General Pharmaceutical Council

Council meeting – September 2025

Thursday, 18 September 2025

- **Confidential session 10.00-10.20**
- **Workshop: 10.30 – 12.15**
- **Public meeting: 13.00 – 14.40**
- **Confidential Business: 14.45 – 15.30**

Public business

Standing Items

13.00	**1. Welcome and introductory remarks**	Gisela Abbam/Meeting Chair
	2. Declarations of interest – public items	Gisela Abbam/Meeting Chair
13.02	**3. Minutes of the July meeting** Minutes of the public session on 17 July 2025 *For approval*	**25.09.C.01** Gisela Abbam/Meeting Chair
13.05	**4. Actions and matters arising** *For noting*	**25.09.C.02** Gisela Abbam/Meeting Chair
13.10	**5. Workshop summaries – July 2025** *For noting*	**25.09.C.03** Gisela Abbam/Meeting Chair
13.15	**6. Strategic Communications and Engagement - Chair and Executive update** *For discussion and noting*	**25.09.C.04** Duncan Rudkin

Regulatory functions

13.30	**7. Post-Registration Assurance of Practice Advisory Group update** *For discussion and noting*	**25.09.C.05(a)** Ann Jacklin/ Aamer Safdar

13.45	**8. Initial Education and Training of Pharmacists Advisory Group** *For discussion and noting*	**25.09.C.06** Dianne Ford/ Rose Marie Parr
14.00	**9. Enforcement Acceptance Criteria** *For discussion and approval*	**25.09.C.07(a)** Dionne Spence/ Glenn Mathieson
Governance, finance and organisational management		
14.15	**10. Board Assurance Framework report Q1** *For discussion and noting*	**25.09.C.08** Duncan Rudkin
14.25	**11. Anti-Racism Statement** *For discussion and approval*	**25.09.C.09(a-b)** Dionne Spence
14.40	**12. Any other business**	
	Close of public meeting	

General Pharmaceutical Council

Minutes of the Council meeting on 17 July 2025

To be confirmed on 18 September 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

Apologies:

Selina Ullah

Ade Williams

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Jonathan Bennetts	Chief Operating Officer and Deputy Registrar
Lynsey Cleland	Chief Standards Officer
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
Jane Daniels	Committee Secretary

Standing items

1. Attendance and introductory remarks

1.1 Gisela Abbam welcomed those present to the meeting and Lynsey Cleland, the new Chief Standards Officer, to her 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 (25.07.C.01)

3.1 The minutes of the public session held on 24 April 2025 were approved as a true and accurate record of the meeting.

4. Actions and matters arising

4.1 Duncan Rudkin (DR) updated the Council that the actions coming out of the April meeting were in progress. The Council action log was under review, and as such, had not been included in the papers. An updated version would be brought to the next meeting.

5. Workshop summaries – February and April 2025 (25.07.C.02)

5.1 The workshop summaries were noted, and the Council updated that a new chair of the Assurance and Appointments Committee (AAC) had been appointed, with further details to be confirmed in due course.

6. Strategic Communications and engagement update (25.07.C.03)

6.1 DR introduced the paper, and the Council noted the update.

6.2 DR updated the Council on his attendance at the All-Party Parliamentary Group antisemitism in healthcare summit, also attended by the Secretary of State for Health and Social Care and other regulators.

6.3 The Chair reported that she and Neha Ramaiya had visited a community hub and pharmacy in greater Manchester. Neha Ramaiya updated the Council, noting a remarkable team engaging with and delivering services to their local population. The hub housed a library, optometrist, and assisted living facilities and the GP pharmacy team had access to records beyond the summary care record, facilitated by the Chair of the Primary Care Group, as part of a collaborative approach to care across multiple services.

6.4 Rachael Gould updated the Council that following the launch of the GPhC's strategic plan, the Minister of State for Care had written to convey how useful the launch event had been, and in particular, the opportunity it afforded him to speak to members of the public.

Regulatory functions

7. Initial education and training of pharmacy technicians' consultation – delegation of approval mechanism (25.07.C.04)

7.1 Lynsey Cleland (LC) led this item, updating on the planned public consultation on the standards for the Initial Education and Training of Pharmacy Technicians (IETPT).

7.2 The Council discussed the issues affecting the legacy workforce and the inclusion of the post-registration environment within the scope of the consultation. However, concerns were raised about the impact on timescales and the potential resulting delay to implementation of new standards. It was argued that post-registration issues differed sufficiently to be taken separately, and in some cases relied on the development of the standards first.

7.3 It was agreed that the consultation document could include questions on post-registration to get a broader steer and acknowledge the issues.

7.4 **Following the discussion, the Council:**

- **Noted the update on the work undertaken and summary of key issues being explored within the review**
- **Approved the delegation of the final sign off for the consultation documentation to the Chair of Council, subject to recommendations from the working group and offline engagement with all Council members.**

8. FTP update (25.07.C.05)

8.1 Dionne Spence and members of the Enforcement Team updated Council on activities undertaken and performance improvements observed within the enforcement portfolio, as well as highlighting current challenges and proposed actions to improve the timely resolution of investigations.

8.2 The 2024-2025 reporting year had seen a further year-on-year increase of 13 per cent for concerns received through the online form or directly into the team. Starting in July 2024, the number of concerns received and concluded by the customer contact team had been recorded and, excluding those transferred into triage, added a further 720 concerns.

8.3 The Council emphasised the need for the GPhC to reduce the number of concerns received. Methods for achieving this included clarity and consistency in the GPhC's messaging around its regulatory role as opposed to undertaking fitness to practise action, and acceptance criteria, designed to be public facing and clear about the types of concern that the GPhC would not look at, were being finalised.

8.4 The GPhC's IT team was looking at an AI solution, specifically a portal solution driven by ensuring complainants followed the appropriate route for their concern. However, more broadly there was a large IT programme of work planned within enforcement for the year.

8.5 Discussions would be needed with the PSA to understand what they required to be assured that progress toward the standard was being made and sustained, without it being skewed by older cases. The Council noted the risk of the presentation of the data resulting in the GPhC not meeting the standard.

8.6 It was important to note that the data did not indicate an issue with the regulation of the workforce; concerns were applicable to less than 1% of the workforce, with the majority of these concerns being closed.

Governance, finance and organisational management

9. Fees consultation (25.07.C.06a-d)

9.1 Jonathan Bennetts updated the Council on the outcome of the consultation on the 2025 fee proposals. The GPhC was almost exclusively funded by the fees it charged in connection with

performing its regulatory obligations and when setting fees, it had to ensure that the organisation had sufficient funds to protect the public through effective regulation. The GPhC was also implementing a cost efficiency programme and had released a proportion of its investment fund to address the financial deficit. The proposal was to increase fees by 6% from September 2025, and again by 6% from September 2026.

9.2 The Council acknowledged the impact of fee increases on registrants at a time of cost-of-living crisis. Many respondents had indicated that a rise in fees would be inhibitory, and the Council noted the validity of the concerns raised at this point in time.

9.3 The Council agreed that the proposed 6% fee increase would be implemented for year 1 from September 2025. Council decided to defer the decision for the year 2 fee increase.

9.4 A series of communications were planned which would explain the growth of concerns received and the increasing complexity of work the GPhC undertook, as well as covering detail of the cost improvement plan and highlighting the responsibility the GPhC was taking with regards its role in finding efficiencies. It was noted that fees had not risen in line with inflation for a number of years, however while the organisation was looking to rectify this, changes would be structured and comprised of gradual fee increases.

9.5 The Council committed to further work to look at fee structures more broadly, noting that a long-term view may provide clarity and stability and be helpful to registrants.

9.6 **The Council:**

- **Noted the analysis of consultation responses on the 2025 fee review**
- **Noted the equality impact assessment**
- **Approved the proposed changes to fees for year 1 and agreed to reflect on registrants' feedback before taking a decision on year 2**
- **Agreed to review the legalities around necessary changes to the General Pharmaceutical Council (Registration and Renewal Fees) Rules 2025, in light of the decision taken.**

10. Board Assurance Framework report Q4 (25.04.C.07)

10.1 The Council noted the Board Assurance Framework for Q4. Any further comments could be submitted following the meeting.

11. Annual report and accounts 2024/25 (25.04.C.08a-c)

11.1 DR introduced the item, thanking the team for their work compiling the report.

11.2 **The Council:**

1. **approved the combined annual accounts, annual report and fitness to practise report for 2024/25;**
2. **Noted the report of the external auditors; and**
3. **Authorised the Chair of Council to sign the letter of representation as required by the external auditors.**

12. EDI annual report to Council (25.04.C.09a-b)

12.1 It was agreed that this item be brought to the September meeting of the Council.

13. Public Committee Minutes (25.04.C.10a-c)

13.1 The Council noted the minutes of the public session of the Audit and Risk Committee in February 2025 and of the Quality and Performance Assurance Committee in February and May 2025.

14. Any other business

14.1 There being no other business, the meeting closed at 15.15.

General Pharmaceutical Council

Council Action Log and Forward Look – September 2025

	Open and on track
	Overdue
	Rescheduled
	Complete

No.	Status	Minutes	Action	Lead	Update	Due date
1	Open	July 2026	Decision on Fees for year 2 (From September 2026) to come back to Council	JB	Council reflecting on registrant's feedback before taking a decision on fees for year 2 (From September 2026)	TBC

Council forward look

The Council agenda items are those that we currently know about and will be updated at each Council Meeting. Items in italics are tentative at this stage.

Meeting	Agenda items
16 October 2025 Online	• Strategic Communication and Engagement – Chair and Executive Update • Registration assessment – June sitting • Risk review • PSA annual performance review report
11 December 2025 In person	• Strategic Communication and Engagement – Chair and Executive Update • BAF Q2 • Chair's reflections on 2025 • AAC Annual Report to Council • Investment review • Chair's End of Year Reflections 2025
19 February 2026 **In person**	• Strategic Communication and Engagement – Chair and Executive Update • BAF Q3 • Registration Assessment Report – November 2025 sitting • Budget 2025/2026
26 March 2026 **Online**	• Strategic Communication and Engagement – Chair and Executive Update

Meeting	Agenda items
14 May 2026 **Online**	• Strategic Communication and Engagement – Chair and Executive Update • BAF Q4
16 July 2026 **Online**	• Strategic Communication and Engagement – Chair and Executive Update • Annual Report and Accounts 2025 • Committee Annual Reports to Council • EDI Strategy End of Year 4 Report
17 September 2026 **In person**	• Strategic Communication and Engagement – Chair and Executive Update • Registration Assessment – June 2026 sitting

General Pharmaceutical Council

Council workshop summary

Meeting paper for Council on 17 September 2025

Public

Purpose

To provide a summary of the Council workshop on 18 July 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 – 18 July

Data and Insights – trends and themes

2.1 Roz Gittins presented consolidated themes and trends identified in Q4 2024-25 from across the GPhC. The insights would be used by the organisation to support a number of its strategic aims and once finalised, it was hoped that future data would also be captured by the delivery plan.

2.2 Discussions centred around how the data captured could be used to improve outputs and communications, with a specific focus on cascading learning to registrants and pharmacy owners and empowering them to provide trusted, safe and effective pharmacy care, and ensuring that the GPhC workforce remained skilled and worked in an agile and inclusive way to deliver the work underpinning the strategic vision.

Delivery Plan

2.3 The purpose of the session was to review and reflect on the draft Delivery Plan.

2.4 The Delivery Plan set out how the GPhC put its strategy into action and outlined the programmes of work, key outputs, and milestones that would guide its progress, along with the metrics used to measure outcomes and impact over time.

2.5 The session included a discussion on the content of the plan including ensuring that it was aspirational and achievable and highlighted a number of areas for inclusion. An updated plan suitable for an external audience would be produced, with accompanying work to develop supplementary content for internal use to follow.

3. Recommendations

The Council is asked to note the summary

Duncan Rudkin, Chief Executive
General Pharmaceutical Council

10/08/2025

General Pharmaceutical Council

Strategic communications and engagement: Chair and Executive update

Meeting paper for Council on 18 September 2025

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting in July 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: July-September 2025

Policy makers (including parliamentarians and Government officials)

2.1 **Draft pharmacy supervision legislation:** On 17 July 2025, **the Department of Health and Social Care and devolved governments published draft pharmacy supervision legislation**.

2.2 The draft legislation was accompanied by the Department of Health and Social Care's (DHSC) consultation response, with proposals to amend the Medicines Act 1968 and the Human Medicines Regulations 2012.

2.3 We worked closely with DHSC officials and the pharmacy leadership bodies on the communications and engagement around the publication of the draft legislation. We wrote to pharmacists and pharmacy technicians to **explain the changes that would be introduced by this legislation**, and our next steps in developing and introducing new regulatory standards for Superintendent Pharmacists and Responsible Pharmacists, and Rules for Responsible Pharmacists, to support the implementation of the new legislation.

2.4 London Assembly inquiry evidence session: On 11 September, Neha Ramaiya, GPhC's Lead Clinical Advisor, gave evidence to the London Assembly's Health Committee for their inquiry

on “weight-loss jabs in London”. The Health Committee asked Neha a range of questions relating to the potential benefits and risks of medicines used for weight management, and about our regulatory framework, including our updated guidance for pharmacies providing services at a distance, including on the internet.

Pharmacy and other regulatory leaders

2.5 During this period there has continued to be regular engagement with sector leaders by our Chair Gisela Abbam and our Executive. The Chief Executive, Duncan Rudkin and Lynsey Cleland, Chief Standards Officer hosted colleagues from APTUK at our office on 14 July. On the 9 September Duncan attended the UK Pharmacy Professional Leadership Advisory Board held at the offices of the Royal Pharmaceutical Society (RPS) and attended by other sector leaders.

2.6 In August there were a number of meetings with other regulators including a meeting between Gisela and Duncan with the Chair and Chief Executive of the General Medical Council on 7 August. Duncan and Roz Gittins, Chief Pharmacy Officer met Professor Owolabi, the Chief Inspector of Primary and Community Services at the Care Quality Commission (CQC). Duncan and Roz also met with colleagues at the Food Standards Agency (FSA). Duncan also attended the regular catch up of Chief Executives of the health regulators during the period.

2.7 There were also a number of meetings with NHS bodies. On Monday 18th August Duncan, Roz and Luke Surry, Associate Chief Operating Officer for Technology attended a meeting with colleagues from the NHS for a discussion on Artificial Intelligence in pharmacy. Gisela, Duncan and Lynsey Cleland met with Graham Stretch, President of the Primary Care Pharmacy Association on 27 August to discuss a range of strategic and operational developments and challenges in primary care practice.

2.8 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 RPS Scotland. Siobhan has also attended the National Pharmacy Workforce Forum (NPWF) Scotland and the RPS conference held in Glasgow on 22nd August.

2.9 Our Director for Wales, Liam Anstey met with the senior leadership at Swansea Bay University Health Board to discuss the implementation of the Chief Pharmacist Standards in Wales. Liam also met with Health Education and Improvement Wales to discuss the registration assessment, foundation training year, and the consultation on the standards for the initial education and training of pharmacy technicians. Liam has also continued to hold meetings with a range of other health organisations to discuss collaboration in Wales.

Pharmacists, pharmacy technicians and pharmacy owners

2.10 On 6 August, Roz Gittins, our Chief Pharmacy Officer, wrote to pharmacists, pharmacy technicians and pharmacy owners **to raise awareness of some emerging issues** which have led to concerns being raised with us.

2.11 The email highlights concerns and provides advice on areas including diversion of medicines by staff, supplying medicines overseas and the advertising and promotion of medicines.

2.12 On 29 August, Roz Gittins and Dionne Spence wrote to pharmacists, pharmacy technicians and pharmacy owners **in response to recent concerns about inappropriate marketing messages and advice relating to medicines used for weight-management**. This followed the recent announcement of a price increase and reported shortages of Mounjaro®.

2.13 The email highlights the concerns being raised, and what is expected of pharmacy owners, pharmacists and pharmacy technicians to meet relevant standards and guidance from the GPhC, Medicines and Healthcare Products Regulatory Agency (MHRA) and the Advertising Standards Authority (ASA). We worked quickly with the MHRA and ASA to draft this communication and to include statements from both organisations in the associated press release.

Patients and the public

2.14 There continues to be significant interest from the national media in relation to medicines used for weight management. Roz Gittins has taken part in interviews with the BBC News Channel and ITV News, and has used these interviews to explain how we are regulating online pharmacies supplying these medicines, and to urge people not to use illegal websites to obtain medicines used for weight management.

2.15 We also issued a **statement from the Chief Executive and Chair** urging the public to check an online pharmacy is on the GPhC register before buying medicines online. We are working with a wide range of patient and public organisations to ask them to share this message through their social media channels and newsletters. We are also planning further communications activity to continue to get this message out to the public.

3. Engagement events, forums and roundtables

3.1 On 3 September 2025, we held a regional roundtables event in Bristol. A range of topics were raised by participants. Funding continues to be a key topic of concern with participants saying that financial pressures on community pharmacies are intensifying. Participants shared concerns that some pharmacies are not meeting their contractual obligations regarding opening hours which creates confusion for patients and healthcare professionals. The ongoing need for oversight of online and distance selling to protect patient safety was discussed.

3.2 Participants also discussed managing clinical risk for independent prescribing and how independent prescribing will be integrated within community pharmacy. Participants would like to see the GPhC take a more active role in highlighting the systemic challenges facing community pharmacy, including funding pressures and service delivery inconsistencies.

3.3 Our Patient and Public Voice forum met on 8 September 2025. Topics discussed included the role of community pharmacy in the NHS 10 Year Health Plan, off-the-shelf health test safety, the introduction of ‘sponge-on-a-string’ cancer test in pharmacies and how the NHS app is being used to explain how pharmacies can help patients. Colleagues from the British Oncology Pharmacy Association (BOPA) joined this meeting to discuss collaboration on patient and public involvement.

4. Future engagement

Our upcoming activities include:

4.1 Attending the Association of Pharmacy Technicians UK conference on 19 and 20 September 2025 in Newcastle. Duncan Rudkin, Chief Executive will be presenting an update from the GPhC and we will have an exhibition stand.

4.2 On 28 September 2025, Duncan Rudkin will be speaking at the Avicenna conference.

4.3 Our Pre-registration trainee Pharmacy Technician Forum will meet on 8 October 2025 and our Student Voice forum will meet on 28 October 2025.

4.4 At The Pharmacy Show in Birmingham on 12 October 2025, Roz Gittins, Chief Pharmacy Officer, will be presenting with Taylor Meanwell, Compliance Executive, CAP/ASA on advertising regulation; weight management and online pharmacy/services.

4.5 We will be hosting an equality-focused roundtable with the Caribbean and African Health Network on 31 October 2025.

5. Key developments in pharmacy and healthcare regulation

Regulation of NHS managers

5.1 The Department of Health and Social Care in England has set out its plans to introduce professional standards for, and regulation of, NHS managers in England, with legislation set to be put forward to Parliament next year.

5.2 The new legislation will set out new statutory powers for the Health and Care Professions Council (HCPC) to disbar NHS leaders in senior roles who have committed serious misconduct, as well as new protections for whistleblowers.

5.3 Separate NHS England professional standards for managers will establish a consistent, national set of expectations about NHS management and leadership competency and conduct.

5.4 The new proposals, **developed following a public consultation**, will strengthen health service leadership and professionalise NHS management as part of the 10 Year Health Plan for England.

5.5 The **PDA has called for** the definition of NHS managers to include all managers involved in managing NHS services, including community pharmacy services.

Call for evidence on private (non NHS) prescribing

5.6 The Department of Health and Social has launched **a UK-wide call for evidence** to give the public, healthcare professionals and providers, and other interested parties the opportunity to share their views on how the current medicines prescribing and supply mechanisms are meeting their needs.

5.7 The call for evidence, which is supported by the four UK Chief Pharmaceutical Officers, is focusing on:

(a) prescriptions written by prescribers registered in the European Economic Area (EU countries, Iceland, Liechtenstein and Norway) and Switzerland, that are dispensed in the UK

(b) private prescriptions written by UK prescribers

(c) medicines accessed through patient group directions (PGDs) outside of the NHS

5.8 The GPhC is responding to this call for evidence, which closes on 4 November 2025.

Further concerns raised about community pharmacy funding in England

5.9 Community Pharmacy England (CPE) and the National Pharmacy Association (NPA) have published reports highlighting continuing concerns about community pharmacy funding in England.

5.10 **CPE's national report** highlighted how 45% of pharmacy owners across England reported they are dipping into personal savings to support their businesses. Only 6% of pharmacy owners said their businesses were profitable.

5.11 A **survey by the NPA** found that 63 per cent of pharmacies believed they would have to close for good in the next 12 months without additional financial support from the government.

6. Recommendations

Council is asked to note and discuss the update.

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

General Pharmaceutical Council

Post-registration Assurance of Practice

Meeting paper for Council on 18 September 2025

Public

Purpose

To update the Council on three key areas of related work being undertaken with the Post-registration Assurance of Practice Advisory Group.

Recommendations

The Council is asked to:

i. **Note** the work which has been done on the Layers of Regulation resource and that it will be available to stakeholders to use, as well as being included in pharmacist and pharmacy technician training;
ii. **Confirm** that the statement on Scope of Practice represents the GPhC's position; and
iii. **Note** that work has begun on drafting guidance for newly-qualified prescribers, with a view to the guidance being in place when the 2026 cohort of pharmacy graduates qualify.

1. Introduction

1.1 The Post-registration Assurance of Practice Advisory Group was set up in 2022 to "enable the GPhC and PSNI to determine whether the necessary quality control, quality management and quality assurance mechanisms exist post-registration for pharmacists and pharmacy technicians to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services; and whether any additional assurance is required." The Advisory Group is attended by a wide range of stakeholders and is co-chaired by Ann Jacklin and Aamer Safdar.

1.2 Recently the Group has been focussed on three key, related areas:

- Helping pharmacists and pharmacy technicians to better understand the layers of regulation that encompass their daily practice and how the various elements of the framework fit together;
- Scope of practice; and
- Guidance for newly qualified prescribers.

2. Layers of regulation

2.1 With support and input from Advisory Group members, a resource has been created explaining the framework of requirements and influences within which pharmacists and

pharmacy technicians make professional decisions. The resource is a Powerpoint presentation, with speaking notes, which organisations can tailor to their specific circumstances. It explains not only what the layers of regulation are and why they matter, but also the importance of self-regulation in professional practice, which includes understanding both the scope and breadth of practice.

2.2 The resource gives many examples of which regulatory frameworks apply in different settings and brings these more to life with a range of case studies looking at decisions faced by (for example) a mental health pharmacist, a GP practice pharmacy technician and a prison pharmacist. There is scope within the resource for organisations to develop further case studies related to a number of other roles.

2.3 It is intended that this will be a living resource which can be tailored and will evolve over time. A dissemination plan has been developed with the Advisory Group which will see the resource promoted by a range of organisations and available as a reference to others. The intention is for all pharmacist and pharmacy technician training courses to use it in teaching.

2.4 The resource will be available on the GPhC website and has been added to the 'Resources' section of OnBoard, should members wish to view it.

3. Scope of Practice (SoP)

3.1 The Advisory Group considered the current debates around both scope and level of pharmacy practice, including taking account of a parallel discussion within the UK Pharmacy Professional Leadership Advisory Board on the topic. Following a further discussion with the Group, a draft statement on the GPhC's regulatory approach to Scope of Practice was agreed, with a view to bringing it to Council for discussion and confirmation that it represents our current position.

3.2 The statement sets out strategic aims with regard to SoP and the approach, recognising that individual pharmacy professionals know more about their practice and its context than the regulator does. It emphasises that, while the GPhC may not have specific guidance in this respect, the subject is already covered in a number of ways and explains what those are. The draft statement is attached as **Appendix 1.**

3.3 The Council is asked to discuss the draft statement and confirm that it sets out the GPhC's approach to scope of practice in pharmacy.

3.4 The Group also discussed how individual scope of practice should be documented. There was clear support for the GPhC to keep a high level approach in this area, not mandating any particular documentation or recording scope of practice on the register.

4. Guidance for newly-qualified prescribers

4.1 As the Council is aware, registered pharmacists can study for and obtain an Independent Prescribing qualification. Prescribing has now been incorporated into the undergraduate pharmacy curriculum and pharmacists graduating from 2026 will be qualified prescribers when they join the register.

4.2 While the GPhC already has guidance on prescribing, the Advisory Group is of the view that guidance for newly-qualified prescribers would be helpful and a first draft of this is currently being developed.

4.3 The guidance will pull together elements of existing standards and guidance documents such as the prescribing guidance, the Standards for Pharmacy Professionals, the Standards for registered pharmacies and the guidance for pharmacies providing services at a distance. It will also make reference to the scope and level of practice for newly qualified prescribers and to resources already produced by other organisations. A number of stakeholder meetings will take place before the draft is finalised, to gain input and feedback.

4.4 Council will see the draft guidance before it goes out for consultation and then will be asked to approve it post-consultation.

5. Looking ahead

5.1 The next meeting of the Advisory Group will be discussing planned changes to the Revalidation framework, including a change whereby the GPhC will no longer mandate the standards on which registrants' reflective accounts should focus, but instead allow registrants to make the choice for themselves and focus on the specific aspects of their practice they consider to be most relevant.

6. Equality and diversity implications

6.1 There are no equality and diversity implications to the Layers of Regulation resource or the SoP statement as they apply equally to all registrants, regardless of their protected characteristics.

6.2 Any EDI implications of the new guidance will be considered during the drafting and as part of the consultation.

7. Communications

7.1 The Layers of Regulation and SoP statement will be published on the GPhC website, promoted via our usual channels and shared with a wide range of stakeholders. There will be a communications plan for the new guidance.

8. Resource implications

8.1 All three items are covered within existing resources.

9. Recommendations

The Council is asked to:

iv. **Note** the work which has been done on the Layers of Regulation resource and that it will be available to stakeholders to use, as well as being included in pharmacist and pharmacy technician training;

v. **Confirm** that the statement on Scope of Practice represents the GPhC's position; and

vi. **Note** that work has begun on drafting guidance for newly-qualified prescribers, with a view to the guidance being in place when the 2026 cohort of pharmacy graduates qualify.

Lynsey Cleland, Chief Standards Officer
General Pharmaceutical Council

General Pharmaceutical Council

Scope of Practice – Draft GPhC position statement

Scope of practice for pharmacists and pharmacy technicians

Our regulatory approach

Our strategic aims, in relation to scope of practice, are:

- to ensure that patients and members of the public are cared for by confident, competent pharmacists and pharmacy technicians, working collaboratively with each other and with other health and care professionals from different disciplines
- to empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care
- to support pharmacists and pharmacy technicians to maintain standards and confidently adapt to new demands, whilst also taking care of their own wellbeing
- to support pharmacists and pharmacy technicians to understand what is required of them, so that they can focus on caring for patients and members of the public.

Our approach:

- respects pharmacists' and pharmacy technicians' self-awareness and professional obligation to 'self-regulate',
- recognises that individual professionals know far more about their own practice, and its context, than the regulator does, and
- empowers pharmacists and pharmacy technicians, within safe parameters, to 'own' their practice and – when they need to – to say "No", to others, including employers and patients
- enables individual professionals, and the pharmacy professions as a whole, to innovate and develop their practice within a framework which underpins both their competence and their confidence (and that of their patients, peers, other healthcare professionals and employers).

Initial education and training

As part of their initial education and training, both pharmacists and pharmacy technicians must be able to demonstrate the ability to recognise and work within their own competence, and to seek support when necessary. This is assessed at the "does" level of Miller's Triangle. This means that

new registrants demonstrate this behaviour reliably in familiar, albeit potentially complex, situations.

Continuing professional development and revalidation

As part of revalidation, pharmacists and pharmacy technicians have to ensure that their Continuing Professional Development reflects the context of their practice. All three components of revalidation-required activity must be relevant to the registrant's scope of practice. And the mandatory reflective account has to include a brief summary of their practice history over the year in review.

Working within the law

As healthcare professionals, pharmacists and pharmacy technicians work within the law, and that includes any legal restrictions on who is allowed to carry out particular tasks. Pharmacists and pharmacy technicians are expected to be familiar with any such restrictions that might be relevant to their work, and to work within them.

Individual professional accountability

As empowered professionals, pharmacists and pharmacy technicians are accountable for their own practice. That includes the decisions they make about whether particular tasks, or types of tasks, or roles, are within their own actual competence.

Making decisions about scope of practice

Pharmacists and pharmacy technicians don't make decisions about their scope of practice in a vacuum, but must take account of any relevant guidance. This includes GPhC regulatory guidance, which we issue to support implementation of our standards. And it also includes guidance issued by authoritative national bodies (such as the National Institute for Health and Care Excellence) and relevant professional leadership body guidance, which we would expect pharmacists and pharmacy technicians to be mindful of, regardless of whether they are members of particular organisations.

Documenting scope of practice

The best way for pharmacists and pharmacy technicians to show that have reflected on their scope of practice is to write it down. Pharmacists and pharmacy technicians who can show they have documented their scope of practice, including the limitations of their current competence, and kept this under regular review, are well-placed to keep themselves and their patients safe, whilst showing that they meet regulatory requirements.

The role of employers

Employers should be mindful of the scope of practice of the members of their workforce when making decisions about which services to offer, bearing in mind their responsibilities as service providers.

We expect any organisation employing or otherwise contracting with pharmacists and pharmacy technicians in their professional capacity to support them to understand, document and work within their scope of practice.

For organisations that run GPhC-registered pharmacies, Standards for Registered Pharmacies require pharmacy owners to ensure that "staff have the appropriate skills, quailfications and competence for their role and the tasks they carry out" and "can comply with their own professional and legal obligations and are empowered to exercise their professional judgement".

Professional duty to maintain, develop and use knowledge and skills

Our *Standards for Pharmacy Professionals* requires pharmacists and pharmacy technicians to maintain, develop and use their professional knowledge and skills. This puts a clear responsibility on pharmacists and pharmacy technicians not to allow their practice to stagnate, but instead to take active steps to maintain and develop their knowledge and skills.

Professional titles

Pharmacists and pharmacy technicians have worked hard to obtain their professional qualifications and registration. Use of their protected professional titles in communication with patients and colleagues promotes transparency and accountability.

Indemnity

Pharmacists and pharmacy technicians are under a legal duty to ensure that there is appropriate indemnity cover in place to cover the risks that may arise as a result of their practice. Pharmacists and pharmacy technicians declare they meet these requirements, as part of our registration and renewal processes. It is not possible for pharmacists and pharmacy technicians to meet these requirements without being mindful of the scope of their practice and the risks associated with it, and sharing relevant information with their indemnity provider, or employer if they are relying on employer-provided arrangements.

General Pharmaceutical Council

Initial Education and Training of Pharmacists Advisory Group

Meeting paper for Council on 18 September 2025

Public

Purpose

For discussion and noting

Recommendations

The Council is asked to note and discuss the summary.

1. Introduction

1.1 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 new initial education and training standards for pharmacists which were published in 2021.

1.2 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 in 2024.

1.3 The group met quarterly in the last year, on 19th December 2024 and on 28 March, 16 June, and 17 September in 2025.

2. Key areas of focus

2.1 Over the last year the focus of the group has been on readiness for the introduction of the Foundation Training Year (FTY) through GPhC accredited schemes run by the statutory education bodies (SEBs) in Scotland, England, Wales and Northern Ireland and each meeting had a progress update from each SEB.

2.2 Reaccreditation of all 29 current MPharms was completed in the last year with themes and insights from the events being shared with the advisory group on an ongoing basis. A further 5 MPharms are in the process of accreditation with updates on progress being provided as required.

2.3 Quality Assurance (QA) monitoring and surveys have been discussed in the group with support for enhancing monitoring agreed by stakeholders.

2.4 In June the Chair of the Board of Assessors updated the group on plans for the 2026 common registration assessment.

2.5 Differential attainment has been raised and remains a priority for the group to consider in all of its work and thinking. An update on proposed work to tackle awarding and attainment gaps will be presented at the next meeting.

3. Future Work

3.1 Over the next year, the focus will be around employers and preparedness of the pharmacy sector for new pharmacists in practice.

3.2 The group will also be focussed on experiential learning, student numbers, impact of the new standards on the sector and the public, as well as in monitoring feedback through the improved QA processes from 2025/26 and contributing to ongoing considerations on differential attainment.

4. Equality and diversity implications

4.1 Equality, diversity and inclusion continue to form a key part of the Group's discussions, in particular in relation to differential attainment.

5. Resource implications

5.1 None in relation to this paper. The areas of work that the Group are involved in are considered as part of the GPhC strategy and delivery planning processes. Members of the Group value the opportunity for wider engagement and continue to engage with the activity of the Group.

6. Risk implications

6.1 The Group is a source of assurance to the Council that the implementation of the 2021 Initial Education and Training of Pharmacists is progressing as expected and any risks or issues are identified early.

7. Recommendations

The Council is asked to note and discuss the summary.

Siobhan McGuinness, Director for Scotland
Lynsey Cleland, Chief Standards Officer
General Pharmaceutical Council

05/09/2025

General Pharmaceutical Council

Interim update for development of Acceptance Criteria for incoming concerns

Meeting paper for Council on 18 September 2025

Update

Purpose

To update the Committee on the development of a new Acceptance Criteria for the management of incoming concerns, and for more effective communication of our role and remit to the profession and the public.

Recommendations

The Committee is asked to note the report.

1. Background

1.1 The last five years have seen a significant increase in concerns raised with the GPhC regarding issues with pharmacies and pharmacy professionals, and such concerns cover a wide spectrum of issues and degrees of seriousness.

1.2 Although these have more than doubled over the last five years, and continue to increase, these have not translated into a proportionate increase in referrals for formal fitness to practise investigations.

	2020/21	2021/22	2022/23	2023/24	2024/25	2025/2026
Receipts	2989	3081	4184	5795	6202	
Conversion	14.1%	11.2%	8.2%	6.7%	7.4%	

1.3 There is no single explanation for this increase, however, emerging issues in respect of online pharmacies, inappropriate EPS nominations, weight loss treatments and advertising have all been contributory factors, and may suggest that commercial interests in some spheres are taking priority over patient welfare and professionalism.

1.4 Additionally, a prevalence of general customer service concerns, which also include unanticipated pharmacy closures and stock issues, are perhaps reflective of the pressures on front-line pharmacy at a time of increased expectations on pharmacy to deliver a broader range of services.

1.5 The above figures need to be viewed in the context of the fact that the GPhC has a dual role in respect of both systems and professionals. Consequently, while there is a low referral rate for formal fitness to practise investigations, there are still significant numbers of concerns required to be dealt with which, while ultimately resulting in closure, nonetheless need some assessment and assurance in respect of systems risk. Typically, these can include dispensing errors which, while not usually implicating an individual's fitness to practise, may be indicative of systems shortcomings which confer some degree of risk to patients, in some instances serious risks.

1.6 Notwithstanding this, it is undoubtedly the case that a substantial proportion of concerns received are for matters which simply do not meet the requirements for regulatory intervention, which creates a resource and timeliness pressure which could be avoided.

2. The purpose of an Acceptance Criteria

2.1 An Acceptance Criteria is an outward facing explanation of the types of issues which would be likely to meet the requirement for investigation or intervention, communicated with clarity and conciseness. Its benefit is two-fold:

- To inform those who wish to raise concerns about the types of concern we will, and will not be likely to consider, and thereby seeking to divert concerns away from being raised inappropriately.
- To provide a point of reference for the communication of decisions to not accept concerns, and thereby streamlining closure decision correspondence.

3. Progress

3.1 An initial draft of operational guidance incorporating proposed Acceptance Criteria has been produced (Appendix 1), which is anticipated will be used internally to inform decision-making and related processes in the initial triage of new concerns. Whilst this guidance is near to finalisation, work is ongoing to identify those systems related concerns which may be liable to trigger the need for further action independent of any obvious fitness to practise issues. As such, the guidance is currently incomplete.

3.2 Once the guidance has been completed, the intention will be to have a public facing version of the Acceptance Criteria as a stand-alone document, as opposed to simply publishing the operational guidance.

4. Resource implications

4.1 It is intended that the Acceptance Criteria will operate within existing resources and, indeed, enable those resources to be deployed more efficiently and effectively.

4.2 It is recognised that there are increasing pressures on the Inspectorate to undertake a greater number of inspections which, in turn, may also result in an increase in enforcement activity. In recognition of this, proposals are being developed to empower the initial assessment of concerns to have the necessary pharmacy input and systems related risk assessment necessary, enabling the Inspectorate to retain focus on carrying out inspections, while supporting the team undertaking concerns triage on a targeted and streamlined basis.

4.3 Final details of how this may work in practice are still in development.

5. Risk implications

5.1 The risk of maintaining current ways of working is that the organisation will not be able to effectively handle the continuing high-volume intake of concerns in a manner which is effective, conducive to maintaining public confidence or able to rapidly identify and address risk.

5.2 An Acceptance Criteria is therefore necessary to maintain performance within a realistic and sustainable resource allocation. Whilst there may be a countervailing increase in dissatisfaction from people who have not received the outcome they may have hoped for, or communicated with the degree of person centredness they might wish, this is far outweighed by the benefits to enhanced effectiveness.

6. Monitoring and review

6.1 We would invite a further update to Council during Q3 2025-2026

7. Recommendations

The Committee is asked to note the interim update.

Dionne Spence, Chief Enforcement Officer, Glenn Mathieson, Lead Advisor (project lead)
General Pharmaceutical Council

11/09/2025

Draft Acceptance Criteria – Operational Guidance

General Pharmaceutical Council

GPhC Acceptance Criteria

1. Introduction

Our role

1.1 We are the regulator for pharmacy in Great Britain. We currently register over 103,000 pharmacists, pharmacy technicians and pharmacy premises.

1.2 Our core functions are set out in the Pharmacy Order 2010;

a) Maintain a register of Pharmacists, Pharmacy technicians and premises at which a retail pharmacy business is or is to be carried on.
b) Set Standards for the safe and effective practise of pharmacy at registered pharmacies.
c) Set requirements to which registrants must demonstrate that their fitness to practise is not impaired.
d) Promote the safe and effective practise of pharmacy.
e) Set Standards in respect of the education, training, acquisition of experience and continuing professional development.

1.3 Ensure the continued fitness to practise of registrants.

1.4 **Our role is to protect the public and uphold public confidence in pharmacy**. We regulate individual pharmacy professionals (pharmacists and pharmacy technicians) as well as pharmacies and their systems (both physical premises as well as online services). **We look to ensure that pharmacy services provide safe and effective care, and in a way that people can trust**.

1.5 Our role includes considering if pharmacy professionals are 'fit to practise'. **Being fit to practise means that someone has the appropriate knowledge, skills and health to provide effective healthcare, and that they behave in an ethical and trustworthy manner**.

1.6 Where there is a question over an individual's fitness to practise, we have the power to investigate. If we consider that there is a risk to patients, or to public confidence because of the way they are working, we can take appropriate action. This includes being able to place restrictions on their practise or even to prevent them working as a registered pharmacy professional.

1.7 To make sure registered pharmacies are operating safely and effectively, we carry out unannounced **pharmacy inspections**. Additionally, we carry out intelligence-led inspections in response to information we receive which might indicate that a pharmacy is not operating safely. Where we find that there is risk to patients or the public, there are a range of **enforcement measures** which we can take to secure necessary improvements. These include powers to restrict the services being provided.

The purpose of our Acceptance Criteria

1.8 Acceptance Criteria is intended to provide guidance for members of GPhC staff, pharmacy professionals, members of the public and those who have raised, or are considering raising, concerns about pharmacy related issues. It seeks to clarify those matters for which we can open an investigation into an individual pharmacy professional's fitness to practise, or where we may wish to look into how safely a pharmacy is operating.

1.9 It is important to highlight that **we are a statutory regulator** with specific powers and responsibilities; we are **not a general pharmacy complaints body**, and nor is our role to resolve disputes, even when those disputes relate to pharmacy professionals or pharmacies. Similarly, and even where something has gone wrong, we do not have the power to require that an apology be given or to order that compensation be awarded. Our role, which is governed by law, is limited to those **matters where there is an ongoing risk to patient safety, or where public confidence could be seriously undermined** in pharmacy.

1.10 More information about how our fitness to practise process works, including how we make decisions at the end of an investigation, can be found via the following link to our website: XXX

1.11 More information about our pharmacy inspections and enforcement work can be found at the following link: **https://inspections.pharmacyregulation.org/**

Diversity, equity and inclusion

1.12 The GPhC is committed to ensuring that we operate in a way which is **fair, open and free from discrimination, harassment or victimisation**. We are determined to promote equality, value, diversity and inclusion, regardless of age, disability, race, religion or belief, gender, gender identity, sexual orientation, marriage and civil partnership, pregnancy and maternity.

What are the Acceptance Criteria for?

1.13 Our Acceptance Criteria are a guide to assist us in deciding whether a concern we have received should be referred for an investigation into an individual's fitness to practise, or considered as a trigger for potential inspection or enforcement action.

1.14 In respect of **pharmacy professionals**, the law states that an individual's fitness to practise can be called into question ('impaired') because of certain specific criteria, and these are detailed in **Article 51 of the Pharmacy Order 2010**. These categories are, in summary:

- **Misconduct**;
- Deficient professional **performance** or competence;
- Adverse physical or mental **health** which affects the individual's ability to work safely;
- Criminal **convictions, cautions** and certain other non-conviction disposals;
- A **finding by another healthcare regulator** that the individual's fitness to practise is 'impaired';
- Being **placed on certain 'barred lists'** to prevent the individual from working with children or vulnerable adults;

1.15 If we receive a concern that meets our Acceptance Criteria, we will either open an investigation into the fitness to practise of a pharmacy professional, or refer premises-

related issues to our Inspections team to consider. Some **c**oncerns may include a combination of fitness to practise and premises issues. In these types of cases, we will normally open an investigation in order to look into both aspects.

1.16 Whenever we are assessing concerns, we will always bear in mind:

- Our fundamental role in **protecting the public**;
- Our **Standards** for pharmacy professionals and registered pharmacies;
- The wider **public interest** (public confidence).

1.17 We will regularly review the Acceptance Criteria to take account of changes to legislation and case law, and to make sure they are consistent with other related guidance documents. We will also make sure they continue to be fit for purpose and accessible to all who use them.

Potential actions at Acceptance Criteria stage

1.18 When considering a concern which has been received, there are a number of potential actions which we can take. We can:

- Close with **no further action**;
- Close and **signpost** or refer the concern to another more appropriate organisation;
- Close and provide a **reminder to a pharmacy professional** about the importance of upholding appropriate standards in future;
- Close and share the information with our **Inspections** team for consideration;
- Open an **investigation**
- Open an investigation and refer the matter to the **Interim Orders Committee**;

1.19 In some cases, it can be obvious straightaway that a concern does not need to be investigated because it does not involve the sort of issue which could call into question a pharmacy professional's fitness to practise, or indicate a serious failing in how a pharmacy is operating. We will normally close these matters with no further action, or possibly with signposting to another organisation.

1.20 If a concern relating to an identified pharmacy professional is closed, a record of it will be kept within our internal case management system in accordance with our retention policy. This does not mean that the individual has some sort of negative finding against them, and we will not normally disclose the fact or detail of such closed concerns with any third party. However, it may be something that is considered if any future concerns are raised in relation that pharmacy professional, and we may need to take into account such previous concerns if it appears that they form a pattern of similar issues.

1.21 If we feel that we are unable to properly make an assessment about whether or not to open a case on receipt of the initial information, we will ask for further information to assist with the assessment. This may be from the person who originally raised the concern, or it may be any other person or organisation who we feel may have relevant information. If, however, we feel that we cannot realistically or practically obtain further information to inform our assessment, we may also close the case on that basis.

2. Concerns we will accept

2.1 In their provision of pharmacy services, pharmacy professionals must have regard to our **Standards for Pharmacy Professionals** and pharmacy owners must have regard to our **Standards for Registered Pharmacies**. As an outcome focussed regulator, we do not specify how each of the Standards should be met, but it is for pharmacy professionals and pharmacy owners to use their professional judgement in deciding how to do so and provide safe and effective patient care.

2.2 When considering all concerns, we will first consider whether there may have been a breach of the relevant standards and if so, whether the breach could amount to an allegation of impaired fitness to practise. We will consider **how serious** any breach may be, and whether there are **risks to the public**, or risks to **maintaining public confidence** in the profession, should a matter not be opened. When considering these matters, we will also bear in mind that part of our role as a regulator to **declare and uphold proper standards**, which may mean that action is necessary even if there are no longer risks to patients.

2.3 In some cases, the concern about a registrant presents a serious or immediate risk to public protection such that an interim order referral might be needed. In these cases, the concern will be referred directly to the statutory fitness to practise committee to determine whether an interim order of practice is necessary.

Individual pharmacy professionals

Allegations under s51 of the Pharmacy Order

Misconduct

2.4 Misconduct can relate to both personal behaviour as well as professional issues such as mistakes made at work. Not everything that someone may do wrong will amount to misconduct, as the law requires an issue to be especially serious. Therefore, the fact that someone may have made an error of judgement, or demonstrated an isolated instance of negligence, does not necessarily mean that we will open a formal investigation. When we are considering whether an issue raised us could be misconduct, we will ask ourselves:

a) is the issue **serious**; for example, could it reasonably be viewed as disgraceful, outrageous or deplorable?
b) is the issue something that seems to be **part of a pattern** of similar or related matters?
c) if the issue is an isolated professional error, is it one which is particularly serious, such as being **reckless** or ignoring high risks?

2.5 Examples of matters which are likely to be viewed as serious, and potential misconduct, include:

a) dishonesty;
b) sexual or racial **harassment** or;
c) **repeated** professional errors;
d) **recklessness** in respect of the handling, management or supply of high-risk medications;
e) actual or attempted **inappropriate relationships** with patients;

f) **failing to be open** about professional mistakes, or trying to hide the fact that they occurred;
g) supplying medicines without appropriately considering if they are in the **best interests** of the individual patient;
h) providing services for which a professional does not have sufficient knowledge, experience or skills (acting outside **scope of competence**).
i) failing to declare a caution or conviction

2.6 Examples of matters which are unlikely to be viewed as misconduct include:

a) **isolated or minor** professional errors that do not indicate an ongoing risk to patients;
b) issues which we consider have already been **appropriately addressed** locally, and where regulatory action would not achieve anything further;
c) poor **customer service** or rudeness with no aggravating features.

Deficient professional performance

2.7 Deficient professional performance relates to issues which raise a question about whether a professional is **appropriately competent**, or is working to an **acceptable standard**. It will generally relate to either a number of different matters, or a pattern of similar issues.

2.8 When considering a concern about a professional's performance, we will consider if there is information to suggest that the performance is **unacceptably low**, and whether this has, or could be, demonstrated by a **reasonable sample** of their work. Some examples of deficient professional conduct may include:

a) **multiple** medicines related errors;
b) **failing to learn** from mistakes, particularly when provided with feedback and support;
c) continuing to demonstrate poor performance despite having been **subject to local performance management** interventions;
d) making repeated **inappropriate clinical judgements**, suggesting a lack of knowledge or understanding.

2.9 Some examples of performance issues which are not likely to amount to deficient professional performance include:

a) a small number of, or **isolated**, issues (though these could still amount to misconduct if sufficiently serious);
b) performance issues which are the subject of ongoing management and supervision, or which have been **successfully addressed**, at a local level.

Criminal convictions, cautions and disposals

2.10 The fact that someone has been convicted, cautioned or otherwise dealt with for a criminal offence does not necessarily mean that further regulatory action is necessary. Our **role is not to punish** people for a second time and we recognise that that the criminal justice process can be sufficient to suitably deal with low level matters.

2.11 We do, however, also have to bear in mind that more serious offences, or those relating to particular types of behaviour, can undermine public trust in the profession and therefore require further action.

2.12 When deciding whether a criminal matter could call into question someone's fitness to practise, we will consider the following:

a) whether a sentence of **imprisonment** or **suspended sentence** has been imposed;
b) whether the matter relates to a **sexual, violent** or **dishonesty** offence;
c) whether the offence is connected to the individual's **professional practice**;
d) whether there are any other particular features which mean that **public confidence** would be undermined without further action.

2.13 The types of criminal matter which are unlikely to require further investigation or formal action, unless there are particular aggravating features, include:

a) minor **driving offences**;
b) **driving with excess alcohol**, with nothing to suggest underlying alcohol dependency issues;
c) **criminal damage**;
d) **youth** convictions or cautions, unless particularly serious;
e) **conditional** cautions;
f) **protected** cautions and conviction.

2.14 If, however, an offence had a **discriminatory** element, such as being racially motivated, then this is likely to engage the public interest and, therefore, warrant a fitness to practise case being opened.

2.15 It is important that all convictions or cautions are declared as soon as possible, including at initial registration and subsequent revalidation.

Adverse health

2.16 A pharmacy professional having a health condition, even if they are 'signed-off' from work, does not mean that they are unfit to practise. It is important to understand that being 'unfit to work' is about protecting the welfare of the individual concerned; while being 'unfit to practise' is about **protecting the public**. Consequently, a fitness to practise issue will only arise where someone's health condition **may affect their ability to provide services safely**, and where there are **inadequate measures** in place to manage the impact of their condition on their work or on themselves.

2.17 In deciding whether a health issue should be opened as a fitness to practise case, we will consider:

- The nature of the condition, and whether its **effects** could impact on the individual's ability to work safely and exercise appropriate professional judgement;

2.18 Whether the individual is **managing** their condition, such as adhering to treatment and adjusting their working activities appropriately.

2.19 Some examples of when we are likely to open a fitness to practise investigation include:

- Serious performance or behavioural issues where health may be a **contributing factor**;
- Issues where the individual appears to **lack insight** into their condition, and its impact on their ability to work safely;

- Matters where an individual has **attended work when clearly not fit** to do so, for example, while intoxicated.

2.20 In situations where an individual has behaved inappropriately but where their health has been a contributing factor, such as stealing medication from a pharmacy or working while intoxicated, we are likely to open a case in respect of both misconduct as well as health. This is because of the fact that **health does not excuse inappropriate behaviour**, even though it might provide some explanation and potential mitigation.

Pharmacy Premises – under review

2.21 We inspect pharmacies to check they are meeting our standards for registered pharmacies, and that they are providing safe and effective care to patients and the public.

2.22 There are 26 standards which are grouped under the following five principles:

- *The **governance** arrangements safeguard the health, safety and wellbeing of patients and the public;*
- ***Staff** are empowered and competent to safeguard the health, safety and wellbeing of patients and the public;*
- *The **environment and condition** of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public;*
- *The way in which **pharmacy services**, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public;*
- *The **equipment and facilities** used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public*

2.23 When we receive information of concern which suggests one or more of the standards for registered pharmacies are not being met, we consider the following criteria:

- *Whether the matter poses an ongoing risk of harm to patients and the public*
- *The intelligence we hold about the pharmacy, including its inspection, concerns and enforcement history*
- *Recent changes in ownership or Superintendent Pharmacist*
- *Any information we have received from external stakeholders such as Local Pharmaceutical Committees, Controlled Drugs Accountable Officers, commissioners and the NHS*
- *The inspector's local knowledge*

2.24 Depending on the inspector's assessment of the above criteria, we may:

- *Carry out an unannounced intelligence-led inspection as soon as practicable*
- *Bring forward our schedule of routine inspections of the pharmacy*
- *Flag the information and follow it up at the next planned routine inspection*

- *Contact the pharmacy owner or Superintendent Pharmacist (if there is one) to request more information*

2.25 *Similarly to how we assess concerns about individual pharmacy professionals, not all concerns involving a pharmacy will merit inspection or enforcement activity. In the absence of significant aggravating factors, examples of matters which are unlikely to result in an intelligence-led inspection include:*

- *One-off dispensing errors which have not resulted in harm to the patient, and where the pharmacy has taken appropriate steps to prevent re-occurrence*

2.26 *Delays in providing medicines, including stock shortages, where there is no evidence to suggest the delay has had an adverse impact on the patient's health*

- *Issues relating to the delivery of medicines, unless there is evidence of a breach of the standards for registered pharmacies*

2.27 *Concerns about NHS contractual issues such as opening hours, NHS profile, or non-availability of a service, unless there is evidence that they have put patients at risk*

- *Minor breaches of confidentiality, for example a repeat slip mistakenly put into the incorrect bag or giving advice at the counter which could be overheard*

2.28 *Isolated concerns about pharmacy nominations for the Electronic Prescription Service (EPS)*

2.29 *Customer service matters, for example not answering the telephone or complaints related to the retail sale of medicines*

Right of review

2.30 Any person who is dissatisfied by the decision to, or not to investigate their complaint further may request a review of the decision.

2.31 Requests should be made, in writing with reasons, within 14 days of the date of the decision. The decision will be reviewed by as senior manager from the Enforcement Portfolio, and a formal review decision will be issued within 14 days of receipt of the request for a review

2.32 If the review is against the decision to open a concern, please note that any information provided in support of a request will form part of the GPhC's investigation (if an investigation is commenced) and could therefore be referred to the Investigation or Fitness to Practise Committee

2.33 If a complaint has been referred for investigation, the investigation will not pause during the review period, and we will continue to conduct an investigation during that time.

2.34 Requests should be sent to: **review@phamacyregulation.org** (to be set up) or in writing to Concerns, General Pharmaceutical Council, 14th Floor, 1 Cabot Square, Canary Wharf, London E14 4QJ

General Pharmaceutical Council

BOARD ASSURANCE FRAMEWORK

Delivering with Impact: Council Oversight of delivery of our 2025-30 Strategic Plan

Quarterly Delivery & Assurance Report - Year 2025/2026, Quarter 1

Sections

1. Executive Summary

Key headlines from the quarter and the priority areas for Council oversight and decision-making. Overview dashboard

2. Risk and Assurance

Our overall risk position and key assurance issues for Council, providing visibility of the main areas of exposure and mitigation.

3. Context and Intelligence: Trends Shaping Our Work

This section brings together key internal and external data to help Council understand the wider environment in which we operate. It highlights trends in concerns, public expectations, policy shifts, and other indicators that may influence how we regulate and deliver on our strategic aims

4. Strategic Aims: Progress, Impact and Assurance

What we have delivered, the difference it is making, and how we are tracking against our strategic aims. Includes operational performance and progress on change programmes.

5. Annex A – Key Performance Indicators

An overview of key performance indicators for our operational work, providing Council with a clear view of how core regulatory functions are performing.

1. Executive Summary

This is the first quarterly Board Assurance Framework (BAF) report under our new strategy. It provides an overview of delivery progress, performance against agreed KPIs, and the level of assurance we can provide to Council for each strategic aim outcome. The BAF RAG ratings reflect both short-term operational performance and our forward-looking judgement on whether the outcomes set out in the 2025–30 strategy will be achieved within the expected timeframe. This ensures Council can see not just how we are performing now, but how confident we are in achieving our long-term strategic outcomes.

Overall position – Q1: The BAF position is **Amber**, with strong performance in most areas of our core regulatory work. Outcome 1.5 (enforcement) is Red due to record concern volumes, a sharp rise in open caseloads, and older cases awaiting hearing preparation continuing to affect timeliness. However, strong performance in registration, education, and inspections means the overall SA1 outcome remains Amber. The Strategic Aim Outcome RAGs for Q1 are:

- **SA1 – 🟠 Amber:** Strong performance in registration, inspections and education. Enforcement (Outcome 1.5) is Red this quarter, but its impact on the overall aim is being contained through progress elsewhere in SA1 and improvements in new case timeliness. A sustained Red in enforcement would increase the risk to achieving SA1.
- **SA2 – 🟠 Amber:** Good progress across all workstreams. Key deliverables such as public resources and differential attainment actions are still at early stages, so their impact is not yet visible. Recovery is possible without major change as delivery is on track.
- **SA3 – 🟠 Amber:** Good progress on people, finance and technology. Some key IT upgrades are not yet in place, creating risks to pace and delivery. Recovery is possible without major change if these are delivered as planned.

A major milestone this quarter was the **launch of our Strategic Plan 2025–2030** at a UK Parliamentary event attended by the UK Pharmacy Minister and a wide range of stakeholders, setting out how we will empower pharmacy professionals, protect patients and the public through collaboration, and build a skilled, agile organisation. Work is now underway to translate this ambition into a costed delivery plan, supported by the establishment of a PMO and early improvements to IT and reporting. Alongside this, we are developing a refreshed strategic risk register to align to the new strategy and give Council a clearer view of the risks that could affect delivery. This strengthens the link between strategic priorities, delivery activity, and the assurance Council receives on whether we remain on track.

Enforcement remains the most significant challenge to achieving SA1. Q1 saw the highest concern volumes ever recorded (over 2,200 total), driving a 53% rise in open caseloads and placing sustained pressure on capacity. Early milestones in the Enforcement Improvement Programme have been met, including revised triage acceptance criteria and an updated disqualification policy. New cases are progressing to initial decision much faster — with a current median of around 8–10 months — but we are held back by the significant volume of older cases that have completed investigation and are awaiting preparation and service for hearing. KPI for reducing cases over two years was met, but cases over one year remain above bonjectives. Appeals stayed low, and targeted recruitment, hearings process changes, and backlog reduction initiatives are in progress. A coordinated package of actions will be needed to manage inflow, progress cases efficiently through all stages, and strengthen timeliness and assurance. Although enforcement is Red, strong performance across other SA1 outcomes means the overall SA1 rating remains Amber at this stage.

Our ability to deliver the strategy will also depend on three wider foundations: careful financial management ensuring sustainable funding for priorities and flexibility to respond to emerging pressures; active capacity management to balance business-as-usual with change programmes; and strong strategic risk management so we can anticipate and respond to external pressures and internal constraints more effectively. These underpinning capabilities directly influence the assurance Council can take from the BAF ratings for each strategic aim.

In summary: Q1 presents an Amber picture overall, with one clear Red area in enforcement. We are at the start of a five-year journey: regulatory delivery is steady in most areas, but the priorities now are to finalise the costed delivery plan, drive forward enforcement improvements, align resources with strategic priorities, and embed strengthened risk management so the organisation is well placed to achieve its long-term aims. The BAF will track both our delivery performance and the assurance level for each aim, enabling Council to see where confidence is strong and where focused intervention is required.

Work in progress – As the first quarterly BAF under the new strategy, the format, content, and metrics will continue to evolve. We will review our operational KPI set to ensure it provides balanced assurance on capacity, efficiency, quality, and impact across all outcomes. We will also refine the BAF to ensure it remains a clear and useful accountability tool for Council. Feedback from Council will be important in shaping this development work.

For Council's Attention

Council is asked to note that many of the areas highlighted below are at an early stage and will be developed further over the coming quarters. These are the priorities where Council's oversight and assurance can add the most value.

- **Enforcement performance (SA1 – Outcome 1.5, 🔴 Red)**
  Record concern volumes (over 2,200 total) in Q1 drove a 53% rise in open caseloads. New cases are moving to decision faster, but older cases awaiting hearing preparation continue to delay timeliness. KPI for reducing cases over two years was met; cases over one year remain above target. Improvement initiatives are underway, but a coordinated package of actions will be needed to manage inflow and progress cases efficiently. Council oversight is an important part of monitoring whether the scale, scope, and pace of these initiatives are sufficient to return enforcement to within appetite and sustain improvement.
- **Finalising the Delivery Plan for 2025–30 (All Strategic Aims)**
  The costed delivery plan is in development to translate the 2025–30 strategy into a phased and resourced programme of work. The priorities, sequencing, and resourcing in the final plan will determine how realistic the trajectory is for achieving the strategic aim outcomes and sustaining confidence in the BAF ratings over time.
- **Aligning Resources to Strategic Priorities (All Strategic Aims)**
  Flexibility in resource allocation will be essential if priorities shift during the year. Allocation decision must balance BAU delivery with the demands of key change programmes, particularly in enforcement, digital systems, and workforce development.
- **Strategic risk register refresh (All Strategic Aims)**
  The refreshed register is in development, aligning risks directly to strategic aim outcomes. Ensuring the identified risks, mitigations, and assurance sources are robust will be key to maintaining an accurate picture of delivery confidence in the BAF.

Quarterly Performance Dashboard: Q1 2025–26

Performance at a glance

Q1 OVERVIEW

This quarter marks the start of delivering the new 2025–30 strategy, with early progress shaping the trajectory for achieving the strategic aim outcomes. The BAF position is **Amber**, with strong performance across most core regulatory functions. Enforcement remains **Red** due to record concern volumes and rising caseloads; Council attention is needed on enforcement recovery, finalising the delivery plan, resource alignment, and the refreshed strategic risk register.

Q1 FINANCIAL OVERVIEW

Financial Strategy Aims	Q1	DoT
Fee Strategy	R	↓
Cost Improvement Plan	A	↔
Fully costed strategic plan	A	↔
Reserves Strategy	R	↓
Updating working capital approach	G	↑

Actions in Q1

- 2025 fee change implemented/ 2026 paused
- Year 1 CIP reductions identified

Impact

Deficit position has reduced, and reserves have moved from negative to positive. However sustained deficits are still projected, and reserves are projected to remain below minimum levels without intervention.

Q1 STRATEGIC PLAN

Strategic Aim	Progress towards Outcome	Operat-ional KPIs	DoT	Q1 Commentary
SA1	A	R		Broadly on track with strong reg, education and inspection performance. High concern volumes keep enforcement timeliness under pressure, requiring further change to address backlogs and case flow.
SA2	A	N/A		Good progress across workstreams, but public resources and differential attainment actions are early stage, so full impact on success measures not yet realised.
SA3	A	G		Broadly on track with progress on people, finance and tech enablers. Confidence tempered by IT capacity constraints; planned Q2–Q3 mitigations should enable recovery within current plans.

STRATEGIC RISK

Strategic risk is under review, with a new approach to strategic risk and risk profile due for agreement and publication in Q2 2025/26. The dashboard will be updated once this is in place.

2. Risk and Assurance

This section sets out the corporate and strategic risks that have the greatest bearing on the BAF ratings, together with the assurance sources that underpin our Q1 judgements. It highlights where assurance has strengthened, weakened, or remained stable, and notes emerging issues that could influence future BAF positions.

Strategic risk register refresh

The refreshed strategic risk register, aligned to the new 2025-30 strategy, is in development and will be presented to Council in Q2 2025/26. Once in place, it will be a standing feature of this section providing Council with a regular view of key risks with mitigations. It will also map risks to aims and indicate whether assurance is strengthening or weakening.

Corporate complaints

Performance met all KPIs in Q1, with all KPIs met. Five new complaints were received (down from 11 in Q4), all relating to the handling and outcomes of FtP concerns. None were upheld at Stage 1, and one escalated to Stage 2 and was also not upheld.

Learning was identified in one case concerning the wording of correspondence when a concern does not meet the threshold for progression, prompting a review of standard templates. As part of our EDI strategy, corporate complaints are reviewed for potential equality, diversity and inclusion themes; no issues were identified this quarter.

Information governance

Overall performance in Q1 remained broadly on track.

Two areas require attention:

1. **Increase in breaches** – Information governance breaches increased to nine incidents in Q1 (up from five in Q4 2024/25). This performance has prompted the Information Governance team to plan targeted training for operational teams on key themes, including redaction techniques. There were also two ICO referrals in close succession during the quarter in Q1, neither resulted in resulting in any action from the ICO.
2. **Process weaknesses** – One data subject access request was responded to a day after the statutory deadline in April; the individual has not raised a concern, but this highlighted a process weakness which is being addressed. The delay was linked to staff changes and the time taken to collate information internally.

Additional assurance activity:

- A Serious Incident Review (SIR) into a hearings team redaction issue was presented to the Audit and Risk Committee in August 2025, with learnings captured and actions agreed by the Executive.
- A further SIR is in draft regarding a legal and compliance matter in which legally privileged material was inadvertently shared with the defence.

Assurance

Future reports will summarise internal and external assurance activity undertaken across the GPhC, providing independent evidence on performance, identifying gaps, and outlining actions taken.

3. Context and Intelligence: Trends Shaping Our Work

This section brings together key internal and external data to help Council understand the wider environment in which we operate. It highlights trends in concerns, public expectations, policy shifts, and other indicators that may influence how we regulate and deliver on our strategic aims.

Internal Indicators (Operational pressures and demand patterns)

Area	Q1 Data	Themes	Context / Implication for GPhC
Customer Contact Centre	5,515 calls handled	Registration assessment, renewals, OSPAP, public concerns	Sustains public and professional confidence in accessibility and responsiveness; early indicator of potential workload peaks requiring resourcing adjustments.
Fitness to Practise – Concerns	1,848 concerns + 356 via customer services (total >2,200);	Dispensing errors 17%, customer service 15%, systems 13%, medication issues 8%, delays 8%, weight loss 6%; 12% online	Drives demand and pressure across FtP stages; trend analysis informs triage criteria, inspection targeting, and policy engagement with the sector.
Inspection – Enforcement	4 enforcement notices: 1 condition, 3 improvement notices	Governance, staffing, medicine control	Demonstrates use of enforcement powers to protect patient safety; provides intelligence on systemic risks requiring sector-wide engagement.
Inspection – Common Non-Compliance	–	Record-keeping, staffing, controlled drug handling	Highlights recurring risk areas for standards compliance; informs inspection focus and guidance priorities.

External Environment *(Wider changes influencing our regulation)*

External influence	Impact	Opportunity/ Risk
Pharmacy supervision changes *DHSC – Pharmacy Supervision Consultation Outcome*	Draft legislation has been laid before parliament which will introduce changes to requirements for the supervision of the preparation, assembly, dispensing, sale and supply of medicines in pharmacies. This requires the GPhC produce new Responsible Pharmacist (RP) standards and rules, Superintendent Pharmacist (SP) standards and	Opportunity to make better use of pharmacy workforce skills, support professional development and free pharmacists time for more clinical services.

	update inspection criteria and guidance, in coordination with PSNI, RPS and APTUK, to ensure safe implementation and clear accountability.	Risk of safety incidents if training, standards and SOPs are not robust, or if there are insufficient pharmacy technicians in community pharmacy.
NHS restructure *NHS England – Long Term Plan* *Welsh Government – A Healthier Wales.* *Scottish Government – Population Health Framework and Health and Social Care Renewal Framework.*	The UK Government's NHS 10-Year Plan for England will create neighbourhood health teams with an expanded role for pharmacies across community, primary and hospital care. This could change how pharmacy services are delivered, require greater integration with other health services, and lead to regulation needing to reflect new care models. In the nations, A Healthier Wales and Scotland's Population Health Framework and Health and Social Care Renewal Framework are also reshaping how health and pharmacy services are delivered.	Opportunity to modernise regulation and support integrated care models across Great Britain to improve patient access and outcomes. Risk of misalignment with other regulators or insufficient workforce capacity to deliver expanded roles.
Weight-loss drugs	NHS access to Mounjaro began in June 2025 under strict eligibility rules, alongside high private demand and counterfeit risks. The GPhC has issued communications reinforcing expectations for pharmacists, pharmacy technicians and pharmacies in line with GPhC, MHRA, and ASA standards; tightened online prescribing safeguards for GLP-1 weight-loss medicines; and followed up with inspections where concerns have been raised.	Opportunity to promote safe, legal supply through pharmacies. Risk of patient harm from unsafe or misleading provision.
Medicines shortages *CPE – Medicines Supply Report 2025* *Medicines shortages | GOV.WALES* *The Background to Shortages | Community Pharmacy Scotland*	Medicines shortages remain a daily challenge in 2025, with alerts more than doubling since 2020 and one in four people affected. They put pressure on pharmacy teams, increase the risk of errors and patient confusion, and can cause distress for patients. The GPhC has issued guidance on safe decision-making, communication and equality considerations, and is monitoring through inspections and fitness to practise processes.	Opportunity to support safe practice and public understanding of shortages as a system-wide issue. Risk of patient harm, trust erosion and non-compliance with standards.
Devolved nations – upcoming elections *Scheduled for May 2026 – Scotland and Wales*	Elections in Scotland and Wales could result in new Governments and shifts in health policy priorities. This may affect funding models, workforce planning, service commissioning, and the regulatory environment for pharmacy in each nation.	Opportunity to engage early with new administrations to strengthen understanding of pharmacy's role within healthcare and modernise regulatory approaches.

		Risk of divergence in health priorities or regulatory expectations, requiring adaptation of standards, guidance, and stakeholder engagement.
Community pharmacy funding *DHSC – CPCF 2024–26*	New CPCF payments for England aim to expand clinical services, but funding changes also affect capacity, workload and access. This could lead to variations in service delivery and impact the ability of pharmacies to meet demand.	Opportunity to improve service reach and outcomes. Risk of uneven access and widening inequalities.
Workforce shortages *CCA – Workforce Review 2025*	Vacancy rates remain at one in four, with a predicted shortfall of 16,000 pharmacists by 2036/37, increasing workload and safety risks. This could increase workload pressures, affect service continuity, and heighten safety risks.	Opportunity to strengthen workforce planning and support. Risk of burnout, reduced compliance and safety incidents.
Pharmacy closures *Pharmacy Biz – March 2025*	Over 270 closures in 15 months have reduced access to medicines and services, especially in underserved areas. This could put additional pressure on remaining pharmacies and impact service availability.	Opportunity to highlight risks to equality of access. Risk of service strain and standards slipping under pressure.
Technology adoption (Electronic Prescription Service (EPS)) Parliamentary Written Question 50558 – May 2025	Over 90% of pharmacies in England now use EPS, changing workflows and introducing new digital risks. This could affect how prescriptions are processed, records are managed, and services are accessed, with potential benefits and risks.	Opportunity to improve efficiency and accuracy. Risk of digital exclusion, system failures or cyber incidents.

4. Strategic Aims: Progress, Impact, and Assurance

This section provides the detail behind the Q1 dashboard, showing progress and assurance against each of our three strategic aims. For each aim, we report on performance against outcomes, delivery of core regulatory duties, key change activities, and priorities for the next quarter."

Strategic aim 1 – Empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care

The outcomes we want to achieve

- Patients and the public are cared for by competent, confident professionals
- Pharmacists and pharmacy technicians, in all settings, are guided by a regulator that listens, takes account of their practice, how it is changing, and the challenges they face
- Pharmacists and pharmacy technicians are able to rise to those challenges in ways that promote the wellbeing of their patients and themselves
- Pharmacy owners run registered pharmacies in ways that support pharmacists, pharmacy technicians and the whole pharmacy team to meet our standards

Necessary enforcement action is prompt, proportionate and effective

Performance Summary - *Overview of all performance - RAG rating based on progress to achieving our strategic measures of success.*	**Q1**	Q2	Q3	Q4	DoT
	A				

Overall performance for Strategic Aim 1 is **Amber** this quarter.

In Q1 we successfully delivered the June registration assessment for almost 3,000 candidates, alongside strong Business as usual (BAU) performance in registration, education assurance and inspections. Registrations were processed the same day, all contact centre standards were met, and inspection performance measures remained Green.

Enforcement remains the most significant challenge. Q1 saw record concern volumes and a sharp rise in open caseloads, with older cases still impacting timeliness despite progress on the longest-running investigations. New cases are moving faster, appeals remain low, and improvement initiatives — including over-recruitment to triage and new hearings processes —are in place but will take time to deliver full impact.

Rationale for Amber rating

We remain broadly on track to achieve the SA1 outcome by 2030, with strong performance in registration, education and inspections. Confidence is reduced by sustained high concern volumes resulting in increased open caseloads, which continue to affect enforcement timeliness and capacity. While enforcement (Outcome 1.5) is a significant driver of SA1 and carries the highest delivery risk, a Red rating for enforcement would not automatically turn the overall SA1 rating Red. To succeed in Outcome 1.5, we are likely to need further change to address backlogs and improve case flow.

Key Achievements this quarter	Key Focus for next quarter (s)
• Delivered summer registration assessment • Processed 469 registration applications same day; all customer contact KPIs met (calls answered in 7s, 100% emails within 2 days). • Completed 553 inspections; all inspection KPIs Green. • Issued four enforcement notices within KPI (5 days) addressing patient safety risks. • Reduced proportion of >2-year-old FtP cases to KPI (13.4%).	• Publish June registration assessment report and analysis. • Launch consultation on superintendent and responsible pharmacist standards. • Prepare for student/trainee survey launch. • Progress inspection tool replacement project.

SA1 - Progress against our strategic outcomes							
Strategic Outcome	**Q1**	Q2	Q3	Q4	DoT	**Comment**	**Next steps**
1.1: Competent and confident professionals *What we're doing – include sentence on what this actually means*	A					**Education and training quality assurance** 🟢 (Green) – Initial education and training standards for pharmacy technicians work continued with final scoping work and development of consultation questions in progress; reaccreditation and QA activity across MPharm continues.	Finalise standards; continue accreditation and survey prep.
						Registration assessment 🟢 (Green) – June assessment delivered for 2,913 candidates (subsequent pass rate of 77%). Discovery work on future model underway. *A temporary technical issue delayed candidate access to registration assessment results on the 29th July. The issue was resolved the same day. A serious incident review has been conducted and lessons learned are being applied to strengthen system resilience.*	Develop options; plan consultation (Board of Assessors Dec).
						Registration 🟠 (Amber) – 469 applications processed with median 0-day turnaround; premises data collection progressing but anticipated timelines delayed. (links to SA1.4)	Deliver Phase 2 premises data; develop system upgrades.
						Standards and guidance 🟢 (Green) – RP and SP Standards and RP rules being drafted. Preparation underway for consultation on superintendent and responsible pharmacist standards and rules which will also consider any consequential amendments to the standards for registered pharmacies; wider review of standards for registered pharmacies planned.	RP and SP Standards consultation developed for agreement by Council in Q3.
						Revalidation and ongoing competence 🟢 (Green) – Review of revalidation model initiated alongside ongoing oversight of annual submissions.	Develop phased improvement plan; continue record reviews.
1.2: Regulator that listens, takes account of	A					Delivered engagement activities including listening events at the BPSA Annual Conference, presentations and exhibitions at the	Further engagement is planned in Q2. So far, we

their practice, how it is changing, and the challenges they face						Clinical Pharmacy Congress, a virtual roundtable, and pharmacist and pharmacy technician forums, with feedback shared across the GPhC to inform future work. We also launched our Strategic Plan 2025–2030 at a UK Parliamentary event attended by the UK Pharmacy Minister and a wide range of stakeholders.	have hosted a webinar on managing concerns in online pharmacies, a regional roundtable in Bristol, and a meeting of our Patient and Public Forum.
1.3: Pharmacists and pharmacy technicians are to promote the wellbeing of their patients and themselves	A					MoU with Pharmacist Support signed in Q1 to strengthen joint action on wellbeing, raise awareness of available support, and share insights to improve how we support the profession.	Implement the MOU and keep under close review with Pharmacist Support.
1.4: Pharmacy owners enabling teams to meet our standards	A					553 inspections completed with all KPIs green, and four enforcement notices issued promptly to address patient safety risks. Foundations laid for the new inspection tool project, on track for delivery by April 2026. The premises data project (linked to SA1.1 Registration) is slightly behind, limiting our ability to fully target inspections using risk-based intelligence.	Continue rolling out the risk-based model and progressing the inspection tool project, with premises data work expected to return to schedule in Q2.
1.5: Necessary enforcement action is prompt, proportionate, and effective	R					**Record concern volumes:** Over 2,200 concerns in Q1, the highest on record, increased open caseloads by 53%. Median triage time rose to 6 weeks but remained within the 8-week target, indicating we are managing demand but with sustained pressure on capacity that will require continued mitigation. **Case outcomes:** 161 cases were closed or referred, with median investigation closure time improving from 55 to 41 weeks. The proportion of cases over two years old reduced to 13.4%, showing that backlog reduction and efficiency gains are being achieved despite increased inflow. **Hearings:** 25 Rule 14 cases were served, exceeding the quarterly objective of 21 and including five of the oldest cases. FtPC closures held steady at 16, demonstrating progress at later stages and a continued focus on long-standing cases.	Recruitment, process improvements, and backlog reduction are underway to build resilience and reduce risk. Q2 priorities include finalising the Enforcement Strategy, reviewing triage acceptance criteria, and progressing the pre-IC bundling project

SA1 - Core Regulatory Duties: KPI Performance

Note: These KPIs measure short-term operational performance. They are separate from the Strategic Aim Outcome RAG, which reflects overall confidence in achieving the outcome by 2030.

Out come	Performance measure	Performance standard	Q1	RAG	DoT	Why it matters
SA1.1	Average speed of answering telephone calls	<10 seconds (previously 2 minutes)	7 seconds (5,515)		→	Ensures professionals and the public receive timely advice and guidance.
	Percentage of calls abandoned	<4% (previously 5%)	0.5% (25/5,540)		↑	Low drop-off means queries are being handled rather than lost.
	Percentage of emails actioned within 2 days	>95% (previously 90%)	100.0% (5,800/5,800)		→	Queries are resolved quickly, preventing delays in regulatory processes.
	Median processing times from receipt of online application to approval for pharmacists to the full register (working days)	21 days	0 days (58)		↑	Fast registration supports workforce capacity and patient access to services.
	Median processing times from receipt of online application to approval for pharmacy technicians (working days)	21 days	0 days (411)		→	Ensures qualified technicians join the workforce without unnecessary delay.
SA1.4	Average turnaround from inspection to finalisation of report (in weekdays)	20 days	13.2 days (526 reports)		↓	Timely reports allow quicker implementation of improvements.
	Average time to serve enforcement notice where evidence of serious risk to patient safety exists (in weekdays)	10 days (up to Q1 2024/25) / 5 days (from Q2 2024/25)	5 days (4 notices)		→	Risks to patient safety are acted on immediately.
	Re-inspections undertaken within 6 months (+/- 2 weeks) from Q2 2024/25	80% within 6 months (+/- 2 weeks)	92.6% (86 inspections)		↑	Ensures prompt follow-up where concerns were found.
SA1.5	Number of open concerns < 1,000	Target 2025-26 less than 1000 *(Baseline 2024-25 – 1250).*	1555		↓	High caseloads slow resolution and can delay public protection.
	Percentage of cases open at investigation for more than **1 year**	2025-26 - less than **25% over 1 year** *(Baseline 2024-25 less than 35% over 1 year)*	35.4%		↓	Older cases indicate delays and reduced timeliness in resolution.
	Percentage of cases open at investigation for more than **2 years**	2025-26 - less than **8% over 2 years** *(Baseline 2024-25 less than 15% over 2 year)*	13.4%		↑	Very long cases are rare, improving fairness and reducing uncertainty.
	Number of appeals against decisions of the Fitness to Practise Committee	No more than 2	0		→	Low appeal volumes suggest decisions are robust, fair, and well-evidenced.

Strategic aim 2. protect patients and the public by working with healthcare regulators and other organisations.

The outcomes we want to achieve under this strategic aim:

- Public protection is seamless across regulatory boundaries, because of the work we lead to make sure there are no dangerous gaps or confusing overlaps
- The safety and wellbeing of patients and members of the public is enhanced by effective collaboration between different regulators, and with the pharmacy professional leadership bodies, pharmacy education and training providers, specialist pharmacy groups and trade and representative bodies
- Pharmacists and pharmacy technicians have the skills to work collaboratively in teams with other health and care professionals, supported by consistent and integrated regulatory standards, regardless of professional boundaries

Performance Summary - *Overview of all performance against SA2 - RAG rating based on progress to achieving our strategic measures of success.*	**Q1**	Q2	Q3	Q4	DoT
	A				

Overall performance for Strategic Aim 2 is **Amber** this quarter.

In Q1, we strengthened collaboration with partners, developed resources to improve public understanding of our role, and advanced work on equality, diversity, and inclusion (EDI) in education and training. Joint regulatory action addressed emerging risks in the promotion of weight-management medicines, while refreshed engagement approaches broadened our reach and insight. Preparations began for a November webinar with the Food Standards Agency on the safe supply of CBD products, and differential attainment workstreams were defined following the appointment of our Senior EDI Policy Manager.

Rationale for Amber rating

Good progress has been made across all workstreams, but key deliverables such as the launch of co-produced public resources and implementation of differential attainment actions are still in early stages. While on track, the full impact on our strategic measures of success has yet to be realised.

Key Achievements this quarter	Key Focus for next quarter (s)
• Joint MHRA/ASA communication on safe marketing of weight-management medicines. • Refreshed engagement with patient, public, and EDI groups, adding 100+ forum/panel members. • Priority workstreams on differential attainment agreed.	• Strengthen collaboration with partners. • Deliver CBD supply webinar with the Food Standards Agency. • Advance differential attainment work through planning, engagement, and regulatory action.

SA2 - Progress against our strategic outcomes							
Strategic Outcome	**Q1**	Q2	Q3	Q4	DoT	**Comment**	**Next steps**
2.1 Seamless, collaborative regulation supporting safe, integrated pharmacy care	**A**					**Joint regulatory action** – Worked with MHRA and ASA to issue joint communications on inappropriate marketing and advice for weight-management medicines, reinforcing standards and protecting patient safety. **Strengthening public understanding** – New co-produced public resources are in development, with a campaign proposal in preparation. Promotion via targeted social media and patient-facing partnerships will maximise reach and impact. **Engagement approach** – Refreshing strategic engagement with patient organisations, charities, and EDI groups to widen participation and insight. The refreshed Patient and Public Voice Forum and Public Panel attracted 100+ new participants, broadening our reach and strengthening public perspectives in decision-making.	Continue strengthening collaboration with partners to address shared risks and improve patient safety. We are working with the Food Standards Agency to deliver a webinar in November on the safe supply of CBD products, supporting consistent understanding and compliance in this high-risk area.
2.2: Differential Attainment	**A**					Following the appointment of our Senior EDI Policy Manager, we have developed guiding principles with key stakeholders and identified priority workstreams, including reviewing existing data, undertaking a literature review to build an evidence base and mapping examples of good practice form current accreditation reports. Ongoing engagement with students, educators, employers, and representative bodies is helping us build a shared understanding of the causes and shape practical actions to reduce gaps in outcomes.	Progress work on differential attainment by finalising project plans, engaging stakeholders, and identifying regulatory actions to address causes and reduce outcome gaps.

SA2 - Core Regulatory Duties: KPI Performance *Note: These KPIs measure short-term operational performance. They are separate from the Strategic Aim Outcome RAG, which reflects overall confidence in achieving the outcome by 2030.*					
Performance measure	**Performance standard**	**Q1**	**RAG**	**DOT**	**Why it matters**
Placeholder – KPIs for SA2 will be reported from Q2 2025/26					*Future reporting will provide assurance on collaborative actions to protect patients and the public.*

Strategic aim 3. Build a skilled, agile and inclusive organisation to regulate effectively and efficiently.

The outcomes we want to achieve under this strategic aim:

- Our people are developed and supported to deliver and lead our regulatory work with skill and professionalism
- Our culture, our operating model and our technology are strengthened and updated to enable us to deliver on this strategy
- Sustainable, agile and good-value regulation is underpinned by implementation of our financial strategy

Performance Summary - *Overview of all performance against SA3 - RAG rating based on progress to achieving our strategic measures of success.*	**Q1**	Q2	Q3	Q4	DoT
	A				

Overall performance for Strategic Aim 3 is **Amber** this quarter.

In Q1, we maintained a stable and engaged workforce, delivered a stronger-than-budgeted financial position, and progressed several key enabling projects. The new values framework was endorsed and shared with staff, the performance development review process was relaunched through iTrent with full participation, and recruitment remained steady. Financially, cost control and in-year efficiencies meant we closed the quarter in surplus and reduced the forecast full-year deficit, with reserves remaining within target. Major technology upgrades — including Windows 11, Prophix and the iTrent performance module — went live, and automation of Associates and Partners resourcing moved towards its September launch.

Some enabling work is behind schedule. A pause on new CRM development has delayed Enforcement CRM changes and the next phase of premises data collection.

Rationale for Amber rating

We remain broadly on track to achieve the SA3 outcome by 2030. Q1 demonstrated solid progress on people, finance and technology enablers, but confidence is tempered by known IT capacity constraints and dependencies. If planned mitigations are delivered in Q2–Q3, recovery is achievable within current plans and resources.

Key Achievements this quarter	Key Focus for next quarter (s)
• Launched the iTrent performance management module, enabling consistent objective setting and review across the organisation. • Delivered a mentoring circle session, with strong engagement and positive feedback. • Co-developed a collaborative action plan for the new organisational values with staff, scheduled for launch in July. • Established PMO portfolio reporting for all change programmes, improving visibility of milestones, risks, and dependencies.	• Launch and embed refreshed organisational values into recruitment, induction, and performance reviews. • Embed PMO benefits management and maintain delivery momentum on key technology and change projects. • Manage CRM development backlog and prepare to resume paused projects, including Enforcement CRM and premises data collection Phase 2, once capacity allows. • Financial reforecast in Q2/3

SA3 - Progress against our strategic outcomes							
Strategic Outcome	**Q1**	Q2	Q3	Q4	DoT	**Comment**	**Next steps**
3.1: Our people are developed and supported to deliver and lead our regulatory work with skill and professionalism	**A**					All workforce KPIs met, with retention and turnover better than target. Values framework endorsed, and the PDR process relaunched via iTrent with full staff participation. Recruitment remained stable, including the in-house appointment of the Chief Standards Officer. Work progressed on the office attendance project to strengthen collaboration, visibility and cross-team working.	Q2 focus is on delivering the values framework and progressing the office attendance project. Commence implementing updated internal safeguarding processes
3.2: Our culture, our operating model and our technology are strengthened and updated to enable us to deliver on this strategy	**A**					Implemented a phased PMO approach from April 2025 to embed culture change and standardise project delivery, introducing mandatory processes, templates, monthly reporting and audit actions, with further planning pipeline review in progress. Technology roadmap progressed with go-lives for Foundation Training Implementation, Prophix upgrade and iTrent performance module, and initiation of the inspection tool replacement and data and reporting programme. Significant CRM development backlog has led to a three-month pause on new projects.	Continue embedding PMO with a focus on capturing benefits Maintain delivery momentum on live and initiated projects, resolve CRM development backlog to lift the pause on new projects.
3.3: Sustainable, agile and good-value regulation is underpinned by implementation of our financial strategy	**A**					Closed Q1 with a small surplus instead of the expected deficit, mainly due to lower costs and steady income. The forecast full-year deficit has reduced to £1.8m. Reserves remain within target and investments grew. Savings came from utilities, professional services and depreciation, while recruitment costs, card charges and some payroll items were higher than planned.	Reforecast in Q2/3, prioritising planned spend for 2025/26, and scoping costs for long-term workstreams. Review progress against the annual plan, update cost estimates, and finalise the costed delivery plan.

SA3 - Core Regulatory Duties: KPI Performance *Note: These KPIs measure short-term operational performance. They are separate from the Strategic Aim Outcome RAG, which reflects overall confidence in achieving the outcome by 2030.*						
Outcome	**Performance measure**	**Performance standard**	**Q1**	**RAG**	**DOT**	**Why it matters**
SA3.1	Overall organisational absence rate	<4.0%	3.7%			Low absence rates support stability and service delivery.
	Rolling 12-month voluntary labour turnover rate	<16%	11.6%			Low turnover helps retain organisational knowledge and capability.
	Staff retention	>80%	89.9%			High retention supports continuity and reduces recruitment costs.
SA3.2	*Placeholder: Technology Roadmap/PMO KPIs to be developed*					*Will provide assurance on delivery of technology improvements, programme milestones, resource management, and benefits realisation.*
SA3.3	*Placeholder: Finance KPIs to be reported in future quarters*	–	–			*Will provide assurance on budget delivery, income collection, forecast accuracy, reserves, and procurement compliance.*

Understanding RAG Ratings in the Board Assurance Framework (BAF)

In the BAF, RAG ratings provide Council with a clear and consistent view of both assurance confidence and delivery progress against our 2025–30 strategic aims. They are reviewed quarterly and agreed by delivery leads and the PMO, using quantitative performance data, qualitative feedback, and risk assessment.

Type of RAG	Purpose	Evidence Base	Colour Definitions	How to Read It
Strategic Aim Outcome RAG	Indicates our confidence, at this point in time, that the strategic aim outcome will be achieved within the 2025–30 timeframe.	• Progress against milestones • Early outcome indicators • Delivery trajectory • Qualitative insight • Risks and dependencies	🟢 Green – Outcome on course; delivery pace and measures on track, no material risks. 🟠 Amber – Outcome achievement not fully assured due to pace, indicators, or emerging risks; recovery possible without major change. 🔴 Red – Outcome unlikely to be achieved without significant changes in approach, resources, or timescales.	**RAG rating** is the colour that signals our level of assurance and confidence. **RAG judgement** is the concise, evidence-based reasoning explaining the colour, drawing on delivery, outcome, and risk evidence. This answers: *Are we assured the strategic aim will be delivered by the end of the strategy?*
KPI RAG	Assesses current performance against individual measures in the delivery plan.	• Quantitative performance data • Agreed thresholds and tolerances	🟢 Green – Meets/exceeds target. 🟠 Amber – Close to target/within tolerance; minor corrective action needed. 🔴 Red – Below target/outside tolerance; corrective action required.	**KPI RAG** answers: *Are we assured the specific performance measure is being achieved right now?* This may not always align with the outcome RAG — for example, a KPI may be Green but the related outcome Amber due to other risks or dependencies.

General Pharmaceutical Council

Anti-Racism Statement

Meeting paper for Council on 18 September 2025

Public

Purpose

To seek Council approval for the publication of the GPhC's Anti-Racism Statement 2025

Recommendation

Council is asked to consider the draft anti-racism statement and approve wider publication

Background and Introduction

1. In 2021, the GPhC launched its five-year EDI Strategy for change, setting out our commitment to support, encourage and drive positive change in pharmacy, making clear the introspective accountability would be a necessary if sometime uncomfortable mechanism for that.

2. Our commitment was further ratified in 2025, when we launched our new five-year corporate strategy with EDI overarching and underpinning each of us strategic aims and acting as the golden thread to support the delivery of our strategy.

3. There has been much work undertaken by the GPhC over the last few years, and our work on promoting diversity and addressing inequity within our own organisation has achieved positive and sustained and sustained outcomes which have been recognised by our staff and the Professional Standards Authority as exemplars of good practice.

4. However, in recent years, many public and private organisations have acknowledged the need to address systemic racism as a distinct area of concern. As part of our longstanding commitment to EDI, it is essential that we stand with this, and articulate a clear stance on anti-racism and embed it into our culture, policies, and practices. A clear commitment to being anti-racist is one mechanism towards that.

5. This paper seeks to:
    - Introduce the concept of anti-racism and position it as a core and necessary element of our EDI strategy.
    - Present a draft anti-racism statement for Council review.
    - Invite feedback on the statement's content, tone, and implementation approach

Why anti-racism matters

6. Anti-racism is not simply the absence of racist behaviour or belief. It is the active and intentional effort to identify, challenge, and dismantle racism in all its forms. This includes individual biases, operational and organisational policies as well as the systemic structures that may perpetuate racial inequality. It goes beyond passive non-discrimination and requires deliberate action to dismantle racial inequities.

7. Being anti-racist means:
    - **Recognizing** that racism is embedded in societal systems.
    - **Taking action** to oppose racial inequity and injustice wherever it appears.
    - **Listening to and amplifying** the voices of those affected by racism.
    - **Reflecting on personal biases** and privileges, and committing to change

8. With pharmacy reporting increases in discriminatory practise and concerns about the lack of proactive and mitigating action to address this, the Council considered that it was the right time to make a firm and public statement of our commitment.

9. Our EDI strategy seeks to create environments where everyone, regardless of race, ethnicity, gender, ability, or background, can thrive. Anti-racism is a cornerstone of this, because
    - Racism undermines equity, leading to disparities in education, employment, health, and justice.
    - if racial discrimination is ignored or tolerated, inclusive environments cannot be created
    - Diversity without equity and inclusion fails to address the imbalance of power or address systemic harm.
    - Diverse, and often marginalised communities need to see real commitment in order to feel safe and valued.

10. Therefore, by embedding anti-racism within our EDI strategy, we ensure that:
    - Equity is not compromised by unaddressed racial disparities.
    - Inclusion is meaningful, with all individuals feeling safe and valued.
    - Diversity efforts are authentic, not performative.
    - Trust is built across communities through greater transparency and action

11. To drive forward this agenda, influence change and ensure greater scrutiny and oversight of deliverables, Council established an anti-racism group, led by the Chair of Council and supported by selected members, the CEO and executive leads. Terms of reference for the group were agreed and are attached at Annex 1.

12. The group commissioned the production of an anti-racism, statement – a public declaration of the GPhC's commitment to racial equity. It in intended to set out our tone for accountability and make clear that anti-racism is not optional, it is an integral part of who the GPhC are and what we expect of those who work for and with us.

Our Anti-Racism Statement

13. The proposed anti-racism statement is attached at Annex 2. A draft was circulated to council in advance of this meeting and all feedback considered and updated.

14. The GPhC recognises that the statement is one of several opportunities to embed an anti-racism culture and must be underpinned by Council and Executive / staff training in cultural competence and bias; the implementation and compliance with robust policies and processes that demonstrably support its commitment, intent and power.

15. We make clear that robust action will be taken in line with our statutory powers and that this will be enhanced further within our Professional Standards as we review and update those over the next year.

Next steps

16. The CEnO and Chief of Staff are developing an ITT for a Council / Executive training programme on developing cultural awareness and confronting racism t

EDI implications

17. This work forms part of our wider EDI and corporate strategy

Communications

18. The statement will be published on our website and distribute through our usual social media accounts. It will be shared with all staff via an Infopoint update and discussed as part of an all-staff meeting. part of our wider EDI and corporate strategy

Resource Implications

19. Staff time and training costs (paragraph 16) already budgeted for

Monitoring and Review

20. Through the anti-racism group

Recommendation

21. Council are invited to
    - endorse and adopt the statement.
    - Provide feedback for further refinement.
    - Agree on a timeline for finalisation and publication.

Dionne Spence, Chief Enforcement Officer, and Deputy Registrar
General Pharmaceutical Council

11/09/2025

General Pharmaceutical Council

DRAFT Anti-Racism statement – working draft (v1.4)

The General Pharmaceutical Council (GPhC) is the regulator for pharmacies, pharmacists and pharmacy technicians across Great Britain. We support, facilitate and assure the public protection role of the pharmacy profession.

Racism continues to be a significant public health challenge and has a profound impact on patients and professionals.

While we celebrate the diversity of our profession, we also know they experience everyday racism and micro-aggressions in practice and throughout their careers and at all levels of seniority. The GPhC workforce is not immune from this either and we are determined to make a change.

Racism isn't just about individuals being racist. It includes systemic oppression and workforce inequality.

And we will not accept it.

Anti-racism is an active, visible and conscious effort to work against all forms of overt and systemic racism. We recognise that this goes beyond conscious or open hostility towards individuals because of their culture, colour, nationality, race or ethnic background. It can be subtle and less overt or obvious.

We must acknowledge our own institutional shortcomings by embracing and adopting an anti-racism approach by consciously structuring activities to reflect our values and actions to address any systemic barriers to race equality.

This requires solidarity bravery and honesty in recognising there remains much to do and that we must work collectively and collaboratively to listen to experiences and tackle these inequalities. We will act with courage. And we will take responsibility for our actions.

We will have a zero-tolerance approach to racism.

We will change our systems, our organisational structures and our attitudes, so that systemic racism is not perpetuated. And that anti-racism is deeply ingrained in everything we do, from our policies and practices to the values and culture that we nurture.
We will build a positive environment where everyone, especially people of colour, feel involved and included.

And we will take prompt and robust action where these expectations are not met

Acts of racism, bullying and harassment could result in Fitness to Practise proceedings or other enforcement action.

Racism is incompatible with the *Standards for Pharmacy Professionals*, which all pharmacists and pharmacy technicians must live up to. We will overtly challenge racist actions and attitudes, both inside the organisation and within the communities we serve.

We will use our regulatory levers and influence to tackle discrimination, protect communities and registrants and reduce health inequalities. And we will be more proactive about speaking out on these issues.

We will empower – we will build – we will protect

At the GPhC, we're committed to anti-racism. We **empower** our communities, we **build** inclusive systems, and we **protect** the integrity of pharmacy through equity, accountability, and action. #AntiRacism #GPhC #Inclusion #PharmacyForAll #thegoldenthread

General Pharmaceutical Council

General Pharmaceutical Council (GPhC) Anti-Racism Group

Terms of Reference

Vision Statement

We envision a pharmacy profession that actively confronts racism, centers racial equity, and reflects the diversity of the communities it serves. Through courage, collaboration and accountability, we strive to empower every voice, build lasting change, and protect the principles of justice, fairness, and inclusion at the heart of healthcare.

Purpose

To support, guide and drive the GPhC's ongoing commitment to becoming an actively anti-racist organisation - one that works to **empower** individuals, **build** equitable systems, and **protect** the integrity and rights of all.

Objectives

- Champion racial equity and justice across all regulatory functions and activities
- Provide strategic oversight and leadership to anti-racism initiatives and action plans
- Foster an organisational culture rooted in **collaboration**, **inclusion**, **excellence**, and **integrity**
- Identify and challenge structural barriers to equity within the pharmacy sector
- Encourage learning, reflection, and accountability at all levels of the organisation

Key Principles

Empower

Ensure that colleagues and registrants from racially minoritised backgrounds are heard, represented, and supported

Build

Establish inclusive practices and policies that create fairer outcomes for all communities

Protect

Support our sector to uphold our regulatory responsibility to protect patients and the public from harm, including those caused by racism or inequality

Membership

- The Group will be chaired by the Chair of Council.
- The group will be supported by the GPhC Chief Executive and Chief Officer(s).

- The group will include a diverse mix of Council members with lived experience or expertise in anti-racism, EDI, and health equity.
- Any other person may be invited to a meeting of the Group to present, provide information, advice, or any other purpose in connection with the work of the Group.

Governance and Reporting

- Reports biannually to the GPhC Council and Executive Leadership Team
- Aligns with the GPhC's strategic goals and regulatory responsibilities
- Shares progress, insights, and recommendations via annual updates and public statements

Ways of Working

- The Group will consider and monitor projects, workstreams, service delivery or issues as they relate to Anti-Racism and the ambitions of the Group.
- The Group will work with other bodies within pharmacy. This can involve collaboration on specific workstreams and/or giving and receiving views on feedback.
- The Group may act as a 'sounding board' on Anti-Racism for Council, Council Committees and advisory groups and the GPhC Staff Team.
- The Group may make recommendations to Council.

Agreed on [insert date]