quality assurance more generally and where and how the AAC fits within this).
 - The impact of the introduction of a further new member within the AAC, alongside the loss of a longer standing member.
 - Implementation of changes previously made to the GPhC's Executive Team structure.
 - The focus on timeliness, without diluting quality, and meeting PSA oversight regulatory requirements.
 -

2. Introduction

- 2.1 The Council established the independent Appointments Committee – now referred to as the Assurance and Appointments Committee (AAC) – to recruit, appoint and performance manage the members of its statutory committees: the Investigating Committee (IC), the Fitness to Practise Committee (FTPC) and the Registration Appeals Committee (RAC). The figure below sets out the numbers of SCMs currently recruited, trained and appraised by the AAC (you can read more about how the Committee is responding to evolving and changing requirements around the number of SCMs required by the GPhC later in this Report).

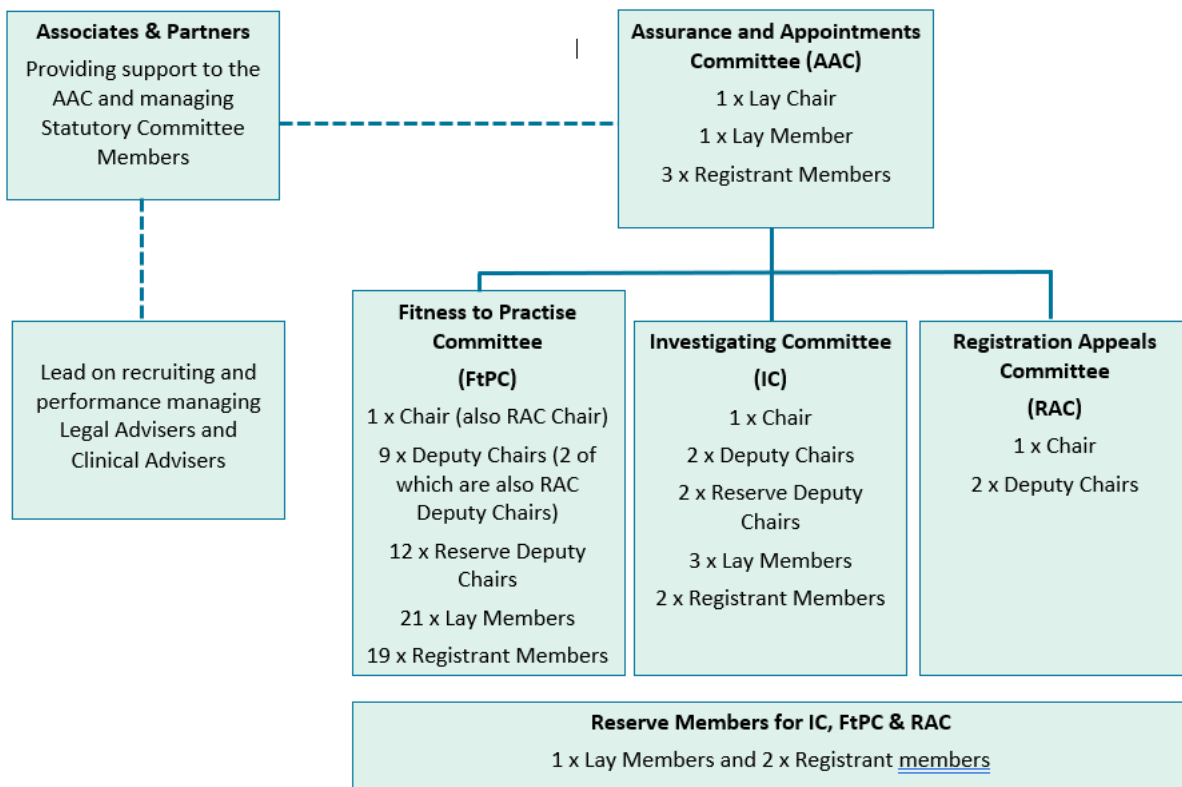
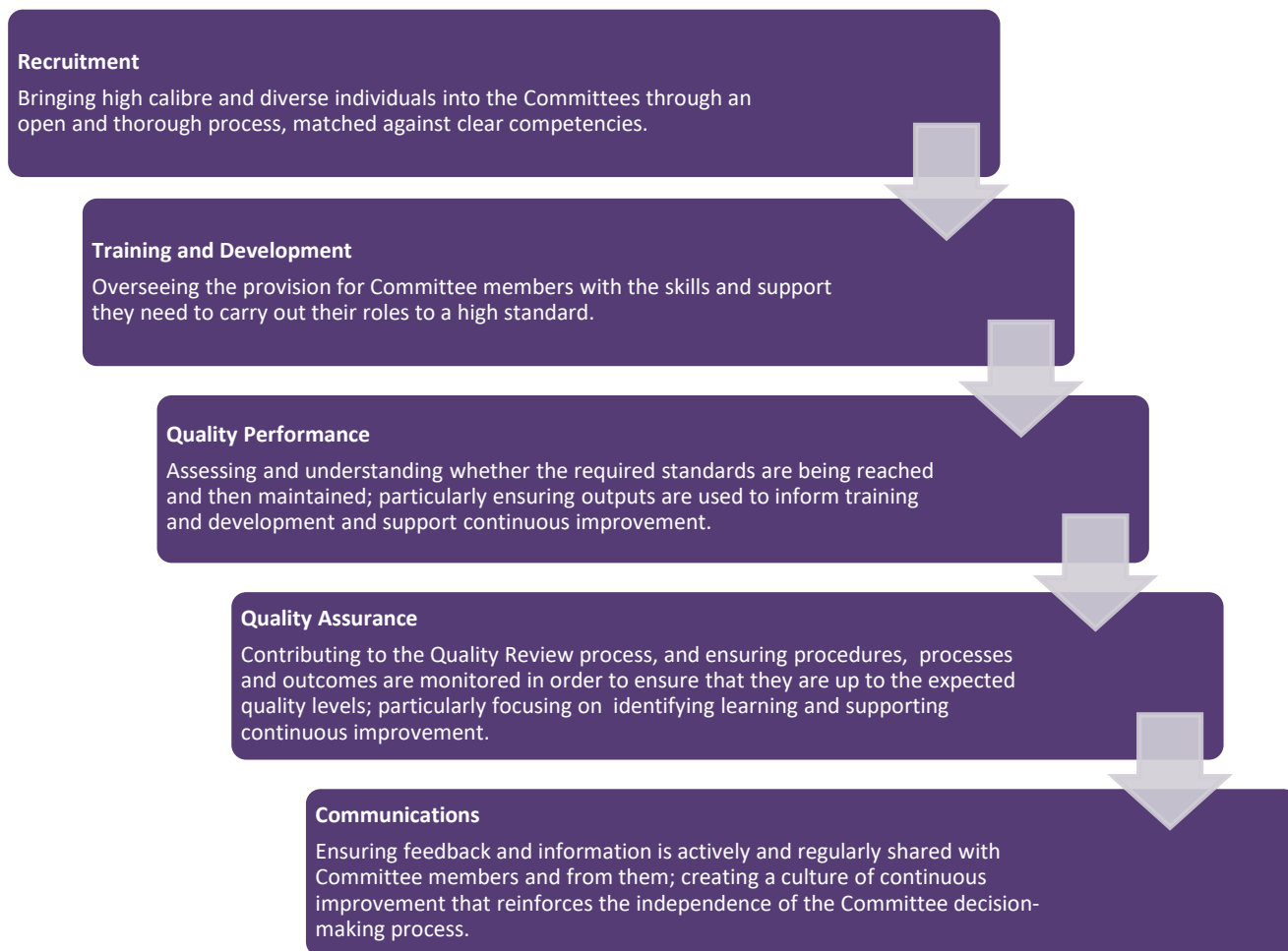


Figure 2: Diagram of the Statutory Committees and their members

2.2 The Assurance and Appointments Committee articulates its work on the basis of five workstreams (see below). Accordingly, for each of the five workstreams this Report provides information on (i) the process or what the Assurance and Appointments Committee does; ii) particular outcomes or results for 2023/24; and (iii) plans and priorities for 2024/25. This three-way approach is in recognition of the importance and value of sharing actual outcomes – conclusions that can be drawn from the data and processes – along with providing the Council with an indication of the AAC plans and intentions for the upcoming year.

Figure 3: The five workstreams of the Assurance and Appointments committee



3. About the AAC

- 3.1 The AAC operates as an independent Committee of the GPhC. It is responsible for delivering its five workstreams and ultimately in overseeing the delivery of Investigating Committee (IC) meetings and Fitness to Practice Committee (FtPC) hearings that are efficient, effective and clearly separate from the investigatory role of the General Pharmaceutical Council.
- 3.2 The AAC is not made up of GPhC Council members or staff, nor is it made up of Statutory Committee members (SCMs) who form the Investigating Committee (IC) and the Fitness to Practise Committee (FtPC). Rather it is made up of five independent members, three of whom are registrants of the GPhC and two of whom are lay (including the Chair). They meet four times a year and the current members of the Committee are:

Elisabeth Davies (Chair)

Kathryn Foreman (Lay member)

Ahmed Aboo (Pharmacist registrant member)

Rebecca Chamberlain (Pharmacy technician member)

Karen Hong (Pharmacist registrant member) (Up to September 2024)

Samita Nathoo (Pharmacist registrant member) (from January 2025)

- 3.3 In order to carry out its role effectively the AAC is dependent on close working relationships with the GPhC staff, but relationships that respect its ability to bridge the independence of the SCMs with the investigatory role of the GPhC. It does this pre-dominantly through being ably supported by the Associates & Partners Team. Working alongside the Hearings function within Adjudication Services, this Team is well placed to enable the AAC to establish a culture of continuous improvement and learning across the SCMs.
- 3.4 The AAC operates according to good governance recommendations and carried out a Committee Effectiveness Review in September 2023. This was then repeated in December 2024. The strengths along with areas for further consideration will be considered at the first AAC meeting of 2025.

Executive Summary

Workstream One: Recruitment

Throughout the last year the AAC has continued to focus on the number of SCMs required. A recruitment plan was agreed and developed for both 2023 and 2024 with appointments taking place at the end of 2023 and from October/ November 2024. The AAC has worked closely with the GPhC's EDI Team and this has included a whole process review, looking at the end-to-end process, and revisiting member role descriptions as well as recruitment channels. Consideration was given to the scope for appealing to more development candidates who were likely to be at different stages of their careers, along with ensuring recruitment took place under the steer of disability confident guidance. As a result, the focus of the 2023 and 2024 recruitment rounds has been on ensuring the recruitment campaign also appeals to those who don't necessarily have experience of the tribunal or regulatory hearing process, as well as more experienced candidates.

Workstream Two: Training and Development

In November 2023 and November 2024 refresher training was run for all the SCMs. Based on previous feedback the IC and FtP SCMs were separated so that further thought could be given to the specific focus and role of each Committee. The 2023 training for members included sessions on Interim Orders, the conditions bank and assessing evidence. The 2024 training included sessions on Warnings, Outcome guidance, Managing concerns around discrimination, freedom of expression, sexual misconduct and data protection. Feedback on the 2024 training was generally positive. Some areas to consider for next year's training includes the number of sessions which can realistically be covered in a day. The planned training on Islamophobia (there were calls for training in this area from members following on from the Antisemitism training the previous year) was unfortunately postponed by the GPhC due to challenges in sourcing an appropriate trainer and to date a revised date has not been agreed.

Workstream Three: Quality performance

Performance messages clearly emerge from the appraisal process with clear themes present around:

- The amount of preparation time put in and the dependence on this for the smooth running of Committee meetings and hearings (NB. This has been taken account of by the GPhC this year in its revised fee structure).
- The intellectual challenge of the role and the need to remain on top of GPhC policy and guidance.
- The need to embrace person-centred regulation, treading a careful line between empathy and losing impartiality.

In 23/24 particular attention is being paid to increasing the feedback provided after each meeting on each Deputy Chair and SCM. This is an essential part of each annual review process, but current rates are not what they should be. The AAC is looking at how feedback rates can be improved.

Workstream Four: Quality assurance

Quality assurance is being reviewed as the GPhC's new approach to its Quality Review Group (QRG) is being piloted. Recommendations are currently being implemented based on three types of QRG: Administrative and Procedural Review Group; Decision Review Group and Thematic Review Group. The

three new groups effectively replace QRG part one and QRG part two meetings. Key themes raised by statutory committee members have continued to include:

- How sexual behaviour is reported by the Council.
- How case management directions are handled.
- Quality and consistency of redactions (e.g. background information being included which could prejudice a decision).

Workstream five: Communications

The most significant communications development in recent years has been the introduction of the GPhC's new online portal. This continues to work well, enabling SCMs to access GPhC policies and procedures, guidance and relevant case law, all in one place, as well as then providing a single point of access for fee enquiries and the submission of invoices. Importantly it also provides a secure space for the sharing of case papers with only the Committee Members hearing a case having access to the papers for that case.

The AAC will also continue to make best use of the Members newsletter sent out by the Adjudications Team, providing a Chair's introduction and overview for each edition. Further consideration will also be given to the Legal update and how this is currently shared with all of the SCMs.

Equality Diversity and Inclusion

In terms of overall diversity of the SCMs, the data highlights:

- Over half (63%) of committee members are female.
- Since the most recent recruitment for Deputy Chairs took place, the percentage of female Chairs has increased to 72%
- The breakdown of 15.2% according to disability is broadly on a par with the 2021 CENSUS results (18%).

In 2024/25 consideration continues to be given to EDI in the context of the regulatory journey. The Associates & Partners function is running an anonymisation project with the Investigating Committee and is currently evaluating this. The main objectives of the project are to give procedural confidence and assurance to registrants of the fairness of a process involving anonymisation (analogous to the assurance given to applicants in anonymised HR processes).

The AAC is, as always, aware that more needs to be done to attract high calibre applicants from underrepresented groups. Accordingly, plans for recruitment campaign have been taken forward entirely consistently with the GPhC's EDI strategy and have been designed to attract applicants from as diverse a range of backgrounds and sections of the community as possible. Recruitment plans have prioritised EDI and have included an end-to-end journey review that takes account of a revised role description and competencies, alongside revised support and induction packages, which could allow for more 'development' candidates to be appointed.

4. Workstream One: Recruitment

What we do

- 4.1 It is essential that the AAC brings high calibre and diverse individuals into the committees through an open and thorough process.
- 4.2 A key element of the AAC's role is to ensure that there is accurate matching between the GPhC's forecasting of numbers of likely committee meetings and hearings in the future, with the number of SCMs required.

Outcomes for 23/24

- 4.3 Throughout the last year the AAC has focused on working with the Adjudications Team in overseeing improvements in hearings forecasting, Statutory Committee feedback completion and Statutory Committee recruitment. The Committee has needed to be highly adaptable during a rapidly developing time of change.
- 4.4 Part of the change has also included not requiring the new Deputy Chairs in FtP to draft a determination. Rather this is now completed by GPhC staff and is being carefully and sensitively managed, making full use of existing Deputy Chairs and their desire to continue to draft.
- 4.5 Planning for recruitment in the Autumn of 2023 and the Spring of 2024, the AAC worked closely with the GPhC's EDI team. This included a whole process review, looking at the end-to-end process, and taking account of revisiting member role descriptions as well as recruitment channels. Consideration was given to the scope for appealing to more development candidates who were at different stages of their careers, along with ensuring recruitment takes place under the steer of disability confident guidance. The AAC recruited 16 members at the end of 2023 and 28 members in 2024. These are a mix of Registrants, Lay members and Deputy Chairs including reserves.
- 4.6 The AAC received one complaint against the recruitment process. This was investigated and not upheld. No further feedback has been received although there is of course learning always for all parties. Going forward, GPhC is looking at whether and how it is possible to provide a high number of applicants with feedback earlier in the process and they will look to trial this in the next round of statutory committee recruitment.

Plans for 24/25

- 4.7 This will and has focussed on delivering on the pre-existing and agreed recruitment plan and will also entail revisiting the numbers required in the light of the Fitness to Practise Programme for achieving Standard 15. There has been an opportunity to run a general learning exercise from this year and to make any changes as a result. In total over 700 people applied for an SCM role in 2023 and 2024.
- 4.8 Recruitment in the last quarter of the year is set to focus on appointing registrant members – a category where we have not yet seen the quality nor the numbers required to date. It is anticipated that a more dedicated recruitment round will deliver on these.
- 4.9 An enhanced induction programme is already being run and will be continued for this next recruitment round. The induction looks at the competencies required to do the role along with the behaviours.

5. Workstream Two: Training and development

What we do

- 5.1 The AAC is responsible for providing committee members with the skills and support they need to carry out their roles to a high standard.
- 5.2 The annual training and development plan is developed in line with GPhC policy changes, GPhC guidance changes and the wider context of regulatory and procedural justice, including relevant PSA developments. It is informed by the feedback from committee members themselves – for example, recognising the importance of the IC and FtP distinction, along with what is coming out of the rolling appraisal process and the wider quality assurance approach, including the work of the Council’s Quality Review Group historically (QRG).
- 5.3 The training and development plan therefore covers regular refresher training for the entire membership cohort, as well as considering the specific training needs of Investigating Committee members as distinct to Fitness to Practice Committee members.

Figure 4: Annual refresher training for Statutory Committee members



Outcomes for 23/24

- 5.1 The following training and development took place in 2023/2024

Table 1: Committee events which took place in 23/24

| DATE | ATTENDEES | ATTENANCE | TOPIC/ISSUES |
|----------------------|--|---|---|
| May 2023 | IC Chairs | 100% attendance | Remote meeting of IC Chairs which included: <ul style="list-style-type: none"> • IC Anonymisation Project Update • Review of QRG process • Template update • PSA Report FtP Standards Plan • IC Training |
| June 2023 | IC and FtPC Deputy Chairs (All Chairs Meeting) | 8 out of 16 Deputy Chairs in total at this time (50%) | Remote meeting for all Deputy Chairs which included: <ul style="list-style-type: none"> • Determination templates and support for this • Hearings data • Committee member recruitment plans and implications for Deputy Chairs • QRG Feedback • PSA Feedback |
| October 2023 | All Chairs Meeting | 7 out of 16 Deputy Chairs attended (44%) | Hybrid meeting for all Deputy Chairs which included: <ul style="list-style-type: none"> • Observers Practise Direction • Adjudications Data Report • PSA Standards 15 Programme and impact on IC and FtPC • Recruitment Update • Training Update |
| November 2023 | IC Chairs meeting | 100% | Remote meeting of IC Deputy Chairs which included: <ul style="list-style-type: none"> • PSA Standards Update • IC Data Report • Recruitment Update • Templated Update • Anonymised decision making update |
| February 2024 | IC Chairs Meeting | 100% | Remote meeting of the IC Deputy Chairs which included: <ul style="list-style-type: none"> • Interim Orders • Anonymised decision making • IC Case numbers update • IC recruitment update |
| March 2024 | All Chairs Meeting | 4/16 Deputy Chairs attended (25%) | Hybrid meeting for all Deputy Chairs which included: <ul style="list-style-type: none"> • Performance update on the PSA Standard 15 • IC Chairs update |

| DATE | ATTENDEES | ATTENANCE | TOPIC/ISSUES |
|------|-----------|-----------|--|
| | | | <ul style="list-style-type: none"> • Interim Order referrals • Hearings Outcome Guidance • Recruitment Update |

5.4 Assurance and Appointment Committee members attend all training events, providing feedback. Detailed participant feedback is collected from all attendees for every training session and has generally been very positive. Examples of feedback received regarding the Annual Refresher training in 2024 include:

“I thought the pace, delivery and content was pitched really well to the mixed experience group. Consideration was given to provide information before the event which was appreciated.”

“I really liked the group discussions as this really allowed you to get to grips with how what we learnt could practically be applied. Also it was great to be in the same group throughout.”

“As a new Chair everything was useful. It was also helpful to be with more experienced Chairs and to hear their thoughts on the case studies.”

“The mix of presentation and group work”

5.5 Regular Chairs’ meetings – now three a year - are held for the Deputy Chairs. These provide safe space, allowing them to share information on cases, case management and procedure, and to make suggestions to improve process. The AAC Chair and relevant GPhC staff attend for all or part of these meetings. The meetings are not compulsory so not all Deputy Chairs are able to attend all meetings, but the agenda, papers and minutes are circulated amongst all Deputy Chairs and some who are not able to attend often contribute by emailing their thoughts in advance of meetings.

5.6 These meetings are Chaired by the overall ‘Chair of Chairs’ or the single Fitness to Practise Committee Chair (all others are technically Deputy Chairs). For the life of this Annual Report the Chair was Philip Geering. His role was also to act as a mentor to the Deputy Chairs, providing ad hoc support as required and feeding issues back to the GPhC and the Chair of the Assurance and Appointments Committee as necessary. In Chairing the meetings of Deputy Chairs, Philip was charged with addressing collective consistency issues, exploring questions of policy/procedure; and receiving training/updates e.g., policy updates, case law, issues identified via review of determinations etc. Lubna Shuja has been appointed as overall FtP Chair since November 2024. Her first All Chairs meeting was held in December. An equivalent role specifically for IC Deputy Chairs is carried out by Jill Crawford, the Chair of the Investigating Committee.

5.7 Throughout the year EDI has remained a core theme within, and influence on, the training plan. The Deputy Chairs have received regular updates on the GPhC’s EDI Strategy. Following on from last year’s successful delivery of a session on Antisemitism as part of the Annual Refresher training, it had been planned to include sessions on Islamophobia. This was unfortunately postponed due to challenges in sourcing a trainer to deliver a bespoke set of sessions. Plan are being developed to run this for SCMs and for GPhC staff.

Plans for 24/25

5.8 The training plan for 24/25 focused on remote sessions and what has already been delivered has been included for completeness:

Table 2: Training Events which took place for statutory committee members 24/2025.

| DATE | ATTENDEES | ATTENANCE | TOPIC/ISSUES |
|-----------------------|--|--------------------------------|--|
| September 2024 | Statutory Committee Induction Training – In person | 29 out of 38 new members (76%) | In person training which included: <ul style="list-style-type: none"> • Introduction to the AAC. • A journey of a concern. • EDI and Unconscious Bias. • Understanding the regulatory journey. • Portal training. |
| September 2024 | IC Induction Training | 3 out of 4 new members (75%) | Remote training which included: <ul style="list-style-type: none"> • Introduction to Key FtP Principles. • Investigating Committee in context. • Realistic Prospect Test for impairment. • Warning and advice, undertakings and conditions. • Requiring medical examination, advice, more information, involvement of police. |
| October 2024 | Fitness to Practise Committee Induction Training | 86% Attendance | Remote training which included: <ul style="list-style-type: none"> • Introduction to FtPC • Interim Orders • Dealing with evidence and appropriate questioning • Proceeding in absence and adjournments • Standards and burden of proof • Powers and Sanctions, ISG and interim measures |
| November 2024 | IC annual refresher training | 100% | Remote training which included: <ul style="list-style-type: none"> • Overview of the IC and outcomes guidance • Warnings: their purpose, when to consider a warning and the content of the warning • Data protection |
| November 2024 | FtPC Annual Refresher Training | 75% | Remote training which included: <ul style="list-style-type: none"> • Overview of hearings and Outcomes Guidance |

| DATE | ATTENDEES | ATTENANCE | TOPIC/ISSUES |
|------|-----------|-----------|---|
| | | | <ul style="list-style-type: none"> • Warnings: their purpose, when to consider a warning and the content of the warning • Managing concerns around discrimination and taking account of cultural sensitivities. • Managing concerns about sexual misconduct. • Managing concerns around freedom of expression. • Data protection |

6. Workstream Three: Quality Performance

What we do

- 6.1 Assessing and understanding whether the required standards are being reached, and then maintained, is at the heart of the Assurance and Appointment Committee’s approach to performance monitoring.
- 6.2 Feedback on committee member performance is gathered by a variety of means. Online feedback forms are completed by chairs, members and the secretariat for each hearing or meeting. These are useful for ascertaining themes such as timeliness and quality of case preparation, as well as more specific issues.
- 6.3 In addition, a protocol determines whether any concerns raised are dealt with at the time by a Deputy Chair, staff, included in the annual performance review information or passed to the AAC Chair. If immediate action needs to be taken to raise a matter with a Deputy Chair or Member, the AAC Chair will make a phone call or arrange a meeting for discussion
- 6.4 As part of performance management, and as a reflection of the AAC’s focus on ongoing improvement, the AAC Chair reviews the performance of Chairs and Deputy Chairs annually in a formal performance review meeting. The Deputy Chairs in turn review the performance of the Members. Prior to the review meeting the AAC Chair observes the Chair/Deputy Chair at a hearing and reviews feedback gathered through the year from online hearing/meeting feedback forms. This feedback is also shared with the Deputy Chairs. Those being reviewed are asked to complete self-appraisal forms. These meetings provide an opportunity to reflect on the work, to identify training needs and to appreciate the work undertaken.

Outcomes for 23/24

- 6.5 Performance messages clearly emerge from the appraisal process with clear themes present around:
 - The amount of preparation time put in and the dependence on this for the smooth running of Committee meetings and hearings (NB. This has been taken account of by the GPhC this year in its revised fee structure).

- The intellectual challenge of the role and the need to remain on top of the GPhC policy and guidance.
- The need to embrace person-centred regulation, treading a careful line between empathy and losing impartiality.

6.6 Key learning points captured by the reviews include:

- Online pharmacy remains an area where members are potentially calling for more information and it will be important for the AAC to keep a close eye on this.
- A greater focus on the use of templated approach to the drafting of determinations by Deputy Chairs. These were in place when the new Deputy Chairs were recruited in 2024.
- The blend of in person and remote working for FtP members is now well established and is working well. Deputy Chairs and members are aware of potential differences for new members who they may never have met in person and whether this could create any new challenges for collective decision making.

6.7 It is essential that all SCMs and the AAC continue to hold themselves to account and are open to continuous improvement and learning. One complaint was received during the lifetime of this Report, in relation to the recruitment process. Whilst this complaint was not upheld future learning has been identified.

Plans for 24/25

- 6.8 The Annual Performance Review process will continue to be rolled out and improved as required.
- 6.9 Focus and consideration has continued to be given this year to improving feedback rates. These are currently at around 45% of what they could be, Whilst the GPhC's approach to, and commitment to gathering feedback is praised by the other regulators, further work is need on improving feedback rates.

7. Workstream Four: Quality Assurance

What we do

- 7.1 The Assurance and Appointments Committee contributes to the monitoring of procedures, processes and outcomes through the AAC Chair in order to ensure that they are up to the expected levels of quality standards. This is a key part of our commitment to identifying learning and supporting continuous improvement.
- 7.2 The GPhC's Quality Review Group, and in particular the part two meetings, is an important element in the AAC Chair's approach to quality assurance. Given that part two meetings of the Quality Review Group have been taking place for over five years it has therefore been right that last year the QRG process has been reviewed in its entirety. Recommendations have been agreed and this year has been a time of transition from old to new.

Outcomes for 23/24

- 7.3 Quality assurance is being reviewed as the GPhC's new approach to QRG is being piloted. Recommendations are currently being implemented based on three types of QRG: Administrative and Procedural Review Group; Decision Review Group and Thematic Review Group. The three new

groups effectively replace QRG part one and QRG part two meetings and the Chair of the AAC is involved in these.

- 7.4 The Thematic Review Group has already met and carried out a more detailed and thorough deeper dive into part heard cases. The findings of this Review are currently being considered and acted upon.
- 7.5 Key themes raised by statutory committee members have continued to include:
- How sexual behaviour is reported by the Council.
 - How case management directions are handled.
 - Quality and consistency of redactions (e.g. background information being included which could prejudice a decision).
- 7.6 A significant area of focus this year has been the IC and the Interim Order process. This comes down to the role of IC in recommending an Interim Order is applied; what is shared with FtPC; and what is consistent with the rules and regulations. This issue has become a trojan horse for how Committee members work with GPhC colleagues whilst respecting their independence – the culture of mutual respect and understanding around different roles. Under the Chief Enforcement Officer’s leadership this issue is being well addressed.

Plan for 24/25

- 7.7 The focus has been and will continue be on implementing the review of the new QRG process, particularly how the AAC Chair can best support the move to the three new groups: Administrative and Procedural Review Group; Decision Review Group and Thematic Review Group. The first meeting of the Thematic Review Group has already been held and this was an opportunity to drill down into the detail of part-heard cases.
- 7.8 Alongside this the AAC will continue to support the development of the Executive Team function at GPhC including the wider focus on QA processes and AAC’s role within this. This includes potentially reviewing the ToR of the AAC and reflecting on the role of the Chair of the AAC, recognising that the current Chair comes to the end of their second term in August 2025.

8. Workstream Five: Communications

What we do

- 8.1 Ensuring feedback and information is actively and regularly shared with committee members, and from them, is an essential part of the work of the Assurance and Appointments Committee. Maintaining the independence of the Committee decision-making process is entirely compatible with sharing information and learning.
- 8.2 A regular newsletter is the main channel of communication with all members, updating them on GPhC and wider healthcare regulatory policy, emerging case law and thematic feedback.

Outcomes for 23/24

- 8.3 Following the introduction previously of the GPhC’s online portal, work has continued this year on ensuring this is working effectively and is being well used. There have been some concerns raised with the portal during its breakdown over the summer months of 2024. Nonetheless it successfully enables SCMs to access GPhC policies and procedures, guidance and relevant case law

all in one place as well as then providing a single point of access for fee enquiries and the submission of invoices. Importantly it also provides a secure space for the sharing of case papers, avoiding the need for sending multiple password-protected papers via Egress switch.

- 8.4 In addition, the AAC Chair corresponds with members regularly, and observes as many hearings as possible, which, as well as allowing her to monitor performance, provides a welcome opportunity to catch up with panellists and listen to their feedback and any concerns.

Plans for 24/25

- 8.5 The AAC will continue to make best use of the regular newsletter, including through providing a Chair's introduction and overview. It will also continue to keep a careful watch on the use of the Legal Update and its current circulation to all SCMs.
- 8.6 In addition it will keep a close eye on the introduction of Deputy Chairs who are not drafting and the shift to staff for this. This potentially has implications for a different fee structure (Communications); for different Deputy Chairs being recruited to do different roles (recruitment); and for whether and how it has an impact on the time taken to reach a decision (performance management) and the ultimate impact on regulatory justice (quality assurance). The AAC therefore needs to be alert to this in its entirety.

9. Equality, Diversity and Inclusion

- 9.1 The statutory committees strive to promote and reflect equality, diversity and inclusion when performing their regulatory functions. The Assurance and Appointments Committee and the scheduling staff try to ensure that the people appointed and allocated to the statutory committees reflect the diversity of the public they serve and the registrant population.
- 9.2 This year's diversity statistics for the current committees can be found at Appendix 1. This information has been taken from the portal, whereby the members have been asked to complete the EDI form. This is a different process to that adopted in previous years, with exception of last year.
- 9.3 Benchmarking statistics are taken from the 2021 CENSUS and the registrant population figures are taken from the GPhC's registers.
- 9.4 The combined data highlights the following key points:

Overall diversity

- 9.5 Over half (63%) of committee members are female.
- 9.6 The breakdown of 15% according to disability is broadly on a par with the 2021 CENSUS results (18%).
- 9.7 The AAC is, as always, aware that more needs to be done to attract high calibre applicants from underrepresented groups. Accordingly, plans for the current recruitment campaign have been taken forward entirely consistently with the GPhC's EDI strategy and have been designed to attract applicants from as diverse a range of backgrounds and sections of the community as possible. However, the AAC is also very aware that equality, diversity and inclusiveness is about more than the recruitment process followed. Recruitment plans prioritising EDI have included an end-to-end journey review that has taken account of revised role description and competencies, alongside revised support and induction packages, which could allow for more 'development' candidates to be appointed.

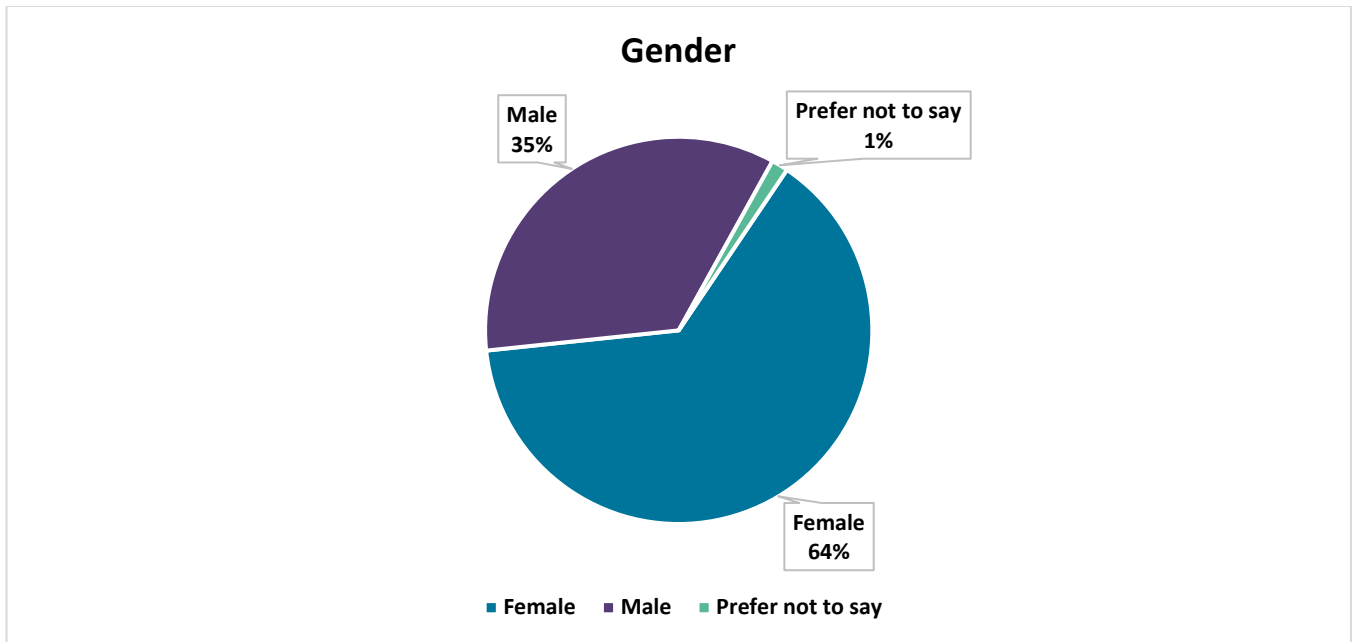
- 9.8 In addition, following a decision previously the AAC is benchmarking lay members against the UK population CENSUS 2021 figures whilst registrant members are being benchmarked against the GPhC's registrant population. This is reflected in this Annual Report.
- 9.9 Finally, consideration continues to be given to EDI in the context of the regulatory journey. The Associates & Partners function has been running and is currently evaluating an anonymisation project with the Investigating Committee. Whilst currently paused, the Investigating Committee (IC) process was chosen as the IC assess cases on papers only so this process lends itself well to a project involving redaction of information which might identify the ethnicity of the registrant (before the case papers are considered by the IC).
- 9.10 The main objectives of the project were: Enhancing confidence in the fairness of the Investigating Committee process; collecting detailed outcome data according to Ethnicity and Nationality from the Investigating Committee process; evaluating the impact of using anonymisation in the Investigating Committee process.
- 9.11 An evaluation of the project is being carried out.

Appendix 1

The tables and information below provide an EDI breakdown of the two Statutory Committees, Investigating Committee and Fitness to Practise. This information has been taken from the portal, whereby the members have been asked to complete the EDI form.

Gender

Figure 5: A chart showing the overall gender data of our Statutory Committee Members

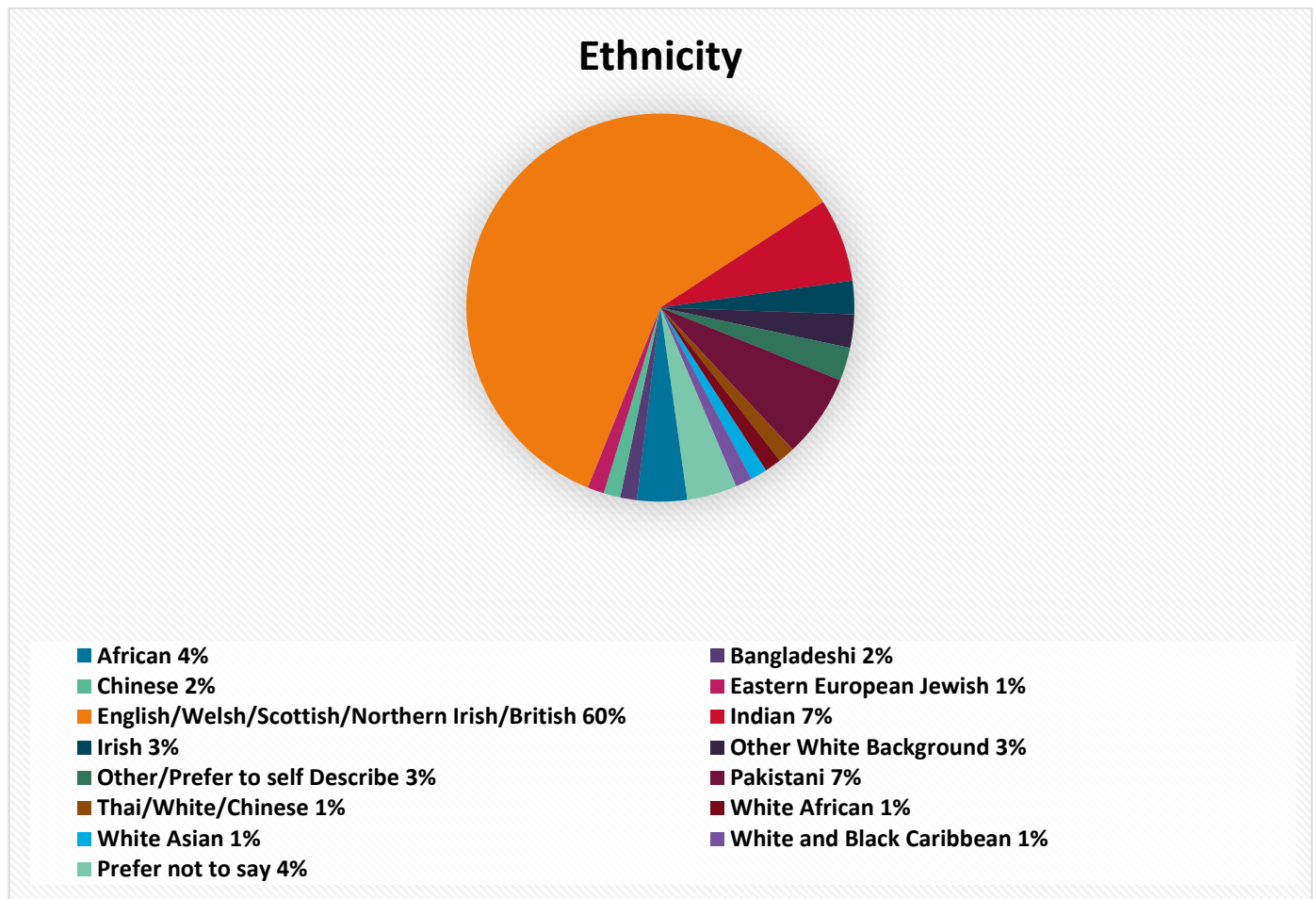


Gender of Chairs/Deputy Chairs

Whilst the majority of Committee Members are female (63%) the percentage of female Deputy Chairs is 72% as against 28% who are male.

Overall Committee Member Ethnicity

Figure 6: A chart showing the overall ethnicity data of our Statutory Committee Members



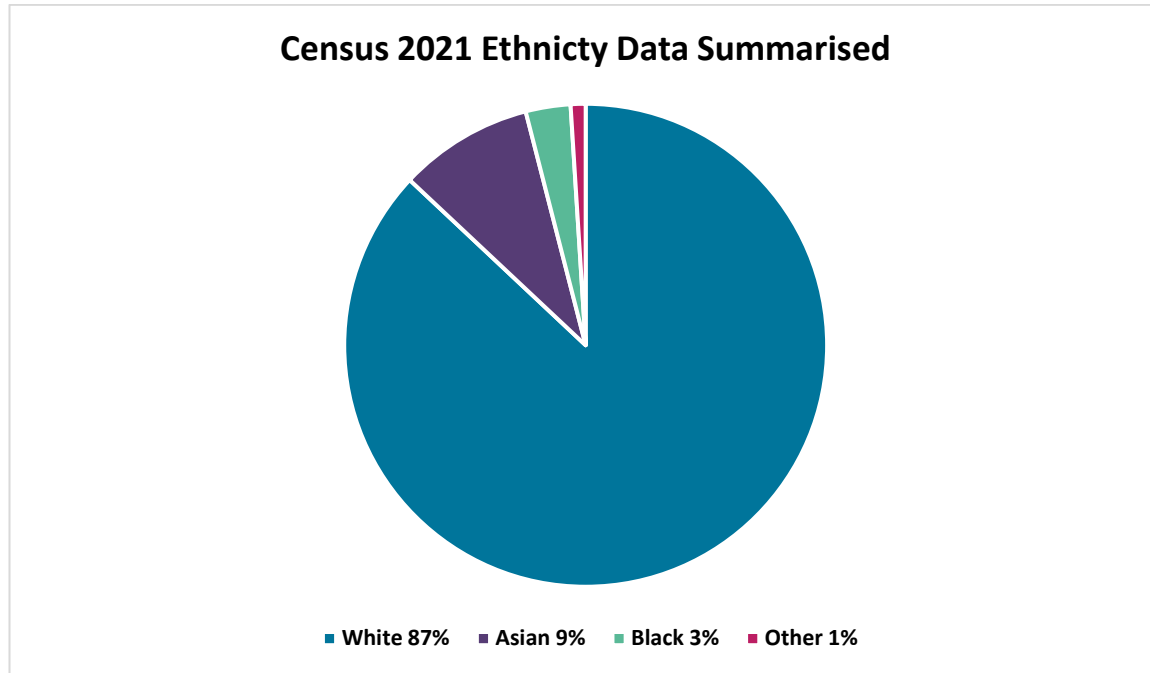
This EDI data is further broken down below into Registrant Members and Lay/Deputy Chairs (who cannot be Registrants). The breakdown of Registrant Members is then compared to combined data from the two professional registers. Lay/Deputy Chair data is compared to the most recent CENSUS data from 2021.

Further Analysis of EDI Data according to Ethnicity

Comparing Lay/Deputy Chair Member Data with 2021 Census (Expressed as Percentages)

Ethnicity Data from CENSUS 2021

Figure 7: A chart showing the overall ethnicity data from the 2021 CENSUS



Ethnicity Data Lay Committee Members

Comparing Registrant Statutory Committee Member Data with Registrant Data from both the Pharmacy Technician and Pharmacist GPhC Registers (Expressed as a Percentage):

Figure 8: A chart showing the overall ethnicity data of our Statutory Committee Deputy Chairs

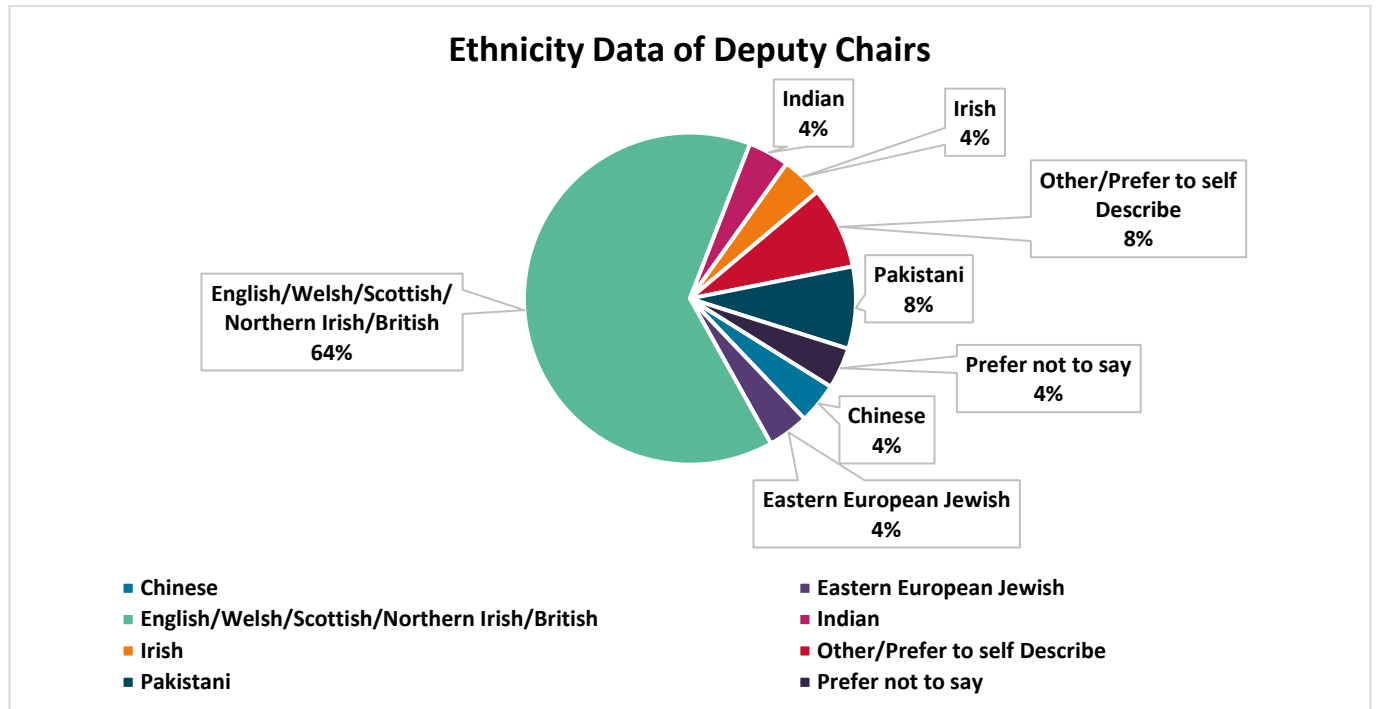
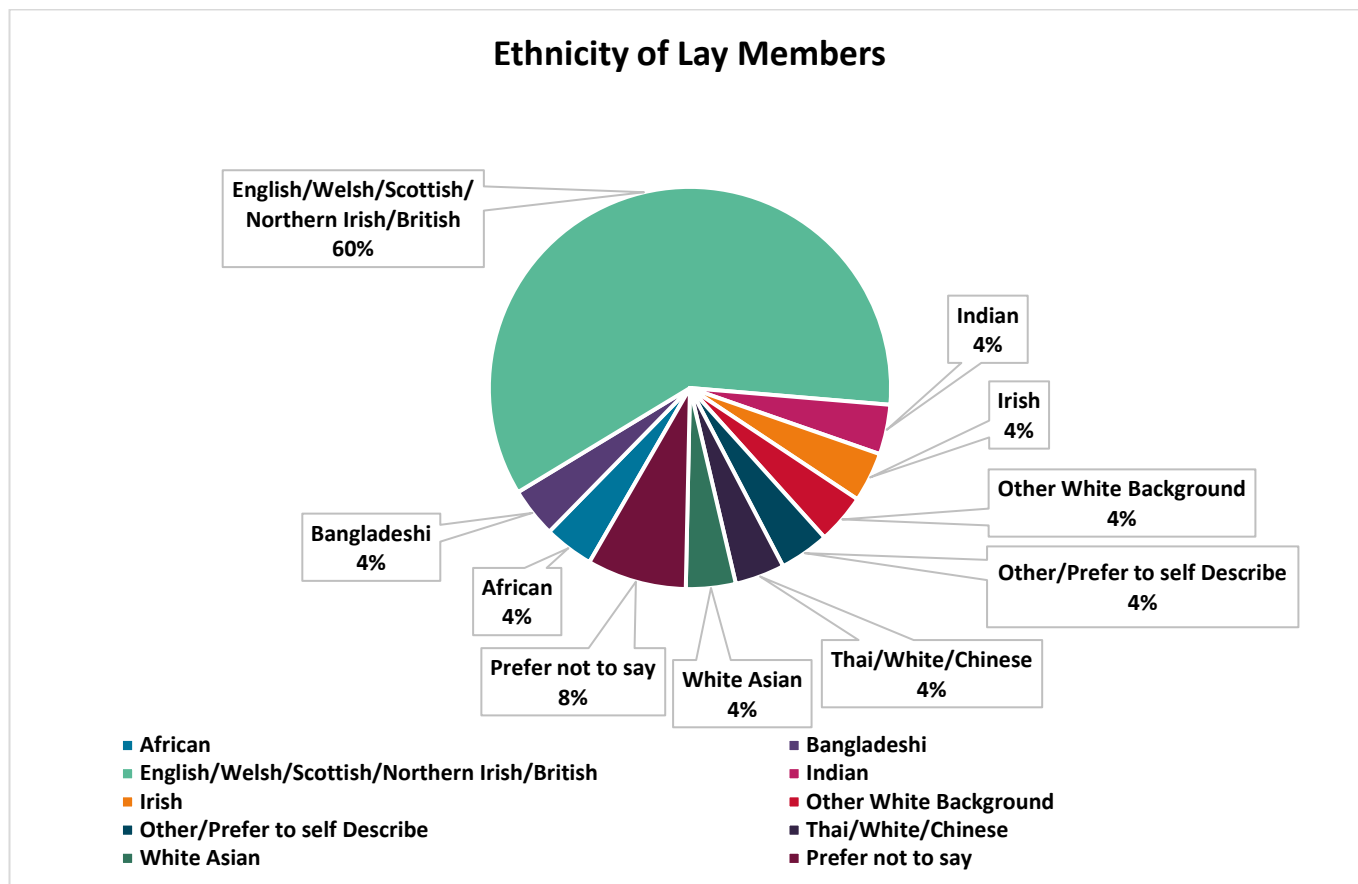
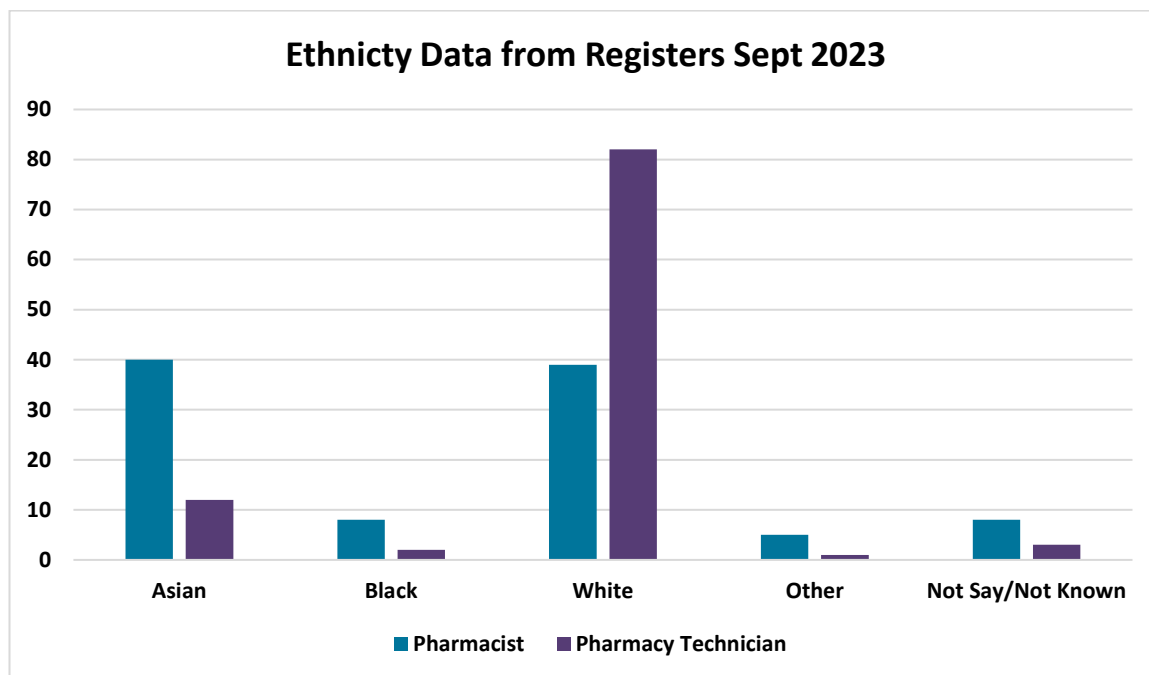


Figure 9: A chart showing the overall ethnicity data of our Statutory Committee Lay Members



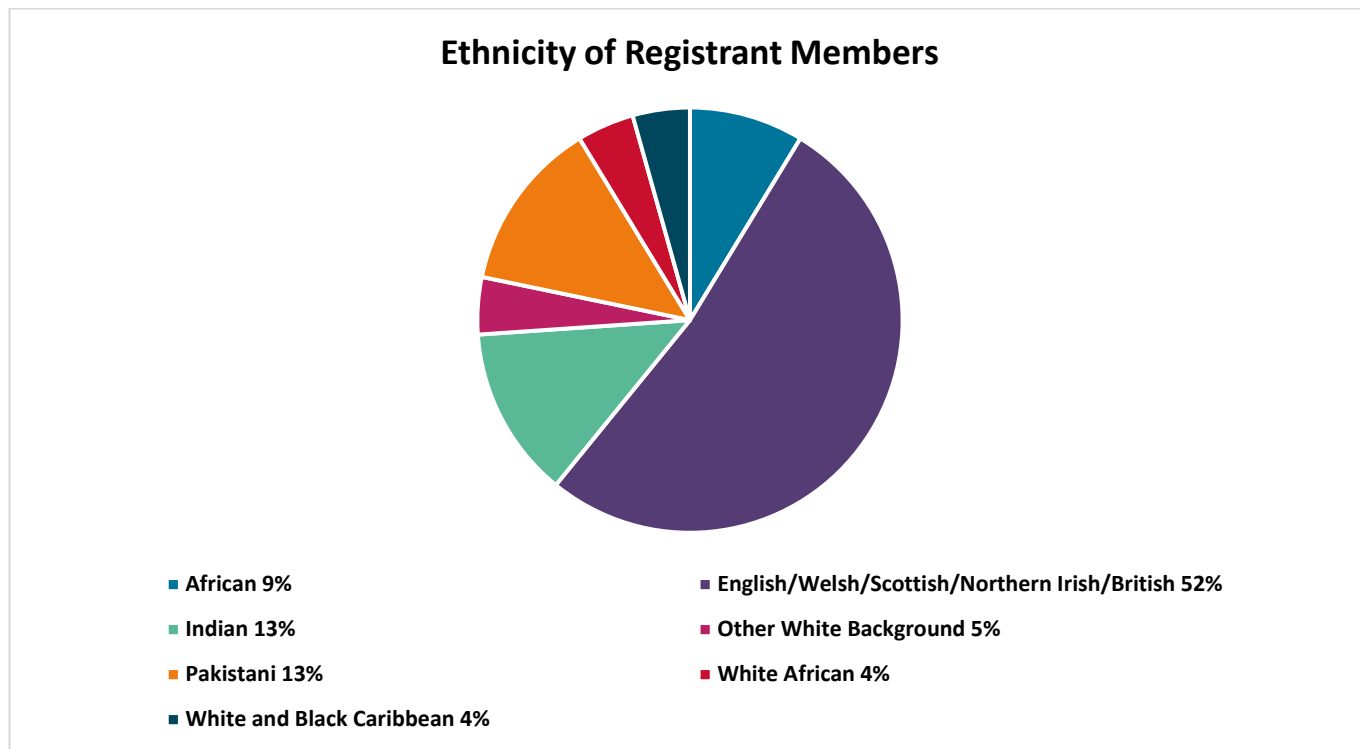
Ethnicity Data from the Registers of Pharmacists and Pharmacy Technicians

Figure 10: A chart showing the ethnicity data from the registers September 2023



Ethnicity Data Registrant Members

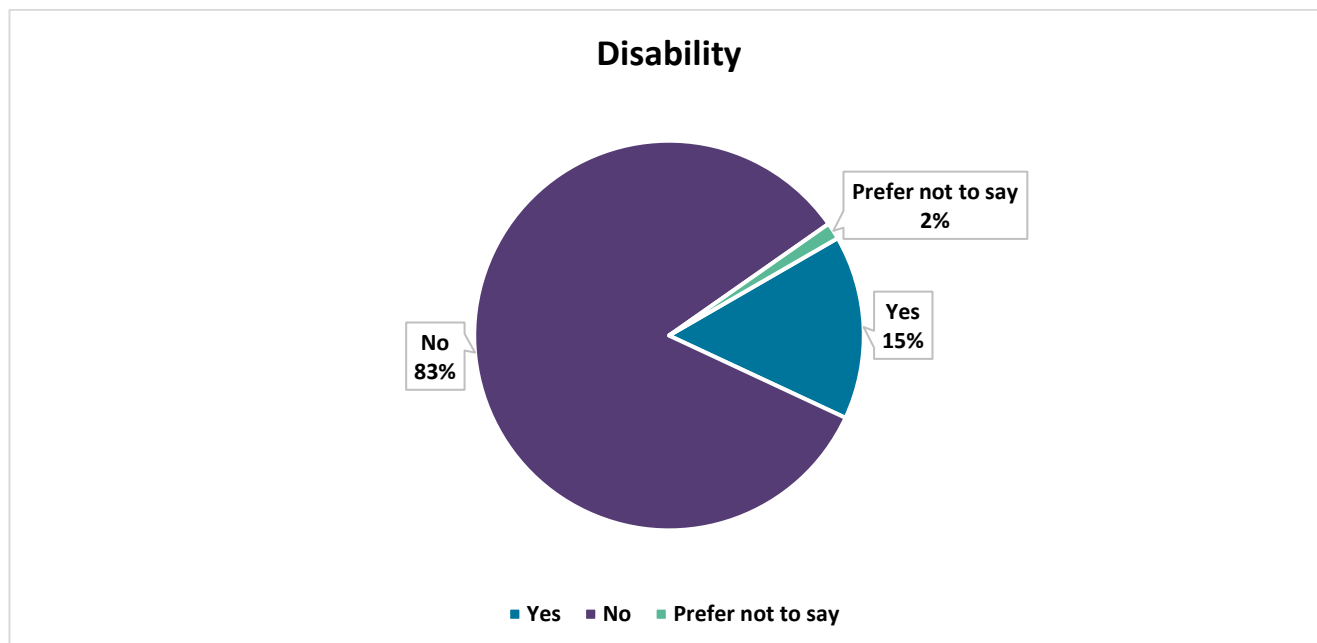
Figure 11: A chart showing the overall ethnicity data of our Statutory Committee Registrant Members



Further Analysis of EDI Data according to Disability

The 2021 CENSUS found that around 18% of people are now living with a long-term physical or mental health condition. The data on disability for Committee Members is set out below.

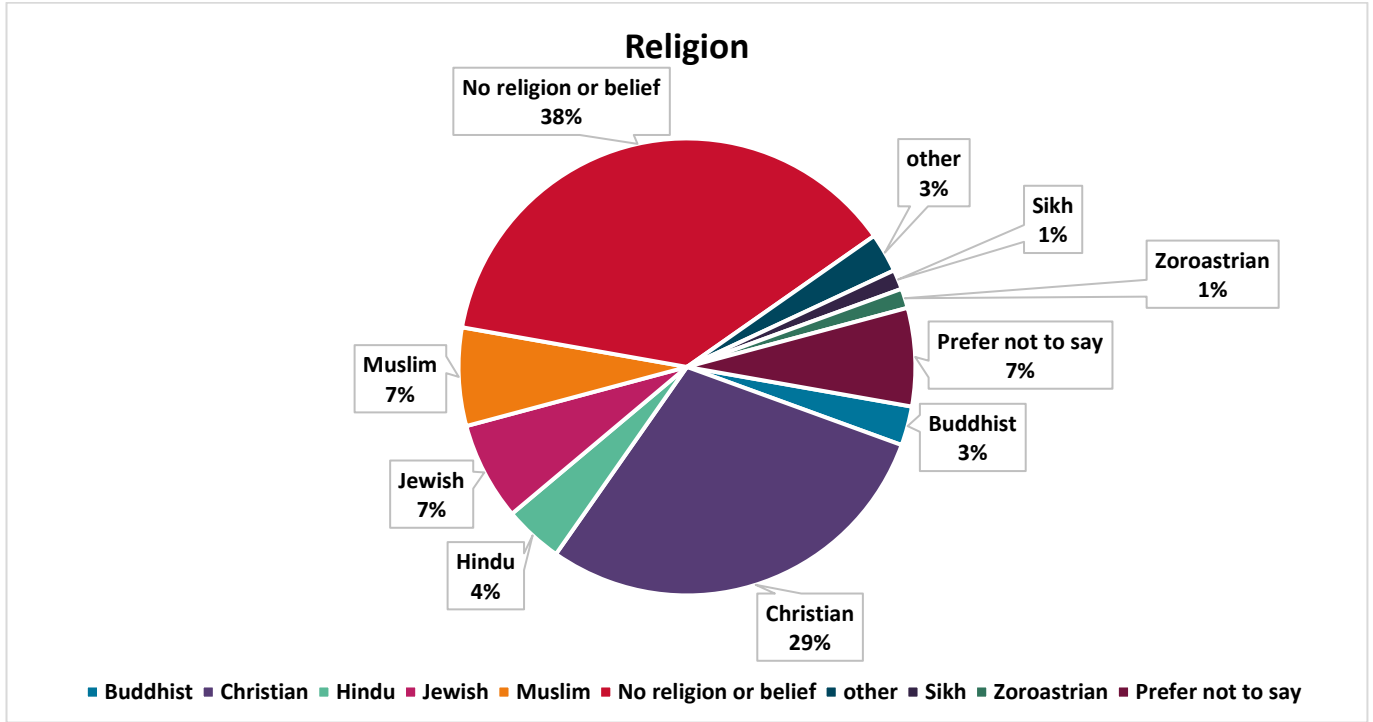
Figure 12: A chart showing the overall disability data of our Statutory Committee Members



Further Analysis of EDI Data according to Religion

The 2021 CENSUS found the following percentages in respect of responses to the question of religion: Christian – 46%, No religion 37%, Muslim – 7%, Hindu – 2%.

Figure 13: A chart showing the overall religion data of our Statutory Committee Members



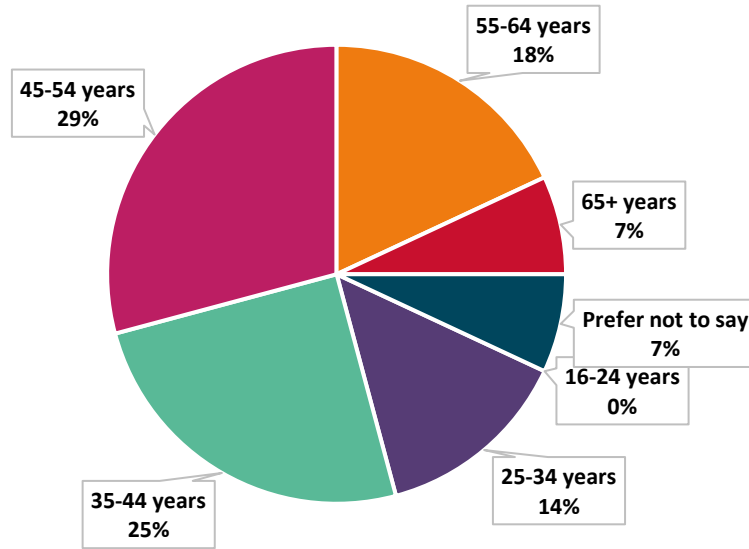
Further Analysis of EDI Data according to Age Groupings

The 2021 CENSUS breaks down into the following percentages according to age (percentages for those under the age 18 are not included) 18-34 – 22%, 35-44 – 13%, 45-54 – 13%, 55-64 – 13%, over 65 – 19%.

The age breakdown of Committee Members.

Figure 14: A chart showing the overall age data of our Statutory Committee Members

Age Group



■ 16-24 years ■ 25-34 years ■ 35-44 years ■ 45-54 years ■ 55-64 years ■ 65+ years ■ Prefer not to say

One year in - hearings and outcomes guidance

Meeting paper for Council on 20 February 2025

Public business

Purpose

To provide the Council with a summary on the impact of the revised hearings and outcomes guidance, which was approved by Council in December 2023 and launched in February 2024.

Recommendations

The Council is asked to:

- Note the update on the implementation of the revised hearings and outcomes guidance.

1. Introduction

1.1 In November 2022, we consulted on changes to our hearings and outcomes guidance for decision-makers, to strengthen our approach to dealing with cases involving discrimination, harassment and bullying, and to include new information about cultural factors when panels are deciding on an outcome. The exercise concluded in January 2023. As part of this exercise, we sought views on a number of important proposals to strengthen our guidance for decision makers. Key changes included:

- strengthening the committee's considerations around expressing insight, remorse and apology to include neurodiversity
- adding further information around the weight of testimonials and how they should impact decision-making
- clarification around definitions of different types of discrimination and strengthening information around the context in which it may occur
- providing further examples of when discrimination may occur
- change to the wording about the highest outcome to *usually* (rather than implying it's always) to be used where discrimination has been found.

1.2 The changes were presented to Council at their meeting in December 2023. Council approved the changes and it was agreed that we would present a report to Council after 12 months, setting out the impact (if any) of the revised guidance.

2. Background

2.1 Health and social care regulators have long been criticised for not taking racism and discriminatory behaviour seriously enough and underestimating the impact that these concerns have on public confidence and trust in the professions that they regulate. The

Professional Standards Authority (PSA), in its report *Safer care for all – solutions from professional regulation and beyond*, has called for regulators to review how their fitness to practise processes - and indicative sanctions guidance - address allegations of racist and other discriminatory behaviour. The work to strengthen the GPhC's guidance started before the publication of the PSA report and was driven by our EDI and managing concerns strategies. Nevertheless, we took account of the PSA report as the work developed.

- 2.2 There is no place for discrimination in health and care and we are committed to making positive changes to play our part in tackling all forms of discrimination. As a regulator, it is vital that we lead by example when tackling all forms of discrimination. We have a responsibility to make sure that our processes, policies and guidance are clear and that we take these concerns seriously when they are raised with us. We also want to make sure that not only are we taking concerns of this nature seriously but that we are tackling any potential bias in our decisions and that they are fair.
- 2.3 In our **Managing Concerns strategy**, we committed to managing the concerns we receive in a way that is free from discrimination and bias. Additionally, in our organisational-wide **EDI strategy**, we also committed to making regulatory decisions that are demonstrably fair and free from discrimination and bias. Part of this commitment involves taking appropriate action when concerns are raised about discriminatory behaviour by pharmacy professionals and taking relevant external expert advice on such matters where necessary. Additionally, in the strategy, we said that we will support our staff and committees to make non-discriminatory regulatory decisions.
- 2.4 These strategies are interconnected. They each have a clear focus on how we will minimise and deal with the risk of potential biases in our decision-making and how we will manage concerns about discrimination.
- 2.5 To deliver on our published strategy commitments, we strengthened our hearings and outcomes guidance to address how decision makers should consider concerns about discrimination. The revised guidance includes how panels should take account of cultural factors when professionals are demonstrating insight, for example when expressing an apology. Our aim is to be clear about how seriously concerns of this nature need to be taken and that fitness to practise decision makers should, when deciding on an outcome, take into consideration the seriousness of any discriminatory behaviour.

3. Impact of the revised guidance

Cases heard by the Fitness to Practise Committee

- 3.1 Since the introduction of the guidance, there have been two hearings which have featured allegations of behaviour that may be considered discriminatory.
- 3.2 The first case concluded in June 2024. The allegations included a particular relating to a conviction of racially/religiously aggravated common assault/beating, which involved a fight in which the registrant had used a racially aggravated phrase. The registrant admitted that particular. In their determination, the Committee twice stated that they had taken account of the new guidance. Having found the facts of the allegation proved, the Committee also found that the grounds of misconduct and conviction were established.
- 3.3 The Committee then considered whether the registrant's fitness to practise was currently impaired. Although the Committee did not refer to the guidance at this point, they used the

framework from section 2.14 of the guidance to aid their consideration about current impairment. Having found that the registrant had shown sufficient remorse, remediation and full insight, the Committee decided that the registrant's fitness to practise was not impaired. However, they found that there needed to be a public acknowledgment that the registrant's conduct had been unacceptable and, to address that need, they issued a warning.

- 3.4 The second case also concluded in June 2024. In this case, it was alleged that a registrant had made a comment directly referring, in a discriminatory way, to the gender reassignment of a patient.
- 3.5 The Committee noted that it had regard for the revised guidance. In this case, however, and after having received evidence from several witnesses, they found that the facts of the case were not proved. They therefore did not need to consider the guidance with regard to misconduct or impairment.
- 3.6 This case was referred to the GPhC's decision review group (DRG). It was discussed at the August 2024 meeting. DRG took a positive view of the outcome of this case, and asked the Chair of the Assurance and Appointments Committee to share positive feedback with the Chair and panel on the good practice displayed in reaching and recording the decision for this case.

Feedback from panellists

- 3.7 After every committee meeting, we ask panellists to give feedback about the hearing.
- 3.8 We have reviewed the feedback provided by panellists since the revised guidance was introduced. There has been no specific reference to the guidance, or the issues the revisions were introduced to address. However, in response to a question about potential training, there have been two specific references to how the committees apply conditions of practice, and one linked reference to how drug and alcohol use is monitored. We will ensure that the next training session for panellists includes a section on using conditions and how they are monitored.

Training activity

- 3.9 Following the introduction of the guidance, we presented an update on the revised guidance to the next fitness to practise annual refresher training meeting. We received feedback following the session, and from 14 respondents, the guidance update session received a rating of 4.7/5 (broadly in line with the overall feedback response). Two respondents commented about the guidance update session with both reflecting that that the session was too long. The session was delivered to a mix of new and established panellists, and there were several comments that this had affected the pace of the day, although none of these comments related specifically to the guidance update session.

4. Equality and diversity implications

- 4.1 The first theme of our EDI strategy is *"to make regulatory decisions that are demonstrably fair, lawful, and free from discrimination and bias"*. The work to revise this guidance was one part of the actions taken to deliver against this objective, to tackle any discrimination, bias and lack of inclusion in our fitness to practise process.

4.2 Our equality impact analysis considerations have also been informed by our qualitative and quantitative analysis of responses to the consultation and the available evidence relating to groups by reference to protected characteristics.

5. Communications

5.1 No communication activity is planned as a result of this review.

6. Resource implications

6.1 The resource implications for this work have been accounted for in existing budgets and will be accounted for in budget projections and future budgets across the implementation period.

7. Risk implications

7.1 Whilst we are committed to ensure that our approach to decision making is fair and free from discrimination and bias, we also recognise that the revised guidance is one of many measures to achieve this. There is no evidence that the introduction of the revised guidance has increased the risk to the GPhC with regard to decision making in FtP Committees.

7.2 This work takes account of, and is aligned with, the Council's risk management policy in particular the risk appetite statement section on patient and public safety.

8. Monitoring and review

8.1 We will continue to monitor feedback about the guidance in order to inform any future revisions. It is likely that the Thematic Review Group (part of the Enforcement Directorate's quality assurance processes) will undertake a review of decision making in cases involving issues of diversity and discrimination across the fitness to practise process later this year.

9. Recommendations

The Council is asked to:

- Note the update on the implementation of the revised hearings and outcomes guidance.

John Cullinane, Paul Cummins Head of (and former Head of) Professionals Regulation
General Pharmaceutical Council

05 February 2025