

# **Council meeting – July 2025**

# Thursday, 17 July 2025

• Public meeting: 13.00 – 15.15

# Public business

# **Standing Items**

13.00	1. Welcome and introductory remarks	Gisela Abbam
	2. Declarations of interest – public items	Gisela Abbam
13.02	3. Minutes of the April meeting	25.07.C.01
	Minutes of the public session on 24 April 2025	Gisela Abbam
13.05	<ul> <li>Actions and matters arising</li> <li>Matter arising on the Council Action Log</li> </ul>	Gisela Abbam
13.10	5. Workshop summaries – February and April 2025	25.07.C.02
	For noting	Gisela Abbam
13.15	6. Strategic communications and engagement - Chair and Executive	25.07.C.03
	update For discussion and noting	Duncan Rudkin
Regulat	ory functions	
13.25		25.07.C.04
15.25	7.Initial education and training of pharmacy technicians' consultation – delegation of approval mechanism	
	For approval	Lynsey Cleland
13.45	8. FTP update	25.07.C.05
	For discussion and noting	Dionne Spence
Govern	ance, finance and organisational management	
14.10	9. Fees consultation	25.07.C.06
	For approval	Jonathan Bennetts
14.25	10. Board Assurance Framework report Q4	25.07.C.07
	For discussion and noting	Duncan Rudkin

### 14.35 11. Annual report and accounts 2024/25:

- Annual report and accounts
- External auditors' report
- Letter of Representation

#### For approval

**14.4512. EDI annual report to Council**For discussion and noting

# 15.00 13. Public Committee Minutes

- Audit & Risk Committee on 13 February
- Quality and Performance Assurance Committee on 27 Feb
- Quality and Performance Assurance Committee on 21 May

#### 15.15 14. Any other business

#### 25.07.C.08a-c

Duncan Rudkin

25.07.C.9a-b

Paul Cummins

25.07.C.10a-c

Gisela Abbam



# Minutes of the Council meeting on 24 April 2025

# *To be confirmed on 17 July 2025* Minutes of the public items

# Present:

Gisela Abbam (Chair)	Penny Mee-Bishop
Yousaf Ahmad	Raliat Onatade
Neil Buckley	Rose Marie Parr
Dianne Ford	Gareth Powell
Ann Jacklin	Aamer Safdar
Tim Jaggard	Selina Ullah
Rima Makarem	Ade Williams

# In attendance:

Duncan Rudkin	Chief Executive and Registrar
Jonathan Bennetts	Chief Operating Officer and Deputy Registrar
Roz Gittins	Chief Pharmacy Officer and Deputy Registrar
Dionne Spence	Chief Enforcement Officer and Deputy Registrar
Paul Cummins	Interim Chief of Staff
Siobhan McGuinness	Director for Scotland
Liam Anstey	Director for Wales
Rachael Gould	Head of Communications
Janet Collins	Senior Governance Manager

# Standing items

# 1. Attendance and introductory remarks

1.1 Gisela Abbam welcomed those present to the meeting and welcomed the two new members of Council – Tim Jaggard and Raliat Onatade – to their first meeting.

### 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 (25.04.C.01)
- 3.1 The minutes of the public session held on 17 February 2025 were approved as a true and accurate record of the meeting.

# 4. Strategic Communications and engagement update (25.04.C.02)

4.1 Duncan Rudkin (DR) introduced the paper and the Council noted the update.

# **Regulatory functions**

# 5. Anonymisation project – interim evaluation (25.04.C.03)

- 5.1 Dionne Spence introduced the paper which set out an interim evaluation of the project and asked the Council to agree the next steps.
- 5.2 The project had been a pilot during which information which could identify the ethnicity of a registrant was redacted from papers going to the Investigation Committee (IC). The increasing workload in Fitness to Practise (FtP) had caused a delay in reviewing the outcomes of the project.
- 5.3 Of the 84 cases listed for an IC meeting between April 2023 and March 2024, 45 (54%) had been suitable or able to be redacted. The small numbers meant that it was difficult to quantify the analysis.
- 5.4 A short survey had been sent to 24 registrants whose cases had been dealt with and concluded under the project and 17 (71%) had responded. Ten respondents reported that anonymisation had made the process feel fairer, while the remaining seven felt it had little or no effect.
- 5.5 The range of feedback from registrants, IC members and staff and the weighing up of the disbenefits in terms of time and resource had led to the recommendation that anonymisation should not become business as usual.
- 5.6 The data for 2024-25 would soon be available and would be reviewed to see whether any other steps could be taken. The perception of fairness in the process was important and it was suggested that the data could be published and communicated to help widen understanding the FtP process did not exacerbate bias. The GPhC could not control the contents of the concerns it received, but work would continue on increasing public awareness of the appropriate places for different types of complaints to be handled.
- 5.7 Following the discussion, the Council agreed that anonymisation of IC cases would not be incorporated into business as usual.

# **Governance, finance and organisational management**

# 6. Council appointments and reappointments 2026 (25.04.C.04)

- 6.1 Janet Collins presented this item, which set out a plan for Council member appointments and reappointments in 2026.
- 6.2 The Council **agreed** the process for filling Council member vacancies arising in 2026.

# 7. Changes to the remit of the Assurance and Appointments Committee (AAC) and composition of the interview panel for AAC Chair recruitment (25.04.C.05)

- 7.1 Following a Council discussion with members of the AAC in February 2025, a small Council working group had reviewed the remit of the AAC and the role description of its Chair. The working group had made some suggestions for changes to the remit of the AAC, some of which were now being put to the Council for decision.
- 7.2 The rest of the proposed changes would be held over and discussed with the new Chair once that person had been appointed. The changes proposed for this meeting were the appointment of a deputy chair for the AAC and a resulting change to its quorum.
- 7.3 The Council **agreed** that the lay member role on the Committee should be changed to a deputy chair role and, connected to that, that the Committee should be considered to be quorate if three members were present, including *either* the Chair or the Deputy Chair.
- 7.4 The Council also **agreed** that the interview panel for the recruitment of a new Chair would consist of the Chair of Council, one lay member of Council (Neil Buckley), one registrant member of Council (Ann Jacklin) and an independent assessor; and that the decision on appointment would be delegated to the interview panel.

#### 8. Any other business

8.1 There being no other business, the meeting closed at 13.35.



# **Council workshop summary**

# Meeting paper for Council on 24 April 2025

Public

# Purpose

To provide a summary of the Council workshop on 20 February 2025.

# 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 – 20 February

# Strategy development

- 2.1 Council members and the Executive took part in a session the further development of the next five-year strategic plan.
- 2.2 Group work focussed on developing metrics for each of the strategic aims, by which progress would be measured.

2.3 The outputs from the session were analysed and fed back to participants. They informed further internal and external discussions that helped shape the Strategic Plan 2025-2030, which was agreed by Council and launched in Parliament in June.

# **Assurance and Appointments Committee (AAC)**

- 2.4 Elisabeth Davies (Chair of the AAC) led a session accompanied by members of the AAC.
- 2.5 The purpose of the session was to enhance understanding of the work of the AAC and reflect on how the AAC and the Council should work together.
- 2.6 The session included a discussion of the accountability and governance of the AAC and reviewing the role profile for the committee Chair as Elisabeth Davies was due to complete her term and a new Chair needed to be recruited.

# 3. Recommendations

The Council is asked to note the summary

Duncan Rudkin, Chief Executive General Pharmaceutical Council

10/07/2025

# Strategic communications and engagement: Chair and Executive update

# Meeting paper for Council on 17 July 2025

Public

# **Purpose**

To update the Council on Chair and Executive strategic engagements since the last meeting in April 2025. 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 and our Strategic Engagement activity plan. We have also incorporated an update on key developments in pharmacy and healthcare regulation in this period.

# 2. Strategic engagement: April-July 2025

# Policy makers (including parliamentarians and Government officials)

- 2.1 On 18 June 2025, we launched our new strategic plan at an event held in the House of Commons, attended by over 60 guests including parliamentarians, representatives from stakeholder organisations, and members of our stakeholder forums.
- 2.2 Chair of the APPG on Pharmacy, Steve Race MP, hosted the Parliamentary event, and Stephen Kinnock MP, Minister of State for Care, addressed attendees on the role of pharmacy in helping the health and social care system deliver high-quality care.
- 2.3 The Chair and Chief Executive both spoke at the event and highlighted the key aims of the new strategic plan. There were also short speeches from Alan Clamp, Chief Executive of the Professional Standards Authority, and members of our Patient and Public Voice Forum.
- 2.4 Our strategic plan was laid in the UK Parliament and Scottish Parliament ahead of the launch and was also sent to the Senedd. On the day of the launch, we sent tailored emails to key parliamentarians in the UK Parliament, Scottish Parliament and the Senedd, as well as to stakeholders and people on our register.

#### Pharmacy and other regulatory leaders

- 2.5 On the 9<sup>th</sup> June, the Chief Executive and Chief Pharmacy Officer attended the monthly meeting of the Chief Pharmaceutical Officers. During the period April June there were also meetings with colleagues from the National Pharmacy Association and the Pharmacists Defence Association. The Chief Executive attended the Conference of Pharmacy Education Deans (CoPED) in May.
- 2.6 The Chair attended a roundtable with Chairs from the other health regulators hosted by the Professional Standards Authority (PSA) on 14<sup>th</sup> May. As part of their regular cycle of meetings, the Chief Executive met with the Chief Executives of Regulatory Bodies at the end of May. The Chair and Chief Executive also met with the Chair and Chief Executive of the Care Quality Commission to discuss a joint approach in those areas where regulation overlaps.
- 2.7 The Chair and Chief Executive held a meeting with the Chair and Chief Executive of the Food Standards Agency, with a number of other colleagues also in attendance. The Chief Executive and Chief Pharmacy Officer met with the Chief Safety Officer from the Medicines and Healthcare Products Regulatory Agency (MHRA) to discuss further strengthening of regulatory collaboration, with a particular focus at this time on weight loss medication and online pharmacy.
- 2.8 The Chief Executive and Chief Pharmacy Officer also attended a discussion with the Advisory Council on the Misuse of Drugs (ACMD). The Chair met the Vice-Chair, Professional Development and Standards from the Royal College of General Practitioners, Professor Margaret Ikpoh. Each of the above meetings had a focus on potential opportunities for collaboration.
- 2.9 In other engagement, the Chair met with the Chief Executive of the Commonwealth Pharmacy Association to discuss the regulation of pharmacy globally. The Chair and Chief Executive also hosted a visit from the Indian Pharmaceutical Association which is part of a number of recent and planned meetings highlighting the value of building relationships with international regulatory colleagues. In May, the Chair attended the House of Commons for a meeting of the recently formed All-Party Parliamentary Group (APPG) on Black Health.
- 2.10 Our Director for Scotland, Siobhan McGuinness, has continued to hold regular meetings with key stakeholders in Scotland, including the Chief Pharmaceutical Officer, Community Pharmacy Scotland, NHS Education for Scotland, the PDA and Disclosure Scotland. Siobhan has also attended the National Pharmacy Workforce Forum (NPWF) Scotland and the Sharing Health and Care Intelligence meeting, in which all health and social care regulators in Scotland meet quarterly to discuss emerging issues. Siobhan has also given presentations at the Boots trainee conference and to all foundation trainees in Scotland.
- 2.11 Siobhan has been involved in the recruitment process for a Scottish Clinical Leadership Fellow and, subject to checks, the GPhC will host a fellow from early Autumn.
- 2.12 On Tuesday 10 June our Council member Gareth Powell and our Director for Wales, Liam Anstey represented the GPhC at the Boots Welsh Community Pharmacy Celebration in the Senedd. At the event, Gareth and Liam had discussions with key stakeholders including the Chair and Chief Executive of Community Pharmacy Wales and the Director for Wales at the RPS.

2.13 Liam has also continued to hold regular meetings with key stakeholders across Wales during this period and attended the Welsh Pharmaceutical Committee meeting.

# 3. Engagement events, forums, roundtables and media engagement

- 3.1 Our Pharmacist Forum met on 21 May 2025. Members shared concerns about restructuring in the NHS and the potential impact. Group members highlighted inconsistency they had experienced when a service and a professional have different regulators. Members also discussed independent prescribing, noting the varying confidence levels among new independent prescribers, a lack of commissioned services in England, and the need for novice prescribing programs and ongoing support. Members also discussed in depth their views and experiences of the impact of new technology in education, training and practice. Both the benefits and risks of new technology were discussed. Members were also asked to share their view on our developing GPhC organisational values and on how we could improve Regulate, our e-newsletter.
- 3.2 Our Pharmacy Technician Forum met on 27 May 2025. Members discussed the challenges of transitioning between sectors. The group discussed education and training, highlighting support for cross-sector training to expose pharmacy technicians to varied roles, a post-registration foundation year for pharmacy technicians, and more structured career progression and consistent training standards. Members also discussed their views and experiences of the impact of new technology in education, training and practice. Members highlighted that as more patients access their online health records it will become increasingly important that the information they see is clear and understandable. Members were also asked to share their views on our developing GPhC organisational values and on Regulate, our e-newsletter.
- 3.3 On 9-10 May 2025, we participated in the Clinical Pharmacy Congress, London. Gisela Abbam attended the event. Roz Gittins, Chief Pharmacy Officer, and Dionne Spence, Chief Enforcement Officer, presented on 'Pharmacy regulation is developing: what does it mean for the sector?' The GPhC also had an exhibition stand.
- 3.4 On 13 May 2025, Duncan Rudkin joined the Sigma Pharmaceuticals conference virtually to discuss the 'Strategic direction of the regulator' with the audience of independent pharmacy owners and other professionals. Kieron Jones, Head of Pharmacies Inspection, provided a pre-recorded video presentation.
- 3.5 On 14 May 2025, Duncan Rudkin, Chief Executive, participated in a panel session on 'Developing the pharmacy workforce and leadership to deliver the 10 Year Health Plan' at a Public Policy Projects forum on Integrated Care Delivery.

# 4. Future engagement

#### Our upcoming events include:

- 4.1 A regional roundtables event in Bristol on 3 September 2025.
- 4.2 Attending the Association of Pharmacy Technicians UK conference on 19 and 20 September 2025 in Newcastle. Duncan Rudkin will be presenting an update from the GPhC and we will have an exhibition stand.

4.3 Our Patient and Public Voice forum will meet on 8 September 2025 and our Student Voice and Pre-registration trainee Pharmacy Technician Forum will both meet in October 2025.

# 5. Key developments in pharmacy and healthcare regulation

#### Publication of 10 Year Health Plan for England

- **5.1** The UK Government **published its 10 Year Health Plan for England** on 3 July 2025. The plan was developed following a national conversation with the public and with NHS staff.
- **5.2** We issued a <u>statement from the Chair</u> in response to the publication of the plan, and are writing to ministers to seek meetings to further discuss the plan, and the upcoming NHS workforce plan, which will be published later this year.
- **5.3** Under the plan, pharmacists, pharmacy technicians and pharmacies will take on expanded clinical roles. Community pharmacy will shift toward clinical services, supporting long-term conditions, prevention, prescribing and vaccination. Pharmacy will play a vital part in Neighbourhood Health Centres. Technology will be used to transform how care is provided, including providing a single patient record and other services via the NHS app, and more automation of medicines dispensing.
- 5.4 The plan highlights two key actions for the health professional regulators, including the GPhC.
  - 1. Work with Government and educational institutions to overhaul education and training curricula and course length.
  - 2. Review and renew revalidation systems so they transition to a world of realtime feedback and continuous skill development.
- 5.5 Under the plan, organisations including Healthwatch England, the National Guardian's Office, the Patient Safety Commissioner and the Health Services Safety Investigations Body (HSSIB) will close. The DHSC will take on the functions of Healthwatch England, the CQC will take on the functions of the National Guardian's Office and HSSIB, and the Patient Safety Commissioner role will move to sit within the MHRA.

#### Assisted dying legislation for England and Wales

- 5.6 On 20 June 2025, MPs voted in favour of the Terminally III Adults (End of Life) at Third Reading, with 314 votes in favour against 291. The Private Members Bill has now cleared the initial stages in the House of Commons but will need to pass through the House of Lords before it becomes law.
- 5.7 Proposed legislation on assisted dying is also progressing through the parliamentary process in Scotland and in Jersey, and has passed through the parliamentary process in the Isle of Man.

#### **Reform of health professional regulators**

- 5.8 Karin Smyth, Minister of State for Health, gave an update to Parliament in May on the UK Government's plans to progress plans to reform the legislative framework for regulated health and care professionals across the UK.
- 5.9 The Minister advised in response to a parliamentary question that the UK Government is aiming to consult on a draft legislative framework for the General Medical Council by the end of this year and lay the legislation for the GMC during this Parliament. Once that is completed, the legislative frameworks for other regulators will be reviewed. We do not yet have a timeline for when the GPhC's legislation may be reviewed and reformed.
- 5.10 The GMC has welcomed the Government's announcement and outlined the benefits to patients and registrants of reforming their legislation **in a statement.**

# Hub and spoke legislation laid

- 5.11 The Government has laid amendments to the Human Medicines Regulations 2012 (HMR) in Parliament as the next step towards Hub and Spoke dispensing for community pharmacies. Only Model 1: patient spoke hub spoke patient, will be permitted; Model 2 (spoke-hub-patient) will not be taken forward.
- 5.12 The HMR amendments will come into force on 1 October 2025 but Community Pharmacy England has advised pharmacy contractors that it is likely that hub and spoke dispensing will only be able to start from 29 October 2025 at the earliest.

# Update from UK Pharmacy Professional Leadership Advisory Board (UKPPLAB)

- 5.13 The UK Pharmacy Professional Leadership Advisory Board and the Royal Pharmaceutical Society (RPS) have established a Co-Creation Liaison Group involving Board members and leaders from the RPS. The group will meet regularly from July 2025 with a view to:
  - Enabling interaction and transparency between the RPS and the Board in respect of the RPS's development of the proposed Royal College of Pharmacy
  - Providing a forum for open discussion between the pharmacy professional bodies and specialist pharmacy groups on how to make progress collectively in co-creating the future form and function of pharmacy professional leadership in the UK, including the implications of any future change for individual organisations.
- 5.14 The Board has also approved the final <u>Vision and Common Purpose</u> for UK pharmacy professional collaborative leadership, following engagement across the sector. This has been formally adopted by all the pharmacy leadership bodies and specialist pharmacy groups who are members of the UKPPLAB. This sets out the commitment to future collaboration which will help to guide the next steps on co-creation of pharmacy professional leadership.
- 5.15 The UKPPLAB **is holding a series of webinars** in July and September to give pharmacists and pharmacy technicians the opportunity to join the discussions about the future of pharmacy professional leadership.

#### Funding for pharmacies in Scotland

- 5.16 The Scottish government has informed Community Pharmacy Scotland (CPS) that pharmacies in the country will receive a global sum of £9.31 million for 2025/26, which represents a 4% uplift.
- 5.17 This is in addition to the first part of the 2025/26 funding package for Scottish pharmacies announced last month, which included a rise in guaranteed minimum reimbursement from £110m to £120m.
- 5.18 Community Pharmacy Scotland warned that although it appreciates the Scottish government's "fiscal constraints", the 4% uplift "is not enough to cover the rising operating costs being faced by the pharmacy network" in Scotland.

# 6. Recommendations

Council is asked to note and discuss the update.

Paul Cummins, Chief of Staff Rachael Gould, Head of Communications July 2025

# Initial Education and Training for Pharmacy Technicians Consultation

# Meeting paper for Council on 17 July 2025

Public

# **Purpose**

To provide Council with an update on the planned public consultation on the standards for Initial Education and Training of Pharmacy Technicians (IETPT) and seek to delegated authority for approval of the final documentation for consultation to the Chair of Council.

# Recommendations

The Council is asked to:

- Note the update on the work undertaken and summary of key issues being explored within the review
- Approve the delegation of the final sign off for the consultation documentation to the Chair of Council, subject to recommendations from the working group of Council members.

# 1. Introduction

- 1.1 The standards for IETPT were last reviewed in 2017. The GPhC needs to consider ongoing changes to healthcare services and delivery along with professional priorities at local and national levels to ensure that initial education and training for pharmacy technicians remains applicable and relevant.
- 1.2 Since 2017 there have been considerable changes to the wider healthcare systems across GB affecting pharmacy technician's practice, including the introduction of Patient Group Directions (PGDs) to enable pharmacy technicians to administer and supply specified medicines, and a Government-led consultation on Supervision which proposes to grant pharmacists the power to authorise pharmacy technicians to take primary responsibility for the preparation, dispensing and supply of medicines without the need to be supervised by a pharmacist.
- 1.3 As pharmacy technicians' role in the delivery of pharmacy services evolves and expands it is imperative that their initial education and training develops the required knowledge, skills and behaviour to deliver safe and effective care and prepares them appropriately for modern pharmacy practice.

1.4 Following extensive engagement with stakeholders, and taking account of ongoing changes in practice, a comprehensive review of the IETPT has commenced. This review will include public consultation on the revised standards and learning outcomes for pharmacy technicians' initial education and training. This work delivers aligns with the GPhC Strategic Plan 2025-2030 where there is commitment to empowering pharmacy technicians to provide trusted, safe and effective pharmacy care.

# 2. Summary of work to date and considerations

- 2.1 The GPhC has a duty to protect the public and to set the education and training requirements for pharmacy technicians. It is committed to ensuring that pharmacy technicians are guided by a regulator that listens, takes account of their practice, how it is changing, and the challenges they face.
- 2.2 Recognising changes in practice and taking account of early stakeholder engagement and horizon scanning, there was a consistent view that a full review of the standards for the initial education and training of pharmacy technicians was required.
- 2.3 The planned consultation on revised standards is the culmination of considerable stakeholder engagement, mapping and policy work to scope and understand the changing needs and expectations of the public and workforce.
- 2.4 Work to date includes consideration of a range of emerging themes and proposals including, but not limited to, level of study, environmental sustainability, technology and advances, multisector working and equality, diversity and inclusion.
- 2.5 Key changes proposed to the IETPT standards from the 2017 iteration include moving the level of study from RQF level 3 (SCQF level 6) to RQF level 4 (SCQF level 7), strengthening areas including sustainability and EDI and introducing requirements around use of technologies to reflect current and developing practice. Greater multisector training will also be encouraged through the proposed new standards.
- 2.6 Draft standards and learning outcomes have been developed and the consultation document is being prepared. These will require review and approval prior to the launch of the consultation.
- 2.7 As the planned launch of the consultation is in September, a range of options have been considered to ensure that the proposals have effective scrutiny by Council within the short timescales. We have informally created a small working group comprised of Council members and GPhC staff to review component parts of the draft consultation documentation (the revised standards, new learning outcomes, the equality impact assessment and the consultation questions). Volunteers for this working group have come forward and the group is scheduled to meet for the first time on the 25<sup>th</sup> July.
- 2.8 Following challenge and scrutiny by the working group, with the group members' agreement the finalised consultation document will be shared with all Council members in advance of publication. The Chair will then be asked to approve the consultation document for publication.
- 2.9 Ultimately Council itself will receive a report on the consultation feedback before considering revised draft IETPT standards for approval; this cannot be delegated.

# 3. Equality and diversity implications

3.1 A full equality screening impact assessment is under way and will be scrutinised by the working group.

# 4. Communications

- 4.1 The GPhC Strategic Plan 2025-2030 is the focus of our communications, which explains our approach and priorities as an organisation and what outcomes will be achieved.
- 4.2 A full twelve-week public consultation is planned to commence in September 2025 and will be promoted through our available channels to ensure appropriate engagement. Targeted promotion to respond to the consultation may also take place and this will be monitored throughout the consultation period.
- 4.3 The analysis of consultation responses will be conducted and once reviewed and confirmed the final IETPT standards will be published.

# 5. Resource implications

- 5.1 A small working group comprising Council members and GPhC staff will meet online on three occasions to discuss and work through the documentation.
- 5.2 Council members have indicated interest and a group is established. As this work is within the strategy and associated delivery plan this is considered within the resource planning for the teams involved.

# 6. Risk implications

- 6.1 There is a risk that the working group may not be able to find consensus on the consultation proposals. Papers and documentation will be circulated in advance with some key questions for discussion to mitigate this risk.
- 6.2 There is a risk that the working group may not have sufficient time to review and consider all the documentation. This will be mitigated through circulating all documentation in advance and meetings being scheduled appropriately to meet deadlines.

# 7. Recommendations

The Council is asked to:

- Note the update on the work undertaken and summary of key issues being explored within the review of the IETPT standards.
- Approve the delegation of the final sign off for the consultation documentation to the Chair of Council, subject to recommendations from the working group of Council members.

Siobhan McGuinness, Director for Scotland and Interim Head of Education General Pharmaceutical Council

26/06/2025



# **Council update – Enforcement**

# Meeting paper for Council on 17 July 2025

Public

# Purpose

To provide Council with an update on progress and set out our performance expectations for 2025-2026

# **Recommendations**

Council is asked to note the contents of this paper

# 1. Introduction

- 1.1 The Professional Standards Authority (PSA) conducts an annual performance assessment of the healthcare regulators' effectiveness in protecting the public and promoting confidence in the profession. Five of the 18 Standards of Good Regulation apply directly to the end-to-end Fitness to Practise (FtP) function and for the past six reporting years, we have not met the standard for the timely progression of cases.
- 1.2 We recognise the significant and emotional impact that a prolonged investigation into the continued fitness to practise of our registered pharmacy professionals can have, both on their emotional wellbeing, but also, where interim measures are necessary to mitigate any continued risk to the public, on their ability to work.
- 1.3 In early 2024, we provided Council with a briefing on the challenges facing the Enforcement portfolio for the years to come. We summarised the initial phase of our 2023-2025 improvement programme a series of small focussed activities to facilitate a multi-pronged approach to reduce the volume of concerns being received and converted into formal investigations, fast-tracking the progression and resolution of a large backlog of aged concerns from our investigation teams, unlocking the barriers to efficient case progression and working towards a right first time approach to our hearings, and finally, reducing the number of hearings that did not conclude within their allotted time.
- 1.4 All of this was intended to remove concerns that do not raise ongoing fitness to practise issues as quickly as possible to release operational capacity and focus energies only on those concerns

that could, at their highest, meet the threshold for ongoing regulatory intervention. We baselined our current position for the first time and set ourselves some challenging objectives that would enable greater Council oversight and scrutiny of the direction of travel.

- 1.5 We expected that there would inevitably be a medium-term downturn in the median timescales for closures that we are measured by within the PSA's monitoring process due in part to the low numbers that progress through to the statutory decision committees but that we would be able to demonstrate improvement.
- 1.6 This paper provides Council with an update on the activities we have undertaken and the performance improvements that we have seen, as well as highlighting our current challenges and what we intend to do to continue to improve our timely resolution of investigations.

# 2 Where we are

# Initial assessment / triage

- 2.1 The 2024-2025 reporting year saw a further year on year increase of 13 per cent for concerns received through our online form or directly into the team. This reflects an overall increase of over 100 per cent over the last four years, since 2021-2022.
- 2.2 We have several ways that concerns can be raised with the GPhC and in July 2024 we started recording the number of concerns that were received and concluded by our customer contact team. When excluding those that were then transferred into triage, this added a further 720 concerns bringing the total concerns received by the GPhC over the last reporting year to almost 7,000. These concerns are not currently included in our published data but have a measurable impact on our resource.
- 2.3 We have retained our conversion rate that is the proportion of these concerns that we assess as meeting the bar for further investigation at less than eight per cent, with approximately 40-45 percent being shared with our inspectorate colleagues to inform their intelligence led inspection programme. This means that at least 50 percent of the concerns we receive should not come to the attention of the regulator and divert our limited resources away from assessing urgent risk.
- 2.4 The initial assessment stage presents the highest risk to our public protection as an inaccurate or delayed decision at this point could result in a clear failure to protect the public. All of these concerns require an initial risk assessment, and the increasing volumes create a continued risk to our ability to assess risk and proportionality at pace.
- 2.5 The team resource has only increased by 20 percent since 2021, and we have been fortunate to have been able to secure additional support over the last year from colleagues in our quality and projects team, but a prolonged period of unplanned staff absence during the last quarter of 2024-2025, extending into Q1 of this year, has highlighted a gap in the resilience of the team and steps have been progressed this year to address this. Although we have now over-recruited towards the end of the year, it will take a short while to recover the immediate impact of any unplanned absence.

- 2.6 Performance throughout the year has been very positive overall, sustaining quarterly improvements throughout our function. In spite of the increased volume of receipts, small changes to our processes including taking a more risk positive approach to our quality assurance function, improvements in our objective setting and managing performance, releasing our principal lawyers from quality assuring our decisions to open investigations and over-resourcing our team led to an improvement in the median time taken to reach a decision from 5.7 weeks to 3.9 weeks.
- 2.7 By the end of Q3, following a collaborative effort, we reduced our open triage caseload to just over 400 concerns. Unfortunately, with recent absences over the last six months, both planned and unplanned which have at times equated to 40 per cent of the team of 13 being away at any time- there has been a dip in performance. Triage caseload increased to 612 by the end of the year and to just over 900 by the end of June 2025 but is now starting to come down again.
- 2.8 Alongside the recent over-recruited into the team, we have also arranged some additional support from our colleagues in the customer contact team to support us in recovering our position over the next couple of months and we have seen a slow but steady reduction in the backlog over the last couple of weeks. We are prioritising screening to identify any high-risk cases and are confident that these are being managed effectively.
- 2.9 This year, to ensure objectives remain achievable while stretching, we have agreed to revert to an 80 per cent resolution rate within eight weeks for the first half of the year, with an ambition to achieve 80 percent within six weeks for the last two quarters of the year.

# Priorities

- 2.10 The volume of concerns received by the GPhC is unsustainable and wholly disproportionate to the number of pharmacists and pharmacy technicians that we register at just under 93,000. Notwithstanding our very low conversion rate of seven to nine per cent, we currently receive more concerns per month than the Nursing and Midwifery Council (NMC), the largest of the healthcare regulators with over 824,000 registrants and a 78 per cent conversion rate<sup>1</sup>. To have a measurable impact on this anomaly we will, this year, progress the feasibility of alternative dispute resolution provider under our improvement programme.
- 2.11 Firstly, we are moving toward producing our first Enforcement Acceptance Criteria to set out the remit of the regulator and more clearly define what concerns we will consider for further investigation. This will include reference to concerns about professionals and pharmacy issues, drawing together the clear links between our respective functions. We intend to overlay this with a user-centred guidance page on our website, ideally including a self-help tool, which should help divert concerns to the appropriate authority without the need to log and assess them.
- 2.12 Alongside this, we will develop a feasibility option and pilot for an independent complaint handling service as a means of diverting low level concerns about our registrants to a more

<sup>&</sup>lt;sup>1</sup> NMC Annual Fitness to Practise Report 2023-2024

appropriate service. The pharmacy sector is in the minority of healthcare providers in that it has no alternative resolution service for general complaints, and the Council has, to date, sought to fill that void. This project will require additional investment and will not immediately produce an immediate realisable financial benefit, but it should be considered a longer-term investment towards an improvement in the quality of service provided to registrants and the public and enable a reallocation of resource to concerns that raise serious regulatory concerns.

2.13 This project was highlighted as an ambition last year, but we have had to tread the fine line between sustaining BAU and releasing a resource to lead on developing project plans. In late 2024, we transitioned our enforcement quality team manager into our developing programme management office and have been grateful for the project support this has afforded us in getting more of these initiatives off the ground, albeit slightly later than we might have planned. We have been able to retain our former quality assurance officers to support the triage function but need to prepare for their return to their new substantive roles.

# **Casework and Resolutions**

#### Progress in 2024-2025

- 2.14 Overall, we have made some good progress in our investigation function. We have reduced the number of open cases and met our challenging stretch objectives to significantly reduce the proportion of open investigations that were more than one and two years old from receipt. Our ambition over the last year was to unlock any barriers to active case progression, close investigations that the evidence indicates no longer have a realistic prospect of impaired fitness to practise and ensure that those concerns that do meet that threshold, are promptly referred to the investigation committee and adjudications as soon as possible.
- 2.15 At year end for 2024-2025, our open investigation caseload reduced by just over 11 per cent, from 561 to 497. Although this did not meet our aim of 450, this was in part due to the added support and targeted work completed in our triage team during Q3 which moved relevant cases through that function in bulk. However, we have seen a slow but steady reduction in cases since then and at the time of writing have just over 480 live investigations.
- 2.16 We started this year with more than 60 per cent of our live investigations being over one year from the date we received the concern, and over 35 per cent were over two years old. We set ourselves a very challenging objective to reduce these proportions to 35 percent and 15 per cent by the year end. We achieved this ending the year at 34.6 per cent and 14.7 per cent, respectively.
- 2.17 In terms of our overall open caseload, excluding triage, we have moved a significant number of concerns through the process, reducing the overall proportion still in investigation from 82 per cent to 78 per cent and increasing the number of concerns now at committee stage by 13 per cent.

#### Key Interventions and impact

- 2.18 Several initiatives were designed developed and worked through to deliver and sustain these improvements.
- 2.19 In Q1 we continued with our pilot for embedding an inspector within our investigation teams to provide early access to identifying systems concerns and enable continuous risk assessments to be undertaken.
- 2.20 In Q2, we reviewed cases where multiple concerns had been raised against the same registrant resulting in several investigations being opened. Where appropriate, these were merged into a single case file to enable a more efficient and proportionate investigation and resulted in a reduction of over 70 open cases. We closed the newest of the cases, recognising that this would have a detrimental impact on our open median, but it was the appropriate thing to do.
- 2.21 In Q2, we also launched our independent emotional support service for all parties involved in fitness to practise investigations, which is provided by Victim Support. This support can be accessed at any time during the process and for 3 months after the case has concluded.
- 2.22 In Q3, we recruited independent decision writers to review and consider concerns that we had identified during our investigation could no longer met the regulatory threshold, to enable a quicker resolution. This resulted in a 27 per cent increase in the number of concerns resolved pre-IC against the previous year with 374 decisions made during 2024-2025 against 294 in 2023-2024. The median time for pre-IC decisions is currently just over our KPI of three weeks from submission with a median final resolution median of 60 weeks.
- 2.23 Due to the immediate success of that initiative, we presented a successful business case to repurpose an existing vacancy into a fixed term employee. This is providing a strong return on investment and is likely to be extended for at least a further year. With our focus on continuous improvement, we are using the learning from these decisions to support the development of our suite of 'approach to' process notes to improve the direction of our investigations.
- 2.24 In Q4 we undertook a full round of case reviews led by the Chief Enforcement Officer and Head of Professionals Regulation (Casework and Resolution). These continued the important shift to customer led investigations, with a focus on operationally led decision-making and more accountability for progressing investigation pre and post IC.
- 2.25 Following the initial case reviews, we have as a portfolio reviewed our approach to certain case types and to risk, conducting a detailed thematic review of cases involving sexual misconduct and delivering updated risk assessment training for our staff.
- 2.26 We also identified a potential unfairness where an FtP investigation had been opened but we were unable to progress due to third party investigations or live court proceedings, where there was a risk of contaminating evidence. These cases would often stay hanging over a registrant's head for months, sometimes years only to fall away on conclusion of the lead case. As part of our improvement programme, and where there was no risk to the public or public interest concern, we introduced a process where we could log, close and track these cases until a finding had been reached and then reassess the concern for any regulatory intervention.

- 2.27 In terms of managing risk, we have seen a steady increase in cases where a new interim order has been imposed, up from 25 to 39 over the year and 13 already in Q1 of this reporting year. If continues at its current rate, it may suggest that up to 50 new IOs will be imposed by the end of the year. Live IOs currently account for 14 percent of our open caseload, and notwithstanding the added pressure that these cases place on our teams who are already prioritising investigations that are very aged, have an IO in place or involve a more vulnerable registrant or witnesses, any delay in progressing these to resolution can also result in costly applications to the High Court for extensions.
- 2.28 Positively, and in spite of these volumes, we have sustained the median time in which IOs are imposed at just over 3.1 weeks from when we are in receipt of the information the suggests there is a risk.

# Illegal practice

2.29 We received 46 allegations of illegal practice cases during 2024-2025 which we aim to resolve within six months of receipt. 35 of these were closed Triage with a median of three weeks, four closed following an investigation with a median of 23.6 weeks, and we are continuing our investigation into seven.

# Focus for 2025-2026

- 2.30 Our focus in Casework and Resolutions remains strengthening accountability and ownership across our Casework teams. This includes supporting our casework team to maintain ownership for progressing our post-IC work to resolution.
- 2.31 We intend to build and strengthen our administrative support and undertake a full review legal resource to build a more advisory than decision making function. We have identified opportunities to multi-skill our teams to further support cross team working and build greater resilience across the portfolio.
- 2.32 The impact of the reduction in overall caseload, our continued efforts to resolve newer cases more quickly and a slowing down of new concerns being referred through to investigation has led to a slight increase in the proportion of open investigations over one year during Q1, although the underlying direction of travel continues to be positive. We will work hard to recover this and expect that as the backlog of triage concerns are brought down, this will balance the median out.
- 2.33 As well as our commitment to reduce the time taken to investigate and resolve cases, our objectives for this year are to continue to reduce the proportion of our pre-IC investigations over one and two years old, to 25 per cent and eight per cent, respectively.
- 2.34 We currently have 24 cases awaiting consideration for referral to the IC. This number is higher than usual, and as noted we are considering widening our pool of registrar's delegate to consider cases at this stage in the process. Our usual approach is to apply a cab rank principle to prioritising these decisions, however we are trying to approach these cases flexibly to

maintain our focus on prioritising our most aged cases first. We are confident that this approach, while ensuring cases do not await a decision for more than six weeks, is the right one

- 2.35 We will be reviewing our scheme of delegation to propose an increase the number of registrar delegates who can review and refer investigations to the IC which is currently limited to the Chief Officer and a small team of heads of function and principal lawyers.
- 2.36 We will continue to work with our partners at Pharmacist Support and out independent Support Service to ensure that registrants have access to practical and emotional support throughout the investigation.

#### Adjudications

- 2.37 There was a 46 per cent increase in the number of concerns considered by the IC during 2024-2025 compared to the previous year up from 82 to over 120. Q1 figures suggest that this will be at least replicated if not exceeded this year. The median age profile of these cases increased from 88 weeks to 94 weeks reflecting the progression of our older caseload. The IC team facilitated 39 meetings against 25 the previous year and there is currently no backlog for cases awaiting an IC meeting.
- 2.38 Although falling short of our initial projections, our adjudications team held 500 hearing days during 2024-2025, reflecting a seven per cent increase on the previous year. During 2024-2025 we rarely held more than one or two hearings a week due to a lower-than-expected volume of cases being served. We undertook various initiatives towards the end of the year to redress this and have seen more cases served than ever before. Combined with a more robust approach to scheduling including the use of case management meetings where required, we are starting to regularly schedule three hearings a week, occasionally increasing to four and rarely five. We are projecting a sustained increase in sitting days this year, and well into 2026-2027, due to the complex nature of some of the older cases which have been referred to the committee over the next year
- 2.39 In spite of the increase, we resolved only two more cases this year (compared to the 75 per cent increase against 22-23). As expected, as the caseload becomes more complex and aged, each case is taking longer to resolve, now averaging seven days rather than four of previous years. We expect this to increase further. This puts more pressure on the adjudication team to arrange committees and who can sit for these extended times, especially amongst our registrant members.
- 2.40 We have an in-house advocacy team of four lawyers and as such have trained some of our paralegals to present IO and IO Review cases. We have used external counsel when needed to ensure the legal team availability and capacity does not hinder the scheduling process but recognise that a broader review of our in-house legal structure is required.
- 2.41 Combined with caps on the number of registrant members we can have on our committee, we have had to utilise our reserve members from day one and are in urgent need of reform to our legislation to ensure our committee can be resourced to meet our statutory function. Work has commenced on progressing this over the next year, but it is not a quick win.

- 2.42 The team is scheduling hearings more quickly. Last year, we reported that most hearings were listed within 20 weeks, although due to postponements and part-heard hearings, resolution was often closer to the eight-month figure.
- 2.43 We have improved the timeliness of our scheduling over the last few months and at the time of writing 68 per cent of the 31 concerns awaiting a hearing date are within the objective of 12 weeks from the date of service and we have increased our capacity to enable up to four hearings to be scheduled each week with good availability remaining from late Q2. However, 80 percent of these cases are over two years old from receipt; almost 50 per cent over three years and 25 per cent over four years. Although this reflects positively on our drive to push our legacy cases forward, with the added time that it will take for these concerns to reach a final resolution, the impact on our open and closed medians will be felt for some time.
- 2.44 The level of adjourned hearings, that is, those that do not conclude within their allocated time, increased from 16 per cent in 2023-2024 to 26 per cent in 2024-2025 This year, in response that increase, we introduced hearing readiness meetings for cases served after April 2025. These have proved invaluable in the early identification of issues that might have otherwise led to late postponement or adjournments.
- 2.45 Our primary focus in adjudications this year is to ensure that we remove any barriers to the timely and efficient scheduling of hearings and that we work with our partners and committee chairs to ensure that listing times are accurate and well managed. We are dependent on the collaborative working of our membership bodies to build their capacity to match ours and minimise any delays due to overbooked Counsel. Our regular defence stakeholder group meetings, chaired by our head of adjudications, should go a long way to support that.

#### **Current challenges**

- 2.46 Progressing our legacy caseload to final resolution remains our biggest challenge and highest priority as we recognise that until these are concluded that disproportionate impact on our open and closed median will mask the positive improvements being made and sustained to our underlying processes
- 2.47 Approximately 30-40 per cent of cases referred to the IC will be referred on to our fitness to practise committee. We continue to be heavily challenged by delays at this stage, either where further investigative work is required, but also more broadly, the disproportionate time it takes us to prepare and serve our finalised case on the parties.
- 2.48 Along with the 31 cases awaiting a hearing date, we currently have 47 cases awaiting service and of these, over 60 per cent are over two years old with 46 per cent over three years old. These cases remain our top priority for service and resolution as with capacity for only 70-80 hearings per year we risk feeling the impact of these low numbers but disproportionally aged cases for many more months to come.
- 2.49 When combined with the 31 cases currently awaiting a hearing date, these cases alone represent more than a years-worth of our hearing capacity. Therefore, a considerable

challenge this year will be to conclude these cases at the FtPC within the limitations of our hearing room and resource capacity as well as reliance on representatives being able to support the increase in workload at this critical stage.

- 2.50 Due to statutory timescales and our commitment to more realistic scheduling as noted earlier, we are mindful that it can take a minimum of eight months post service to reach a final resolution and as these are already our most aged cases, albeit now sitting closer to where they need to be, we can predict a significantly detrimental impact on our open and closed medians at this stage for at least the next year ahead.
- 2.51 We have secured support from our panel firms and undertaken various initiatives to support the legal team in progressing these cases appropriately, but further work is needed to better operationalise and streamline this function, recognising that we are funded purely by registrant fees and impact on a very small portion of that registrant population. We need to be constantly mindful of how we spend that money. However, our overall median time to resolve cases will remain disproportionally high until this residual legacy caseload has been resolved.
- 2.52 We have been impressed by the willingness from the membership organisations and legal firms to engage with us and that through this group we've already collaborated on new processes to reduce the number of adjourned hearings. We have recently started to research how we can better support unrepresented registrants in preparing and presenting their cases and have identified an organisation who may be able to provide pro-bono advocacy in some cases.

# **Emerging themes**

- 2.53 Last year, we referenced the challenge and focus on progressing a large backlog of concerns involving high-risk online prescribing and we have made some positive strides here. At its peak in 2022-2023, 34 per cent of our investigation caseload and 18 per cent of those at FtPC involved concerns relating to online prescribing. At the time of writing, we have just under 16 per cent of our live investigations relate to this issue, and they make up almost 30 per cent of those at FTPC, with at least another four out of 47, awaiting service
- 2.54 This year we have seen increases in concerns relating to the improper and inappropriate use of the electronic prescription service (EPS) and those relating to the provision of medicines for weight management service. In relation to the latter, we have worked with colleagues from the Committee of Advertising Practice (CAP), the Advertising Standards Agency (ASA) and Medicines and Healthcare products Regulatory Agency (MHRA) to issue a joint enforcement notice<sup>2</sup> reminding registrants of their obligations to provide safe and effective pharmacy care.
- 2.55 We will continue to work with partners and our communications team to embed and support a more proactive and preventative approach to FtP.

#### Resources

<sup>&</sup>lt;sup>2</sup> Joint Enforcement Notice

- 2.56 During 2024-2025, with greater oversight we have moved towards a more robust approach to our financial management and delivered all of our improvements at a lower cost than the previous year. However, this is not sustainable with our increased volumes, larger number of IO's and more complex matters moving through to final resolutions. It presents a far increased risk to staff wellbeing that we must mitigate. We sought to assure Council that we were not simply asking for money without impact, but will require investment to continue to target our continued recovery and sustained performance
- 2.57 We have yet to realise the optimum resource required to run an efficient enforcement function and have relied for many years on utilising external support, primarily across our legal function.
- 2.58 We have utilised, and will continue to utilise, the support of our panel firms with much of this work but need to urgently develop a more efficient and sustainable model that supports end to end case management and minimises the passing of cases along a chain. This model can work in larger organisations with large flexible teams but cannot in smaller teams with more single points of failure.

# 3 Next steps

- 3.1 As well as continuing our focus on delivering continuous improvement, this year we will be:
  - Publishing an interim policy and statement to support a revised approach to resolving cases involving registered premises subject to disqualification proceedings
  - Commissioning an external audit of our non-statutory decision making during Q2 Q3
  - Developing and finalising our Enforcement Strategy during Q2
  - Finalising and launch our new acceptance criteria during Q3
  - Developing a business case and PID for investment funding for a feasibility pilot for a mediation service by Q3
  - Developing our existing CRM capacity to enable a more registrant led functionality by Q4.

# 4 Equality and diversity implications

- 4.1 There are no EDI considerations arising from this paper.
- 4.2 We will consider the findings of our forthcoming report into the 'Protected Characteristics of Pharmacists in Fitness to Practise' for any reflections.

# **5** Communications

5.1 No additional communications planned

# 6 **Resource implications**

6.1 To be confirmed on completion of the business case(s) noted above.

# 7 Monitoring and review

7.1 Our progress will continue to remain under high scrutiny through our existing channels:

- Audit and risk committee oversight
- Finance and planning committee for benefits realisation
- Bi-monthly Assurance and Appointments Committee oversight at determination review group
- Monthly senior leadership oversight
- Quarterly CEO led Standards Board for GPhC wide operational check and challenge

# 8 Recommendations

8.1 Council is asked to note the contents of this paper.

# Dionne Spence, Chief Enforcement Officer, and Deputy Registrar

General Pharmaceutical Council

08/07/2025



# **Board Assurance Framework Report**

Year 2024/2025, Quarter 4



Board Assurance Framework Report Year 2024/2025, Quarter 4

# 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 4 (Q4) of 2024–25, from 1 January to 31 March 2025. It marks the final quarter of activity under our 2020–2025 Strategy. Our overall performance against our 2020-2025 Strategy was presented to Council at its February meeting, along with the final strategic scorecard. This report focuses specifically on progress made during Q4.
- A.2 In Q4, our delivery has remained largely on track, however 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 highlevel 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.
   Two strategic risks remain rated as Amber and sit outside of our defined risk appetite:
  - Strategic Risk 3: We are unable to practise an anticipatory and proportionate approach to regulation
  - Strategic Risk 4: We do not have the capacity and capability to deliver our strategic objectives to a good quality standard (SA5).

Our overall approach to strategic risk is currently under review. We intend to agree and publish a revised strategic risk framework and updated risk profile in Quarter 2 of 2025/26.

- A.4 **Service Delivery** In regard to the delivery of our services in Q4, there were four areas which were judged to Red or Amber:
  - <u>Fitness to Practise</u> Our performance in relation to open cases at the investigation stage is currently rated Red, with 501 cases open in Q4 against a target of 450. However, both other FtP performance standards—cases open for more than one year and more than two years—were rated Green this quarter. While the volume of new concerns reached a record high of 1,642 in Q4 (a 13% annual increase), we have made meaningful progress across key areas. Triage performance has improved, with 13% more decisions made and median timelines reduced from 5.7 to 3.9 weeks. Recruitment delays and absences have impacted caseloads, but with three new officers joining in Q1, we anticipate recovery by mid-Q2. The new oversight review process is also supporting more proportionate and timely decision-making, with more cases resolved through guidance rather than formal investigation.
  - Inspection In Q4 the average time to serve an enforcement notice was 10 days, above our new stretch target of 5 days, introduced in Q2 (in Q1 the target was 10 days) and is therefore rated Red. We continue to meet our other inspection standards, with performance rated Green for time taken from inspection to finalisation of report and re-inspections undertaken within 6 months of the report. The implementation of our new inspection methodology has driven a significant increase in activity, with 603 inspections and site visits completed in Q4, up from 292 in Q3. It has also contributed to a notable improvement in end-to-end inspection timelines, which have reduced from 20 days to 10.8 days. Importantly, the number of overdue first inspections has fallen from 203 in April 2024 to just 30 by the end of March 2025, demonstrating sustained progress.

- Information Governance Our performance in Q4 remains rated Red against current standards. This is due to two specific issues:
  - A data breach was reported to the Information Commissioner's Office (ICO); no further action was taken by the ICO, but the incident contributed to our rating.
  - We exceeded the statutory deadline for responding to a subject access request. The request included third-party information, and delays in receiving consent from the third party resulted in a late response.
- <u>Corporate Complaints</u> Our performance in this area remains rated Red in Q4, primarily due to delays in responding to Stage 1 complaints, with an average response time of 19 days against our 15-day standard. In previous quarters, performance challenges related to Stage 2 complaints. For Stage 2 complaints in Q4, our performance is rated Amber, with an average response time of 23 days—just above the 20-day target. This was due to one particularly complex case that impacted our overall average; all other Stage 2 complaints were responded to within the required timeframe.

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

Council may also wish to be aware that in Q3, Human Resources was rated Amber due to sickness absence levels of 4.1%, exceeding our target of less than 4%. In Q4, absence reduced to 3.6%, bringing performance back within target and resulting in a **Green** rating for Human Resources.

- Finance Our overall financial position remained stable at the end of Q4. 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 Q4, progress against our 2024-25 plan is ragted as Amber. Within this, three of our five strategic aims were judged to be Amber. These are:
  - SA2 Deliver effective, consistent, and fair regulation. The overall RAG rating for this objective is Amber, this was judged to be Green in Q3. Delivery against our annual plan is broadly on track, with strong progress made on both our data and insights work and the implementation of our EDI strategy. However, progress on the FtP Enforcement Improvement Programme was slightly behind expectations in Q4. Given the significance of this programme in supporting our strategic aims and evidencing impact against PSA Standard 15, Strategic Aim 2 remains rated Amber. In Q4, the focus of the Enforcement Improvement Programme shifted to reviewing and refining the programme's component workstreams—assessing their continued relevance, effectiveness, and overall impact to ensure that resources are aligned to where they can deliver the greatest value.
  - <u>SA3 Drive improvements in pharmacy care by modernising how we regulate education and training.</u> This Strategic Aim was similarly rated Amber at Q2 and remains so overall. While much of the work is progressing as planned—including positive progress on revalidation and several of our education objectives within our Annual Plan are rated Green—there are delays in our Overseas Pharmacists programme and ongoing consideration around the scope of some key education initiatives. Our overall approach to post-registration assurance of practice remains in development and is not yet fully established. Given that some critical areas of discovery work will continue into 2025/26, the overall RAG rating remains Amber.
  - <u>SA5 Enhance our capabilities and infrastructure to deliver our Vision</u>. Following the September Council meeting, this Strategic Aim was retrospectively rated Amber due to the decision to pause development of myGPhCPharmacy—our online platform for pharmacy owners and superintendent pharmacists to keep the registration of their pharmacy premises up to date

– to allow us to prioritise and direct resource to deliver Foundation training. As this work was on hold until Q2 2025/26, the Strategic Aim remained Amber throughout 2024–25.

Council may wish to note that, as of Q4, work against Strategic Aim 1 – Deliver an adaptable standards framework that meets rapidly changing public and professional needs is now rated **Green**. Two previously Amber-rated areas—Chief Pharmacists Standards and Online Pharmacies—were completed in Q4. Work on Superintendent and Responsible Pharmacist Standards remains delayed due to factors outside our control, specifically dependencies on the Department of Health and Social Care (DHSC). This will continue into 2025/26.

While some areas of work have naturally concluded or transitioned into business as usual—such as the Chief Pharmacist standards, guidance for online pharmacies, and our end-to-end review of inspections— several key programmes will continue as part of our new strategy. These include, amongst other, the Enforcement Improvement Programme, our values and culture work, the ongoing development of professional standards, the technology roadmap, the operating model, and initiatives related to education policy and the registration assessment.

A.7 The Executive continues to receive and review detailed performance reports, which inform the Board Assurance Report. Where necessary, interventions are identified and actioned by the Executive, with appropriate escalation of performance issues to Council. As we look ahead to 2025/26 and the implementation of our new strategy, we will be reviewing our monitoring and evaluation framework—including our metrics and reporting approach—to ensure it effectively reflects both our core regulatory responsibilities and progress against strategic priorities.

# **Section B: Council scorecard**



and the second sec		DOT		at the								1		
Strategic risk 1. Our regulatory programme	RAG	DOT	Issue Risk concerned with ensuring pharmacy	Planned action The four-year project to reacc	credited	Display	Description			Meaning				
does not support the development of competent pharmacy professionals or assure			professionals are trained to meet ever changing public needs	existing MPharm degrees against the new standards is on track and	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	G	Green	Performance ju performance st	<u> </u>	to be meeting or e d(s)	exceeding			
their continued development and professionalism		•		e accreditation process for armacy foundation training ogrammes in England, Scotland and		A Amber Performance judged to be within performance tolerance(s) (an acceptable level of normal variation)								
2.The delivery of our strategy and			Concerned that a bi-product of change	Wales in preparation for train commencing the programme i 2025/26. Risk under review by owner.	in	R	Red	-	<u> </u>	to have fallen sho d(s) and outside c				
wider regulatory activities do not support open and transparent engagement with regulation or a culture of professionalism		÷	(or failing to change) might be regulating in a manner that leads to patients / public and profession not engaging with us					Indica	ator	Description		Meaning		
3. We are unable to practice an			We undertook a root cause analysis at	The new clinical structure for				Υ		Improving DOT	Performance the previous	e has improved from what it was quarter		
anticipatory and proportionate approach to regulation		⇒	a planning session and identified that a review of our registration models was required to establish whether this (and	s was October with a view to make	v to making new			€-	<b>&gt;</b>	Staying the same		e has largely stayed the same as evious quarter		
			indeed our powers) supported an anticipatory and proportionate approach to regulation	actions progressing.				4	,	Declining DOT	Performance previous qua	e has got worse than it was the arter		
4We do not have the capacity and capability to deliver our strategic objectives to a good		÷	Risk relates to firstly to having the resource to deliver plans and in turn using that resource efficiently and	o significant updates.										
quality standard			effectively Risk ASS	JRANCE	Cou	ıncil	Service	Performance	KEY					
Strategic Plan KEY Scorect						ard 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	<b>^</b>	Improving DOT	Performance has improved from what it was the previous		
Amber	Some issues emerging, aims still achievable		Staying	quarter Performance has largely		
Red	Significant issues, aims may not be met on time/ budget/ quality	<+>	the same	stayed the same as it was the previous quarter		
Black	Not started/ Scheduled to start	¥	Declining DOT	Performance has got worse than it was the previous quarter		

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

# Section C. Key areas for Council's assurance

- C.1 **Service Delivery.** Overall, our performance in Service Delivery is judged to **Red** in Q4. 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 Q4 2024-25 are below:

Fitness to Practise											
Q1	А	Q2	G	Q3	R	Q4	R	DoT	$\rightarrow$		
<ul> <li>Our Fitness to Practise performance is measured by the following three metrics.</li> <li>No more than 450 cases open at investigation. Red at Q4</li> <li>No more than 35% of investigation open for more than one year. Green at Q4.</li> <li>No more than 15% of investigations open for longer than 2 years. Green at Q4.</li> </ul>											
In Q4, our service performance for Fitness to Practise is rated <b>Red</b> due to the number of open cases at the investigation stage exceeding our performance standard. Against a target of no more than 450 open cases, we recorded 501, reflecting ongoing pressures in case progression. We should note that of these, just under 50 have concluded and are simply awaiting a formal decision to be drafted.											
highest combin caseloa momer 13%, ar our six- stream	atinue to re c on record ation of u ads since O at, althoug ad median week targ lined decis mber refer	I—bringir nplanned 3. Despit h we exp timeline et. The in sion-maki	ng the ann absences e this, ove ect a dip o s improve tegration ng and leo	ual total t and recru erall perfo over the n d by 32%, of the ove d to more	to over 6, uitment d rmance r ext quart from 5.7 ersight re	200, a 13% elays led t emains re er. Triage to 3.9 we view proc	6 increase to a 50% r latively str decisions eks, keepi ess into tr	on 2023/ ise in ope rong at th increase ng us wel iage has	/24. A n le d by ll within		
Howev	er, there is	s positive	progress	on timelir	iess meas	ures, botł	n of which	are rated	1		

However, there is positive progress on timeliness measures, both of which are rated **Green**. We continue to see improvements in our casework and resolutions where we successfully met our year-end targets to reduce the proportion of long-running investigations: 34.8% of cases were open for more than one year (down from 58.5%) and

14.8% for more than two years (down from 30.5%). These improvements are expected to continue as more aged cases conclude although staff shortages and delays in serving cases on our hearings team may slow this down over the next few months.

In adjudication we saw productivity at the IC and FtPC stages decline in Q4, with 28 IC decisions and 16 FtPC closures, down from 34 and 19 in Q3. This was due to fewer cases being ready for IC and longer, often part-heard, FtPC cases. We are reviewing data to identify trends and prevent recurrence. Median closure times remain higher than desired as we continue progressing legacy cases, a trend likely to continue until at least Q3 2025/26.

**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:

- Three new officers onboarded into our triage and investigations teams during Q1, and we expect to improve the triage backlogs by mid-Q2 and mitigate the impact of general turnover over the next few months.
- Towards the end of Q4 we onboarded a dedicated stand-alone decision writer to reduce the number of cases awaiting formal write up to reduce at a steady rate over the next few months.
- Our legal team continues to focus on the timely service of our oldest completed investigations onto our adjudications team to enable these to be scheduled for final hearings
- In adjudication, we are actively analysing productivity data to identify underlying causes of delays and implement targeted actions to improve performance, focussing on minimising the cases that are postponed near to the hearing date or which do not conclude within their allocated time.

Inspections											
Q1	А	Q2	G	Q3	G	Q4	R	DoT	$\checkmark$		
In Q4 the average time to serve an enforcement notice was 10 days, above our new stretch target of 5 days, introduced in Q2 (in Q1 the target was 10 days) and is therefore rated Red. During Q4, nine enforcement notices were served in response to patient safety risks, including.											
<ul> <li>Red. During Q4, nine enforcement notices were served in response to patient safety risks, including: <ul> <li>Conditions on two pharmacies supplying codeine-containing products and sedating antihistamines via third-party online platforms without adequate governance.</li> <li>Conditions imposed on a pharmacy with persistent failures in managing and recording controlled drugs across a number of visits.</li> <li>Conditions imposed on a pharmacy offering remote prescribing for aesthetic treatments without physical consultations, contrary to guidance.</li> <li>Conditions on a pharmacy supplying high-risk medicines—including Schedule 4 controlled drugs—through an unregulated third party online service without</li> </ul> </li> </ul>											
- A combined improvement notice and conditions issued to a pharmacy with unsafe premises due to poor hygiene and maintenance.
- Improvement notices issued to two linked pharmacies for serious stock management issues and ongoing governance failings, which were affecting timely patient access to medicines.

Elsewhere in Inspection we continue to meet our other inspection standards, with performance rated Green for time taken from inspection to finalisation of report and reinspections undertaken within 6 months report. The implementation of our new inspection methodology has driven a significant increase in activity, with 603 inspections and site visits completed in Q4, up from 292 in Q3. It has also contributed to a notable improvement in end-to-end inspection timelines, which have reduced from 20 days to 10.8 days.

Over the past 12 months, the team has made significant progress in reducing overdue first inspections, with numbers falling from 203 in April 2024 to just 30 by the end of March 2025. Inspectors are supported by new dashboards that provide clear visibility of overdue inspections and enable more effective planning of these priority visits going forward.

Actions/Next steps: The Chief Officers have implemented a revised notification process with the inspectorate to ensure priority is given to the review and sign off for enforcement notices. This should reduce the final stage in the process down to less than 24 hours supporting delivery against the stretch objective.

Informat	tion Gove	rnance							
Q1	G	Q2	R	Q3	R	Q4	R	DoT	$\leftrightarrow$

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

Our performance in Q4 remains rated Red against current standards, due to two specific issues. First, a data breach was reported to the Information Commissioner's Office (ICO). While no further action was taken by the ICO, the incident contributed to our overall rating. Second, we exceeded the statutory deadline for responding to a subject access request. This delay was caused by the need to obtain consent for third-party information included in the request, which was not received in time to meet the deadline.

The number of information requests has continued to rise year on year, with 235 received in 2024/25 compared to 199 in the previous year. Despite this increase in volume, our performance against statutory response deadlines has remained strong, with 98% of requests responded to on time—an improvement from 97% the year before.

**Actions/Next steps:** We are currently in the process of procuring a new staff training package to support learning and development over the coming year.

Corporate Complaints									
Q1	А	Q2	А	Q3	R	Q4	R	DoT	$\rightarrow$
Whilst all acknowledgements were issued on time in Q4, overall performance is rated Red due to the average response time for Stage 1 complaints being 19 days—exceeding the 15-day KPI—with six of the nine responses falling outside the target timeframe.									
Eleven new complaints were received in Q4, up from eight in Q3. Nine related to FtP outcomes and two to GPhC procedures, both also within the FtP context.									
For Stage 2 in Q4, performance is rated <b>Amber</b> , with an average response time of 23 days—just above the 20-day target. This was due to one particularly complex case that impacted the overall average; all other Stage 2 complaints were responded to within the required timeframe.									
In line with our EDI strategy, we reviewed all corporate complaints for relevant themes. No EDI-related issues were identified in this quarter.									
the out	-	tP cases a	•		reviewing y handled	-			ing to

C.3 **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**.

At the end of Q4, the 2024/25 full-year net operating deficit after tax was £1.28m, this was better than the Q3 forecast of £1.4m. However, the final net deficit (after interest and tax) increased from £1.25m to £1.56m. Whilst this was an increase, it represented an 8.8% improvement on the forecast at the end of Q3.

Our full-year income at the end of Q4 was broadly in line with the revised forecast set at the start of the quarter, reflecting a mix of increases and decreases across income streams. The slight shortfall was due to lower-than-expected independent prescriber fee income and refunds of registration assessment fees. These were partially offset by higher-than-anticipated income from pharmacy technician applications and premises registrations.

Our full-year operating expenditure was £30.7m, broadly in line with forecasted performance. Variances across expenditure types were balanced, with overspends in some areas offset by underspends in others.

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 Q4, progress against our 2024/25 plan is rated Amber, reflecting some emerging issues across key areas. While these challenges have impacted delivery timelines, work is ongoing and will continue into 2025/26. The Strategic Aims rated Amber are:

SA2 - Deliver effective, consistent, and fair regulation									
Q1	G	Q2	G	Q3	G	Q4	А	DoT	$\mathbf{A}$
The overall RAG rating for this objective is <b>Amber</b> . While delivery against our 2024/25 annual plan remains broadly on track—particularly in relation to data and insights work and implementation of the EDI strategy—progress on the FtP Enforcement Improvement Programme was slightly behind expectations in Q4. Given the importance of this programme in supporting our strategic aims and demonstrating impact against PSA Standard 15, Strategic Aim 2 is rated Amber.									
A key component of the programme—the development of the Enforcement Strategy—has been delayed. Although initial stakeholder engagement was valuable, it delayed early progress. Further work is needed before the strategy is ready to launch, including a detailed implementation roadmap to support wider organisational understanding of planned work for 2025/26 and beyond. This work will continue and will be aligned with our new organisational strategy.									
to asse	he workst ss their on /here they	going eff	ectivenes	s, and imp	act—ensu	uring that	resources	are focus	

Actions/Next steps: This work will continue into the new GPhC Strategy.

SA3 - Drive improvements in pharmacy care by modernising how we regulate education and training.									
Q1	G	Q2	А	Q3	А	Q4	А	DoT	$\rightarrow$

This Strategic Aim remains rated Amber, as it was in Q2 and Q3. While a broad range of education work is progressing well—with several Annual Plan objectives rated Green and positive progress on revalidation —we are slightly behind in some areas, including the Overseas Pharmacists programme and the development of quality assurance processes for accredited courses.

Our work on post-registration assurance of practice has advanced in some areas, particularly revalidation. However, it has become clear that we will not meet the ambitious timelines we originally set. Much of this work remains at the discovery stage, and the complexity of the task means the initial timeframes were always likely to be challenging. As key areas of this work will continue into 2025/26, the overall RAG rating for SA3 remains Amber.

Actions/Next steps: This work will continue into our new GPhC Strategy with a focus on discovery work to better understand where we are and help inform future thinking.

SA5 - Enhance our capabilities and infrastructure to deliver our Vision										
Q1	А	Q2	А	Q3	А	Q4	А	DoT	$\rightarrow$	
wellbei <i>myGPh</i> Founda prograr retrosp	The majority of work under <b>Strategic Aim 5</b> is progressing well, spanning IT, workforce, wellbeing and culture, and the delivery of our annual finance objectives. However, the <i>myGPhCPharmacy</i> project remains paused to enable resource and focus on delivering Foundation Training changes within the Initial Education and Training for Pharmacists programme. Following the September Council meeting, this Strategic Aim was retrospectively rated <b>Amber</b> due to the decision to pause this work. As the pause will continue into 2025, the Amber rating has been maintained for the full duration of 2024–									

Actions/Next steps: Work on MyGPhCPharmacy will restart in 2025/26.

Council can be assured that all of the above areas are subject to close and continuous monitoring ranging from team-level oversight through to Executive review—with appropriate escalation to Council where required.



# Review of the annual report and accounts 2024/25

#### Meeting paper for Council on 17 July 2025

Public

#### Purpose

To approve the statutory annual report and accounts for 2024/25.

#### **Recommendations**

The Council is asked to:

- approve the combined annual accounts, annual report and fitness to practise report for 2024/25 (Appendix 1);
- 2. note the report of the external auditors (Appendix 2); and
- 3. authorise the Chair of Council to sign the letter of representation as required by the external auditors (**Appendix 3**)

#### 1. Introduction

- 1.1 The Pharmacy Order 2010 requires the GPhC to publish annual reports and accounts, and to provide these to the Privy Council Office for laying before each House of Parliament and the Scottish Parliament. In summary, the GPhC must submit to the Privy Council Office each year:
  - annual accounts, with the external auditors' report;
  - an annual report, including how we adhere to good practice on equality and diversity;
  - an annual statistical fitness to practise report, with the Council's observations; and
  - a strategic plan
- 1.2 The GPhC must submit copies of the combined report and accounts to the Privy Council Office so that it can be laid in both the Scottish Parliament and as soon as possible after this in the Houses of Parliament, when they return to sit on 16 September 2025. A copy of the report is provided to the Senedd.
- 1.3 We also use the annual report document to meet additional statutory reporting duties:

- The Small Business, Enterprise and Employment Act created a power for the Secretary of State to require 'prescribed persons' to produce an annual report on protected ('whistleblowing') disclosures made to them by workers. As a prescribed person we have to report in writing every financial year on protected disclosures made to us.
- As a registered data controller under the **Data Protection Act 2018** (DPA), we collect, store and use personal data. Under **the Freedom of Information Act 2000** (FoI), anyone can ask to see GPhC records. We provide an annual report of our work to demonstrate that we comply with relevant data protection legislation, and provide statistics of the information access requests we received under these acts.
- 1.5 Sign off by the Council is the last stage in a thorough assurance process of the annual report. The information is collated and comments are invited from the Executive team, Audit and Risk Committee and Council members at the draft stage. These are addressed and incorporated wherever possible. The full draft of the report is then externally proof read.
- 1.6 As the complete document comprises several different reports, to meet the separate statutory duties listed above, it can feel quite repetitious when read cover to cover. Most readers will access the material online, which gives them the opportunity to search the document and access specific information, or navigate to specific sections.

#### 2. Annual accounts

- 2.1 The annual accounts were independently audited by HaysMac LLP. The financial reporting framework that has been applied in their preparation is the United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standard and applicable laws) including Financial Reporting standard 102. A copy of the external auditor's report is at **Appendix 2**.
- 2.2 In preparing the annual accounts the GPhC has given due consideration to its going concern status. The GPhC has reviewed its current level of reserves alongside the projected levels of working capital, income and expenditure and concluded there is sufficient level of resources and liquidity to meet its current requirements. Regular reviews of GPhC's income and expenditure and overall financial position have been undertaken at the Finance and Planning Committee and there is a high degree of confidence in the GPhC's going concern status

#### 3. Equality and diversity implications

- 3.1 The annual report sets out the actions we have taken to ensure that we are compliant with legislative requirements on equality as well as our commitment to equality, diversity and inclusion more widely, and provide a comprehensive update tour EDI activity during the first year of our EDI strategy.
- 3.2 The annual report is produced bilingually in both English and Welsh, in accordance with the requirements of the Welsh Language Act 1993.

#### 4. Communications

- 4.1 We will publish the combined report on our website and send a link to it to the key organisations covering our major stakeholders including pharmacy and patient representative organisations across Great Britain.
- 4.2 We will provide copies of the report, including a link to the online version, to the Senedd in Wales. And we will also submit a copy to the Professional Standards Authority.

#### 5. Resource implications

5.1 Publication of and communication about the annual report, fitness to practise report and accounts are covered by existing budgets.

#### 6. Risk implications

6.1 The GPhC is required by statute to submit the required reports to the Privy Council Office for laying before each House of Parliament and the Scottish Parliament. We would be in breach of our statutory duty if we failed to do so.

#### 7. Monitoring and review

The process for producing the annual report is reviewed annually to ensure that its content meets the relevant guidance, including financial reporting standards and the Information Commissioner's guidance.

#### Recommendations

The Committee is asked to:

- approve the combined annual accounts, annual report and fitness to practise report for 2022/23 (Appendix 1);
- 2. note the report of the external auditors (Appendix 2); and
- 3. authorise the Chair of Council to sign the letter of representation as required by the external auditors (**Appendix 3**)

Duncan Rudkin, Chief Executive and Registrar

General Pharmaceutical Council

17 July 2025

General Pharmaceutical Council



### **Annual report**

Annual fitness to practise report Annual accounts 2024/25

## **General Pharmaceutical Council**

#### Annual report Annual fitness to practise report Annual accounts 2024/25

Annual report and annual fitness to practise report presented to Parliament and the Scottish Parliament under Paragraph 8 of Schedule 1 to the Pharmacy Order 2010. Annual accounts presented to Parliament and the Scottish Parliament under Paragraph 7 of Schedule 1 to the Pharmacy Order 2010.

#### Contents

Annual report1
General Pharmaceutical Council2
Foreword1
About us
Our year at a glance4
The register as at 31 March 20255
Our work in 2024/256
Education and training of pharmacists and pharmacy technicians7
Standards and guidance9
Inspections11
Delivering our equality, diversity and inclusion strategy13
Improving the way we work15
Annual fitness to practise report17
Our reporting requirements23
How we govern ourselves24
Council members' pay, attendance and expenses: April 2024 to March 202525
Non-statutory committees
Chief executive and registrar and chief officers
Whistleblowing disclosures to us as a 'prescribed person'
Governance statement 2024/2535
Financial statements for the year ended 31 March 2025
Statement of the Council's responsibilities for the preparation of the financial
statements
Independent Auditor's Report to the Council members of the General Pharmaceutical
Council
Statement of comprehensive income for the year ending 31 March 202548
Statement of financial position as at 31 March 202549
Statement of cash flows for the year ended 31 March 202550
Statement of changes in reserves for the year ended 31 March 202551
Notes to the financial statements for the year ended 31 March 202552
Appendix 1

## Foreword

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

Our ten-year vision is one of safe and effective pharmacy care at the heart of healthier communities.

To help us achieve this, we need to keep pace with the changes happening across pharmacy, health and social care. We need to understand the challenges that the people working across pharmacy are experiencing, as well as new innovations and opportunities.

A key priority for us is to listen to and learn from people working across the pharmacy sector, people who use pharmacy services, and our future pharmacy technicians and pharmacists, to help us understand the context in which they are working, training, or receiving care.

We are very grateful to all of the members of the public and patients, pharmacists, pharmacy technicians, pharmacy owners, students, trainees and others who have given up their time to share their experiences and views with us over the last year through our programme of engagement, which includes roundtable events, forums and a wide range of other events.

What we have heard has helped us to understand the changes, challenges and opportunities. And we have acted on that feedback, to help make sure our regulatory framework continues to safeguard patient care and public confidence, while enabling innovation. We've also continued to seek opportunities to collaborate closely with other organisations to achieve our shared aims.

#### Key activities this year

Over the last year, the final year of our current strategic plan for 2020-2025, we have made further significant progress in strengthening pharmacy regulation.

We have launched our new standards for Chief Pharmacists as part of our programme of work to strengthen pharmacy governance. The standards set out the professional responsibilities required, and describe the knowledge, conduct and performance required by a Chief Pharmacist to support their organisation and its staff to deliver safe and effective pharmacy services. Work is continuing with new standards for Responsible Pharmacists and Superintendent Pharmacists in development.

We have responded to concerns we've identified in connection with unsafe prescribing and supply of medicines online by updating our guidance for online pharmacies. All online pharmacies in Great Britain have to strengthen safeguards to prevent people from receiving medicines that are not clinically appropriate for them and may cause them harm. We have also worked closely with other regulators to act together in response to emerging issues.

The way we approach inspections has been updated in order to make them as efficient and effective as possible. The process has become more targeted, focusing on areas of higher risk and the key standards for patient safety, which includes the introduction of shorter inspections (alongside the established full inspections). In the area of education, we have been working to assure the implementation of new Standards for the initial education and training of pharmacists, so pharmacists can play a much greater role in providing clinical care to patients. From 2026 all pharmacists who complete their initial education and training to the 2021 standards will be independent prescribers when they join the register.

We launched a consultation on a proposed increase in annual registration fees from September 2025. The proposal was for a 6% increase from September 2025, and then a further 6% increase on these fees

from September 2026. The increases would help cover rising operational costs and to make sure the GPhC can continue to fulfil its regulatory responsibilities effectively.

#### Looking to the future

Over the last year, we have been developing our new strategy for the next five years, which sets out a clear direction for the future and will help us achieve our vision of safe and effective pharmacy care at the heart of healthier communities.

Community pharmacies are uniquely placed to tackle health inequalities, serve diverse communities and improve access to care for everyone. The roles of pharmacists and pharmacy technicians are evolving rapidly, alongside the way care is delivered. We will also continue to see technology transforming the way people receive care.

These advancements present significant opportunities but also bring new challenges in maintaining safety, quality, and public trust.

Our new strategic plan sets out how we will uphold safety, quality and public trust in pharmacy, and build on the progress we've already made, by focusing on three strategic aims:

- empowering pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care
- protecting those using pharmacy services by working collaboratively with other healthcare organisations, and
- building a skilled, agile and inclusive organisation to carry out our regulatory responsibilities

Collaboration and engagement will be an even stronger priority for us over the next five years, as these ambitious aims can only be achieved through working closely with organisations and individuals across pharmacy, health and care

#### Gisela Abbam, Chair

#### Duncan Rudkin, Chief Executive and Registrar

## About us

#### Who we are

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain. We work to assure and improve standards of care for people using pharmacy services.

#### What we do

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.

We set standards for pharmacy professionals and pharmacies to enter and remain on our register.

We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.

We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register. Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

#### **Our Council and our staff**

Three Council members finished their terms of office on 31 March 2024. We would like to thank Mark Hammond, Joanne Kember and Arun Midha for their significant contributions during their term on the Council.

The Privy Council confirmed the appointment of Professor Dianne Ford, Gareth Powell and Ade Williams who joined the Council on 1 April 2024.

Tim Jaggard and Dr Raliat Onatade will join the Council on 1 April 2025, replacing Elizabeth Mailey and Jayne Salt.

Mark Voce retired from the position of Chief Strategy Officer in July 2024 and Louise Edwards took up the post until March 2025.

## Our year at a glance

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

The register as at 31 March 2025



### The register as at 31 March 2025



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

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

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

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

#### **Fees for registration**

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

From January to April 2025, we gathered views on further proposals to set fees according to a two-year cycle from September 2025.

## Our work in 2024/25

#### **1** Education and training

This year we have continued to implement the new standards for the initial education and training of pharmacists, so pharmacists can play a much greater role in providing clinical care to patients. We have also developed plans to enhance the way we quality assure the education and training of pharmacists, pharmacy technicians and the wider pharmacy team.

#### 2 Strengthening pharmacy governance

We have continued to take forward important work to strengthen pharmacy governance, including by launching our new standards for Chief Pharmacists this year. We have also responded to concerns we've identified in connection with the unsafe prescribing and supply of medicines online, by updating our guidance for online pharmacies.

#### **3** Inspections

In 2024/25 we made changes to our routine inspections, to make them as efficient and effective as possible. Inspectors have also taken action in response to concerns being identified through inspections and through intelligence.

#### 4 Delivering equality, improving diversity and fostering inclusion

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

#### 5 Improving the way we work

In 2024/25, as part of our organisational transformation, we began rolling out our new operating model. This model defines how we work across the organisation — bringing together people, processes, systems, and structures — with the aim of becoming more joined-up, outcome-focused, and efficient.

## Education and training of pharmacists and pharmacy technicians

This year we have continued to implement the new standards for the initial education and training of pharmacists, so pharmacists can play a much greater role in providing clinical care to patients. We have also developed plans to enhance the way we quality assure the education and training of pharmacists, pharmacy technicians and the wider pharmacy team.

#### Standards for the initial education and training of pharmacists

We have a key role to play in making sure the future pharmacy workforce has the education and training to play its part in taking on an expanded clinical role and delivering these fundamental reforms to health and care.

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

We have continued to assure the implementation of new <u>standards for the initial education and</u> <u>training of pharmacists</u>, which open up new ways that pharmacists can work in multi-disciplinary professional teams across a variety of healthcare settings, meeting changing patient needs.

#### Master of Pharmacy (MPharm) degrees

We implemented a new two-part process for the reaccreditation of Master of Pharmacy (MPharm) degrees to our new standards. Part 1 was the initial reaccreditation event where the provider presented how the programme will meet the new standards. Part 2 was the follow-up event to check on progress and confirm reaccreditation. All part 1 and part 2 events have taken place and we are on track to complete the reaccreditation process for all current MPharm degrees by the end of the 2024/25 academic year.

#### **Foundation training**

We have carried out accreditation events for foundation training programmes delivered by the respective statutory education bodies (SEB) in each of the four UK countries. This includes the foundation training programme in Northern Ireland which we are accrediting on behalf of the Pharmaceutical Society NI (PSNI), the NI pharmacy regulator. These four programmes have been accredited to our new standards (subject to meeting conditions), to deliver foundation training from the 2025/26 training year onwards.

#### **Assurance process**

In December 2024, the GPhC Council agreed to introduce enhanced processes to quality assure the education and training of pharmacists, pharmacy technicians and the wider pharmacy team.

This will include an annual survey of students and trainees about the quality of education and training they are receiving, and increased use of internal and external data to inform approval events. This will be implemented in the 2025/26 academic year.

These changes to our quality assurance of education and training represent a shift in our way of working with education and training providers. This updated approach will increase our engagement with the providers and give us and them more opportunities to discuss challenges and opportunities to raise the quality of their courses.

#### Education and training of pharmacy technicians

#### Standards for the initial education and training of pharmacy technicians

This year we have been reviewing the standards for the initial education and training of pharmacy technicians. The aim is to make full use of trainees' knowledge and skills, and for them to play a greater role in delivering a wider range of services, including medicines management and management of long-term conditions.

We will hold a public consultation on the revised standards in 2025.

Our ongoing work to regulate pharmacy technicians, including the planned review of their initial education and training standards, will be critical to underpinning public confidence in the ability of members of this profession to provide pharmacy care that may not require the direct involvement of a pharmacist.

#### New pharmacy technician fellowship with NHS England

Applications opened in January 2025 for a new national pharmacy technician fellowship, co-hosted by the GPhC and NHS England in addition to the pharmacist position which we continued to host this year.

This new fellowship post offers a one-year, fixed-term opportunity to work across the Office of the Chief Pharmaceutical Officer (NHS England) and the GPhC.

The new pharmacy technician fellow will be providing professional leadership and advice relating to where pharmacy technicians can add value to national healthcare priorities. You can <u>find out more</u> <u>about the new fellowship on our website</u>.

#### Climate change and environmental sustainability in pharmacy education guidance

We have **updated our guidance for the education and training of pharmacists and pharmacist independent prescribers** to reflect commitments to a **carbon net zero action plan** for sustainable pharmacy regulation, developed by our 2023/24 pharmacist clinical fellow.

Launched in August 2024, the action plan acknowledges that climate change is a significant threat to public health and poses direct health risks, as well as exacerbating existing health inequalities. This impacts patients, the public and health services alike. The goal for the GPhC is to reach carbon net zero by 2040.

A key objective of the GPhC's carbon zero action plan is to integrate 'greener' thinking into our regulatory framework and the way that we regulate, such as through pharmacy education and training.

The updated guidance for the education and training of pharmacists and pharmacist independent prescribers aims to raise awareness of climate change and environmental sustainability within pharmacy education and training, and encourage providers and pharmacy professionals to build upon work in this area and signpost to relevant resources.

## **Standards and guidance**

We have continued to take forward important work to strengthen pharmacy governance, including by launching our new standards for Chief Pharmacists this year. We have also responded to concerns we've identified in connection with the unsafe prescribing and supply of medicines online, by updating our guidance for online pharmacies.

#### **Pharmacy governance**

We have launched <u>new standards for Chief Pharmacists</u> which set out their professional responsibilities. They also describe the knowledge, conduct and performance required by a Chief Pharmacist to support their organisation and its staff to deliver safe and effective pharmacy services.

We held a 12-week consultation asking for views, which helped to shape the final standards.

The standards were developed following new legislation which removes the threat of criminal sanctions for inadvertent preparation and dispensing errors by pharmacy staff working in hospitals and similar settings. These defences already apply to pharmacy staff working in registered pharmacies. This will provide consistency across the sector and encourage the reporting of incidents and subsequently learning from errors.

To benefit from the defences, the hospital (or relevant setting) must have a Chief Pharmacist or equivalent in post, who must be a registered pharmacist with the appropriate skills, training and experience; and who must meet the standards for Chief Pharmacists.

The standards that Chief Pharmacists must meet are to:

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

The standards apply to all Chief Pharmacists, whatever setting they work in.

There were 158 responses to the consultation: 132 from individuals and 26 from organisations. In addition to the consultation, we hosted a webinar on the standards, and held two public and patient forums.

#### **Superintendent Pharmacists and Responsible Pharmacists**

We have also started work to develop new standards for Superintendent Pharmacists and new rules and standards for Responsible Pharmacists. We expect to hold a consultation on the new rules and standards in 2025-26, subject to the necessary legislation being laid in the UK Parliament.

The existing Responsible Pharmacist rules will remain in place until such time as the draft rules have been approved and signed off by the Privy Council and Secretary of State.

## Strengthening safeguards to prevent the unsafe supply of medicines via online pharmacies

This year **we published updated guidance** that all online pharmacies are expected to follow, in response to concerns identified relating to the unsafe prescribing and supply of medicines online.

The publication of the updated guidance meant that from February 2025 all online pharmacies in Great Britain had to strengthen safeguards to prevent people from receiving medicines that are not clinically appropriate for them and may cause them harm.

We have listened carefully to feedback we had from other regulators, as well as organisations representing pharmacy and patients, and used this feedback to inform the final guidance.

The updated guidance emphasises that some medicines require extra safeguards before being supplied. For these medicines, the prescriber should not base prescribing decisions on the information provided in an online questionnaire alone. Instead, the prescriber has to independently verify the information the person provides, either through timely two-way communication with the person, accessing the person's clinical records, or contacting the person's GP, their regular prescriber, or a third-party provider. This will help prevent people providing false information to obtain medicines that are not clinically appropriate for them.

Medicines used for weight management and medicines requiring physical examination before a prescribing decision is made have been added to the list of medicines requiring extra safeguards before being prescribed. Before providing medicines for weight management, the prescriber now has to independently verify the person's weight, height and/or body mass index, to support safer decision making and ensure that the supply is appropriate for the person.

Further safeguards have also been included in the guidance for medicines liable to misuse, and those for long-term conditions or that require ongoing monitoring or management.

#### Understanding pharmacy professionals' experiences of revalidation

This year we carried out an evaluation of our current revalidation framework, which included a survey seeking views from pharmacy technicians and pharmacists who had submitted revalidation since October 2022.

The purpose was to ensure that the current revalidation process is effective and meets the needs of professionals and the public. The findings from the final report are helping us review the revalidation process and framework, identify any gaps, and determine areas in need of development.

## Inspections

In 2024/25 we made changes to our routine inspections, to make them as efficient and effective as possible. Inspectors have also taken action in response to concerns being identified through inspections and through intelligence.

#### Our approach to inspections

We updated our approach to the way we inspect pharmacies at the beginning of 2025 to make the process more targeted, and to focus on areas of higher risk and the key standards for patient safety. As a result, we are able to carry out more inspection activity as efficiently as possible. Since the improvements were implemented, we have seen a 122% increase in the number of inspections carried out in Quarter 4 compared to Quarter 3. There have also been improvements in the timeliness of the end-to-end inspection process and a reduction in the time taken to publish our inspection reports.

One of the key changes was the introduction of shorter, more-focused inspections alongside established full inspections, with an option for inspectors to switch to a full inspection if they find it necessary or beneficial. Any pharmacy being inspected for the first time will automatically have a full inspection, as has always been the case.

The changes we have made are:

- more-targeted inspection activity to focus on areas of higher risk by employing a shorter, focused inspection methodology for some routine inspections
- the ability to carry out re-inspections at any time up to six months plus two weeks from the date of the initial inspection, resulting in more-timely follow-up when standards have not been met
- making a more flexible and risk-based approach to when and how we carry out inspections for newly registered pharmacies
- shorter, clearer inspection reports and improved standardisation of approach across the inspectorate

As well as focused and full inspections, other types of inspections are continuing, including reinspections, intelligence-led inspections and themed inspections.

Pharmacy inspections are a key part of our role in protecting patient safety and assuring the public that they can have trust in pharmacy and the services they receive.

#### **Enforcement action**

We have continued to take enforcement action in response to concerns relating to the unsafe prescribing and supply of medicines, including online. One issue that we have identified, and that has been highlighted in the media, is the supply of medicines used for weight management without appropriate checks. The insights from our inspections and enforcement action were used to inform our updated guidance for pharmacy services provided at a distance, including on the internet.

We have taken enforcement action against at least 12 pharmacies in relation to their supply of weightmanagement medicines. We have also taken action against at least nine other pharmacies for inappropriately supplying medicines online without taking appropriate steps to verify information, and relying too much on the information provided via a questionnaire. We have also taken forward fitness to practise investigations into pharmacists who have worked for online pharmacies, and taken appropriate action to restrict their registration. Further investigations are ongoing.

We work closely with other regulators such as the Care Quality Commission (CQC) and the Medicines and Healthcare products Regulatory Agency (MHRA) to plan and co-ordinate inspection activity where services are jointly registered. We also collaborate with Healthcare Inspectorate Wales (HIW) and Healthcare Improvement Scotland (HIS) in terms of sharing intelligence and information, and working to maintain public safety and confidence in healthcare services.

This year, we've worked closely with the Medicines and Healthcare Products Regulatory Agency (MHRA) and Advertising Standards Authority (ASA) in response to concerns about the inappropriate advertising of medicines, including medicines used for weight management.

We also held a webinar together with the MHRA and ASA for pharmacists, pharmacy technicians and pharmacy owners, to help raise awareness of the rules and guidance around the advertising and promotion of services and medicines, as well as to highlight our updated guidance for pharmacy services provided at a distance, including on the internet.

#### Themed review on good clinical governance

We carried out our first themed review in 2024. Themed reviews involve visiting a selection of pharmacies to focus on specific themes or issues in more depth, enabling us to produce a report identifying learning and good practice that can be shared across the pharmacy sector.

The subject for our first report was good clinical governance across Great Britain. Community pharmacies are increasingly providing a broader range of clinical services, including those provided by pharmacist prescribers. Having good clinical governance systems and processes in place is key to pharmacies providing safe, effective, and good-quality services to patients and the public.

Our report, carried out by our previous Chief Pharmaceutical Officer Clinical Fellow, focused on good clinical governance leadership, systems, and processes across a range of community pharmacy (CP) settings.

<u>This review and its findings</u> are not designed to replace existing standards and guidance but instead sit alongside them, illustrating good practice. We recognise that some pharmacy teams may already have systems and processes in place; others might wish to use our findings to implement or enhance their current processes. The good clinical governance examples that we identified can be adopted and adapted by pharmacy professionals.

By sharing good practice, we want to enable pharmacy professionals to augment and develop their own clinical governance processes.

# Delivering our equality, diversity and inclusion strategy

## We have reached the end of the third year of our equality, diversity and inclusion (EDI) strategy and have now published our latest six-month update.

As part of our continued commitment to EDI, as outlined in our strategic framework, we have seen new initiatives emerge across all areas of our organisation. These efforts reflect a shared dedication to embedding EDI principles at every level of our work. Below are some of our key highlights and activities from year three of our EDI Strategy.

## Collaborating beyond the GPhC to tackle discrimination and foster equality of health outcomes

The GPhC Council and the Executive Team have established the anti-racism champions working group to drive forward our commitments in this area and provide visible and vocal leadership on anti-racism. The group includes people with lived experience and allies who will help shape future action.

We have continued to design and host online equality discussions, including a webinar held to celebrate Black History Month, with guest speakers Ade Williams MBE, council member, and Taiwo Owatemi MP.

The EDI and Fitness to Practise teams have worked closely to continue our data analysis on the barriers encountered by people raising concerns, expanding our analysis and reporting to Council bi-annually.

We have met with patient groups, charities and EDI groups, including Healthwatch England, Turning Point and the Caribbean & African Health Network, to discuss key issues, including tackling health inequalities.

We have produced equality-focused case studies, and articles in our online news bulletin, Regulate, with the aim to help pharmacy teams and pharmacies to provide inclusive care, free of bias, to the communities they serve, as per our second theme under the EDI Strategy. A few of the topics covered were:

#### Attention-Deficit Hyperactive Disorder (ADHD)

Making pharmacy services accessible to everyone (November 2024)

Why it's important to avoid braille obstruction on medicine packaging (November 2024)

For the second year, we have published a **gender pay gap report which also includes our first ethnicity pay gap report** 

#### Holding ourselves to the same high standards we expect of others

Within the GPhC, we continue to embed equality, diversity and inclusion into our everyday work. We are committed to creating an inclusive culture that reflects our values and supports all colleagues.

We have recently joined the Disability Confident Scheme, a formal step to show our commitment to becoming an even-more accessible and inclusive employer. Efforts to achieve Level 2 are already in progress.

We have revised our approach to our internal EDI Communications Plan, by expanding our commitment to the dates we mark, and introducing a cyclical approach to which dates are celebrated each year. This ensures engagement from our employees and diversity in the dates we mark.

The inclusion network enters its next chapter with the appointment of three new co-chairs, each bringing fresh ideas and perspectives to the role. The leadership builds on the impactful work of the previous chair, whose dedication and guidance helped establish the network as a trusted and valued space for a staff voice. With the support of seven newly joined members, the network is well-placed to continue shaping an inclusive, supportive culture across the organisation.

To foster learning, reflection and connection, we have hosted a range of events marking Pride, Black History Month and International Women's Day. These have included both in-person and virtual sessions designed to be accessible to all colleagues.

We are committed to building a workplace culture that is not only inclusive, but actively antidiscriminatory. As part of this, the HR and EDI teams have provided the GPhC staff members with Islamophobia awareness training delivered by an external expert. This session helped raise awareness, challenge biases, and equip staff with the tools to recognise and tackle Islamophobia.

### Improving the way we work

In 2024/25, as part of our organisational transformation, we began rolling out our new operating model. This model defines how we work across the organisation — bringing together people, processes, systems, and structures — with the aim of becoming more joined-up, outcome-focused, and efficient.

It's helping us improve performance and decision-making, enhance customer experience, respond to challenges and risks more effectively, and deliver on our strategic priorities.

Key developments during the year include:

- introducing our Project Management Office (PMO) to support consistent, efficient delivery of projects and programmes that are aligned with our strategic goals. This work is continuing into 2025/26
- developing and starting to implement our Technology Roadmap, which supports the delivery of organisational priorities by:
  - integrating systems and processes to improve how we work and manage key risks
  - enhancing our data and reporting capabilities, so we can engage more effectively with internal teams and external stakeholders, including other regulators
  - helping us stay agile in the face of emerging technologies, such as Artificial Intelligence

2024/25 also marked the final year of our five-year strategy. During this period, we undertook work to develop our new five-year strategic plan, which was subsequently laid before Parliament in June 2025.

#### **Employee opinion survey and organisational values**

In October 2024, we launched a comprehensive culture and values programme to refresh and strengthen the General Pharmaceutical Council's organisational culture. A key component of this programme was the 2024 employee opinion survey, which achieved an exceptional 85% response rate. This high level of engagement reflects a strong commitment from our workforce to shaping the future of the organisation.

The survey provided valuable insights into areas of strength—particularly the quality of line management, flexibility in working arrangements, and a shared understanding of organisational purpose. It also highlighted areas for improvement, including communication, learning and development, and leadership visibility.

In response, we established a staff-led culture and values project team to co-design a refreshed set of organisational values. Drawing on data from the survey, thematic analysis of staff feedback, and input from internal networks including the employee representative group and the inclusion network, the team led a wide-ranging programme of engagement. This included focus groups, sub-team presentations to the Executive Team, and in-depth work to ensure that the values we adopt are grounded in the lived experience of colleagues across the organisation.

This work has culminated in a proposed new values framework—collaboration, excellence, inclusion, and integrity—which reflects the behaviours and principles our staff told us are essential to achieving a

fair, high-performing, and people-centred culture. The new framework will be refined through stakeholder engagement and embedded across the organisation from mid-2025 onwards.

Refreshing our values is more than a symbolic gesture. It is a necessary and timely step in aligning our organisational culture with our long-term strategic ambitions and in ensuring that the GPhC continues to be a place where people feel heard, respected and empowered to make a difference.

## **Annual fitness to practise report**

#### What is 'fitness to practise'?

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

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

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

If you are concerned that a pharmacist or pharmacy technician registered with us is not fit to practise, you can report your concern to us.

You can find out more about how we deal with fitness to practise concerns on our website.

#### How we deal with concerns

A concern is information that we receive about an issue with a pharmacy professional or with how a pharmacy is operating. When we receive a concern, we carry out an initial assessment to establish whether at its most serious, the allegation could reach the threshold for regulatory intervention. The vast majority of concerns we receive are about pharmacists.

Over 90 per cent of the concerns we receive are closed at this early stage either because it is not within our powers to deal with them, or because we do not consider that they are serious enough to call into question someone's fitness to practise. We may refer the concern to our inspection team for future insight and may inform the pharmacy professional(s) about the concern raised to remind them of the need to maintain proper professional standards.

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

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

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

• take no action

- agree 'undertakings' with a professional (undertakings are promises by the professional on things they will or will not do in the future, and may include restrictions on their practice or behaviour, or a commitment to undergo supervision or retraining)
- send a letter of advice
- issue a warning, or
- refer the case to the fitness to practise committee for a hearing

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

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

Sometimes we receive a concern where a pharmacy professional's behaviour or practice presents a serious continuing risk to patient safety, or where they have a health condition which means that they are a risk to themselves or the public. In these cases, we can apply to the fitness to practise committee for an 'interim order'. Interim orders allow for a pharmacy professional's registration to be suspended, or made subject to conditions, while we carry out our investigation.

#### Outcome of cases closed in 2024/25

Stage 1 - Initial assessment	5,751
Intelligence	2,500
No further action	2,128
Signposting to another concerns body	855
Standards reminder	156
Existing investigation	111
Voluntary agreement	1
	Ľ

Stage 2 - Investigation	375
No further action	176
Letter of advice	101
Existing investigation	96
Voluntary agreement	2

Total closed: 6,248

Stage 3 - Investigating committee	53
Warning	44
Letter of advice	8
No further action	1

ſ

Stage 4 - Fitness to practise committee	69
Suspension from the register	22
Removal from the register	19
No further action	12
Warning	11
Conditions on registration	4
Letter of advice	1

#### Dealing with concerns in 2024/25

#### **Summary**

- We received 13 per cent more concerns than in the previous reporting period
- Our customer contact centre resolved a further 628 concerns through a number of outcomes including signposting and provision of information
- Members of the public continued to raise the highest proportion of the concerns we receive
- 93 per cent of concerns raised with us are closed at initial assessment
- We closed 25 per cent more cases at investigation this year and 56 per cent more cases at the investigation committee stage. The main increase in outcome was in warnings issued
- There was little change in the number of fitness to practise committee hearings, but the number of days it took the FtPC to resolve cases increased by 25 per cent. This reflects the increased complexity of the cases progressing to hearing
- 19 registrants were removed from the register up from 13 in 2023/24
- Due to our commitment to actively prioritise and progress our aged caseload, the median time for resolving concerns once referred to an investigation continues to increase as expected. This has resulted in a significant reduction in the proportion of live investigations that have been open for longer than one year

#### The number of concerns we received

This year we received 13 per cent more concerns than in the previous year, which follows a 35 per cent increase in 2022/23 and a 31 per cent increase in 2023/24.

There has been a notable increase in concerns received from members of the public about the prescribing and oversight of weight-management medicines.

We commenced work in July 2024 to look at the number of concerns received by our CCC and how they are managed. This showed that they dealt with around 1,782 fitness to practise related concerns since July last year. They referred 992 concerns either to our concerns form or to colleagues for initial assessment. They also resolved a further 628 concerns through a number of outcomes including signposting and provision of information.

This demonstrates that the total number of FtP related concerns is more than we usually report on i.e. those received through formal FtP channels. We will report on this work in more detail in the next annual report.

#### The source of concerns

The highest proportion of the concerns we received was from members of the public (over 60 per cent). Members of the public consistently refer the highest proportion of concerns year on year at around two thirds of the total number received with the remainder distributed amongst other sources including employers and other healthcare professionals, GPhC inspectors, police and other enforcement organisations and self-referrals.

#### **Initial assessment outcomes**

93 per cent of the concerns we received were closed at our initial assessment stage. This is a marginal increase from 91 per cent in 2023/24 and 89 per cent in 2022/23 and reflects our robust approach to ensuring that only the more serious concerns will progress to a formal investigation.

The number of concerns that concluded with no further action increased by just over 29 per cent in 2024/25 (2,128 against 1,647 in 2023/24) and those referred to our investigation team for insight and or information increased by just under 24 per cent (2,500 against 2,064). Inspectors use the intelligence to improve their knowledge of the pharmacies concerned and to help them make decisions about the nature and timing of future inspections.

We concluded 156 concerns with a reminder about the importance of upholding our standards. We have been able to significantly improve the time it takes to assess a concern with over 76 per cent now being assessed within six weeks, up from 54 per cent in 2023/24.

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

#### **Investigation outcomes**

Following our investigation, we closed just over 375 concerns or 75 per cent of those investigated and a 25 per cent increase in those closed the previous year. We referred 121 concerns to the IC or FtPC in 2024/25 – an increase of just over 40 per cent.

101 cases were closed with guidance being offered to the registrant, a marginal decrease on the 116 cases closed with guidance in 2023/24. We closed 177 cases with no further action – similar to the 179 closed the previous year.

Alongside the increase in the volume being progressed at investigation, our median time for closing an investigation remains at between 12-14 months from receipt of the concern. However, we have noted a large increase in the median time it has taken to refer a case to the IC. This is reflective of the focus on moving aged cases that had previously been on hold and the additional work required to prepare a case for a committee. We anticipate that this may increase further over the next year as our aged caseload is progressed through to resolution before reducing to a more sustained state.

#### Investigating committee outcomes

The IC closed 57 per cent more cases in 2024/25, up from 34 to 53.

The number of warnings increased from 26 to 44 and continues to be the largest portion of decisions made (83 per cent, up from 76 per cent the year before). The committee issued advice to eight registrants compared with seven in the previous year. There were no undertakings issued by the investigating committee in 2024/25, the same as in 2023/24. One case was concluded with no further action.

There was a very slight reduction in the median time for cases to resolve or be referred at the IC stage, but at just under two years, this remains well over what we would consider reasonable. As previously mentioned, this is reflective of a large cohort of complex investigations that required detailed clinical analysis before they could be progressed. Targeted work has been under way for most of 2024/25 and we now have the majority of this caseload now awaiting service for our FtPC.

#### Fitness to practise committee outcomes

The total number of fitness to practise committee hearings remained almost the same in 2024/25, with 69 against 68 for the previous year. However, the length of the hearings increased significantly with 25% more sitting days required. This was slightly less than the 30 per cent increase that we projected at the start of the year but will continue well into 2025/26 and beyond.

The portion of hearings concluding with advice, a warning, conditions or no further action all remained similar to those in the previous year.

There was an increase in the number of hearings that resulted in a registrant being removed from the register this year (19 against 13 in 2023/24) alongside a marginal reduction in those who received a period of suspension (22 against 26 for the same period). We consider that this is reflective of the work we have undertaken to progress the older, more complex and serious investigations through to resolution over the last year.

Our median timeline for closures at FtPC remains high at just under three years and is reflective of the drive to progress our aged cases through to resolution. Due to our limited capacity and capped committee member numbers, we expect this to be the position at least until the third quarter of 2025/26 with marginal reductions as we go through the year.

## **Our reporting requirements**

Under the Pharmacy Order 2010 there are certain items we report as part of demonstrating our accountability to parliament. We have to publish annual reports and accounts, and provide them to the Privy Council Office for laying in the UK and Scottish Parliaments. We have to publish:

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

This report is published to meet these requirements, as well as other annual reporting requirements set out in legislation, which apply to us.

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

As a body funded by registrants' fees and independent of government, we are not covered by the treasury guidance on managing public money. But we want to follow best practice, both in being transparent and in communicating with members of the public, who are our main stakeholders. We have therefore aimed to keep our reporting as clear and straightforward as possible, with the least amount of duplication.

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

## How we govern ourselves

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

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

This was the third year in office of our Chair, Gisela Abbam, who started her first term on 14 March 2022. Gisela has been appointed to a second term which began on 1 April 2025.

# **Council members' pay, attendance and expenses: April 2024 to March 2025**

This table records Council members' attendance at regular formal meetings only. In 2024/25 we held a mixture of in-person and online meetings.

Council members also took part in other meetings and events. This included working on other groups and working with stakeholders by attending engagement events.

Name	Registrant or lay member	Pay £	Council meetings attended	Council workshops attended	Committee meetings attended
Gisela Abbam <sup>1</sup>	Lay	60,000	6 out of 6	7 out of 7	FPC* 3 out of 4
Yousaf Ahmad <sup>9</sup>	Pharmacist	17,500	6 out of 6	7 out of 7	FPC 4 out of 4 QPAC** 0 out of 3
Neil Buckley <sup>5</sup>	Lay	17,500	6 out of 6	7 out of 7	ARC 5 out of 5
Dianne Ford <sup>4</sup>	Lay	15,833	6 out of 6	7 out of 7	QPAC 3 out of 3
Ann Jacklin <sup>3</sup>	Pharmacist	17,500	3 out of 6	4 out of 7	ARC*** 4 out of 5 QPAC 2 out of 3
Elizabeth Mailey	Pharmacist	15,000	6 out of 6	7 out of 7	ARC 5 out of 5 QPAC 1 out of 3
Rima Makarem <sup>6</sup>	Lay	17,500	6 out of 6	7 out of 7	QPAC 3 out of 3
Penny Mee-Bishop	Pharmacy technician	15,000	6 out of 6	6 out of 7	QPAC 1 out of 3 WfC **** 1 out of 4
Rose Marie Parr <sup>7</sup>	Pharmacist	17,500	6 out of 6	7 out of 7	FPC 2 out of 4
Gareth Powell	Lay	15,000	4 out of 6	4 out of 7	FPC 4 out of 4
Aamer Safdar <sup>2</sup>	Pharmacist	17,500	4 out of 6	6 out of 7	QPAC** 2 out of 3 WfC 1 out of 4
Jayne Salt	Lay	15,000	6 out of 6	7 out of 7	ARC 3 out of 5 QPAC 2 out of 3
Selina Ullah <sup>8</sup>	Lay	18,958	4 out of 6	5 out of 7	WfC 4 out of 4
Ade Williams	Pharmacist	15,000	6 out of 6	7 out of 7	WfC 4 out of 4

#### Table 1: Council members' pay and attendance April 2024 to March 2025

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

- \*FPC Finance and Planning Committee
- \*\*QPAC Quality and Performance Assurance Committee
- \*\*\*ARC Audit and Risk Committee
- \*\*\*\*WfC Workforce Committee
- 1 Chair of Council and member of the Finance and Planning Committee
- 2 Includes £2,500 for co-chairing the advisory group on Post-registration Assurance of Pharmacy Practice
- 3 Includes £2,500 for co-chairing the advisory group on Post-registration Assurance of Pharmacy Practice
- 4 Includes £833 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists since December 2024
- 5 Includes £2,500 for chairing the Audit and Risk Committee
- 6 Includes £2,500 for chairing the Quality and Performance Assurance Committee
- 7 Includes £2,500 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists
- 8 Includes £3,958 for chairing the Workforce Committee since September 2023
- 9 Includes £2,500 for chairing the Finance and Planning Committee
# Council members' expenses: April 2024 to March 2025

In 2024/25 we held a mixture of in-person and online Council and committee meetings. We also held an awayday in Edinburgh in October 2024.

Council member	Travel	Accommodation	Subsistence	Total
Gisela Abbam	£781.71	£540.49	£ -	£1,322.20
Yousaf Ahmad	£138.92	£323.00	£-	£461.92
Neil Buckley	£636.81	£323.00	£ -	£959.81
Dianne Ford	£1,034.45	£615.00	£2.50	£1,651.95
Ann Jacklin	£145.41	£323.00	£ -	£468.41
Elizabeth Mailey	£341.06	£615.00	£ -	£956.06
Rima Makarem	£ -	£ -	£ -	£ -
Penny Mee-Bishop	£390.29	£225.99	£ -	£616.28
Rose Marie Parr	£2,105.81	£503.00	£ -	£2,608.81
Gareth Powell	£765.13	£1,061.98	£ -	£1,827.11
Aamer Safdar	£138.10	£323.00	£ -	£461.10
Jayne Salt	£688.74	£820.99	£ -	£1,509.73
Selina Ullah	£983.50	£760.98	£64.67	£1,809.15
Ade Williams	£ -	£ -	£ -	£ -

# **Non-statutory committees**

The GPhC has five non-statutory committees: Audit and Risk; Assurance and Appointments; Finance and Planning; Quality and Performance Assurance; and Workforce. There are also advisory groups on the initial education and training of pharmacists and the post-registration assurance of pharmacy practice.

#### **Audit and Risk Committee**

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

The committee is made up of four Council members, including its Chair Neil Buckley. It also has an independent member, Helen Dearden, who has served as the independent member since 2017. This has been Helen's last year in the role.

The Audit and Risk Committee met four times during the year, in May, July, September and November 2024 and February 2025. It also held a joint session with the Finance and Planning Committee in November 2024.

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

#### **Finance and Planning Committee**

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

The committee is made up of four Council members, including its Chair Yousaf Ahmad. It also has an independent member, Andrew McLaren, who supports the committee's investment role. Andrew has been a member of the committee since 2019 and this has been his last full year in the role.

The Finance and Planning Committee met four times during the year, in May, September and November 2024 and February 2025. It also held a joint session with the Audit and Risk Committee in November 2024.

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

#### **Quality and Performance Assurance Committee**

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

The committee is made up of eight Council members, including its Chair Rima Makarem.

The Quality and Performance Assurance Committee met three times during the year, in May and November 2024 and February 2025.

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

## **Workforce Committee**

The Workforce Committee approves or rejects the pay framework for GPhC employees and the packages of the Chief Executive and Chief Officers. It advises the Council on the remuneration policy for Council members and on the expenses policy for Council members, staff and associates. It also considers a wider range of workforce issues including organisational development, workplace culture, health and wellbeing and employer aspects of equality, diversity and inclusion including gender and ethnicity pay gaps.

The committee is made up of four Council members, including its Chair Selina Ullah. It also has two independent members, Rob Goward and Janet Rubin, who have been members of the committee since 2016. This has been their last full year in their roles.

The Workforce Committee has met three times during the year, in May and October 2024 and February 2025. The committee also held an additional workshop in February 2025.

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

#### **Assurance and Appointments Committee**

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

The Assurance and Appointments Committee is made up of five members including its Chair. It met four times in the year, in June, September and December 2024 and March 2025.

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

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

This group has been a formal advisory group to the Council since September 2020. Key organisations sit on the group, providing assurance to the Council on the implementation of the standards which were published in 2021.

The group is co-chaired by one registrant member of Council, Rose Marie Parr and one lay member, Dianne Ford. Rose Marie has been on the group since it started work, while Dianne joined this year.

The group met four times in the year, on 8 May, 10 July and 19 December in 2024, and on 28 March in 2025.

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

This group was started to allow the Councils of the GPhC and the Pharmaceutical Society of Northern Ireland (PSNI) to decide whether they are satisfied that the necessary quality control, quality management and quality assurance mechanisms exist for registered pharmacists and pharmacy technicians and whether any additional assurance is required.

The purpose of these mechanisms is to protect the public and give them assurance that they will receive safe and effective care when using pharmacies.

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

The group is co-chaired by two GPhC Council members, Aamer Safdar and Ann Jacklin. It met four times in the year, in February, April and June 2024 and January 2025.

# **Chief executive and registrar and chief officers**

The GPhC's staff is headed by the Chief Executive and Registrar. All senior leaders and chief officers are involved in aspects of strategy, policy, operations and regulatory development. This helps the different parts of the GPhC work together better and improves our regulatory effectiveness.

There are four chief officers, all of whom are also Deputy Registrars, with the following areas of responsibility:

#### • Chief Enforcement Officer – Dionne Spence

Overseeing all enforcement activity, including Fitness to Practise processes and enforcement action against registered pharmacies and education providers.

#### • Chief Operating Officer – Jonathan Bennetts

Responsible for ensuring the efficiency, sustainability and compliance of our operations, finance and risk management.

#### • Chief Pharmacy Officer – Roz Gittins

Responsible for providing an executive lead on pharmacy insight and inspection and representing the organisation's position on professional issues with the public and pharmacy professions.

#### • Chief Strategy Officer – Mark Voce and Louise Edwards

Responsible for the development and evaluation of regulatory strategy and policy, including professional standards and the quality assurance of pharmacy education and training; and communications and public affairs. Mark Voce retired in July 2024 and Louise Edwards took up the post until March 2025. The position was vacant for the rest of the reporting period.

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

#### **Accounting requirements**

The GPhC is an independent statutory body accountable to Parliament and the Scottish Parliament. Under the Pharmacy Order 2010, the GPhC must prepare yearly accounts in a form set by the Privy Council. We must prepare accounts for each year in line with UK accounting principles and the disclosure requirements set out in the UK Generally Accepted Accounting Principles (GAAP).

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

#### Number and types of corporate complaints

We received 30 complaints about our service in 2024/25. Some complaints were about more than one issue so we have set them out in the table according to the main theme of the complaint. We report detailed information about complaints to the executive team quarterly and to the Council.

# Corporate complaints received in 2024/25

lssue	Received	Partially upheld	Upheld
Conduct and behaviour	1	1	0
Data and information use	0	-	-
GPhC processes and procedures	6	1	1
Outcome of a decision	23	3	0
Other	0		
Total	30	5	1

Table 1: Complaints received in 2024/25

Five complaints were partially upheld and one was upheld. We look to learn from all complaints, whether they are upheld or not, and we share any learning with the relevant teams. We also share learning with the Executive Team through regular performance monitoring.

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

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

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

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

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

We reported four personal data incidents to the Information Commissioner's Office (ICO). The ICO confirmed that it would not be taking further action on any of the reported incidents. We have reviewed all reported incidents to look at how we can improve our procedures. We have also provided specific training to teams who deal with large volumes of personal data as part of their roles.

In 2024/25 we received 235 information requests under FoI and DPA legislation (compared to 199 in 2023/24 and 162 in 2022/23). We responded to 98% of all requests inside the statutory deadline.

We also received 10 requests relating to other rights that data subjects have under data protection law, including requests for erasure of data (compared to seven in 2023/24 and 13 in 2022/23).

#### Table 2 Number and type of information requests

Information request type	Number received in 2024/25
Fol	137
DPA*	54
Subject access**	44

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

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

In 22 cases we did not hold the information requested, and two cases were closed because the person either withdrew their request or did not respond when we asked for confirmation of identity or other clarification. When we held the information, we disclosed it either fully or in part in 71% of our responses to requests.

We received 10 requests to review a disclosure decision, none of which became the subject of a complaint to the ICO.



#### Disclosure rates 2024/25

# Whistleblowing disclosures to us as a 'prescribed person'

The Small Business, Enterprise and Employment Act requires 'prescribed persons' to report annually on protected disclosures ('whistleblowing') made to them by workers. The aim is to increase transparency in the way that these disclosures are dealt with and to increase the confidence of the people raising concerns that their disclosures are being taken seriously.

The GPhC is a 'prescribed person' under the Act, which means that we must report in writing every year on the protected disclosures made to us. This is the report for 1 April 2024 to 31 March 2025. It does not cover concerns raised internally within the GPhC.

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

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

If we cannot take regulatory action because the disclosure is outside our scope, we will refer it to an appropriate organisation.

Between 1 April 2024 and 31 March 2025 we received 78 qualifying disclosures of information. We concluded our enquiries on 66 of these disclosures, with a further 12 still under review.

The action we took included a full investigation through our fitness to practise processes and follow-up action through our inspection network. The former can result in any of the available fitness to practise outcomes, while the latter can include guidance, follow-up visits or an unannounced inspection.

54 cases were concluded by sharing information with inspection colleagues for follow-up action. Four concerns were signposted to another organisation and five were concluded with guidance. The remaining three concerns were concluded with no further action.

Four concerns from the previous reporting period were concluded with no further action.

# **Governance statement 2024/25**

# **Scope of responsibility**

As chief executive and registrar, I am accountable to the Council for maintaining a sound system of internal control that supports the Council's strategy and objectives, while safeguarding the GPhC's assets. I am also responsible for making sure that GPhC business is carried out in line with the law and proper standards. In carrying out this overall responsibility, I am responsible for putting in place proper arrangements for the governance of the GPhC's affairs and for making sure it carries out its work effectively. This includes arrangements for risk management.

### The purpose of the governance framework

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

The governance framework is made up of:

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

The framework allows the GPhC to monitor the achievement of its objectives and to consider whether those objectives have been met in an effective and efficient way. The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to deliver policies, aims and objectives. Therefore, it can only provide reasonable (and not absolute) assurance of effectiveness.

The system of internal control is based on an ongoing process designed to:

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

The governance framework has been in place at the GPhC for the year ended 31 March 2025 and up to the date the annual report and statement of accounts is approved.

#### The governance framework

At the end of 2019, we agreed a ten-year vision for 'safe and effective pharmacy care at the heart of healthier communities'. We are in the process of agreeing our five-year strategy for delivering the second phase of this plan.

We have reconsidered how we monitor our progress against our objectives and have developed a new Board Assurance Framework. This gives our Council oversight of our progress in terms of:

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

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

## **Review of effectiveness**

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

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

The Council appointed RSM as our internal auditors in March 2024. Our external auditors, HaysMac, were appointed by the Council in November 2022.

The internal audit plan for 2024/25 was agreed in March 2024. To ensure the review of effectiveness has a wide enough scope, we have assessed the adequacy and effectiveness of the system of internal control in relation to:

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

Overall, our internal auditors carried out seven assignments during the year. These were reviewed by the Audit and Risk Committee. One of the assignments was following up previous recommendations, and the other six reports and the assurance ratings given were:

- Programme and project management partial assurance
- Fitness to practise triage process reasonable assurance
- Health and safety reasonable assurance
- Procurement and contract management reasonable assurance
- Key financial controls payroll and expenses reasonable assurance
- Target operating model substantial assurance

The internal audit into our programme and project management practice came back as providing partial assurance. Amongst the issues highlighted were a lack of business-wide approach to project and programme management, a lack of awareness across the organisation of the work going on, inadequate resource planning, and lack of benefits analysis or lessons learned. We acknowledged before the audit that the lack of a formal project management office in the organisation meant delivery was not always optimal and that this should be addressed. To this end a programme of work had already been established to implement a Programme Management Office (PMO) to support the delivery of programmes and project across the organisation. The audit has provided a useful steer for us and the points raised has been incorporated into the design of the PMO and we have continued the work to improve in this area. The benefit of external oversight of this issue has provided further assurance that developing a formal project management office will make us more effective as an organisation in delivering our strategic objectives.

The annual internal audit opinion was that there is reasonable assurance, meaning that the organisation has an adequate and effective framework for risk management, governance and internal control. However, the work of the auditors has identified further enhancement to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

## **Explanation of the ratings**

Substantial assurance – The organisation has an adequate and effective framework for risk management, governance and internal control.

Reasonable assurance – The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancement to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

Partial assurance – there are weaknesses in the framework of governance, risk and internal control such that it could become inadequate and ineffective

Minimal assurance – the organisation does not have an adequate framework of governance, risk management or internal control

I have been advised on the implications of the result of the review of the effectiveness of the governance framework by the Audit and Risk Committee and advised that generally the arrangements continue to be regarded as fit for purpose within our governance framework. In making this statement, I have noted the internal audit opinion that the General Pharmaceutical Council has reasonable risk management, control and governance processes in place.

While the overall internal audit opinion is that there is reasonable assurance for the areas reviewed during the year, I know that there is some risk that our objectives may not be fully achieved in certain respects and that improvements are needed to address that risk. The areas we have already addressed and those to be specifically addressed with new or additional actions are outlined below.

#### Significant governance issues

#### Programme and project management

The internal audit into our programme and project management function came back as providing partial assurance. Among the issues highlighted were a lack of business-wide approach to project and programme management, a lack of awareness across the organisation of the work going on, inadequate resource planning, and lack of benefits analysis or lessons learned. We acknowledged before the audit that the lack of a formal project management office in the organisation meant delivery was not always optimal and that this should be addressed. The audit has provided a useful steer for us and we have continued the work to improve in this area. The benefit of external oversight of this issue has provided further assurance that developing a formal project management office will make us more effective as an organisation in delivering our strategic objectives.

#### Meeting the Professional Standards Authority Standards of Good Regulation

The most recent PSA report found the GPhC met 17 out of 18 Standards of Good Regulation. The PSA concluded that the GPhC has still not met Standard 15 relating to timeliness of fitness to practise investigations.

In the report, the PSA recognised the range of initiatives that the GPhC is taking forward as part of its strategy to improve timeliness, including creating a new Chief Enforcement Officer role to oversee the end-to-end fitness to practise function, and a New Case Action Team to deal with cases from referral to investigation more swiftly.

The report references that the GPhC has seen a 30 per cent year-on-year increase in FTP referrals received since 2022, but over the last year has reduced the overall caseload by six per cent and the overall investigation caseload by just under 12 per cent.

Ensuring a fair, proportionate, and timely resolution of fitness to practise concerns remains the highest priority for everyone at the GPHC. We recognise that there is some way to go but we are now seeing positive and sustained improvements in productivity and timeliness for dealing with cases, and we are confident that this will continue.

Council will continue to hold us to account as we work towards achieving the standard for timeliness, as well as continuing to meet all other standards for good regulation.

#### Issue with direct referrals

Following a recent High Court judgment in which the Court found that the direct referral mechanism had been used in circumstances where there was no need for urgent consideration of the case by the Fitness to Practise Committee, and the matter had not in fact been treated with any urgency, a serious incident review was commissioned in respect of the use of direct referrals to a fitness to practise committee. Several actions were recommended, including the production of more-detailed guidance on use of the direct referral mechanism, review of the authority framework and a clear requirement to notify registrants of any direct referral within 10 days of the decision being made.

Costs were awarded against the GPhC of £18,500, made up of separate costs awards by the Committee and the High Court.

Duncan Rudkin Chief Executive 17 July 2025

# Financial statements for the year ended 31 March 2025

## **Financial review**

In the financial year 2024/25, the General Pharmaceutical Council (GPhC) recorded a deficit of £1.6m, compared to a deficit of £0.2m in 2023/24. This increase was expected and reflects the rising costs of delivering our regulatory activities and strategic objectives, which have outpaced income growth. Broader inflationary pressures also contributed to the financial challenge.

#### Income

The GPhC's primary source of funding comes from the annual renewal fees paid by pharmacists, pharmacy technicians and registered pharmacies, all of whom must be registered to practise or operate a pharmacy. These fees are collected in advance and recognised throughout the applicable periods during the financial year.

Total operating income for 2024/25 rose by £1.4m (5.3%), amounting to £28.5m, up from £27.1m in 2023/24. The increase can be attributed to a growth in the number of registrations for pharmacists and pharmacy technicians, driven by additional applications to join the register, as well as a higher volume of applications from independent prescribers and overseas registrants. However, this growth was partially offset by a 0.7% predicted decline in registered pharmacy premises. Additionally, the reported income for 2024/25 starts to recognise the increased revenues resulting from a 7.5% fee increase across all income streams, effective from April 2024.

Registrant group	2024/2025 Annual income (£m)	2024/2025 Registrant numbers	2023/2024 Annual income (£m)	2023/2024 Registrant numbers
Pharmacists	18.2	65,776	17.1	64,393
Pharmacy technicians	3.5	26,929	3.3	26,067
Registered pharmacies	5.3	13,214	5.3	13,311

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

## Expenditure

Total operating expenditure for the GPhC increased by £1.8m in 2024/25, reaching £30.7m, compared to £28.9m in 2023/24.



#### Figure 1: expenditure comparison

As a service-based organisation, the highest proportion of our costs are employee related. Employee costs increased by 8.7% to £18.7m (2023/24 £17.2m), reflecting a planned 4.3% increase in staff capacity to support the growth in our regulatory work and to achieve the strategic aims we set out in our five-year strategic plan.

Within overall employee-related costs, there was a £0.3m reduction in recruitment expenditure when compared to 2023/24, achieved through more-cost-effective hiring channels. This has been offset by a rise in committee and associates spend, driven by increased volumes of fitness to practise hearings, revalidation reviews and supporting the implementation of new standards for initial education.

IT-related expenditure increased by £0.3m in 2024/25, driven by several factors including inflation, expanded software licence costs, and additional subscriptions to support the organisational transformation improving the way we work. Depreciation and amortisation expenses rose by £0.3m to £1.0m, with more capital projects moving to completion phase after a period of reduced capital delivery. This includes the launch of our new external website and the first full year accommodation fitout costs.

Professional service costs remain consistent with inflationary increases applied in areas such as the facilitation of the registration assessment and increased legal support to advance the timeliness of fitness to practise cases, being offset by reduced consultancy and research costs.

#### **Investment and reserves**

At the end of the 2024/25 financial year, the GPhC's investment portfolio was valued at £15.0m. This reflects a reduction from 2023/24 due to a drawdown of approximately £1.9m on realised gains. The net impact of these funds after tax has been allocated to a specific reserve, to support the delivery of key strategic and system projects to address the new challenges and initiatives in the upcoming financial year.

The GPhC's current reserves policy aims to maintain minimum free reserves equivalent to four-to-six months of operating expenditure – an essential threshold defined in our five-year plan. This minimum level is monitored closely to ensure it meets both short- and long-term risks and opportunities. As of 31 March 31 2025, GPhC general reserves are £13.7m with the free-reserve element remaining above the minimum threshold of 4 months.

#### Forward outlook 2025/26 and beyond

The 2025/26 budget approved by our Council in February 2025 anticipates an operating deficit of £2.2m, reflecting the ongoing financial challenges of maintaining a balanced budget amid a persistent trend of expenditure outpacing income.

The continued changes in the UK pharmacy sector, the ensuing consequence of increasing regulatory demands alongside these changes, the pressure to keep updated on innovative technology, and broader economic challenges have all prompted increases in cost.

The next budget year marks the start of our new 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 pharmacy landscape.

Future projections also indicate that, without intervention, expenditure will continue to exceed income beyond 2025/26.

#### **Our financial strategy**

Our focus is now setting out a financial strategy which moves us to a sustainable financial position, ensuring we continue to meet our statutory obligations effectively, sufficiently resource the next strategic plan and remain agile and responsive to the needs of the sector and the public.

We seek to achieve this by balancing our position through all financial levers which include income, expenditure, and reserves. We have a set of proposed actions that will move us towards this goal. These include:

Cost improvement plan

Identifying efficiencies, maximising resource utilisation and streamlining processes.

• Income strategy

Progressing the next phase of the fee strategy moving towards an incremental approach to fee setting and representative of policy modernisation.

#### Expenditure planning

Controlling expenditure while managing emerging themes and growing regulatory activity. To be done through the development of strategic and operational workplans and targeted investments to meet strategic and operational aims.

Reserves management

Maintaining a level of reserves that is prudent and proactively managing investment funds. This will mean a temporary reduction in the minimum average level of reserves to three months with the intent to restore reserves to four-to-six months by the end of the plan period.

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

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

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

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

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

By the order of the Council

Gisela Abbam Chair 17 July 2025

# Independent Auditor's Report to the Council members of the General Pharmaceutical Council

# Opinion

We have audited the financial statements of the General Pharmaceutical Council for the year ended 31 March 2025 which comprise the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in reserves and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the General Pharmaceutical Council's affairs as at 31st March 2025 and of the deficit for the year then ended; and
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice

#### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the General Pharmaceutical Council in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### **Conclusions relating to going concern**

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

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

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

#### **Other information**

The council members are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report

thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

#### **Opinions on other matters**

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

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

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

In the light of the knowledge and understanding of the General Pharmaceutical Council and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the council members' report.

We have nothing to report in respect of the following:

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

#### **Responsibilities of council members**

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

In preparing the financial statements, the council members are responsible for assessing the General Pharmaceutical Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the council members either intend to liquidate the General Pharmaceutical Council to cease operations, or have no realistic alternative but to do so.

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

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

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

# Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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

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

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

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

### Use of our report

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

[This report has not yet been signed]

HaysMac LLP Statutory Auditor

10 Queen Street Place London EC4R 1AG

[Date]

# Statement of comprehensive income for the year ending 31 March 2025

	Note	2025 £000	2024 £000
Income	2	28,548	27,121
Expenditure	3	(30,700)	(28,888)
Operating (deficit)	-	(2,152)	(1,767)
Investment income	4	1,030	820
(Deficit) on ordinary activities	-	(1,122)	(947)
(Loss)/gain on investments	9	(280)	1,236
Taxation	6	(156)	(452)
Total comprehensive income for the year	-	(1,558)	(163)

The notes on pages 51 to 67 form part of the financial statements

# Statement of financial position as at 31 March 2025

	Note	2025 £000	2025 £000	2024 £000	2024 £000
Fixed assets Tangible assets Intangible assets Investments	7 8 9		5,459 370 15,018 20,847		6,073 432 16,897 23,402
Current assets Debtors Bank and cash	10 11 _	3,024 18,150 21,174	-	2,476 16,146 18,622	
Creditors: amounts falling due within one year	12	(20,480)		(18,592)	
Net current assets		-	694	-	30
Total assets less current liabilities			21,541		23,432
Creditors: amounts falling due after more than one year	13		(1,734)		(1,908)
Provision for liabilities	14		(234)		(393)
Net assets		-	19,573	-	21,131
Funds employed					
Accumulated surplus General Reserve Fixed Asset Reserve			13,744 5,829		19,314 1,980
Total funds employed		-	19,573	-	21,294

The financial statements were approved, authorised for issue and signed on behalf of the Council by:

#### Gisela Abbam, Chair 17 July 2025

The notes on pages 51 to 67 form part of the financial statements.

# Statement of cash flows for the year ended 31 March 2025

	Note	2025 £000	2024 £000
Cash flows from operating activities			
(Deficit) for the financial year Adjustments for:		(2,152)	(1,767)
Depreciation and amortisation	3	981	727
Provision for associate holiday pay	14	-	73
Provision for associate pension	14	32	-
Deferred tax	14	(191)	266
Investment portfolio management fees	9	82	80
Dividends and fixed-interest securities	9	(344)	(341)
(Increase)/decrease in trade and other debtors		(548)	4,278
Increase/(decrease) in creditors (except tax)		1,558	(1,385)
Net cash provided by operating activities		(582)	1,931
Cash flows from investing activities			
Purchases of tangible fixed assets	7	(179)	(5,091)
Purchases of intangible fixed assets	8	(126)	(163)
Profit on disposal	7	(; _	3
Disposal of investments	9	1,861	-
Investment income	4	1,030	820
Taxation		-	-
Net cash (used in) investing activities		2,586	(4,431)
Change in cash and cash equivalents in the reportin	g period	2,004	(2,500)
	0 0000	_)	(_)====;
Cash and cash equivalents at the beginning of the p	eriod	16,146	18,646
Cash and cash equivalents at the end of the reportion	ng period	18,150	16,146
		£000	£000
Cash in hand		270	115
Notice Deposits (less than 3 months)		17,880	16,031
Total cash and cash equivalents		18,150	16,146

The notes on pages 51 to 67 form part of the financial statements.

# Statement of changes in reserves for the year ended 31 March 2025

	General Reserve	Fixed Asset Reserve	Total
	£000	£000	£000
At 1 April 2023	19,314	1,980	21,294
Total comprehensive income	566	(729)	(163)
Transfers between reserves	(5,254)	5,254	-
At 31 March 2024	14,626	6,505	21,131
Total comprehensive income	(577)	(981)	(1,558)
Transfers between reserves	(305)	305	-
At 31 March 2025	13,744	5,829	19,573

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

# Notes to the financial statements for the year ended 31 March 2025

## **1.1 Accounting policies**

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

#### **1.2** The format of the accounts

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

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

The Council have considered the financial position as at 31 March 2025, and forecasts and budgets for future years. The Council are satisfied that the GPhC is a going concern and the financial statements have therefore been prepared on that basis.

The financial statements are presented in Sterling (£).

#### **1.3** Critical accounting estimates and judgements

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

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

#### **Depreciation and amortisation**

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

#### Lease incentives

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

## 1.4 Tangible fixed assets

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

The principal useful economic lives of assets are as follows:

Short leasehold improvements – term of the lease

Office furniture - five years

Computer software – three years

Computer hardware (excluding PCs and laptops) – three years

PCs and laptops - one to four years

#### **1.5** Intangible fixed assets

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

#### **1.6 Impairment**

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

#### **1.7 Expenditure**

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

#### 1.8 Income

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

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

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

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

### **1.9 Operating lease rentals**

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

#### 1.10 Pensions

The GPhC has a defined benefit pension scheme and a defined contribution scheme. Contributions to both schemes are charged to the statement of comprehensive income as they fall due.

#### **1.11 Provisions**

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

#### 1.12 Management of liquid resources and investments

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

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

#### **1.13 Financial instruments**

The GPhC only enters into basic financial instrument transactions that result in the recognition of financial assets and liabilities such as trade and other accounts receivable and payable, loans from banks and other third parties, loans to related parties and listed investments. These basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost apart from listed investments which are measured at fair value.

#### **1.14 Deferred taxation**

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

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

### 2. Income

	2025	2024
	£000	£000
Pharmacists	18,244	17,149
Premises	5,293	5,318
Pharmacy technicians	3,513	3,326
Pre-registration	1,183	1,090
Other income	315	238
Total income	28,548	27,121

# 3. Expenditure

	2025	2024
	£000	£000
Employee costs: payroll	18,666	17,173
Other employee costs	3,218	3,499
Property costs	366	345
Office costs	144	195
Professional costs	2,863	2,852
Event costs	78	48
Marketing costs	14	25
Depreciation and amortisation	981	727
Financial costs	354	319
Research costs	1	42
IT costs	2,220	1,913
Other costs	279	264
Occupancy costs	1,516	1,486
Total expenditure	30,700	28,888

## **Employee costs**

Employee costs including directors were made up as follows:

	2025	2024
	£000	£000
Wages and salaries	15,420	14,006
Employer's National Insurance	1,709	1,638
Pension costs	1,459	1,307
Redundancy	78	222
	18,666	17,173

The average number of staff employed during the year ended 31 March 2025 was 295 (284 at 31 March 2024).

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

	2025	2024
£60,001 – £70,000	25	31
£70,001 – £80,000	13	9
£80,001 – £90,000	14	15
£90,001 - £100,000	4	2
£100,001 - £110,000	1	1
£110,001 - £120,000	1	2
£120,001 – £130,000	1	0
£130,001 – £140,000	1	2
£140,001 – £150,000	3	0
£150,001 – £160,000	0	0
£160,001 – £170,000	0	0
£170,001 – £180,000	0	0
£180,001 – £190,000	0	0
£190,001 – £200,000	0	1
£200,001 – £210,000	1	0
	64	63

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

#### **3. Expenditure (continued)**

Remuneration in respect of key management personnel for the year ended 31 March 2025 was £978,079 (£1,296,230 at 31 March 2024). A breakdown of their salary and benefits is as follows:

Name	Job title	Pay (stated in £10K bandings)	*Benefits in kind (to the nearest £100)
Duncan Rudkin	Chief Executive and Registrar	£200,000 - £210,000	-
Jonathan Bennetts	Chief Operating Officer and Deputy Registrar	£140,000 - £150,000	£500
Dionne Spence	Chief Enforcement Officer and Deputy Registrar	£140,000 - £150,000	
Roz Gittins	Chief Pharmacist Officer and Deputy Registrar	£140,000 - £150,000	-
*Louise Edwards	Chief Strategy Officer and Deputy Registrar	£130,000 - £140,000	
**Mark Voce	Chief Strategy Officer and Deputy Registrar	£40,000 - £50,000	-
*Benefits in kind include private healthcare.			

\*Louise Edwards held this role from July 2024 until March 2025.

\*\*Mark Voce left their respective post in July 2024.

Expenses for key management personnel are as follows:

Name	Travel	Accommodation	Subsistence	Total
Duncan Rudkin	1,593	1,004	54	2,651
Jonathan Bennetts	467	323	26	816
Dionne Spence	506	827	37	1,370
Roz Gittins	2,380	2,018	431	4,829
Louise Edwards	-	1,113	-	1,113
Mark Voce	-	-	-	-

Remuneration of highest-paid director as a multiple of median remuneration	2025	2024
	£	£
Mid-point of band of highest-paid director's total remuneration	205,000	195,000
Median total remuneration	49,086	45,000
Remuneration ratio	1:4	1:4
Council members' pay and expenses	2025	2024
	£000	£000
Total pay of council members	275	279
Total expenses paid to council members	15	7
	290	286

### 4. Investment income

	2025	2024
	£000	£000
Dividends	70	73
Fixed-interest securities	273	268
Interest receivable – cash deposits	687	479
	1,030	820

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

## 5. Total comprehensive income

This is stated after charging:

	2025	2024
	£000	£000
Operating lease rentals: motor vehicles	4	8
Operating lease rentals: photocopiers	3	5
Operating lease rentals: buildings	759	759
Depreciation of tangible fixed assets	793	635
Amortisation of intangible fixed assets	188	92
Auditor's remuneration: audit services – HaysMac	28	26

### 6. Taxation

	2025	2024
	£000	£000
UK corporation tax at 25% in the year	347	186
Under provision in respect of prior year	-	-
Current tax charge	347	186
Deferred tax (credit)/charge at 25% in the year	(191)	266
	156	452

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

# 7. Tangible fixed assets

	Short leasehold improvements	Office equipment	Total
	£000	£000	£000
Cost			
As at 31 March 2024	11,511	2,784	14,295
Additions	152	27	179
Disposals	-	(83)	(83)
As at 31 March 2025	11,663	2,728	14,391
Depreciation			
As at 31 March 2024	6,003	2,219	8,222
Charge for the year	546	247	793
Disposals	-	(83)	(83)
As at 31 March 2025	6,549	2,383	8,932
Net book value			
As at 31 March 2025	5,114	345	5,459
As at 31 March 2024	5,508	565	6,073

# 8. Intangible fixed assets

	Computer software and systems development
	£000
Cost	
Cost	
Balance at 1 April 2024	1,855
Additions	126
Balance at 31 March 2025	1,981
Amortisation	
Balance at 1 April 2024	(1,423)
Amortisation charge for the year	(188)
Balance at 31 March 2025	370
## 9. Investments

	2025	2024
	£000	£000
Market value at 1 April	16,897	15,400
Additions at cost	-	-
Disposals	(1,861)	-
Dividends and fixed interest securities	344	341
Investment manager fees charged to fund	(82)	(80)
Gain/(loss) on investments	(280)	1,236
Market value as at 31 March	15,018	16,897

Portfolio Asset Allocation:

		2025			2024	
Investment location	UK	Overseas	Total	UK	Overseas	Total
	£000	£000	£000	£000	£000	£000
Corporate fixed income	6,003	-	6,003	6,387	32	6,419
Sovereign / agency fixed income	3,830	125	3,955	4,162	-	4,162
Equities	368	4,613	4,981	629	5,607	6,236
Cash	79	-	79	80	-	80
	10,280	4,738	15,018	11,258	5,639	16,897

In 2020/21, the Council invested £15 million of surplus cash with Goldman Sachs following a formal tender process, moving away from traditional cash deposits. Gains from this investment were crystallised in the current financial year and allocated to designated reserves to support strategic initiatives. The original portfolio remains active, guided by the agreed investment strategy and subject to ongoing oversight by the Finance and Planning Committee.

## **10. Debtors**

	2025	2024
	£000	£000
Trade debtors	48	69
Registrant direct debits to be collected	177	159
Other debtors	129	71
Prepayments and accrued income	1,516	1,043
Debtors (due in more than one year)		
Trade and other debtors	1,154	1,134
	3,024	2,476

## 11. Bank and cash

	2025	2024
	£000	£000
Current accounts	270	115
Deposit accounts	17,880	16,031
	18,150	16,146

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

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

	2025	2024
	£000	£000
Trade creditors	831	328
Corporation tax	348	186
Other taxation and social security	567	535
Other creditors	49	40
Accruals	838	1,042
Lease liability	196	196
Deferred income	17,651	16,265
	20,480	18,592

Deferred income is made up of the following:

Deferred income from registrants and premises	17,631	16,245
Other deferred income	20	20
	17,651	16,265

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

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

	2025	2024
	£000	£000
Lease liability	1,734	1,908
	1,734	1,908
14. Provisions		
	2025	2024
	£000	£000
Associates' holiday pay	73	73
Associates' pension pay	32	-
Deferred tax liability	129	320
	234	393

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

## **15. Commitments**

As at 31 March 2025 the GPhC's future minimum operating lease payments are as follows:

	2025	2024
	£000	£000
Within one year		
Motor vehicles	-	1
Property	562	562
Equipment	3	3
	565	566
Between one year and five years		
Motor vehicles	-	-
Property	2,250	2,250
Equipment	7	11
	2,257	2,261
Later than five years		
Property	2,581	3,144
	2,581	3,144

## **16. Related parties**

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

## 17. Financial risk management

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

## **18.** Pensions

## **NHS Defined Benefit Pension Scheme**

The GPhC participates in the NHS Pension Scheme in respect of 113 employees (2023/24: 103 employees). The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. The pension charge for the year includes contributions payable to the NHS Pension Scheme of £781,601 (2023/24: £723,651).

The valuation of the scheme liability as at 31 March 2025 is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers. The scheme regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the scheme actuary and appropriate employee and employer representatives as deemed appropriate.

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

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

### **Defined contribution scheme**

The GPhC also operates a defined contribution scheme. The total contributions paid into this scheme for the year ended 31 March 2025 were £675,674 (2023/24: £581,692) in respect of 193 employees (2023/24: 182 employees).

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

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

# Appendix 1

**General Pharmaceutical Council** 

Accounts Determination given by the Privy Council under the Pharmacy Order 2010

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

This determination has effect from 13 March 2010.

## Interpretation

In this determination -

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

"the Council" means the General Pharmaceutical Council.

## Determination

The Council must prepare the accounts for each calendar year in compliance with the accounting principles and disclosure requirements prescribed in the Generally Accepted Accounting Practice (GAAP).

The first accounts will be prepared for the financial year 2010-2011, and will incorporate any residual accounts declaration from the financial year 2009-2010.

The accounts must be prepared so as to give a true and fair view of the state of affairs as at the end of the calendar year and of the income and expenditure, total recognised gains and losses (or, as appropriate, recognised gains and losses), and cash flows of the Council for the calendar year then ended.

Compliance with the requirements of the GAAP will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view of the state of affairs for the financial year in question.

If there are such exceptional circumstances and compliance with the requirements of the GAAP would give rise to the preparation of accounts which were inconsistent with the requirement for those accounts to give a true and fair view of the state of affairs at the end of that year, the requirements of the GAAP should be departed from only to the extent necessary to give a true and fair view of that state of affairs.

In cases referred to in paragraph 5, informed and unbiased judgement should be used to devise an appropriate alternative treatment which is consistent with both the economic characteristics of the circumstances concerned.

Any material departure from the GAAP should be discussed, in the first instance, with the Privy Council Office in any event.

This determination is to be reproduced as an appendix to the published accounts.

Signed by the authority of the Privy Council

HaysMac⁺

# GENERAL PHARMACEUTICAL COUNCIL AUDIT FINDINGS REPORT FOR THE YEAR ENDED 31 MARCH

## Table of Contents

1.	Introduction and Executive Summary1
2.	Significant audit risks, and other focus areas identified during audit planning
3.	Accounting and Audit Matters
4.	Detailed control points7
5.	Emerging issues

## 1. Introduction and Executive Summary

This report summarises our key findings in connection with the audit of the financial statements of General Pharmaceutical Council for the year ended 31 March 2025

#### Our audit approach

Our work was planned and performed in order to issue an audit opinion on the financial statements in accordance with International Standards on Auditing (UK) ("ISAs") and the terms of our letter of engagement. Our audit approach is a risk-based approach founded on us gaining a thorough understanding of the entity and its business in order to allow us to identify the risks of material misstatement within the financial statements. To do this, we consider both the risk inherent in the financial statements themselves and the control environment in which the entity operates. We then use this assessment to develop an effective and efficient approach to the audit.

#### Limitations

1

Our audit procedures, which have been designed to enable us to express an opinion on the financial statements, have included an examination of the transactions and the controls thereon.

Our audit included consideration of internal controls relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

We have included in this report only those matters that have come to our attention as a result of our normal audit procedures and, consequently, our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

#### **Overall conclusion and opinion**

At the time of issuing this report we anticipate issuing an unqualified opinion on the financial statements subject to letter of representation, final signed accounts, assessment of going concern and post balance sheet events up to the date of signing.



## 2. Significant audit risks, and other focus areas identified during audit planning

We set out below the significant audit risks and where applicable, other key areas of focus for our audit identified at the planning stage and the conclusions of our audit work:

SIGNIFICANT AUDIT RISK/FOCUS AREA	HOW WE ADDRESSED THIS	COMMENTARY
Presumed risk in revenue recognition We have rebutted the risk of incorrect treatment of income under UK GAAP. This is because the Council's main source of income comes from registrants, this income stream is predictable and not open to judgement. The recognition criteria is also non-controversial and income is fairly stable from year to year. These points result in the potential for fraud or error in this income stream being low. All other income streams are immaterial	We have performed specific tests to assess the validity of revenue recognition in the period. This included an analysis of bank statements pre and post year end to ensure that income incurred near year end has been appropriately included or excluded within the accounts.	Our audit work on revenue did not identify any material issues.
Presumed risk of management override The risk of misappropriation of assets and the risks of misrepresentation of financial information	We reviewed all areas requiring judgement or estimates in order to assess the appropriateness of the judgements and estimates made by management. We reviewed and tested journal entries made as part of the year-end financial reporting process and those made in the year. Where necessary we made further inquiries regarding any seemingly inappropriate or unusual journal or other adjustments	We have completed our planned audit work. Our work did not reveal any evidence of management override of controls We noted the new payroll provider MHR iTrent and as part of our work we have performed an assessment of controls processes surrounding the payroll process, we did not find any weaknesses in controls. Key journals in year related to the capitalisation of new office and website costs. Our testing found managements assessment of capitalised items to be materially correct. Our review of repairs and maintenance nominal ledger codes didn't reveal any material items that were not capitalised.



## 3. Accounting and Audit Matters

### 3.1 Qualitative aspects of accounting practices and financial reporting

#### i. Key accounting estimates

Accounting estimates are defined by ISA 540 as monetary amounts for which the measurement, in accordance with the requirements of the applicable financial reporting framework UK GAAP is subject to estimation uncertainty.

SIGNIFICANT ACCOUNTING ESTIMATE & DETAIL	COMMENTARY
Treatment of lease capital contribution	GPhC rent out a premises at Level 14 Cabot Square. As part of the agreement the lessee had issued an upfront capital contribution as an incentive of £1.1m in the first year of the lease along with a further £1.1m in year 7 of the lease (should they not exercise a break clause in the lease). In the prior year it was established with Management that it is likely that GPhC will remain in the lease agreement for the full 12 years of the agreement and not exit the agreement at year six. As a result of this, the capital contribution payments (as was the case in the prior year) have been spread over the life of the lease. There is thus a deferred income balance of £2.08m within the accounts which will be released over the period to 2034.



SIGNIFICANT ACCOUNTING ESTIMATE & DETAIL	COMMENTARY
Holiday pay provision.	GPhC hold £105k accrual in their accounts for associates holiday pay in response to a court rulling which established the precedent for calculating the potential payments should a panel member seek to claim holiday pay compensation.
	As was highlighted in the prior year, accounting standards (IAS 37) state that a provision within the accounts should be recognised when the following criteria are met:
	<ol> <li>There is a present obligation from a past event</li> <li>The amount can be reliably estimated; and</li> <li>The event will result in a probably outflow of economic benefits;</li> </ol>
	IAS 37.17 brings out that a past event is an obligating event where "the settlement of the obligation can be enforced by law". This means that it does not require a panel member to have made a claim against GPhC in order for there to be an obligating event.
	We challenged point three above on the basis that to date there were no claims made to GPhC despite that fact that panelist would have been aware of the fact that claims can be made for a long period of time, this compounded with the fact that there are some tax drawbacks to making a claim made us question whether it was 'probable' that an outflow of economic benefits would occur. We also noted that unlike some similar regulatory bodies, GPhC has not opted to perform a pro-active payout to those that are eligible.
	Management responded that the provision had been included as they were in expectation of claims given an increased level of claim activity in other similar organisations therefore, we are content given the provision is not material.



#### ii. Key judgements

Accounting judgements are the use of judgements made by management in the course of the preparation of the financial statements which may lead to estimation uncertainty.

#### 3.2 Accounting and audit matters

#### i. Materiality

Final materiality has been based on 3% of income for the year. The revised materiality calculation lead to a year end materiality of £887k and a reporting threshold of £44k.

#### ii. Summary of adjusted and unadjusted misstatements

There are no unadjusted or unadjusted misstatements above our reporting threshold

#### iii. Letter of representation

International Standards on Auditing require us to obtain written representations from the directors when you approve the financial statements.



## 4. Data analytics

#### **Data analytics**



In additional to our usual audit tests, we have used our data analytics software to interrogate transactions making up the financial statements. We extracted the full transactional listing from your accounting system. By then reconciling on a lineby-line basis the aggregate impact of the transactions made during the period we were able to confirm the completeness of the population. We then used characteristic based data analytics and a multi-dimension risk scoring logic which analysed every transaction in the population against a set of potential risk identifiers, highlighting the transactions we deemed to pose a heightened risk of fraud, error or misstatement.

The visualisation below plots each unique accounting entry posted during the year on a risk spectrum. During the period there were a total of 12,139 transactions within General Pharmaceutical Council's Business Central system. When combined, 570 unique general ledger code combinations were found.

A total of 18 combinations were flagged in the highest risk category, being those occurring fewer than 4 times and having a significant impact on reported profit (in red). There were 22 transactions within these combinations.

HaysMac<sup>+</sup>

#### **Analysis & Conclusion**

Through our analysis and testing of risky journals we have obtained supporting documentation for high-risk entries and enquired with management regarding the rationale of the original posting.

The main drivers of these transactions were journals to record monthly fees along with payroll journals. These transactions have been tested as part of our audit and thus we can conclude that these transactions are within the normal course of the activity of the Charity and are not a cause for concern.

## 5. Detailed control points

During the course of our audit we identified the following detailed control points that we feel need to be brought to your attention and certain recommendations for improvements and or corrective action. Our audit included consideration of internal controls relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation. The matters and detailed control points that we have identified are graded within the following framework to assist you to assess their impact.

RATING	RATING TYPE	CHARACTERISTICS OF RATING TYPE
Significant control deficiency	These findings are significant to the management of risk in the business. The finding represents a serious weakness in systems and controls currently in place or a potentially fundamental control that has been omitted from the risk management systems as currently in operation.	<ul> <li>Key control omitted which adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with the applicable financial reporting framework.</li> <li>Key control not designed or implemented effectively, for example as indicated by multiple exceptions found during our review work.</li> <li>Evidence of repeated override of controls in place with significant or potentially fraudulent outcomes.</li> </ul>
Material weakness	Important findings that should be reviewed by management, pending corrective action and or updates to systems and controls.	<ul> <li>Control not designed or implemented effectively.</li> <li>Errors and exceptions noted during our testing that had corrected retrospectively during the year by management.</li> <li>Potential improvement to existing control noted as there is a reasonable possibility that the control will not function effectively.</li> <li>Possibility for override of controls exists.</li> <li>Our review noted numerous exceptions but not in key controls.</li> </ul>
Control deficiency	Findings that identify non-compliance with established systems and controls.	Control weaknesses identified in practice, for example limited exceptions noted during our review work.
Other findings	Items requiring no immediate action, but which may be of interest to management or best practice advice.	<ul> <li>Information for department management.</li> <li>Control operating but there is scope for efficiency and/or effectiveness improvements</li> <li>Control operating but not necessarily in accordance with best practice.</li> <li>Recent or anticipated developments to the business or entity may necessitate new controls.</li> <li>Non-compliance with laws and regulations.</li> </ul>
Financial Reporting	Items relating to financial reporting and preparation of the Annual Report, including appropriateness of accounting policies, disclosures or presentation in the financial statements and compliance with applicable law.	<ul> <li>Required disclosures/information are omitted.</li> <li>Disclosures or presentation is not in accordance with the full requirements of the relevant standards, best practice or accepted practice.</li> <li>Disclosures, presentation or other information not prepared in accordance with applicable law</li> <li>Other deficiencies in financial reporting not covered by the above</li> </ul>



We identified the following issues in the prior year audit and made the following recommendations. We have followed up the status of the issue in the current year:

## Prior year

ISSUE: BANK AND CASH RECONCILIATION		CONTROL POINT GRADE:	SIGNIFICANT
Risk	Our comments & proposals	Current year update:	
The monthly cash reconciliations were being signed off within excel by entering the name and date of review within the file, The lack of audit trail meant that it was difficult to see if reviews were actually being done by appropriate staff and increases the opportunity for fraud.	We recommend that an e-mail sign off process be used for the monthly bank reconciliations to ensure that review is actually being done by an appropriate member of staff.	This recommendation has been impleme the 2024/25 financial year. Monthly reco supported by email confirmations from t member, providing a clear and verifiable	nciliations are now he reviewing staff



## 6. Emerging issues

### **Financial Reporting**

### Financial reporting framework UK GAAP

### UK GAAP Developments

The following developments are scheduled for future years. Entities should assess the relevance of these to their specific business and consider any systems or process changes needed to implement the new requirements.

There are no major new or amended IFRS Accounting Standards coming into effect for accounting periods beginning on or after 1 January 2024, although some minor amendments become effective.

Further ahead, IFRS 18 "Presentation and Disclosure in Financial Statements" replaces IAS 1 and will affect all entities reporting under IFRS Accounting Standards with varying levels of impact.

It aims to provide users of financial statements with more transparent and comparable presentation of information about entities' financial performance.

Upcoming minor amendments (currently endorsed in the UK):

ANNUAL PERIODS BEGINNING ON OR AFTER 1 JANUARY 2024	
Amendments to IAS 1 – Classification of Liabilities as Current or Non-current	Clarifies that the classification of liabilities as current or noncurrent should be based on rights that exist at the end of the reporting period
Amendments to IAS 1 – Noncurrent Liabilities with Covenants	Clarifies that only those covenants with which an entity must comply on or before the end of the reporting period affect the classification of a liability as current or non-current
Amendments to IFRS 16 – Lease Liability in a Sale and Leaseback	Specifies requirements relating to accounting for the lease liability in a sale and leaseback transaction.
Amendments to IAS 7 and IFRS 7 – Supplier Finance Arrangements	Requires an entity to provide additional disclosures about its supplier finance arrangements



#### IFRS 18 Presentation and Disclosure in Financial Statements

IFRS 18 will be effective for annual reporting periods beginning on or after 1 January 2027 with earlier application permitted.

As well as bringing forward the existing requirements of IAS1 the new standard will:

- Require presentation of two new defined subtotals in the income statement—operating profit and profit before financing and income taxes—with the aim of improving comparability among companies by creating a consistent structure for the income statement.
- Require disclosure of management-defined performance measures (MPMs)—subtotals of income and expenses not specified by IFRS Accounting Standards that
  are used in public communications to communicate management's view of an aspect of a company's financial performance. A reconciliation between the MPMs
  and the most directly comparable totals or subtotals specified by IFRS Accounting Standards is also required to provide transparency on the entity-specific
  performance measures.
- Enhance the general and specific requirements for aggregation and disaggregation to help a company to provide useful information. The specific requirements include those for disaggregation of 'other' balances, presentation of operating expenses in the income statement and disclosure of specified operating expenses by nature included in each function line item.
- Require limited changes to IAS 7 Statement of Cash Flows to improve comparability by specifying a consistent starting point for the indirect method of reporting cash flows from operating activities and eliminating options for the classification of interest and dividend cash flows.

The UK Endorsement Board is currently consulting on the new standard ahead of endorsing the standard for use in the UK.

#### UK GAAP Developments – FRS 102

Following the recent Periodic Review and other amendments to UK and Ireland accounting standards, the Financial Reporting Council (FRC) has issued now revised versions of FRSs 100, 101, 102, 103, 104 and 105. The FRC has also revised the "Overview of the financial reporting framework".

The changes to FRS 102 include the significant revisions made to leasing and revenue recognition which arose from the Periodic Review 2024. Most of these amendments are effective for accounting periods beginning on or after 1 January 2026, although those changes that relate to "supplier finance arrangements" have an earlier effective date of accounting periods beginning on or after 1 January 2025.

These amendments seek to provide greater consistency and more (but not total) alignment to international accounting standards including:

- A new 5 step model for revenue recognition, which is aligned to IFRS 15: Revenue from Contracts with Customers, (with some simplifications);
- On balance sheet lease accounting for lessees, aligned to IFRS 16: Leases, (with certain practical exemptions); and
- Other modifications to fair value measurement, uncertain tax positions, business combinations, and a revised Section 2 aligned with IASB's Conceptual Framework.



The effective date for most amendments is periods beginning on or after 1 January 2026, with early adoption permitted. On transition, entities can choose whether they want to restate comparatives. If they decide not to, the cumulative effect of initially applying the standard will be recorded as an adjustment to opening retained earnings. Different requirements apply, and different practical expedients are available, depending on the transition approach adopted.

The transition to the new requirements will take careful planning for many businesses currently following FRS 102. For instance, many businesses will see leases (and debt) hit their balance sheets for the first time. For some this will seem strange and for most will require careful planning to ensure, amongst other things, that all leases are captured, the financial effects are known, effects on reporting requirements e.g covenants or bonus schemes are understood.

The new accounting standards are available on the FRC website <u>here</u>. Note that despite the effective dates in the future, the new versions are described as the "current edition" with versions that are still in use described as "superseded editions".

#### FRS 102 Small Companies

Following the UK's exit from the European Union, the FRC is now able to specify further minimum disclosures which it believes should be made by small companies in the UK for their financial statements to provide a true and fair view as required by law.

As part of the changes to FRS 102 following the periodic review, Section 1A of FRS 102 has been updated to mandate some FRS 102 disclosures that were previously only encouraged for small companies

Specific mandatory disclosures about the following topics have been added to Appendix C of Section 1A, as the FRC believes that they are required to give a true and fair view:

- Compliance with FRS 102
- Material uncertainties over going concern
- Dividends declared and paid/payable
- Use of going concern basis
- Leasing arrangements
- Provisions and contingencies
- Share-based payments
- Current and deferred tax
- Performance obligations under contracts with customers
- Related party transactions



#### Annual Review of Corporate Reporting

In September 2024 the Financial Reporting Council (FRC) published its Annual Review of Corporate Reporting setting out the findings of its monitoring of UK companies' annual report and accounts in 2023/24, alongside its expectations for the upcoming reporting season. As ever this is a must read for preparers of listed company financial statements and a useful indicator of issues large and medium sized company financial reporting.

In the report the FRC reported that the quality of financial reporting for FTS 350 companies had been maintained but they noted "some evidence of a widening gap in reporting quality between companies within the FTSE 350 and other companies". So smaller FTSE and AIM companies are likely to be in their review focus areas going forward.

The FRC noted improvements in areas such as provisions and contingencies, and disclosure of judgements and estimates. These are areas where they have focused on in the past so an improvement is not unsurprising. However, they were disappointed with the number of cases that arose from reviews of impairment and cash flow disclosures. They also noted "an increased number of restatements in these areas, predominantly outside the FTSE 350" and also that "several of these involved additional impairment charges in the parent company's financial statements, potentially affecting the company's ability to distribute profits"

The report also makes a point of reminding preparers of financial statements to ensure that the disclosure of uncertainties and risks that entities face are appropriately disclosed, and that facts and assumptions disclosed in the annual report are consistent with the financial statements, and together the annual report is consistent and coherent.

Tellingly the FRC "encourage companies to focus on providing material disclosures that are clear, concise, and company specific. Importantly, good quality reporting does not necessarily require a greater volume of disclosure".

The top ten issues that arose when the FRC reviewed annual repor	orts in the 2023/24 cycle were:
--	---------------------------------

Rank	Торіс
1	Impairment of assets
2	Cash flow statements
3	Financial instruments
4	Revenue
5	Presentation of financial statements
6	Strategic report and Companies Act 2006
7=	Judgements and estimates
7=	Income taxes



9=	Fair value measurement
9=	TCFD and climate-related narrative reporting

The report goes into a little detail on each of these areas, explaining what caught the attention of the FRC when they reviewed the Annual Report, the kinds of questions they asked and recommendations for preparers of financial statements.

The report can be read on the FRC website here.

#### Other

The Financial Reporting Council (FRC) has announced its areas of focus for corporate reporting and audit quality reviews during 2024/25.

#### Sectors

The FRC will focus on the following sectors in its corporate reporting and audit reviews:

- Construction and Materials
- Food Producers
- Gas, Water & Multi-utilities
- Industrial Metals and Mining
- Retail

The priority sectors are only one risk factor amongst the many which the FRC takes into account when making selections, and that companies and audits from all sectors are included in the FRC's monitoring. The financial services sector, including banking and insurance, continues to be a focus of reviews and is included annually in the selections made.

#### Focus areas

The FRC's programme of corporate reporting reviews and audit quality inspections will pay particular attention to the following areas:

- Risks related to the current economic environment (for example: going concern, impairment, recoverability and recognition of tax assets/liabilities)
- Climate related risks, including TCFD disclosures
- Implementation of IFRS 17 Insurance Contracts



• Cash flow statements

These focus areas follow the findings of the FRC and its Annual Review of Corporate Reporting and its expectations for the coming reporting season. The full report is available from the FRC <u>here</u> and is highly recommended reading for accounts preparers.

### UK Corporation tax

#### Corporation Tax rates

In the October 2024 budget the government confirmed that the rates of UK Corporation Tax will remain unchanged, which means that, from April 2025, the rate will stay at 25% for companies with profits over £250,000. The 19% small profits rate will be payable by companies with profits of £50,000 or less. Companies with profits between £50,001 and £250,000 will pay tax at the main rate reduced by a marginal relief, providing a gradual increase in the effective Corporation Tax rate.

#### Capital allowances

The Full Expensing rules for companies allow a 100% write off on qualifying expenditure on most plant and machinery (excluding cars) as long as it is new and unused. Similar rules apply to integral features and long life assets at a rate of 50%. The government will explore extending Full Expensing to assets bought for leasing or hiring, when fiscal conditions allow.

The Annual Investment Allowance is available to both incorporated and unincorporated businesses. It gives a 100% write-off on certain types of plant and machinery up to certain financial limits per 12-month period. The limit remains at £1 million.

The 100% First Year Allowances (FYA) for qualifying expenditure on zero-emission cars and the 100% FYA for qualifying expenditure on plant or machinery for electric vehicle charge points have been extended to 31 March 2026 for corporation tax purposes and 5 April 2026 for income tax purposes.

#### **Business rates**

For 2025/26, eligible retail, hospitality and leisure (RHL) properties in England will receive 40% relief on their business rates liability. RHL properties will be eligible to receive support up to a cash cap of £110,000 per business.

For 2025/26, the small business multiplier in England will be frozen at 49.9p. The standard multiplier will be increased to 55.5p.

### **Employment Tax**

#### Increase in employers National Insurance contributions

The Government, as part of the Autumn Budget, announced an increase in employer's Class 1 National Insurance contributions (NIC), rising by 1.2% to 15% and the reduction to the threshold at which employers will start to pay NIC to £5,000. It is intended that threshold limit will be fixed until 5 April 2028 and will increase in line with CPI.



The increase will also apply to Class 1A NIC (benefits in kind) and Class 1B (PAYE settlement agreements) will also apply from 6 April 2025.

The Employment Allowance will increase from 6 April 2025 from £5,000 to £10,500. The increased allowance will be available to all employers, not just those with a Class 1 NIC liability of less than £100,000.

#### Pension salary exchange

After much speculation, the Government has not made any changes in tax relief on employees' pension contributions. Furthermore, NIC will not be levied on employer pension contributions, so pension salary exchange can be used to mitigate the increase in employers NIC.

If you do not provide your employer pension in conjunction with a pension salary exchange arrangement, then this will be an ideal time to consider implementing such an arrangement, the benefits of which include:

- Providing pensions in a National Insurance efficient manner.
- Encourage employees to think about their saving for their retirement.
- Increase employee engagement.
- Help employers to maximize their salary budget.

If you already have a pension salary exchange in place, given the Government's recent announcements, now will be an ideal time to see whether it is achieving all your objectives.

The use of a tax and NIC efficient salary can also be used to provide employees with an electric car. The chargeable percentage for electric vehicles will increase by 2% in 2028/29 and 2029/30, rising to 9% in 2029/30. The use of providing an electric vehicle in conjunction with a salary sacrifice will continue to be a viable option for employers who are looking at providing cars to their employees/directors.

#### Double cab pick-ups

Following some confusing announcements earlier in 2024, the Government has announced that double cab pick-ups will for 6 April 2025 be classified and taxed as a company car. This will mean a significantly increased benefit in kind and Class 1A charge where a double cab pick-up is provided. Transitional rules will be introduced for employers where a double cab pick-up was purchased, leased or ordered before 6 April 2025. The provision will end at the earlier of sale, termination of the lease or 5 April 2029.

### Payrolling of Benefits in Kind

The Government provided further information concerning the mandatory payrolling of benefits in kind (BiK), with effect from April 2026. It was confirmed the mandatory reporting of BiK will go ahead from 6 April 2026, with the exception of loans (including overdrawn loan accounts) and taxable living accommodation which will need to be reported on a P11D or payrolling of both benefits can be undertaken on a voluntary basis. Further consultation will be published in terms of loans and taxable living



accommodation. Additionally, further details concerning the reporting of benefits provided by a third party supplier is awaited as well as how employers are expected to manage any expat payroll arrangements.

#### Increase in National Living Wage

Ahead of the Autumn Statement the Government announced increases in the National Minimum Wage and National Living Wage rate increases which will come into effect from 1 April 2025.

Details	NMW rate £	Increase £	Percentage increase <b>%</b>
National Living Wage (21 and over)	£12.21	£0.77	6.7
18-20 year old rate	£10.00	£1.40	16.3
16-17 year old rate	£7.55	£1.15	18.0
Apprentice rate	£7.55	£1.15	18.0
Accommodation offset	£10.66	£0.67	6.7

As part of the announcement the minimum hourly rates of pay for those aged between 16-years of age and the apprentice rate have been aligned.

Employers will need to ensure that their payroll data is fully updated to reflect the increases.

### The Economic Crime and Corporate Transparency Bill - "Failure to Prevent Fraud" offence

#### Background

The Economic Crime and Corporate Transparency Bill received Royal Assent on 26 October 2023, becoming the Economic Crime and Corporate Transparency Act 2023 (ECCTA) and followed the Economic Crime (Transparency and Enforcement) Act (ECTE), which passed into law in March 2022. The two Acts combine to create far greater powers for regulators and authorities to address money laundering and other forms of fraud.

#### Anti-fraud reforms

Aside from the changes to Companies House requirements and powers, potentially the most eye-catching feature of these reforms is the creation of the "Failure to Prevent Fraud" offence. The Government has created a new offence to hold organisations to account if they profit from fraud committed by their employees. Under the new offence, an organisation will be liable where a specified fraud offence is committed by an employee or agent, for the organisation's benefit, and the organisation did not have reasonable fraud prevention procedures in place. (It does not need to be demonstrated that company bosses ordered or knew about the fraud).



The creation of the offence is designed to encourage more companies to implement or improve prevention procedures, and facilitating a change in in corporate culture to help reduce fraud.

The offence applies to all large companies (including charities). These are defined as per Companies Act 2006 definition as organisations meeting two out of three of the following criteria:

- more than 250 employees;
- more than £36m turnover; and
- more than £18m in total assets.

Organisations will be able to avoid prosecution if they have reasonable procedures in place to prevent fraud. There may also be limited circumstances where it is reasonable to have no fraud prevention procedures in place (for example, organisations where the risk is extremely low). The government will publish guidance providing organisations with more information about reasonable procedures before the new offence comes into force. This is expected to occur before the end of 2024.

It follows that all companies in scope should have anti-fraud policies, procedures and measures in place. Once the offence comes into effect, being able to demonstrate that said policies to counter fraud are in place will be critical as, if convicted, organisations can receive an unlimited fine. Note – company directors will not be held liable individually for the new offence of failure to prevent fraud (Individuals within companies can already be prosecuted for committing, encouraging or assisting fraud).

The failure to prevent fraud offence covers the following fraud and false accounting offences:

- fraud by false representation (section 2 Fraud Act 2006)
- fraud by failing to disclose information (section 3 Fraud Act 2006)
- fraud by abuse of position (section 4 Fraud Act 2006)
- obtaining services dishonestly (section 11 Fraud Act 2006)
- participation in a fraudulent business (section 9, Fraud Act 2006)
- false statements by company directors (Section 19, Theft Act 1968)
- false accounting (section 17 Theft Act 1968)
- fraudulent trading (section 993 Companies Act 2006)
- cheating the public revenue (common law)



Money laundering offences are not included because relevant organisations are already required by law to have anti money laundering procedures in place.

Key policies, procedures and measures for organisational management teams to consider will include:

- 1. Performing a fraud risk assessment for the organisation
- 2. Setting out a fraud risk management team with allotted responsibilities
- 3. Ensuring that there are processes and controls in place for fraud prevention, detection and reporting

### Auditing developments

#### Materiality in practice

The FRC has published "Materiality in practice: applying a materiality mindset", a report looking at how companies can improve their reporting by being more focused and strategic when assessing materiality. The report, in four sections, recognises that removing irrelevant information strengths the value of an entity's reporting and encourages preparers to think about investors' needs and decision making and take a holistic approach towards materiality. It also encourages preparers to focus on the key issues that management and the board are prioritising across the short, medium and long-term. Read more <u>here</u>.





10 Queen Street Place London EC4R 1AG

T 020 7969 5500

haysmac.com

#### © Copyright 2025 HaysMac LLP. All rights reserved.

HaysMac is the trading name of HaysMac LLP, a limited liability partnership. Registered number: OC423459. Registered in England and Wales. Registered to carry on audit work in the UK and regulated for a range of investment business activities by the Institute of Chartered Accountants in England and Wales. A list of members' names is available for inspection at 10 Queen Street Place, London EC4R 1AG. A member of the ICAEW Practice Assurance Scheme.

**Disclaimer**: This publication has been produced by the partners of HaysMac LLP and is for private circulation only. Whilst every care has been taken in preparation of this document, it may contain errors for which we cannot be held responsible. In the case of a specific problem, it is recommended that professional advice be sought. The material contained in this publication may not be reproduced in whole or in part by any means, without prior permission from HaysMac LLP.

## General Pharmaceutical Council



HaysMac LLP 10 Queen Street Place London EC4R 1AG

XX XXXX 2025

**Dear Sirs** 

### Letter of Representation

The financial statements for the year ended 31 March 2025 of the General Pharmaceutical Council have been considered and approved at a duly convened meeting of the Council. The undersigned was authorised to sign the balance sheet and on behalf of the Council, and to give you the following assurances in connection with your audit.

We confirm that the following representations are made to the best of our knowledge and belief, having made appropriate enquiries of Council members and officials of the Council with relevant knowledge and expertise, and, where appropriate, inspection of supporting documentation to sufficiently satisfy ourselves that we can properly make each of the following representations to you:

- 1. We acknowledge as Council members our responsibilities for preparing financial statements that give a true and fair view, and for making accurate representations to you as auditors.
- 2. We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the Council have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and Council members' meetings, have been made available to you. We have given you unrestricted access to persons within the Council in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
- 3. We confirm that the methods, significant assumptions and source data used by us in making accounting estimates and their related disclosures are appropriate to ensure compliance with the recognition, measurement and disclosure requirements of FRS 102.
- 4. We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with FRS 102.

- 5. We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.
- 6. We confirm that we are aware that a related party is a person or organisation which (either directly or indirectly) controls, has joint control, or significantly influences the Council and as a result will include: Council members, Executive Management Team members, other key management, and; close family and business interests of the previous.
- 7. We confirm that related party forms have been completed by all Council members and by members of the Executive Management Team and have been made available to you as part of the audit.
- 8. We confirm that the related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions, that we are not aware of any further related parties or transactions, and that all related party transactions have been accounted for and disclosed in accordance with FRS 102.
- 9. We confirm that the Council has had, at no point in the year, any arrangement, transaction or agreement to provide credit facilities (including advances and credits guaranteed by the Council) for Council members, nor to provide guarantees on behalf of Council members, except as disclosed in the financial statements.
- 10. We confirm that the Council has not contracted for any capital expenditure other than as disclosed in the financial statements.
- 11. We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the Council conducts its business and which are central to the Council's ability to conduct its business.
- 12. We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with the latest copy of our risk assessment.
- 13. We confirm that we have considered the risk of fraud and disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.
- 14. We confirm that, having considered our expectations and intentions for the next twelve months and the availability of funding, the Council is a going concern.
- 15. We confirm that the amount accrued within the accounts of £105k relating to the holiday pay provision represents our best estimate of the liability and decision to accrue this expenditure is in line with our assessment of the potential of claims that could be made.
- 16. We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that:
  - so far as each Council member is aware, there is no relevant audit information of which you as auditors are unaware; and

• each Council member has taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that you are aware of that information.

We confirm that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and expertise (and, where appropriate, of supporting documentation) sufficient to satisfy ourselves that we can properly make these representations to you and that to the best of our knowledge and belief they accurately reflect the representations made to you by the trustees during the course of your audit.

Yours faithfully

Signed on behalf of the Council on 17 July 2025 by

Gisela Abbam Chair

# **EDI Strategy Annual Report: End of Year 3**

## Meeting paper for Council on 17 July 2025

Public

## Purpose

To update Council on the end of year 3 of our EDI Strategy

## Recommendations

To note and discuss the End of Year 3 Report and appended Interim Impact Report

### 1. Introduction

- 1.1 Equality, diversity and inclusion (EDI) are at the heart of our culture and values as an organisation. The publication of our EDI Strategy (2021-2026) signalled a major change in the way we approach EDI at the GPhC. This included a clear agenda to use all our regulatory levers and influence to tackle discrimination and reduce health inequalities; be more proactive about speaking out on these issues; and, to hold ourselves to the same high standards we expect of others.
- 1.2 This end of year three report covers the period from October 2024 to June 2025 as the preceding annual report had detailed the activity up to September 2024.
- 1.3 This report is part of our governance structure for EDI and is an opportunity to take accountability and demonstrate how this commitment is being taken forward across the organisation.
- 1.4 The Interim Impact Report on our Strategy is appended to the Annual report. The Interim Impact Report examines the impact of the first 3 years of the Strategy to enable a better understanding of the impact of the workstreams under the EDI Strategy. It is planned to complete a further impact report at the end of the five-year Strategy period.

### 2. The Report

2.1 This report updates on the progress made under each of our three themes of our EDI Strategy – 'Delivering equality, improving diversity and fostering inclusion: our strategy for change 2021-26'.

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

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

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

2.2 In addition to the updates against the three themes, a key milestone at the end of year 3 is the development of our first Interim Impact Report produced in collaboration with our Data and Insight Team. The Interim Impact Report is appended to the EDI Strategy Annual Report.

### 3. Communications

- 3.1 We share updates on strategy workstreams internally, including with our Executive, our EDI Strategy Leadership Group (formed under the new governance arrangements for strategy delivery), and our Staff Inclusion Network.
- 3.2 This Annual Report will be available as part of the public Council papers on our website.
- 3.3 It will also be published on our EDI webpages on the external website after all accessibility checks have been met.

### 4. **Resource implications**

4.1 All Year 3 activity has been undertaken within existing resources. In terms of forward planning, the EDI Strategic Leadership Group discussions help identify resource implications to feed into our wider, corporate business planning discussions.

### 5. Risk implications

5.1 The publication and scrutiny of our EDI reports is an important part of our governance arrangements and enables Council to provide strategic oversight, guidance and support.

### 6. Monitoring and review

6.1 Our next update will be submitted to Council in six months, with a further annual report due out next year.

### 7. Recommendations

To note and discuss the End of Year 3 Report and appended Interim Impact Report

Anna Hermans, EDI Policy Manager General Pharmaceutical Council

Paul Cummins, Chief of Staff General Pharmaceutical Council

08/07/2025

# Delivering equality, fostering inclusion and improving diversity: our strategy for change End of Year 3 report (2024/2025)


# **Table of Contents**

Background	1
Executive Summary	2
Progress under each strategic theme in 2024/25	3
Theme 1	3
Theme 2	5
Theme 3	8
What's next for Year 4 (2025/2026)?	

# Background

The General Pharmaceutical Council (GPhC) has long recognised that safe and effective care must be underpinned by fairness, free from discrimination and proactively inclusive. While equality, diversity and inclusion (EDI) have been part of our regulatory role since its inception, our current strategy, *Delivering equality, improving diversity and fostering inclusion: our strategy for change 2021-26*, marked a decisive shift in both tone and ambition. Published in 2021, it established a renewed commitment to embedding EDI into every aspect of our work, from how we make decisions to how we engage with professionals, patients and the public.

The strategy brought with it a new approach, moving us away from standalone initiatives towards a longer-term plan of organisational change and accountability. **In year one, we focused on resetting our systems**, building new governance structures, creating a delivery plan and establishing a culture of shared responsibility. **In year two, we began to see the impact of that shift through targeted improvements**, new policies, and a broader and more inclusive conversation across our work.

Now in year three, our focus has been on maintaining momentum, consolidating progress and strengthening the foundations we have put in place. This has included improving how we use data and insight to inform our work, continuing to support inclusive decision-making across our regulatory processes, and embedding EDI further into our standards, guidance and communications. We have also taken forward work on pay gap reporting, strengthened our internal policies and guidance, and continued to support inclusive learning, staff networks and wellbeing across the organisation.

Our work is overseen by a **robust governance structure that ensures accountability and alignment with our strategic ambitions.** The EDI Strategy Leadership Group brings together senior leaders and representatives from across the organisation, including our Inclusion Network, to challenge, coordinate and lead on the delivery of actions. It is supported by the Executive Team, who are responsible for integrating EDI across our organisation, and by our Council, who ultimately hold the organisation to account for our performance in this area.

As part of Council's continued leadership on equality, we established a new Anti-Racism Champions Group, bringing further focus to our commitment to tackling racism across pharmacy. The Anti-Racism Champions group will be publishing a statement offering their perspective on this work and its significance within the wider strategy.

# **Executive Summary**

This end of year three report covers the period from October 2024 to June 2025. The preceding annual report had detailed the activity up to September 2024; to avoid repetition of material, this document covers the work done since. It provides an update on progress against our five-year Equality, Diversity and Inclusion (EDI) Strategy (2021-2026). The strategy sets out our commitment to using all our regulatory functions and influence, as well as our role as an employer, to help address inequality and support fair, inclusive outcomes for the people we serve. This report is part of our governance structure for EDI and is an opportunity to take accountability and demonstrate how this commitment is being taken forward across the organisation.

This year we continued to build on the work already underway across the organisation. A key milestone during this period was the development of our first **Interim Impact Report**. Produced in close collaboration with colleagues in our Data and Insight team, this report sets out early findings on the impact of our EDI strategy so far, drawing together evidence from across our regulatory and organisational activity. It forms part of our work to better understand how our strategy is driving change and is included as an annex to this report.

Since our last report, the **Professional Standards Authority's 2023-24 confirmed the GPhC met Standards 3** (Equality, Diversity and Inclusion) and highlighted our work with the EDI data of our register as an **example of good practice**.

In last year's report, we committed to progressing a number of areas including continuing our equality roundtables and anti-racism work, taking a policy decision on anonymisation at Investigating Committee, publishing further insights to support inclusive care, and maintaining our programme of stakeholder engagement.

### This year, our work focused on several key areas, including but not limited to:

- **Data and insight**: Development of our first Interim Impact Report, strengthened use of diversity data across regulatory processes, further analysis of our data, and improved approaches to understanding and measuring the impact of our strategy.
- Inclusive decision-making: Increased diversity within statutory committees, updated training and guidance, and completion of the anonymisation pilot in Investigating Committee decision-making.
- Fair access to pharmacy services: Shared inclusive practice through *Regulate* articles and Communities of Practice, updated standards and guidance, and continued engagement with patients, professionals and communities.
- **Creating a respectful and inclusive workplace**: Strengthened internal networks, delivered targeted initiatives, and supported a culture where colleagues feel valued, heard and able to contribute.

Further detail on each of these areas is included under the relevant strategic themes in this report.

# Progress under each strategic theme in 2024/25

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

Our Strategic Objective 1 commits us to developing a new approach to assess and improve the diversity data we collect from professionals on our register, our workforce and others, in line with best practice. In support of this, we reviewed and updated our **Diversity Data Policy**. The revised policy reinforces our approach to collecting, storing and using diversity data, with updated language and up-to-date data protection requirements. It also reaffirms our commitment to using data insight to inform regulatory decisions and identify disproportionate impacts where they arise. We are committed to continue evolving our policy work to ensure it remains aligned to latest legislation, legal guidance and best practice.

As part of our continued transparency work, we have published **monthly data reports on our register**, **including annual diversity data.** These reports include information on the sex, ethnicity, age, country and region of registrants, as well as their route of registration. This level of regular reporting supports our ability to track patterns over time and to understand how the composition of the register is evolving. It also enables external stakeholders to access up-to-date insight into the diversity of the pharmacy professions across Great Britain. As part of this work, we have also published a further report analysing the **protected characteristics of pharmacists**<sup>1</sup> **involved in managing concerns process**, building on previous findings and continuing to highlight patterns of over and under-representation at different stages.

We have now completed **three internal reports analysing the diversity of individuals raising concerns and any barriers they may face in doing so**. These reports are not published but are used internally to inform improvements in accessibility, for example to the online concerns form, and process. As these reports are produced twice a year, we will continue to monitor emerging trends and respond to any major barriers identified. While the data remains limited at this stage, the approach reflects our intent to maintain a regular cycle of review and early intervention.

We also continued our sector-wide conversations about **racism and inequality**. In October 2024, we hosted a remote **Black History Month webinar** attended by Council members and professionals from across pharmacy. The event featured contributions from Ade Williams MBE, our Council member, and Taiwo Owatemi MP, pharmacist and Member of Parliament for Coventry North-West. Discussions spanned training disparities, funding challenges and the role of pharmacy in tackling health inequalities. Participants shared candid reflections on their lived experience, highlighting the importance of open dialogue in improving regulatory understanding. This event built on two previous racism and pharmacy events and remains a valuable part of how we learn from the sector and inform our approach to fairness in regulation.

3

<sup>&</sup>lt;sup>1</sup> There was a limited dataset for pharmacy technicians, for whom we received a much smaller proportion of concerns in 2023/24, so were not able to include this group in this year's report

We have now concluded our **anonymised decision-making** pilot, which ran between April 2023 and March 2024. The project tested the removal of identifiable characteristics such as names, religion, and country of birth from Investigating Committee (IC) papers. While the pilot was limited by small numbers and operational constraints, feedback from participants indicated mixed views. Just over half of registrants involved felt the process was fairer as a result of anonymisation. Committee members noted some practical challenges, including reduced clarity and longer review times. Overall, the findings did not demonstrate a clear impact on decision outcomes. As a result, we have decided not to progress anonymisation in its current form, though insights from the pilot will inform wider efforts to improve fairness and reduce bias.

Our approach to **recruiting statutory committee members** continues to prioritise fairness, transparency and inclusivity. All recruitment is carried out through an anonymised shortlisting process, with protected characteristics redacted to help minimise the risk of unconscious bias. This year, the Assurance and Appointments Committee (AAC), working closely with the Associates and Partners team, took further steps to ensure that appointments better reflected the breadth of the professions and communities we serve. Where candidates achieved the same final assessment score, consideration was given to areas of underrepresentation within the current committee profile, including age, **with the proportion of members under 45 increasing by 27 per cent this year**. This approach has led to a broader and more representative mix of members being appointed, while maintaining our high standards for competence and independence. The AAC also showed flexibility in supporting strong candidates with comparable scores who demonstrated potential and readiness to develop into the role. This is a measured and proactive way of ensuring our decision-making structures are inclusive and reflect the diversity of the wider sector. The AAC will continue to monitor the impact of these practices as part of its oversight and quality assurance responsibilities.

Committee members continued to receive training and guidance to support fair and consistent decision-making. This included sessions on equality, diversity and inclusion, with a focus on unconscious bias and its relevance to regulatory processes. Statutory committee members also took part in our Islamophobia awareness training, which aimed to deepen understanding of the lived experiences of Muslim communities and the ways in which bias may manifest in professional contexts. In addition, members received our updated internal guidance on Islamophobia and Antisemitism, which was approved by the Chief Enforcement Officer in April 2025. The guidance provides clear definitions, case examples and legal context to support the investigation of discrimination-related concerns and aligns with our broader commitment to lawful, proportionate and inclusive regulation.

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

We continued to use our standards and guidance to support inclusive, person-centred care across pharmacy services. This included sharing examples of good practice, exploring current challenges in care delivery, and encouraging reflection on how professionals can meet the diverse needs of the communities they serve.

Our internal Clinical and Policy Communities of Practice provided space to consider how equality and inclusion feature in different areas of policy, education and clinical care. These sessions brought together colleagues from across the organisation and covered a wide range of topics. These included **cultural considerations in diabetes care**, **point-of-care testing in culturally diverse communities**, and the **experiences of locum pharmacy professionals from different backgrounds**. Other sessions explored issues such as **data bias in artificial intelligence**, **ethnicity in genomic testing**, and **international registration pathways**. A dedicated **equality**, **diversity and inclusion session was also held** to support further internal learning and alignment.

Alongside this, we continued to compile and share current guidance, insight and examples of inclusive practice through our *Regulate* articles. These articles link regulatory standards to real-world challenges in pharmacy, which include diversity and inclusion issues, and are designed to support our register in applying professional standards in practice. A few of the topics addressed since September included **cultural competence during patient consultations**, the use of **Braille on packaging**, **hidden disabilities**, and the **impact of medicine shortages on particular groups**, such as women and people with ADHD. We also published a piece focused **on practical ways to improve the accessibility of pharmacy services**. These articles support pharmacy professionals in reflecting on their practice and considering how they can meet our standards in ways that recognise the needs of all patients.

As part of our commitment to engaging with a wide range of perspectives, **we met with a number of external organisations to better understand the barriers people may face** in accessing pharmacy services and how we can reflect these insights in our work. This included meetings with **Healthwatch England, Turning Point, and the Caribbean and African Health Network**, where we heard directly from patient groups, community representatives and equality-focused organisations. These discussions helped to strengthen our understanding of how pharmacy services are experienced by different groups and highlighted the importance of cultural awareness, communication and trust in shaping safe and inclusive care.

To build on this insight, and to further our understanding of the experiences of those entering the profession, we have announced a **new pharmacy student and trainee survey to be introduced in the 2025/26 academic year**. The surveys are voluntary and are designed to understand student satisfaction surrounding the quality of their courses, in relation to matters such as assessment and student support. The survey will also include questions on equality, diversity and inclusion, in line with our education standards, and is expected to include an equality monitoring questionnaire to support deeper analysis of potential disparities.

The survey builds on our ongoing work to embed equality, diversity and inclusion throughout pharmacy education and training. Over the past year, we have continued to strengthen our guidance, embedded more robust EDI expectations into our accreditation standards and introduced clear requirements for analysing and acting on disparities in students' outcomes.

5

In January 2025, we updated our **guidance for the education and training of pharmacists and pharmacist independent prescribers** to reflect our commitments under the **carbon net zero** action plan for sustainable pharmacy regulation. The guidance now includes content on **climate change and environmental sustainability**, recognising these as significant **public health concerns that can exacerbate existing health inequalities.** It encourages providers and pharmacy professionals to increase awareness of the health impacts of climate change, engage with relevant resources and consider how sustainability can be integrated into the delivery of education and care.

We also published new guidance on supervising pharmacy learners in practice, replacing the 2018 version to better align with current education standards and expectations, including those related to independent prescribing. The updated guidance places a stronger emphasis on equality, diversity and inclusion, setting clear expectations for supervisors to create supportive learning environments and to recognise how personal values, religion and beliefs may influence professional interactions. It encourages supervisors to reflect on the impact of their own perspectives and to foster inclusive spaces that support the professional development of all pharmacy learners.

As part of our wider education assurance work, we have also **embedded stronger expectations on equality, diversity and inclusion within our standards for the initial education and training** of pharmacists, with the work to review and set similar expectations in the standards for the initial education and training of pharmacy technicians already underway. These standards require course providers **to analyse admissions, progression and attainment data by protected characteristic** and to take action where disparities are identified. Over the past year, we have tested these expectations through reaccreditation of all MPharm providers. Where providers had not undertaken the required analysis, or had not responded appropriately to differences in outcomes, **we set conditions to ensure improvements are made**. This strengthened approach supports more consistent progress in identifying and addressing inequalities across pharmacy education.

# **Case Study 1**

## Strengthening Equality, diversity and inclusion (EDI) requirements in new standards

EDI is at the heart of our culture and values as an organisation. It has always been a core consideration when developing our standards and is reflected in the requirements for pharmacy professionals to provide person-centred care and for governance arrangements to be in place that safeguard the health, safety and wellbeing of patients and the public. However, although these aspects have been addressed through guidance documents, such as our In Practice: Guidance on Religion, Personal Values, and Beliefs and Equality Guidance for Pharmacies, until recently there has been no explicit statement covering EDI in our standards. We recognised the need for a more direct approach so, in line with feedback from the Professional Standards Agency and our <u>strategy's</u> commitment to use all our levers and influence to tackle health inequalities and discrimination, we decided to strengthen our EDI requirements. We did this by incorporating equality more explicitly into the <u>new standards for Chief</u> Pharmacists, which were published in January 2025.

These standards outline the responsibilities, knowledge, conduct, and performance expected of Chief Pharmacists (or equivalent roles) in supporting their organisations and staff to deliver safe, effective pharmacy services. They require Chief Pharmacists to create and maintain a culture of equality, diversity, and inclusion where people (including staff, patients and the public) are treated as equals, with dignity and respect, and where staff meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences. A strong focus on EDI was maintained throughout the development of these standards. We actively sought feedback on the draft standards during the consultation process, particularly regarding their impact on individuals who share a protected characteristic. We made sure the opportunity to feed into this process was accessible to a wide range of groups including those who share protected characteristics by providing various channels to provide feedback including an online survey, face-to-face meetings, virtual meetings, email responses, focus groups, and a public webinar. The feedback received during this consultation informed a comprehensive **Equality Impact Assessment**.

We aim to continue this enhanced commitment and approach to EDI in the development of future standards including the upcoming standards for Superintendent Pharmacists and the standards for Responsible Pharmacists.

7

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

We are now a part of the **Disability Confident Scheme and have received the level one accreditation: Disability Confident Committed Employer**. The scheme is a government initiative designed to encourage employers to recruit and retain disabled people and those with health conditions. To be accredited with level one, there are five commitments we agree to adhere to, three of those regarding our initial stages of recruitment, such as advertising, accessible recruitment and offering interviews to disabled individuals who meet the minimum requirements. Since joining the scheme, we have seen a marked **increase in engagement from disabled applicants**, from 33 in the eight months prior to joining, to 132 in the eight months following the accreditation.

There are three progression levels in the scheme, an action plan to progress to level two has already been established and is currently in implementation. As part of our initial progression work, we have introduced an organisation-wide **EDI Data Campaign** in collaboration with HR. The campaign encouraged staff to review and update their diversity data, with the aim of achieving more accurate and current insight into the diversity of our workforce. The EDI Data Campaign was supported by **a reviewed Diversity Data Policy**, which updated the language used in our questions and assured best practices regarding data protection.

We have provided **one-to-one guidance on the production of Equality Screenings and Impact Assessments (ESIAs)** to colleagues around the organisation in addition to our online toolkit and available resources. The tailored approach in our guidance allows colleagues to develop their knowledge with practical information in their specific areas of work. As part of our work under Strategic Outcome two, we have continued to prioritise the drafting and review of policies that reflect the voices and lived experiences of our stakeholders. In this context, the current HR policy review cycle has resulted in the completion of full ESIAs for each policy.

## **Case Study 2**

# An update on culture and values from our Chief Operating Officer and Deputy Registrar, Jonathan Bennetts

We launched a significant organisational-wide Culture and Values project, engaging staff across all teams through workshops and a comprehensive survey to refresh our culture and values framework, which has been in place since 2017, to bring it in line with our new ways of working and Vision 2030.

We have simplified the framework, making our values meaningful, impactful and easy to remember and embed.

Inclusion is one of four values we selected, along with collaboration, excellence and integrity, to reflect the culture we aim to nurture – one that fosters mutual respect, high standards, fairness, and trust.

Putting inclusion at the heart of our values fosters a diverse and equitable workplace where all employees feel valued and respected and can expect to be included in conversations that affect them. The behaviours that underpin the value of inclusion include:

- we treat everyone with dignity and respect
- we ensure everyone's voice and ideas are heard

- we value and celebrate the different skills, attributes and successes of others
- we communicate clearly and consistently in a way which is accessible to all.

By weaving EDI into every aspect of our work, we strengthen trust, accountability, and inclusivity across the pharmacy professions and beyond. Ensuring that all individuals and groups are treated with fairness, equally and impartially.

The Inclusion Network has continued to play an essential role in shaping our internal culture and supporting the delivery of our EDI strategy. This year, we continued to mark our core EDI dates through a range of activities, including a hybrid event for **Pride** and **World Humanist Day** featuring our Chief Executive and Registrar, Duncan Rudkin. We marked **Black History Month** through internal engagement and external communications, and **International Women's Day** was an opportunity to spotlight the lived experiences of women in leadership within the organisation. We also held online events for **World Pharmacy Technician Day**, reflecting on the importance of representation, recognition and inclusion across the professions we regulate.

The Inclusion Network has been instrumental in delivering blogs and reflections throughout the year, sharing lived experience and personal insights across a wide range of themes. These pieces often carried a deeply personal tone, prompting colleagues to reflect on their own identities and experiences. The blog series has grown into a meaningful platform for learning, empathy, and heightened awareness throughout the organisation.

This year we welcomed two new co-chairs to the Inclusion Network, who will guide the group through its next phase of growth and development. They build on the impactful foundations laid by our outgoing chair, whose leadership significantly shaped much of the network's increased visibility and engagement. The network has expanded in reach, with nine new members joining from across the organisation, broadening the range of voices and experiences represented.

# Case Study 3

### A word from our new Co-Chair

## As part of our new co-chair team, Jennifer Oliphant shares her background and vision for the network

Jennifer (Jen), GPhC inspector for nearly 11 years and pharmacy technician since 2001. My pharmacy background was mostly in the army and then for a short time in community before returning to locum as a pharmacy technician for the military. In the army we worked alongside people from different nations and cultures, and we all work together towards the same goal. I have worked as a pharmacy technician in Germany, NI, Iraq, Afghanistan and South Sudan. Since being in the GPhC I have seen many networks formed, such as BAME and women's networks. Although these types of networks brought some people together, I thought they were exclusionary. When the IN was formed, I thought this was a wonderful idea and it has brought all of us together in one place where we can discuss important issues openly without fear of being judged. I have enjoyed being part of the network and find it a safe place to raise concerns but also a place to learn about other people's cultures and values. I would like to grow the network and include an even more diverse population.

Following feedback from the Inclusion Network and wider staff engagement, we have refreshed our approach to the **internal EDI communications plan for 2025**. Our updated calendar builds on the strong foundations already in place, and continues to centre key dates such as Pride, Black History Month and Disability Inclusion. In developing the new model, we introduced a clearer structure that **supports** 

greater visibility across all protected characteristics, while also allowing flexibility to reflect emerging themes and staff interests. The refreshed approach includes a combination of core events and rotating yearly observances, enabling us to deliver activities that are both meaningful and manageable. This also allows us to deepen engagement with each theme, create space for lived experience, and align our messaging more closely with staff priorities throughout the years.

We have introduced the **optional feature of pronouns on email signatures**, in line with our EDI strategy and its emphasis on inclusive language. The strategy reminds us that "words can unite and align people, but they can also exclude and divide". By offering this option, we aim to create space for respectful communication and reinforce a culture in which individuals are able to express their identities in a way that feels authentic. Internal guidance was developed to support the launch and ensure clarity about the purpose and voluntary nature of the feature.

Following the outcomes of our corporate Learning Needs Analysis, we delivered **Islamophobia awareness sessions** for colleagues across a range of teams, including the Executive, Policy, Education, HR and the Statutory Committees. The sessions were well attended and well received, with the majority of participants reporting greater confidence in recognising the different forms Islamophobia can take and understanding how it may affect our colleagues, stakeholders and the public. Feedback highlighted how the sessions prompted meaningful personal reflection and a renewed focus on inclusive behaviours in both formal and informal settings.

In line with identified learning priorities and our strategic objectives across all three themes, we continued to deliver **EDI inductions for new starters** and **unconscious bias training for committee members.** We also launched our first **Menopause Policy** which includes a **support plan** to help facilitate open and honest discussions with line managers if colleagues are experiencing symptoms that are affecting them at work. As well as introduced the policy and support plan, we've held **three menopause awareness sessions** with 'My Menopause Centre' and continue to promote monthly webinars.

Alongside formal training, we supported a range of **peer-led learning activities**. Staff volunteered to lead sessions on topics including **Excel skills, creating accessible documents, using OneDrive, working with committees and boards, and sharing learning from NHS leadership programmes**. We also held external sessions on hidden disabilities, budgeting and financial wellbeing, and eating to support better sleep.

We have also expanded our **Mental Health First Aider** (MHFA) network, with new MHFAs completing training and being matched with existing colleagues through a buddy system. We introduced a monthly payment to reflect the responsibilities of the role and ensure parity with physical first aiders. We are continuing to look at how the group can be more visible and accessible, and how we can reduce the stigma sometimes linked to seeking support.

We also made changes to our office environment to support wellbeing. **We improved our wellbeing rooms** by adding pictures, plants and small projectors to create a more calming and welcoming space. Our games and book exchange area continues to be well used, and we have recently introduced a table tennis table following staff feedback.

We continued to publish our **annual pay gap** reports as part of our commitment to transparency and fairness within the organisation. This year, we included the **Ethnicity Pay Gap Report** alongside our gender reporting. The figures revealed a mean ethnicity pay gap of 15% and a median gap of 19%, both of which had reduced compared to the previous year. These findings are being used to inform our ongoing work on representation in leadership, recruitment processes and progression pathways.

# What's next for Year 4 (2025/2026)?

We enter Year 4 of our EDI strategy at a significant point in the organisation's wider journey. The launch of the GPhC's new **Strategic Plan 2025-2030** firmly positions equality, diversity and inclusion as a golden thread running through all three strategic aims, a move that strengthens and formalises the role of EDI in achieving our broader goals. This builds on the foundations already in place, and makes it clear that inclusive, fair and accountable ways of working are essential to effective regulation. Below is a summary of some of key the areas we are focusing on during Year 4.

- We are making progress towards Level 2 of the Disability Confident Scheme. As part of this, we will introduce a new internal workplace adjustments policy and procedure and update our external policy. Together, these actions are aimed at improving consistency, accessibility and confidence in how we support disabled colleagues and candidates. We want to make sure adjustments are in place when they are needed, and that staff and managers are clear about the process.
- We are taking forward the next phase of our Culture and Values Project. This work has brought staff together to reflect on what matters to them and the kind of organisation we want to be. Over the coming year, we will start to embed the shared values developed through this project, so they become part of how we work, how we make decisions, and how we support each other.
- We continue to work collaboratively within the organisation and externally by meeting with other regulators and EDI Healthcare representatives during our quarterly Inter-Regulatory EDI Forums and Tacking Inequalities Alliances meetings.
- As part of our continuous collaborative efforts, we are reviewing how we make strategic use of our regulatory levers and work alongside the RPS and external stakeholders to eliminate the Differential Attainment and Awarding Gaps in pharmacist education.
- We will build on our previous equality roundtables by holding new sessions focused on racism and disability. These sessions bring together people from across our register, as well as wider stakeholders, to explore lived experience and share ideas. The aim is to raise awareness of key issues, hear directly from those affected, and help inform how we take our work forward.
- We will continue our internal EDI data campaign to encourage staff to review and update their diversity data. This will help us build a more accurate picture of our workforce and improve how we identify and respond to issues. The campaign is supported by our updated Diversity Data Policy, which will continue to be reviewed to reflect best practice.

These actions represent only part of the work planned for the year ahead. Further activity is in development across all three themes of the strategy and beyond, and we will continue to adapt and respond as new insights emerge. Our governance structure, including the EDI Strategic Leadership Group, Executive Team and Council, will continue to provide oversight and ensure that this work remains coordinated, transparent and aligned to our overall ambitions.





# Interim Equality, Diversity and Inclusion (EDI) strategy impact report



# Contents

Executive summary4
Purpose of the report4
Note on measuring impact in relation to equality, diversity and inclusion4
Key findings:4
Recommendations to shape our future work5
Introduction8
What is included in the report8
What is not included in the report8
Importance of the report9
Strategic themes9
Theme 1: To make regulatory decisions that are demonstrably fair, lawful, and free from discrimination and bias10
Strategic outcomes Theme 1:10
Correcting imbalances in our managing concerns decision making process10
Better reflecting the communities we serve14
Theme 2: To use our standards to proactively help tackle discrimination and
to make sure everyone can access person-centred care, fostering equality of health outcomes15
Strategic outcomes Theme 2:15
Understanding changes in stakeholder and registrant EDI reflections, actions, continuous learning and improvement16
Identifying how pharmacies are engaging with EDI19
Listening to the voices and lived experiences of our stakeholders
Theme 3: To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of
others
Strategic outcomes 3:23
Understanding the impact of EDI work we do with our workforce

Conclusion:	26
Impacts:	26
Recommendations to shape our future work	27

# **Executive summary** Purpose of the report

In November 2021 the GPhC introduced their Equality, Diversity and Inclusion (EDI) Strategy *Delivering equality, improving diversity and fostering inclusion. Our strategy for change*. This report examines the impact of this strategy so far, not only to have a better understanding of the impact of our work, but also as the starting point for the main impact report to be completed by the end of our strategy and is the first report of its type linked to this strategy. This report does not cover all the actions covered by the GPhC EDI strategy, such as the strategy outputs or outcomes, which are covered in various other **resources and annual reports** but instead focuses on specific measurable impacts which have brought about specific measurable tangible benefits.

# Note on measuring impact in relation to equality, down sity and inclusion

As well as the usual difficulties in identifying the specific metrics which demonstrate the difference an organisation has made there are a number of specific issues related to measuring the impact of organisational EDI strategies. For example, it is difficult to identify changes in peoples' attitudes and furthermore identify changes in behaviour linked to those changes in attitude. Finally, it is difficult and often impossible to identify the cause of either change accurately e.g., to separate the effect of individual organisational actions from the effects of other things such as broader social trends. These issues, where they relate specifically to our strategy, are noted but there remain inevitable gaps where analysis for this report was not possible.

# **Key findings:**

This report is an interim report, therefore by continuing current analysis and utilising existing data, a range of impacts will be identifiable by the next reporting period. However, the report also highlights a range of impacts already prompted by the implementation of the 2021-26 EDI strategy. Where this is not possible it identifies and outlines data which supports the measurement of impact moving forward.

This report identifies measurable impacts including:

- 1. Correcting imbalances in our managing concerns decision making process.
- 2. Understanding changes in stakeholder and registrant EDI reflections, actions, continuous learning and improvement.
- 3. Identifying how pharmacies are engaging with EDI.
- 4. Listening to the voices and lived experiences of our stakeholders.
- 5. Better reflecting the communities we serve.
- 6. Understanding the impact of EDI work we do with our workforce.

The report itself focuses on specific impacts found under the strategic themes outlined in the EDI strategy itself and includes these key findings.

## **Strategic theme 1**

• Better strategic understanding of the EDI data we have, where we need to improve that data so that it can become more robust and nuanced, enabling better understanding of any gaps and how that data can be utilised to deliver continuous improvement (**Strategy outcome 1.1**)

- Identification of a range of imbalances in our decision making relating to those with shared characteristics most adversely affected by our policies, procedures and practices which is being utilised to correct those imbalances (Strategy outcome 1.3).
- The collection of a range of baseline data on stakeholder perceptions about the GPhC's EDI approach such as whether they have greater confidence about the transparency and fairness of GPhC decision making (**Strategy outcome 1.2**).
- Better understanding of the capability of our staff to make regulatory decisions which are free from discrimination and bias and that they are able to access the right support and resources (**Strategy outcome 1.4**).
- The identification of data which supports the ongoing and future analysis of the impact of EDI strategy on pay-gaps, workforce perceptions and training effectiveness. (Strategy outcome 1.1).

## **Strategic theme 2**

- The collection of baseline data which contributes to analysis on the efficacy of our support and encouragement of stakeholders and registrants to reflect on EDI (**Strategy outcome 2.1**)
- The collection of baseline data which contributes to analysis on the efficacy of our support and encouragement of stakeholders and registrants continued learning and improvement (**Strategy outcome 2.4**).
- The collection of baseline data which can contribute to analysis of registrants' reflections and considerations when providing care and services (**Strategy outcome 2.1**)
- The collection of baseline data which can contribute to analysis of whether guidance and resources linked to our standards are helping registrants to speak up and challenge discrimination (Strategy outcome 2.4)

## **Strategic theme 3**

- The collection of a range of baseline data on whether stakeholders' see our culture as diverse and inclusive (**Strategy outcome 3.1**).
- The collection of a range of baseline data on whether stakeholders' see our culture as visibly ingrained (Strategic outcome 3.3).
- A better understanding of whether our workforce is better supported in applying EDI considerations to their work (**strategy outcome 3.5**).

# **Recommendations to shape our future work**

The report highlights several areas where we may wish to explore further and others where we may wish to continue with our current efforts. The considerations outlined below reflect learning across the strategic themes and highlight where future development might help build on the foundations set out in this report.

## **Measuring impact**

- Standardise the use of already existing analysis utilising existing data to continue measurement of EDI strategy impact outlined in this report.
- Consider strengthening evidence framework for more robust and nuanced analysis:

- Bring together existing EDI data not currently aligned with strategy aims for the purpose of analysis,
- Investigate how to utilise existing data for new impact measures,
- Consider introducing new data sources for future analysis,
- Introduce a specific impact measure process as part of strategy building in the future,
- Improve methodological approach with existing analysis,
- Explore new methodologies for demonstrating impact.

### **Strategic Theme 1**

- Continued annual analysis of representation at each decision-making stage of the managing concerns process to support correcting imbalances relating to those with shared characteristics (strategy outcome 1.3)
- Consider further collection, analysis and reporting of stakeholder, patient and public data including standardised survey data and complaints data - such as standardised collection of the demographic data of those raising concerns (strategy outcome 1.1) which can be utilised to support improve EDI data and contribute to confident and capable decision making. (strategy outcome 1.4)
- Consider how to utilise existing data not currently being utilised to analyse strategy impact. For example, to support better understanding of the experience of experiences of patients and the public collect data from earlier in the managing concerns process such as "complaint type" data (Strategy outcome 2.2)

## **Strategic Theme 2**

- Continued analysis of efficacy of our approach to supporting and encouraging registrants using EDI website page analytics (**Strategy outcome 2.1**)
- Consider further ways of utilising website analytics to measure who is accessing website resources, when they are doing so and why (**Strategy outcome 2.4**)
- Explore further ways to interrogate revalidation data, including AI tools, to better understand what registrants are reflecting on, whether and how they are speaking up and challenging discrimination, as outlined in recent revalidation report reflect (**Strategy outcome 2.4**)
- For a more specific measure of our EDI strategy consider how EDI strategy impact aims can more closely reflect existing standards or if a specific EDI related standard for pharmacies is feasible.

## **Strategic Theme 3**

- Continue to use already existing data to analyse the impact of the strategy on pay-gap and workforce perceptions (**Strategy outcome 3.4**)
- Consider how to align future staff survey methodology with past survey results (Strategy outcome 3.4)

- Consider how current and future staff survey questions can better reflect impacts outlined in EDI strategy (**Strategy outcome 3.5**)
- Consider comparative analysis of changes over time in training pass rates and staff accessing non-mandatory training and CPD and identify ways to measure workforce confidence in applying EDI considerations to work, including making regulatory decisions (strategy outcome 3.5 and 1.4.).

# Introduction

In November 2021 we introduced the Equality, Diversity and Inclusion (EDI) Strategy *Delivering equality, improving diversity and fostering inclusion. Our strategy for change.* This report not only examines the impact of this strategy so far but is also the basis for the full impact report which is set to be delivered at the end of the period covered by this strategy. It is the first report of its type linked to this strategy.

The report itself is closely aligned to two strategy outcomes (**Strategy outcome 3.4**) *Positive action, or other improvement action, will be focused and targeted based on evidence* and (**Strategy outcome 1.1**) to *improve our strategic understanding of where we need to improve EDI data so that it will be more robust and nuanced, enabling better understanding of any gaps in and how better deliver continuous improvement*. It also aligns with Vision 2030, where we committed ourselves to utilising targeted evaluation to understand the impact of our work and to use it to continuously learn and improve.

# What is included in the report

This report focuses on specific measurable impacts rather than all actions covered by the GPhC EDI strategy such as outputs or outcomes which are instead covered in <u>here</u>. The report not only looks to demonstrate where the strategy has produced specific tangible benefits but also any gaps in our knowledge and insights to shape our future work in this area. It measures change brought on by the strategy using definitions which are unambiguous and detailed relating specifically to thematic aims and outcomes outlined in the strategy, while also identifying where this clarity is not possible.

# The report includes:

- 1. An overview of thematic aims and outcomes outlined in the EDI strategy.
- 2. What we have done as part of the strategy and evidence of the tangible benefits arising from this specifically related to those thematic aims and outcomes.
- 3. Recommendations for building on or strengthening our approach to evaluating the impact of the strategy as part of the strategy's commitment to measurable evaluation.

# What is not included in the report

As mentioned above this report deliberately does not cover certain aspects of the EDI strategy. It does not reference:

- Numerous positive outputs and outcomes achieved as part of the strategy. This includes various LGBT+ and Disability memberships and accreditations or our work in this area being highlighted as "good practice" by the PSA, to name but two.
- Analysis of impacts not specifically outlined in the thematic aims and outcomes.
- Analysis of areas where it is still too early to demonstrate meaningful impact of actions undertaken as part of the strategy or where impact work is still currently being undertaken, this is especially relevant in the area of education.

Moreover, there are a number of issues related to measuring the impact of organisational EDI strategies which means that there are inevitable gaps in the analysis. A literature review of work in similar organisations and academic research in this area identified no off the shelf approach to measuring EDI impact in organisations and there is a lack of robust metrics which measure the impact of EDI.

There are deep rooted reasons for the paucity of impact measures. First, it is difficult to identify changes in peoples' attitudes and furthermore to identify changes in behaviour linked to those changes in attitude. Even where this is possible it is difficult to disentangle the responsibility for those observed changes as there are often a range of inputs which affect change.

# Challenges for the GPhC in measuring the impact of the EDI strategy

For example, understanding whether the GPhC EDI strategy is responsible for pharmacists, pharmacy technicians and pharmacy teams reflecting and considering the diversity of wider society (**Strategy outcome 2.1**) means isolating what the GPhC has done and its impact in this area, from any the work done by other accredited organisations linked with the pharmacy sector in the UK who produce EDI strategies with similar aims such as Royal Pharmaceutical Society (RPS), other institutions who train GPhC registrants in EDI such as universities, other organisations which influence the sector and registrants in the sector, such as pharmacies and pharmacy chains, and even broader changes in social attitudes which are influenced from innumerable sources. The strategy itself reflects this and is a mixture of strategy, outputs, outcomes and impacts but often lacks identifiable specific measurable tangible benefits linked to specific actions, the analysis in this report often reflects those gaps.

# Importance of the report

Even with the caveats outlined above, this report is being produced because:

- We believe that what we are doing as part of the EDI strategy is impactful.
- We are in a position to report on this impact in a number of areas.
- This report is itself the start of the process of measuring impact.
- It is also part of the process of increasing our strategic understanding of where we need to improve and apply EDI data.

Finally, it is important to recognise that meaningful action does not always have a measurable impact and there have been conscious decisions to spend time and resource on making meaningful change rather than measuring that change.

# **Strategic themes**

The report is organised around the three main thematic aims outlined in our EDI strategy:

- Theme 1: To make regulatory decisions that are demonstrably fair, lawful, and free from discrimination and bias.
- Theme 2: To use our standards to proactively help tackle discrimination *and* to make sure everyone can access person-centred care, fostering equality of health outcomes.
- Theme 3: To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others.

In the sections that follow, we focus on a select number of projects within each theme that have provided us with measurable impacts.

# Theme 1: To make regulatory decisions tent are demonstrably fair, lawful, and free from the crimination and bias.

This theme is focused on ensuring that the decisions we make as a regulator are fair, lawful and free from discrimination or bias. The strategy sets out four outcomes under this theme, which aim to improve the quality of our data, address imbalances in decision making, build confidence in our processes and support our people to apply EDI principles in regulatory work. The four strategic outcomes under this theme are outlined below. These strategic outcomes underpin the analysis of the impact of our projects.

# **Strategic outcomes Theme 1:**

1.1. To have a better strategic understanding of where we need to improve EDI data so that it will be more robust and nuanced, enabling better understanding of any gaps in and how better deliver continuous improvement.

1.2. That stakeholders will have greater confidence about the transparency and fairness of our decisions.

1.3. That any imbalances in our decision making relating to those with shared characteristics most adversely affected by our policies, procedures and practices is identified and corrected.

1.4. Our staff and associates will feel confident in and capable of making regulatory decisions which are free from discrimination and bias and will be able to access the right support and resources.

# **Correcting imbalances in our managing concerns decision making process**

# Project 1: Protected characteristics of pharmacists involved in managing concerns process

Two reports *Protected characteristics of pharmacists involved in managing concerns process* produced in 2021/22 and 2023/24 explored differential outcomes in enforcement decisions. They utilise statistical analyses which examined the possible over-representation of registrants with protected characteristics (age, ethnicity and sex) at different stages of the managing concerns process where decisions were made (concerns received, investigated and outcomes). Full reports can be found here: <a href="https://www.pharmacyregulation.org/about-us/publications-and-insights/research-data-and-insights/research-publications-topic">https://www.pharmacyregulation.org/about-us/publications-and-insights/research-data-and-insights/research-publications-topic</a>.

#### Impact

What the analysis in the reports demonstrated was that there was an over-representation of those with various protected characteristics at different stages of the managing concerns process, but in general these decreased between 2021/22 and 2023/24. This reduction broadly contributes to evidence that the strategy is having a positive effect in making regulatory decisions demonstrably fair, lawful, and free from discrimination and bias.

General Pharmaceutical Council pharmacyregulation.org info@pharmacyregulation.org However, although there appeared to be a positive trend, overrepresentation remained. At the *concerns received* stage there continued to be an over-representation of males and those of various minority ethnicities. In the outcomes analysis <sup>1</sup> there continued to be an overrepresentation of male pharmacists being subject to an *investigation* and male pharmacists were also more likely to receive a *statutory outcome*.

A few aspects should be noted to about this research from an impact measurement perspective. Due to a change in methodology between the two reports, it was not possible to draw any meaningful conclusions about representation in the age category. Moreover, although the statistical tests demonstrated that overrepresentation was not just a result of chance, they did not indicate causality<sup>2</sup>. Finally, the research also identified a gap in our EDI data pertaining to the characteristics of people raising concerns.

These aspects led to the report on this research renewing an existing commitment to do more to understand the patterns highlighted, and further explore factors which might explain over-representation at different stages of the managing concerns process. Moving forward the methodology for planned future analysis on age will be aligned. Moreover, following the research a voluntary EDI form was introduced for complainants, partially rectifying the data gap at the *concerns received* stage, by helping to identify the characteristics of those raising concerns.

The impact of the EDI strategy can be demonstrated in a number of ways. The greater focus and publication of EDI research arising from the strategy shows the GPhC's increased commitment to regulatory decision making which is fair, lawful, and free from discrimination and bias. The analysis itself helped to support evidence of positive change towards rectifying imbalances in decision making relating to those with shared characteristics (**Strategy outcome 1.3**). The research also created a better strategic understanding of where we need to improve EDI data (**Strategy outcome 1.1**), specifically benchmarking for future research and analysis and identifying areas for improvements, helping to support a continuous improvement approach (**Strategy outcome 1.1**).

### Recommendations to shape our future work

Based on the findings, the following areas show potential for further exploration and development.

- 1. Continue annual analysis of representation at each decision-making stage of the managing concerns process could:
  - a. Support continuing identification of any imbalances in our decision making (Strategy outcome 1.3).
  - b. Contribute to a better understanding of our EDI data (Strategy outcome 1.1).
  - c. Help evidence the links between outcomes and impact (Strategy outcome 1.1).
  - d. Make analysis more robust and nuanced, enabling better understanding of any gaps in our knowledge such as male over-representation at different stages of managing concerns, the

<sup>&</sup>lt;sup>1</sup> For simplicity outcomes were grouped into two categories - statutory outcomes (which include advice and outcomes imposed by the investigating and fitness to practise committees) and non-statutory outcomes (which include all concerns closed with no further action and those that closed before reaching investigation committee).

<sup>&</sup>lt;sup>2</sup> It is important to make clear that the statistical tests undertaken as part of this work demonstrate relationality e.g., that over-representation is not just a result of chance. However, they do not indicate causality e.g., the cause of the over-representation at each stage of the managing concerns process.

factors that may be involved in determining the likelihood of different individuals going through managing concerns process and identifying barriers and bias in concerns being raised (**Strategy outcome 1.1**).

- e. Be utilised to correct any bias identified and deliver continuous improvement in this area (Strategy outcome 1.3).
- 2. Although, a gap in the data covering those individuals raising a concern was partially rectified, the EDI form which collected diversity was completed by a minority of complainants<sup>3</sup>. Therefore, consideration could be given to further collection, analysis and reporting of complaints data such as standardised collection of the demographic data of those raising concerns at the point where concerns are received. This could:
  - a. Further identify any imbalances in our decision making relating to those with shared characteristics most adversely affected by our policies, procedures and practices. For example, by identifying bias in the raising concerns process (**Strategy outcome 1.3**).
- 3. Consider including other existing data within analysis such as initial complaint type. This could:
  - a. Support better understanding of the experiences of patients and the public (Strategy outcome 2.2).
  - b. Further identify any imbalances in our decision making relating to those with shared characteristics most adversely affected by our policies, procedures and practices (Strategy outcome 1.3).

# **Project 2: Anonymisation Project**

Following the introduction of the GPhC EDI strategy, between April 2023 and March 2024 a project was initiated which explored the perceived disproportionate outcomes of ethnic minority registrants in the managing concerns process. In this project information in case bundles relating to, or that would reveal, the ethnicity of the registrant was redacted during the Investigating Committee (IC) stage of the regulatory managing concerns process. A similar approach to tackling unconscious bias found to be successful during certain HR processes.

The project had three objectives which relate to the outcomes outlined under theme 1 of the strategy:

- To enhance confidence in the fairness of the investigating committee process (Strategy outcome 1.2).
- 2. To collect detailed outcome data according to ethnicity and nationality from the investigating committee process (**Strategy outcome 1.1**).
- 2. To evaluate and correct any imbalances in our decision making relating to those with shared characteristics most adversely affected by our policies, procedures and practices (**Strategy outcome 1.3**).

#### Impact

The project analysis produced a range of findings. Despite anonymisation, anonymised IC decisions and non-anonymised council recommendations continued to remain broadly aligned suggesting a lack of

<sup>&</sup>lt;sup>3</sup> 132 people completed voluntary demographic concerns forms from June to end of September 2023, compared with 1798 initial concerns recorded

effect at that stage of the managing concerns process. In terms of the feedback from those involved, 58.8% of the registrants who took part in the research believed the process felt fairer, while 41.2% felt it had no effect and 0% felt it was less fair. Of the Committee members who took part 60% felt anonymisation had little effect, while 40% felt the process was fairer (**Strategy outcome 1.2**).

Although anonymisation was incorporated into the IC process well, the redaction process was found to have marginal benefits and low potential EDI impact, for example in correcting imbalances in our decision making. Perceived negative impacts included inadequate, resource heavy and disproportionately burdensome processes, including the slowing of case consideration and increasing the complexity of cases. The recommendations of the report delivered to Council on the 24 April 2025 suggested that there was insufficient evidence that this anonymisation made the process fairer and that the significant further resource commitment required could not be justified.

However, by identifying a lack of comparative data on stakeholder confidence and the paucity of data at different stages of the managing concerns process the report had a tangible impact. From an EDI perspective, this report contributed to a better strategic understanding of where we need to improve EDI data, so that it would be more robust and nuanced, enabling better understanding of any gaps in and how better deliver continuous improvement (**Strategy outcome 1.1**). It also further highlights the need to consider further work to explore potential bias and how that can be addressed at an earlier stage of the managing concerns process in support of **Strategy outcome 1.3**, i.e., at the *concerns received* stage of the managing concerns.

### Recommendations to shape our future work

Based on these findings, the following areas show potential for further exploration and development.

- 1. Consideration should be given to further collection, analysis and reporting of data at an earlier stage of the managing concerns process i.e., at the *concerns received* stage. Standardised collection of the demographic data of those raising concerns at the point where concerns are received would:
  - a. Further identify any imbalances in our decision making relating to those with shared characteristics most adversely affected by our policies, procedures and practices. For example, by identifying bias in the process (**Strategy outcome 1.3**).

This recommendation also align well with conclusions in the GPhC report Protected characteristics of pharmacists involved in managing concerns process 2023/24.

# Better reflecting the communities we se

# Project 3: Reflecting diversity in our committees

Following the introduction of the EDI strategy the Assurance and Appointments Committee (AAC) working closely with the EDI team and the scheduling staff, undertook a project to ensure that the people appointed and allocated to the statutory committees reflected the diversity of the public they served and the registrant population.

To ensure decision-making structures were inclusive, that policies and procedures were developed in line with best practice and better reflected the voices and lived experience of our stakeholders and workforce (**Strategy outcome 3.2**) an end-to-end journey review was undertaken. After this review an approach was adopted which revised role descriptions and competencies and revised support and induction packages. This approach focused on flexibility in supporting strong candidates with less experience but comparable scores and who demonstrated potential and readiness, to develop into the role.

Moreover, working closely with the Associates and Partners team, further steps were taken to ensure that appointments better reflected the breadth of the professions and communities we serve. Where candidates achieved the same final assessment score, consideration was given to areas of underrepresentation within the current committee profile. An anonymised shortlisting process was also adopted, in which protected characteristics were redacted to help minimise the risk of unconscious bias. Our approach to recruiting statutory committee members continues to prioritise fairness, transparency and inclusivity.

### Impact

This approach has led to a broader and more representative mix of members being appointed. Committee makeup was benchmarked against the 2021 CENSUS and the registrant demographic figures from the GPhC's registers. Benchmarking lay members against the UK population CENSUS 2021 figures whilst registrant members are being benchmarked against the GPhC's registrant population.

Overall, benchmarked demographic data demonstrates in a number of areas where committee membership more closely resembled the general population or the GPhC register. Since the last AAC report in 2022 the percentage of female committee members increased from 53.5% to 63%, bringing it closer to the 69% found on the register<sup>4</sup>. Moreover, the proportion of members under 45 increased by 27% over the same period year. Finally, there was an increase by almost 4% of committee members with a disability to 15% closing the gap with 18% of the general population who identify as having a disability in the 2021 CENSUS. These changes all suggest that the committees are now more reflective of the voices and lived experience of our stakeholders and workforce (**Strategy outcome 3.2**).

As a result of a mixed approach analysis, there remains gaps in the benchmarking results in certain demographic categories. However, these gaps do help to identify where evidence is lacking (**Strategy outcome 3.4**) and where improvements can be made in the better strategic understanding of where we need to improve EDI data so that it will be more robust and nuanced, enabling better understanding of any gaps in and how better deliver continuous improvement (**Strategy outcome 1.1**).

<sup>&</sup>lt;sup>4</sup> https://www.pharmacyregulation.org/about-us/publications-and-insights/research-data-and-insights/gphc-registers-data

### Recommendations to shape our future work

The AAC will continue to monitor the impact of these practices as part of its oversight and quality assurance responsibilities. Consideration should therefore be given on how to improve benchmarking analysis and insights to help support positive action and delivery continuous improvement. Improved analysis could be achieved through:

- 1) A standardised approach benchmarking which includes:
  - a) Specific targets for each relevant demographic categories, which can be used for comparative analysis.
  - b) A clear presentation of changes across all relevant benchmarked demographic categories.
  - c) A clear methodological approach to analysis which utilise small numbers and may not create statistically significant results.
- 2) Utilise more up-to-date approaches to EDI such as intersectionality to align committees with the voices and lived experience of our stakeholders and workforce.

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

This theme focuses on how our regulatory standards can support inclusive, person-centred care and help tackle discrimination across the pharmacy sector. The strategy sets four outcomes under this theme, aimed at encouraging reflection on the diversity of wider society, improving the way care is delivered and informed, strengthening expectations of education providers, and increasing access to guidance and resources. The outcomes are outlined below and will be used as reference points for assessing impact of the EDI strategy.

# **Strategic outcomes Theme 2:**

2.1. Pharmacists, pharmacy technicians and pharmacy teams will be encouraged and supported to reflect and consider the diversity of wider society (including local communities) in the care and services they provide.

2.2. The way that we support pharmacists, pharmacy technicians and pharmacy teams to deliver person-centred care will be better informed by, amongst other things, using what we learn about the experiences of patients and the public (for example, carers).

2.3. There will be a greater emphasis on education providers to demonstrate how they build EDI into their curricula and academic culture.

2.4. Pharmacists, pharmacy technicians and pharmacy teams will be able to access useful EDI guidance and resources linked to our standards, to help them speak up and challenge discrimination and to support their continuous learning and improvement.

# Understanding changes in stakeholder a registrant EDI reflections, actions, continuous learning and improvement

# Project 1: EDI webpage, guidance and resources

Following the introduction of the EDI strategy in November 2021 a range of work improving the provision and accessibility of EDI resources has taken place. This work was undertaken to encourage and support pharmacists, pharmacy technicians and pharmacy teams to reflect and consider diversity of wider society (including local communities) in the care and services they provide (**Strategy outcome 2.1**) and support their continuous learning and improvement (**Strategy outcome 2.4**). This has included producing, co-producing and publishing reports and insight pieces on different equality topics and implementing a greater range of resources in the Welsh language.

#### Impact

Demonstrating changes in how often the GPhC equality and diversity webpage is accessed monthly, which resources are accessed can help to demonstrate that increased GPhC EDI focused support and encouragement has led to increased reflection among stakeholders (**Strategy outcome 2.1**) and continued learning (**Strategy outcome 2.4**). Below is a baseline which can be utilised moving forward to undertake comparative analysis on changes in which EDI resources are accessed and how often.<sup>5</sup>



Hits on EDI webpage

#### EDI website resources accessed 2024/25:

• Welsh strategy: 3

<sup>&</sup>lt;sup>5</sup> This measure of impact is limited by lack of access to data from the previous GPhC website, which was replaced on 23 April 2024 (this also explains the absence of data in April 2024).

- English strategy: 337
- Year 1 report: 61
- Year 2 report: N/A <sup>6</sup>
- Consultation analysis report: 60
- Reasonable adjustment documents: 36

Changes in how often the EDI webpage and resources are accessed offers good insight into whether our increased EDI provision and accessibility has brought the requisite increase in reflection or focus by our registrants and stakeholders (**Strategy outcome 2.1**). Being able to identify which resources are accessed and when, also contributes to an increased range of possible impact analysis. For example, comparing changes in policy with changes in the type of resource being accessed from our website, allows us to understand whether our focus is reflected by our registrants and also why our resources are being accessed e.g., for continued learning or to help speak up and challenge discrimination (**Strategy outcome 2.4**).

However, these measures do not give a full picture of the strategy impact. There is limited data on who is accessing these resources e.g., whether it is pharmacists, pharmacy technicians and pharmacy teams or someone else. Moreover, the type of resource being accessed is only a broad guide to why they are being accessed.

### Recommendations to shape our future work

Based on the findings, the following areas show potential for further exploration and development.

- 1. Consideration should be given to specific analysis of data from EDI webpage, guidance and resources. We should consider:
  - a. Further interrogation of data relating to what is being accessed through the EDI webpage to provide better clarity on why guidance and resources are being accessed. For example, identifying key documents which reflect strategy outcomes and resources which relate to type e.g., Learning and Development.
  - b. Document accessibility from the perspective of measuring impact to ensure that measurement can take place. Website resources could be labelled by specific use or area of focus. For example, it was not possible to get the data on how often the year 2 EDI report was accessed because it was published on the EDI webpage as part of a council meeting document which was also published in multiple places on the website. Therefore, the number times it was accessed from the EDI webpage was indicative of neither how often nor why it was accessed.
  - c. Adopting more detailed analytics which provide data on who is accessing online resources and when.

# **Project 2: Revalidation**

As outlined in our caveat section, it is difficult to measure how influential the GPhC's focus on EDI has been on registrant behaviour. Registrants' behaviour in this area can be influenced in a huge number of socio-economic ways. However, a possible way to uncover whether our greater focus on EDI as an

<sup>&</sup>lt;sup>6</sup> The year 2 EDI report was embedded within a larger document which made collecting download data impossible.

organisation has influenced registrants' behaviour is to analyse registrant behaviour which is specifically linked to the GPhC itself.

One such area where this happens is the revalidation process. In this mandatory process registrants are required to demonstrate to the GPhC that their knowledge and skills are up to date and that they have reflected on how they have put this into practice. As revalidation is a mandatory process registrants are expected, in their revalidation submissions, to specifically reflect various GPhC guidance and resources.

Therefore, another way **Strategy outcome 2.1** can be demonstrated is to examine registrant revalidation submissions to see if more registrants have engaged with EDI themes in their revalidation submissions since the introduction of the strategy. As revalidation submissions specifically reference registrant behaviours, this approach of analysing changes in how registrants engage with EDI over time may also help to measure whether the introduction of the strategy has led to registrants speaking up and challenging discrimination more often (**Strategy outcome 2.4**).

To identify whether there has been a change in registrant EDL reflection, continuous learning and improvement since the introduction of the strategy, a key word search based on the strategy's themes and outcomes was used on registrant revalidation submission data including planned and unplanned CPD work, peer discussion and reflective account.

This measure showed if a key word was used, per registrant, in any given financial year to create a single number which could be used for comparative analysis. A key *word* search was adopted instead of key *terms*, because of the limited tools available to perform complex searches. A range of key EDI words were explored, some were rejected as they did not specifically reflect the strategy outcomes such as "Equality", others were rejected, such as "Challenge", because they were too generic and could apply to other subjects. A final set of three key EDI words was adopted for the search: "Diversity", "Bias", and "Discrimination".

Each word required two search terms, one with a space in front of it, as otherwise for example the term 'bias' could come in a word such as 'phobias' etc., and the other for when there is no space in front of the word.

### Impact

These are the total number of registrants found for each full year available with one of these key words in their revalidation entry:

2023/2024:	3179
2024/2025:	3123

This metric demonstrates slightly fewer entries containing these key words in 2024/25 than in 2023/24. However, due to the crude nature of the word search methodology and the limited tools to carry out more complex analysis, the approach remains limited as a measure of changes in what registrants are reflecting on and considering (**Strategy outcome 2.1**) and where registrants are challenging discrimination and applying EDI as part of their continuous learning and improvement (**Strategy outcome 2.4**).

It is unclear for example whether the words used in the search cover all eventualities or if they refer directly to EDI within the revalidation submissions, for example one such entry was about someone feeling that locum pharmacists were discriminated against, another was about bias against student midwives.

Moreover, revalidation submission data is extremely large (it includes millions of lines of data), and remains difficult to access, with full data currently only available from October 2022 onwards and the process for accessing earlier data currently still unclear.

### Insights to shape our future work

Based on the findings, the following areas show potential for further exploration and development.

- 1. Consideration should be given to greater exploration and utilisation of the revalidation data (**Strategy outcome 1.1 and 1.3**). This could be achieved by:
  - a. Further work to clarify analysis processes to help reduce issues of scale and complexity, including what data is needed and how it is best accessed.
  - b. An increased utilisation of Artificial Intelligence (AI) to help overcome some of the bluntness of the impact measure. For example, retrieval augmented generation and machine learning can help identify and count more complex EDI terms and themes. (Strategy outcome 2.1 and 2.4)
  - 2. Consideration should be given to incorporating an EDI specific standard into the revalidation process, to aid identifying EDI specific themes and changes in the revalidation data. This aligns with the recommendation to include an EDI focused standard to help resolve some of the issues within the profession which was suggested as part of recent reconsideration of our revalidation processes. (Strategy outcome 2.1).

# Identifying how pharmacies are engaging with EDI

# Project 3: Equality Guidance, Case Studies and Articles

Since the introduction of the strategy, greater attention has been placed on using our standards to proactively help tackle discrimination. For example, in order to encourage and support pharmacists, pharmacy technicians and pharmacy teams to reflect and consider the diversity of wider society (including local communities) in the care and services they provide (**Strategy outcome 2.1**), a range of equality guidance was prepared and directly shared with pharmacies.

To measure whether this produced a specific tangible impact we can compare year on year change in whether pharmacies are meeting related standards. Although, no standard exactly reflects **Strategy outcome 2.1**, two standards broadly correlate. Standard 4.1 stipulates that pharmacy services provided are accessible to patients and the public and 4.2 that pharmacy services are managed and delivered safely and effectively.

### Impact

The graph below demonstrates that since 2021 these standards are being met more often. Although this measure is crude, it is reasonable to suggest that our greater focus on embedding EDI into our standards has broadly contributed to an increase in pharmacies focusing on the diversity of wider society in the care and services they provide and therefore those standards with related themes such as accesibility and safe delivery of services are being achieved more often (**Strategy outcome 2.1**).



It should be noted that using two standards which do not relate directly to EDI and the difficulty in establishing direct causal links does mean this measure is crude. However, it should help identify longer term positive or negative trends demonstrating the efficacy of our encouragement and support in the area of EDI.

### Recommendations to shape our future work

Based on the findings, the following areas show potential for further exploration and development. Consideration should be given to:

- 1. Standardised monitoring of how often these standards are being met for future comparative analysis on the impact of EDI strategies specifically (**Strategy outcome 2.1**).
- 2. A more specific measure of our EDI strategy, we should consider how the EDI strategy impact aims can more closely reflect existing standards (**Strategy outcome 2.1**).
- 3. The feasibility of a specific EDI related standard for pharmacies when new registered pharmacy standards are introduced (**Strategy outcome 2.1**).

# Listening to the voices and lived experiences of our stakeholders

## **Project 4: Stakeholder Survey**

Between 19 May and 30 May 2025, a ten-day stakeholder survey was undertaken to help the GPhC to gain a better understanding of stakeholders' perceptions of the impact of our EDI strategy. The survey aimed to provide data on stakeholders' perceptions on a wide range of EDI related subjects (**Strategy outcome 3.4**). This included confidence about the transparency and fairness of GPhC decisions (**Strategy outcome 1.2**), the diversity and inclusiveness of GPhC culture (**Strategy outcome 3.1**) and whether that

culture was visibly ingrained (**Strategy outcome 3.3**) and finally how able pharmacists, pharmacy technicians and pharmacy teams are to access useful EDI guidance and resources linked to GPhC standards (**Strategy outcome 2.4**).

### Impact

The collection of baseline data on stakeholders' perceptions was broadly achieved (**Strategy outcome 3.4**), with the total number of responses to the survey of 111, which can be utilised moving forward. However, the results of the survey provided a less clear picture. When respondents were asked how they would currently rate the GPhC's EDI approach on a scale of 1-10 where 10 meant they thought the GPhC's EDI approach was excellent and 0 very poor, the average rating was 5.29, although answers often deviated widely from the average.

When more detailed questions were asked about any change in the way the GPhC approached EDI since the introduction of the EDI strategy in 2021, 32% had noticed the change, 35% had not and 32% did not know. Since the introduction of the strategy 37% of respondents said the GPhC's approach to EDI had improved, 36% said it had remained the same, 9% declined and 18% did not know.

When respondents were asked about various strategy outcomes on a scale of 1-10 where 10 meant they thought the EDI strategy had had a positive impact and 0 no impact. On people's access to person-centred care there was an average rating of 4.58 (**Strategy outcome 3.3**), People's equality of health outcomes 4.51 (**Strategy outcome 3.1**), the GPhC's regulatory decisions 4.71 (**Strategy outcome 1.2**), the GPhC's regulatory standards 4.71 (**Strategy outcome 1.2**),

When respondents were asked about seeing or accessing GPhC EDI guidance, resources or reports (**Strategy outcome 2.4**), overall, 38% had seen these and 35% of respondents overall had made use of them. Overall, 10% of respondents had accessed EDI related guidance, resources or reports before the new strategy and 25% after its introduction. However, 70% of respondents overall had not accessed these at all. However, 45% of respondents said they had read the GPhC's EDI strategy.

Broadly the survey results demonstrated that stakeholder's views on the strategy were evenly spread. Both their current perceptions about the GPhC's EDI approach, its impact and whether it had improved since the introduction of the strategy tending to be evenly split and average out around the centre point of any scale. Although, these results do not offer a great deal of insight into the impact of the strategy, the survey did provide valuable baseline data on stakeholders' perceptions about the transparency and fairness of GPhC decisions (**Strategy outcome 1.2**) the diversity and inclusiveness of GPhC culture (**Strategy outcome 3.1**) and the likelihood of accessing guidance and resources linked to GPhC standards (**Strategy outcome 2.4**).

On further reflection the survey itself could more precisely reflect the EDI strategy and focus could more accurately reflect the EDI strategy outcomes (**Strategy outcome 1.1**). The survey would have benefitted from including questions on whether EDI was visibly ingrained in our culture (**Strategic outcome 3.3**), whether the GPhC reflected their voices and lived experience (**Strategic outcome 3.4**) and ease of access to guidance, resources or reports (**Strategy outcome 2.4**).

### Recommendations to shape our future work

Based on the findings, the following areas show potential for further exploration and development.

- 1) Consideration should be given to:
  - a) Whether the stakeholder survey should be repeated, including:

- i) How often should it take place?
- b) How the survey may be embedded in existing data frameworks?
- c) How the survey can be aligned more closely with strategic outcomes, including:
  - i) Clarity of questions.
  - ii) The granularity of data be collected.
- 2) Exploring further analysis of existing survey data could also be considered.
# Theme 3: To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others

This theme is about leading by example. It focuses on how we build an inclusive internal culture, develop policies that reflect lived experiences and support our staff and partners to embed EDI into their everyday activities. The strategy outlines five outcomes under this theme, covering culture, evidence-led policy, staff confidence and visibility of the strategy across the organisation. These outcomes are listed below and will be used to frame the analysis of impact of our internal work in the sections that follow.

#### **Strategic outcomes 3:**

3.1 Our workforce and stakeholders will see that our culture is diverse and inclusive.

3.2 Our policies and procedures will be developed in line with best practice, better reflecting the voices and lived experience of our stakeholders and workforce.

3.3 Our EDI strategy will be understood across our workforce and will be visibly part of all our work in a way that is ingrained in our culture.

3.4 Positive action, or other improvement action, will be focused and targeted based on evidence.

3.5 Our staff will be better supported and confident in applying EDI considerations to their work, and our equality networks will be contributing to better decision- making.

#### Understanding the impact of EDI work we do with our workforce

#### **Project 1: Staff EDI perceptions**

The staff survey, carried out in 2017, 2020 and 2024, gives a good opportunity to understand whether our workforce see our culture as diverse and inclusive (**Strategy outcome 3.1**), whether our EDI strategy is understood across our workforce and is visibly part of all our work in a way that is ingrained in our culture (**Strategy outcome 3.3**) and whether people feel better supported and confident in applying EDI considerations to their work (**Strategy outcome 3.5**).

#### Impact

One EDI related question within the survey which focuses on people's perceptions of equality and equity at the GPhC, broadly helps to track the changing perceptions of the GPhC workforce across time.

In 2017 the survey asked whether staff agreed that the GPhC ensures that all people are treated fairly and equally. It found 50% of staff were in agreement.

In 2020 the same statement was used, however with a slightly different methodology adopted, with 46% of staff holding a favourable view.

Finally, in 2024 the question and methodology were slightly adjusted again, and staff were asked whether they felt they were treated as an equal with dignity and respect, with 49% of staff identified as

promoters (Net Promoter Score<sup>7</sup>). These results demonstrate that workforce perceptions in this area have remained broadly similar over time. However, changing survey methodological approach means that tracing the impact of EDI strategy is less clear than might be hoped.

The most recent survey (2024) reflects the GPhC's greater focus on EDI following the introduction of the EDI strategy, with four further questions on the theme. The results provide a baseline which could be used for further impact analysis in the future.

- 1. I have been informed of the importance of our EDI strategy and I understand how it impacts my role within the organisation 52.9% promoters (**Strategy outcomes 3.1 and 3.5**)
- 2. The GPhC recognises and respects diversity 63.5% promoters (Strategy outcome 3.1)
- 3. In the past year, I have not felt directly or indirectly discriminated against at work 63.9% Promoters. (**Strategy outcome 3.1**)
- 4. I feel I 'belong' within the organisation and feel secure, supported and accepted by everyone 43.5% Promoters (**Strategy outcome 3.3**)

The introduction of a range of EDI focused questions in the most recent staff survey provides baseline data which will contribute to analysis of impact moving forward. However, they do not fully reflect the focus of the current EDI strategy.

#### Recommendations to shape our future work

Based on the findings, the following areas show potential for further exploration and development.

Consideration should be given to:

- How to align future survey methodological approach with past survey results (Strategy outcome 1.1 and 3.4).
- 2. How to align staff survey questions with EDI strategy (Strategy outcome 1.1 and 3.4).

#### Project 2: EDI training and training effectiveness

In 2024 a new e-learning system was introduced which introduced a wider range of training and better tracked what training was completed, when, and how well. Analysis of this new data over the financial year 2024/25, showed that 165 pieces of non-mandatory EDI training was undertaken including:

- 69 pieces of EDI related e-learning including Understanding Race Bias, Equality and Diversity: The Equality Act 2010, Introduction to Diversity, Inclusion, and Equity and safeguarding.
- 98 pieces of EDI related instructor led training.

#### Impact

The change in e-learning system has provided more detailed and robust data on training (**Strategy outcome 1.1**). Although, this analysis is not currently being undertaken this baseline data can support analysis on how the wider range of training supports EDI outcomes. Analysing changes in the pass rate of EDI related training can demonstrate changes in the capability staff to make regulatory decisions which are free from discrimination and bias (**Strategy outcome 1.4**). Moreover, the change in how often non-mandatory training is accessed could be applied to better understand whether our EDI strategy is ingrained in our culture (**Strategy outcome 3.3**). Analysis utilising both these data sources can help

<sup>&</sup>lt;sup>7</sup> a customer loyalty metric that measures how likely customers are to recommend a company, product, or service to others

demonstrate that the workforce is better supported in applying EDI considerations to their work (strategy outcome 3.5).

However, at this stage the impact of that training on workforce confidence in applying EDI considerations to their work (**Strategy outcome 3.5**), their confidence in making regulatory decisions which are free from discrimination and bias, (**Strategy outcome 1.4**) and whether it our EDI strategy is actually understood across our workforce (**Strategy outcome 3.3**) remains unclear.

#### Recommendations to shape our future work

Based on the findings, the following areas show potential for further exploration and development.

Consideration should be given to:

- 1. Undertaking comparative analysis of changes over time in training pass rates and staff accessing non-mandatory training and CPD (**strategy outcome 3.3, 3.5 and 1.4.**).
- How to measure workforce confidence in applying EDI considerations to work, including making regulatory decisions which are free from discrimination and bias (strategy outcome 3.5 and 1.4.).
- 3. How to demonstrate that the EDI strategy outcomes are understood and taken up in our work in (Strategy outcome 3.3).

## **Conclusion:**

#### **Impacts:**

It also supports a better strategic understanding of the EDI data we have including imbalances relating to those with shared protected which are free from discrimination and bias characteristics, gaps in our current data, and areas where existing data could possibly be used for further analysis.

The report identifies where the EDI strategy is currently having a specific measurable impact. It also identifies where, by continuing current analysis and utilising existing data, a range of impacts will be identifiable by the next reporting period.

#### Measurable benefits identified within this report

#### Correcting imbalances in our managing concerns decision making proc

Research into the protected characteristics of pharmacists involved in managing concerns process provided evidence of positive change towards rectifying imbalances in decision making relating to those with shared characteristics (**Strategy outcome 1.3**) and created a better strategic understanding of where we need to improve EDI data (**Strategy outcome 1.1**), specifically benchmarking for future research and analysis and identifying areas for improvements, helping to support a continuous improvement approach (**Strategy outcome 1.1**).

An anonymisation project gave us a better strategic understanding of where we need to improve EDI data, so that it would be more robust and nuanced, enabling better understanding of any gaps in and how better deliver continuous improvement (**Strategy outcome 1.1**). It also further highlighted the need to consider further work to explore potential bias and how that can be addressed at an earlier stage of the managing concerns process in support of **Strategy outcome 1.3**, i.e., at the concerns received stage of the managing concerns.

# Understanding changes in stakeholder and registrant EDI reflections, actions, continuous learning and improvement

Exploration of EDI webpage, guidance and resource access offered insight into whether our increased EDI provision and accessibility had brought the requisite increase in reflection or focus by our registrants and stakeholders (**Strategy outcome 2.1**). Being able to identify which resources are accessed and when, also contributes to an increased range of possible impact analysis, such as whether our focus is reflected by our registrants and also why our resources are being accessed e.g., for continued learning or to help speak up and challenge discrimination (**Strategy outcome 2.4**).

A thematic analysis of revalidation data provided limited insight into changes in what registrants are reflecting on and considering (**Strategy outcome 2.1**) and where registrants are challenging discrimination and applying EDI as part of their continuous learning and improvement (**Strategy outcome 2.4**). However, it also helped to highlight possible future analysis utilising AI.

#### Identifying how pharmacies are engaging with EDI

Examining the trend in pharmacies meeting standards 4.1 and 4.2, which broadly focus on the care and services they provide, helped identify a short term increase in pharmacies achieing these standards and provided baseline data for longer term trend analysis demonstrating the efficacy of our EDI guidance, case studies and articles (**Strategy outcome 2.1**).

#### Listening to the voices and lived experiences of our stakeholders

Stakeholder survey undertaken between 19 May and 30 May 2025 provided baseline data on a range of stakeholders' perceptions (**Strategy outcome 3.4**). Survey results demonstrated that stakeholder's views on the strategy were evenly spread. Both their current perceptions about the GPhC's EDI approach, its impact and whether it had improved since the introduction of the strategy tending to be evenly split and average out around the centre point of any scale. The survey also provided valuable baseline data on stakeholders' perceptions about the transparency and fairness of GPhC decisions (**Strategy outcome 1.2**) the diversity and inclusiveness of GPhC culture (**Strategy outcome 3.1**) and the likelihood of accessing guidance and resources linked to GPhC standards (**Strategy outcome 2.4**).

#### Better reflecting the communities we serve

Following the introduction of the EDI strategy the Assurance and Appointments Committee (AAC) working closely with other teams, undertook a project to ensure that the people appointed and allocated to the statutory committees better reflected the diversity of the public they served and the registrant population. Overall, benchmarked demographic data demonstrates in a number of areas where committee membership more closely resembled the general population or the GPhC register. These changes suggest that the committees are now more reflective of the voices and lived experience of our stakeholders and workforce (**Strategy outcome 3.2**).

#### Understanding the impact of EDI work we do with our workforce

The staff survey, carried out in 2017, 2020 and 2024, helped us to understand whether our workforce see our culture as diverse and inclusive (**Strategy outcome 3.1**), whether our EDI strategy is understood across our workforce and is visibly part of all our work in a way that is ingrained in our culture (**Strategy outcome 3.3**) and whether people feel better supported and confident in applying EDI considerations to their work (**Strategy outcomes 3.5**). The introduction of a range of EDI focused questions in the most recent staff survey provides baseline data which will also contribute to this analysis of impact moving forward.

In 2024 a new e-learning system was introduced. The change in e-learning system has provided more detailed and robust data on what EDI training was completed, when and its effectiveness (**Strategy outcome 1.1**). This data also offers the potential to demonstrate changes in the capability staff to make regulatory decisions which are free from discrimination and bias (**Strategy outcome 1.4**), understand whether our EDI strategy is ingrained in our culture (**Strategy outcome 3.3**) and identify whether the workforce is better supported in applying EDI considerations to their work (**strategy outcome 3.5**).

#### **Recommendations to shape our future work**

Evidence of the impact of the EDI strategy remains a working progress, however, this should not be seen as a failure of the EDI strategy or its outputs and outcomes. The GPhC are data rich in the field of EDI which provides scope moving forward.

There remains scope for strengthening our evidence framework which will help to achieve two strategic outcomes. First, it will support a better strategic understanding of where we need to improve EDI data so that it will be more robust and nuanced, enabling better understanding of any gaps in and how better deliver continuous improvement (**Strategy outcome 1.1**) and it will also help to ensure any positive action, or other improvement action, will be focused and targeted based on evidence (**Strategy outcome 3.4**).

The list below lays out a range of ways how strengthening of our EDI evidence framework for the purposes of measuring impacts might be achieved.

#### Aligning existing EDI data for the purpose of analysis.

- Hits on our EDI webpage and revalidation work could be utilised to understand registrant focus and EDI actions.
- Aligning future staff survey methodology with past survey results clarifies whether our workforce see our culture as diverse and inclusive.

#### Investigating how to utilise existing data for new impact measurements

• Utilising data at the concerns received stage of the managing concerns process helps to identify imbalances, including discrimination and bias, in our decision making relating to those with shared characteristics most adversely affected by our policies, procedures and practices, at an earlier stage.

#### Considering the introduction new data sources for future analysis.

 Standardised collection of the demographic data of those raising concerns would further identify any imbalances in our decision making relating to those with shared characteristics most adversely affected by our policies, procedures and practices.

# Embedding a specific impact measure processes as part of strategy building in the future. This we be led by the EDI Strategic Leadership Group, to help oversee strategy implementation and create an operational action plan.

- Considering document accessibility from the perspective of measuring impact, such as website resources being labelled by specific use or area of focus, will help ensure better clarity on why guidance and resources are being accessed.
- Clarifying data collection and collation at revalidation e.g., what data is needed and how it is best accessed will help reduce issues of scale and complexity of analysis of whether registrants are sufficiently focusing on EDI.
- Introducing a specific EDI focused standard for pharmacies when new registered pharmacy standards are introduced will help to identify if pharmacies are engaging with EDI more often.
- Aligning staff survey questions to fully reflect the focus of the current EDI strategy will help to better identify workforce perceptions about our EDI approach.

#### Improve methodological approach with existing analysis

 Improve analysis of our committees through a standardised approach benchmarking which includes specific targets for each relevant demographic category, which can be used for comparative analysis, clear presentation of changes across all relevant benchmarked demographic categories and building a methodological approach which creates statistically significant results.

#### Explore new methodologies for demonstrating impact.

• An increased utilisation of artificial intelligence (AI) could to help overcome some of the bluntness impact measures. For example, retrieval augmented generation and machine learning can help identify and count more complex EDI terms and themes in revalidation submissions.

• Utilise more up-to-date approaches to EDI such as intersectionality to align committees with the voices and lived experience of our stakeholders and workforce.

## General Pharmaceutical Council



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

#### Thursday 13 February 2025 at 09.45

Present	Apologies	In attendance
Neil Buckley (NB)	Jonathan Bennetts (JB)	Duncan Rudkin (DR)
Helen Dearden (HD)	Ann Jacklin (AJ)	Louise Edwards
Elizabeth Mailey (EM)	Roz Gittins (RG)	Dionne Spence (DS)
Jayne Salt (JS)		Vanessa Clarke (VC)
Nick Atkinson (NA)		Rob Jones (RJ)
Richard Weaver (RW)		Stuart Heaney (SH)
		Luke Surry (LS)
		Jo Diep (JD)
		Paul Cummins (PC)
		Janet Collins (JC)
		Jane Daniels (JD)

#### 1. Attendance and Introductory remarks

1.1 The Chair welcomed those present to the meeting. Apologies were received from Jonathan Bennetts and Ann Jacklin.

#### 2. Declarations of interest

- 2.1 The Chair reminded members of the committee to make any appropriate declarations of interest at the start of the relevant item.
- 3. Item 4 Minutes of the previous meeting 21 November 2024 (25.02.ARC.01)
- 3.1. The minutes of the public items considered at the meeting on 21 November were approved.

#### 4. Item 5 – Actions Log – public items (25.02.ARC.03)

4.1. The committee noted the action log.

#### 5. Item 8 – Internal audit (25.02.ARC.06/07)

- 5.1 The Committee discussed the triage report. The audit showed that there were many good systems and processes in place and some work to do, most of which the GPhC was aware of and working on, including increased systemisation and using data analytics to pull out key themes. Consistency could be improved around how data analytics were used to direct non-regulatory complaints and the committee highlighted the need for rigour in ensuring procedures were followed to allow for appropriate data to be collected.
- 5.2 Historically, attempts to streamline processes within Enforcement had included system changes in specific areas for individuals who requested them, without these then being translated into consistent practices across the organisation or the system. Work was underway to standardise and ensure that all work added value.
- 5.3 Data showed that approximately 60% of complaints received did not meet the regulatory threshold. At present, the GPhC did not provide a route for reporting these items that was separate to the FtP process. This contrasted with other regulators who had an independent complaints area, funded by them but separate to FtP, to manage service level complaints. It was acknowledged that the issue was rooted in both the systems and communications. The Enforcement team was aiming to reach a steady state, with a CRM that was consistent and robustly managed, before considering any further systems. The Committee noted and agreed with the focus that the team was taking.
- 5.4 The key financial controls internal audit showed positive work and had received substantial assurance. The Committee noted one issue with the salary control account reconciliation due to long term sickness absence. It was felt that there was both an issue of judgement and a cultural issue which led to an employee taking on their manager's responsibility and a senior manager not stepping in during the absence. This would be considered as part of the Culture and Values project. In addition, exit interviews would be incorporated into the workforce assurance tool.
- 5.6 With one of the management actions from the Health and Safety audit being delayed, the Committee discussed the need to mindful of what was possible and what could be taken on in terms of deadlines. If confidence in the ability to achieve an action or meet a deadline was low, the wording of the action required care to reflect this.
- 5.7 The Committee cautioned that the challenge around the introduction of the Lone Worker App would be more than just its development. The GPhC would need buy in and engagement from those using it to ensure it was a suitable solution to the problem.

# ACTION: An email summarising progress toward the development of the Lone Worker App, reasons for the delay and an updated timescale to be circulated to the Committee.

5.8 The Committee formally approved the Internal Audit Plan.

#### 6. Item 13 – Annual Whistleblowing update

- 6.1. Paul Cummins led this item. The Whistleblowing policy fell within the Workforce Committee remit. There had been one matter raised under the policy in April 2024. The subject was a HR grievance which had gone through an independent investigation. The investigation concluded in August 2024 and found that no whistleblowing elements were found as part of the concern raised.
- 6.2. The Executive was about to undertake further work to consider the intersection of policies. The Speaking up Policy had been reviewed with a flow chart developed to help guide staff through the

appropriate route to follow when raising a concern. Any employee raising a concern would be provided with assistance from the governance team in the event they raised under the incorrect policy.

#### 6.3. ACTION: Revised Speaking up Policy and flowchart to be brought to a future meeting of the ARC.

#### 8. Any other business

8.1 The committee noted its thanks to Helen Dearden, who was attending her final meeting, for her input and work on behalf of the committee.

### General Pharmaceutical Council



# **Quality & Performance Assurance Committee: Action and decision note**

#### Thursday 27 February 2025 at 09.30

Present	Apologies	In attendance
Rima Makarem (Chair) (RM)	Yousaf Ahmad (YA)	Gisela Abbam (GA)
Dianne Ford (DF)	Penny Mee-Bishop (PMB)	Duncan Rudkin (DR)
Aamer Safdar (AS)	Ann Jacklin (AJ)	Jonathan Bennetts (JB)
	Elizabeth Mailey (EM)	Louise Edwards (LE)
	Jane Salt (JS)	Dionne Spence (DS)
	Matt Smith (MS)	Roz Gittins (RG)
	Paul Cummins (PC)	Ruth Exelby (RE)
		Gemma Wyatt (GW)
		Janet Collins (JC)
		Jane Daniels (JD)

#### 1. Attendance and introductory remarks

- 1.1. RM welcomed those present to the meeting. Apologies had been received from Yousaf Ahmad, Penny Mee-Bishop, Ann Jacklin, Elizabeth Mailey, Jayne Salt, Matt Smith, and Paul Cummins.
- 1.2. The Chair noted that attendance at meetings was declining.

ACTION: In advance of future meetings, attendance to be checked and reported to the Chair ahead of time with alternative meeting dates sought if necessary.

#### 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 (25.02.QPAC.01)

- 3.1. The notes of the meeting held on 14 November 2024 were approved.
- 3.2. It was confirmed that a Council workshop session with the Board of Assessors had been scheduled for April.
- 3.3. ACTION: Chair of the Committee to approve:
  - All future sets of minutes prior to them being shared with Council.

• Committee meeting agendas, in discussion with the Executive Lead, as part of the agenda setting process.

#### 4. Action Log (25.02.QPAC.02)

4.1 The action log was complete.

#### 5. Registration Assessment – preparation for the June sitting

5.1 Gemma Wyatt reported that preparation for the June assessment was progressing well with actions agreed at the recent planning meeting in January. All eligible candidates had been contacted via email and could apply from 3 March and also request reasonable adjustments.

#### 6. GPhC representatives for the Common Registration Assessment (25.02.QPAC.03)

- 6.1 Gemma Wyatt led this item, detailing a proposal to change the way GPhC representatives were used on assessment days from 2025. The current process had been established in response to a prior serious incident, with the presence of representatives at all seven centres integral to restoring Council's confidence. Subsequently, there had been five successful deliveries on the registration assessment.
- 6.3 The Committee discussed the level of knowledge held by GPhC representatives and the risk of a representative being unable to respond to an arising problem. The role had been designed to observe on behalf of the GPhC and act as a point of contact. An expectation of a level of knowledge would be an important point to draw out. All representatives had undertaken some training, but it was accepted that this would vary, dependent on individual experience.
- 6.4 A broader deep dive was planned to explore the entire education and assessment process and would provide an opportunity for Council members to feed into the discussion. Operational changes to the registration assessment were underway which aimed to treat the assessment as a major event, taking a broader and holistic view and strengthening the event management team.
- 6.5 The Committee agreed to the proposed changes and requested a steer from the Executive on forward planning for June.

#### 7. Differential Attainment in the Registration Assessment (25.02.QPAC.04)

- 7.1 Louise Edwards led this item, noting that a measurable differential attainment gap in the registration assessment had persisted for years. The Committee was asked to consider the options for action alongside its scale of ambition and tolerance of risk in taking action to close the differential attainment gap.
- 7.2 The Committee discussed the education level of applicants at the point of acceptance onto MPharm courses, and whether Universities had appropriate support measures for students. Differences in prior learning, including different qualifications (which could indicate diversity in student backgrounds), would impact on differential attainment.
- 7.3 The GPhC held data which allowed for a breakdown of differential attainment by university, and as part of the ongoing quality assurance process a report on this was sent to each school showing performance and requesting updates on plans for improvement. It was suggested that the same be done with Statutory Education Bodies (SEBs) and that the data could be used more broadly to identify and share areas of good practice.
- 7.4 The Committee discussed the role of extra assessment sittings to facilitate the attendance of students from diverse backgrounds. Extra sittings would be dependent on the format of the registration assessment and the cost implications.
- 7.5 Previous discussions had explored a five-year integrated degree. A benefit was universities having responsibility for ensuring graduates met the level required at registration. Consideration of how the

placement experience would work within a five-year model and analysis of whether the current model contributed to differential attainment should form part of any future discussions.

7.6 In consideration of any changes to the assessment, it should be noted that the GPhC held a gold standard assessment with two sittings which assured the quality of the register. Moving forward, work to broaden the assessment must also maintain this standard. Forthcoming work in April would include a workshop with the board of Assessors, a holistic exploration of the registration assessment experience, and the pass rate, with data analysis showing that at three attempts there was a pass rate of 98%.

#### 8 Any other business

8.2 The procurement process for the registration assessment software had been completed with a successful candidate selected.

#### 9 Date of next meeting

9.1 The next meeting would be held on Wednesday 21 May 2025. The agenda would include an update on underperforming universities and a presentation on data and insights with a focus on the triangulation of data on complaints and inspections.

### General Pharmaceutical Council



# **Quality & Performance Assurance Committee: Public action** and decision note

#### 21 May 2025

Present	Apologies	In attendance
Rima Makarem (Chair) (RM)	Penny Mee-Bishop (PMB)	Gisela Abbam (GA)
Aamer Safdar (AS)	Yousaf Ahmad (YA)	Duncan Rudkin (DR)
Ann Jacklin (AJ)		Jonathan Bennetts (JB)
Dianne Ford (DF)		Dionne Spence (DS)
		Roz Gittins (RG)
		Stuart Heaney (SH)
		Siobhan McGuinness (SMG)
		Luke Surry (LS)
		Paul Cummins (PC)
		Janet Collins (JC)
		Jane Daniels (JD)

#### 1. Attendance and introductory remarks

1.1. RM welcomed those present to the meeting. Apologies were 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. Minutes of the meeting held on 27 February 2025 and matters arising (25.05.QPAC.01)
- 3.1. The notes of the meeting held on 27 February 2025 were agreed.
- 3.2. There were no matters arising.

#### 4. Action Log (25.05.QPAC.02)

4.1 The actions on the log were being implemented and the Committee agreed they be removed.

#### 5. Pharmacy Schools performance and accreditation update (25.05.QPAC.03)

- 5.1 Siobhan McGuinness led this item. The Committee considered the information in the accompanying paper. Seven schools of pharmacy had required follow up in response to lower-than-average graduate pass rates for the registration assessment. This comprised individual meetings to explore the issues impacting performance with an action plan required to be submitted for review and monitoring.
- 5.2 The Committee discussed the variance in entry level grades across Schools, noting the value of comparing data around registration assessment failure rates, the level of grade on acceptance to a course and the level of provision of support in place for students accepted on lower grades. The GPhC applied greater scrutiny to those School's accepting students on grades much lower than advertised. The preparatory year was also in place to provide an additional year of training for those students that needed it.
- 5.3 The Committee requested clarity around the identification of School's requiring action plans. It was confirmed that the GPhC would be looking at outliers or sudden drops in the rate of those passing the registration assessment and agreed that criteria to define this more clearly would be beneficial. This would be discussed with board of assessors as part of broader discussions on improvement and action plans.
- 5.4 The importance of the Foundation Training Year was noted and the GPhC was asking for information about what Schools were doing to ensure the success of their students and how they were keeping in touch, with a clear correlation seen between those having greater engagement seeing better results. However, this was predominantly the role of the SEB.
- 5.5 The benefits of sharing good practice were highlighted as a way of Schools learning from those doing things well. A series of bite sized communications highlighting accreditation successes, planned for the summer, would enable Schools to make their own comparisons and implement changes.
- 5.6 There was discussion around what was said publicly about Schools that were not performing well, in particular that students may wish to understand this before they applied. While accreditation reports were published, it was not known whether prospective students read them. Care would be needed around how to pitch any message and ensuring that any action did not cause pharmacy to stand out when similar issues were seen throughout healthcare degrees.
- 5.7 The Committee noted that the GPhC had good insight into what was happening at Schools of Pharmacy. Moving forward, they wished to see greater detail around the particular issues at Schools and how these had been resolved. This would allow transparency for Council to track properly, benchmark, and succession plan.

ACTION: Framework of how schools have performed, including details of each school in an appendix, showing performance against areas of concern identified from failing Schools, to be reviewed by QPAC and brought to Council in a workshop session.

#### 6. Committee Annual report to Council (25.05.QPAC.08)

- 6.1 The Committee approved the annual report.
- 7. Any other business
- 7.1 There was no other business.