

Annual report

Annual fitness to practise report
Annual accounts 2024/25



General Pharmaceutical Council

Annual report

Annual fitness to practise report

Annual accounts 2024/25

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

Annual accounts presented to Parliament and the Scottish Parliament under Paragraph 7 of Schedule 1 to the Pharmacy Order 2010.



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Contents

Annual report	1
General Pharmaceutical Council	3
Foreword	1
About us	3
Our year at a glance	4
The register as at 31 March 2025	5
Our work in 2024/25.....	6
Education and training of pharmacists and pharmacy technicians	7
Standards and guidance.....	9
Inspections	11
Delivering our equality, diversity and inclusion strategy	13
Improving the way we work	15
Annual fitness to practise report.....	17
Our reporting requirements.....	23
How we govern ourselves	24
Council members' pay, attendance and expenses: April 2024 to March 2025	25
Non-statutory committees.....	28
Chief executive and registrar and chief officers.....	31
Whistleblowing disclosures to us as a 'prescribed person'	34
Governance statement 2024/25	35
Financial statements for the year ended 31 March 2025	39
Statement of the Council's responsibilities for the preparation of the financial statements	39
Independent Auditor's Report to the Council members of the General Pharmaceutical Council.....	44
Statement of comprehensive income for the year ending 31 March 2025.....	48
Statement of financial position as at 31 March 2025.....	49
Statement of cash flows for the year ended 31 March 2025	50
Statement of changes in reserves for the year ended 31 March 2025	51
Notes to the financial statements for the year ended 31 March 2025	52
Appendix 1	68

Foreword

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

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

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

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

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

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

Key activities this year

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

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

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

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

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

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

Looking to the future

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

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

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

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

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

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

Gisela Abbam, Chair

Duncan Rudkin, Chief Executive and Registrar

About us

Who we are

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

What we do

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

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

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

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

Our Council and our staff

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

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

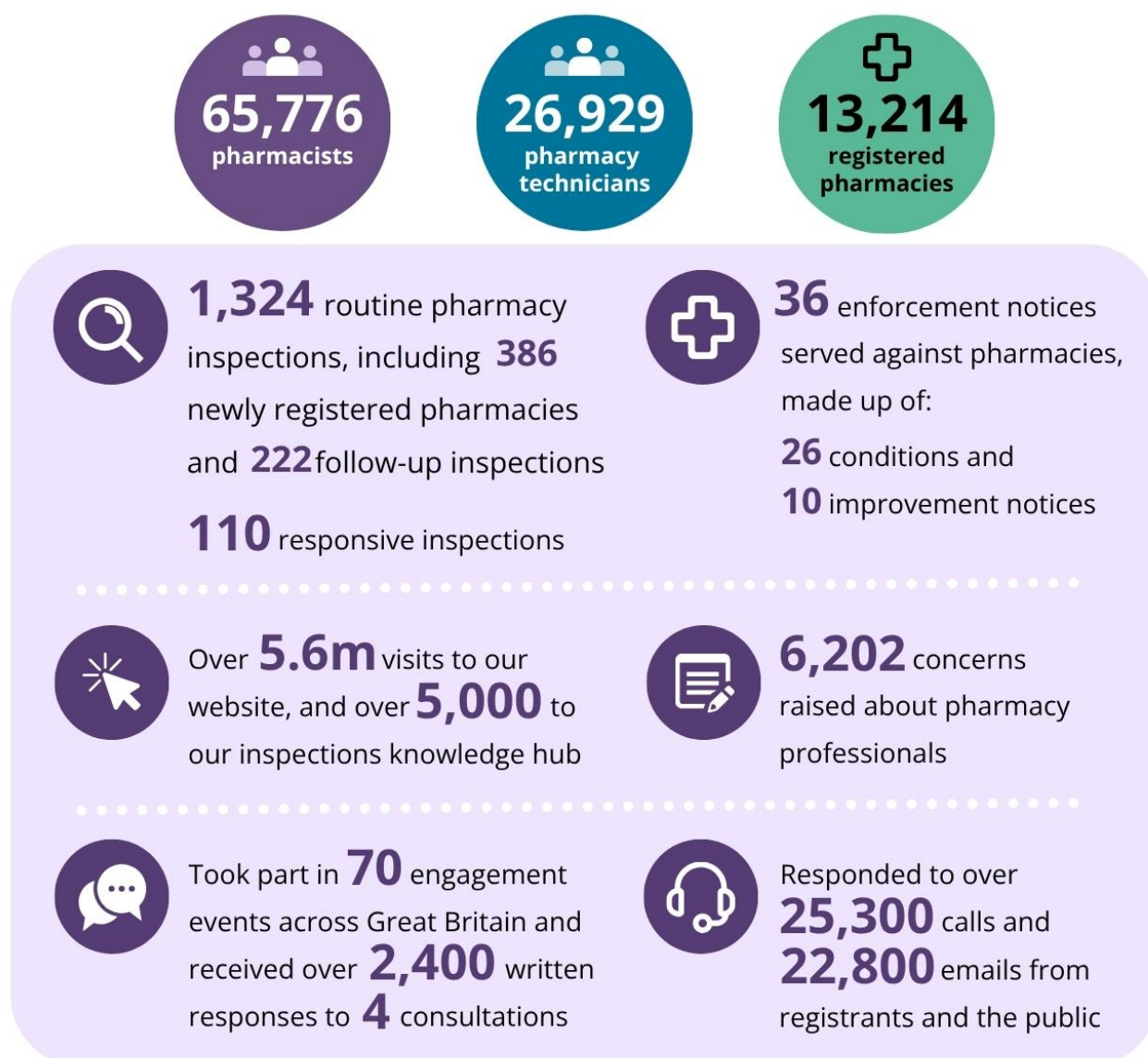
Tim Jaggard and Dr Raliat Onatade will join the Council on 1 April 2025, replacing Elizabeth Mailey and Jayne Salt.

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

Our year at a glance

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

Figure 1: the register as at 21 March 2025 and our year at a glance



The register as at 31 March 2025

Figure 2: the register as at 31 March 2025



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

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

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

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

Fees for registration

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

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

Our work in 2024/25

1 Education and training

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

2 Strengthening pharmacy governance

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

3 Inspections

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

4 Delivering equality, improving diversity and fostering inclusion

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

5 Improving the way we work

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

Education and training of pharmacists and pharmacy technicians

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

Standards for the initial education and training of pharmacists

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

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

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

Master of Pharmacy (MPharm) degrees

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

Foundation training

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

Assurance process

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

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

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

Education and training of pharmacy technicians

Standards for the initial education and training of pharmacy technicians

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

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

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

New pharmacy technician fellowship with NHS England

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

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

The new pharmacy technician fellow will be providing professional leadership and advice relating to where pharmacy technicians can add value to national healthcare priorities. You can **[find out more about the new fellowship on our website](#)**.

Climate change and environmental sustainability in pharmacy education guidance

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

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

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

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

Standards and guidance

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

Pharmacy governance

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

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

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

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

The standards that Chief Pharmacists must meet are to:

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

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

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

Superintendent Pharmacists and Responsible Pharmacists

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

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

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

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

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

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

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

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

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

Understanding pharmacy professionals' experiences of revalidation

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

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

Inspections

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

Our approach to inspections

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

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

The changes we have made are:

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

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

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

Enforcement action

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

We have taken enforcement action against at least 12 pharmacies in relation to their supply of weight-management medicines. We have also taken action against at least nine other pharmacies for inappropriately supplying medicines online without taking appropriate steps to verify information, and relying too much on the information provided via a questionnaire.

We have also taken forward fitness to practise investigations into pharmacists who have worked for online pharmacies, and taken appropriate action to restrict their registration. Further investigations are ongoing.

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

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

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

Themed review on good clinical governance

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

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

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

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

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

Delivering our equality, diversity and inclusion strategy

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

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

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

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

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

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

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

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

Attention-Deficit Hyperactive Disorder (ADHD)

Making pharmacy services accessible to everyone (November 2024)

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

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

Holding ourselves to the same high standards we expect of others

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

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

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

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

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

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

Improving the way we work

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

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

Key developments during the year include:

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

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

Employee opinion survey and organisational values

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

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

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

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

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

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

Annual fitness to practise report

What is 'fitness to practise'?

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

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

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

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

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

How we deal with concerns

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

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

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

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

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

- take no action
- agree 'undertakings' with a professional (undertakings are promises by the professional on things they will or will not do in the future, and may include restrictions on their practice or behaviour, or a commitment to undergo supervision or retraining)
- send a letter of advice

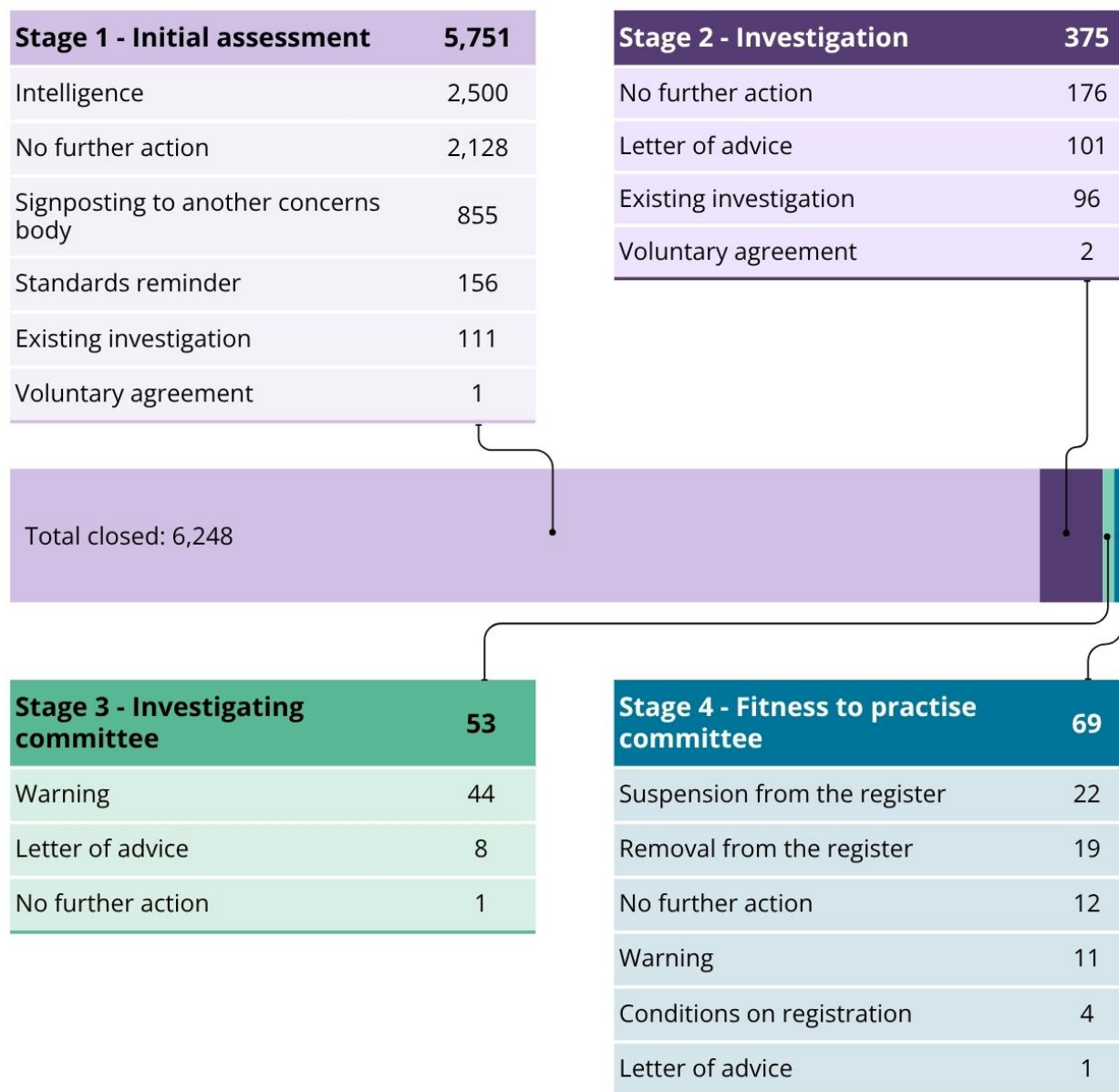
- issue a warning, or
- refer the case to the fitness to practise committee for a hearing

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

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

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

Figure 3: Outcome of cases closed in 2024/25



Dealing with concerns in 2024/25

Summary

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

The number of concerns we received

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

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

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

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

The source of concerns

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

Initial assessment outcomes

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

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

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

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

Investigation outcomes

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

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

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

Investigating committee outcomes

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

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

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

Fitness to practise committee outcomes

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

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

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

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

Our reporting requirements

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

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

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

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

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

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

How we govern ourselves

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

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

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

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

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

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

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

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

Notes to the Council members' pay and attendance table

*FPC Finance and Planning Committee

**QPAC Quality and Performance Assurance Committee

***ARC Audit and Risk Committee

****WfC Workforce Committee

- 1 Chair of Council and member of the Finance and Planning Committee
- 2 Includes £2,500 for co-chairing the advisory group on Post-registration Assurance of Pharmacy Practice
- 3 Includes £2,500 for co-chairing the advisory group on Post-registration Assurance of Pharmacy Practice
- 4 Includes £833 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists since December 2024
- 5 Includes £2,500 for chairing the Audit and Risk Committee
- 6 Includes £2,500 for chairing the Quality and Performance Assurance Committee
- 7 Includes £2,500 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists
- 8 Includes £3,958 for chairing the Workforce Committee since September 2023
- 9 Includes £2,500 for chairing the Finance and Planning Committee

Council members' expenses: April 2024 to March 2025

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

Table 2: Council members' expenses April 2024 to March 2025

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

Non-statutory committees

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

Audit and Risk Committee

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

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

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

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

Finance and Planning Committee

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

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

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

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

Quality and Performance Assurance Committee

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

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

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

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

Workforce Committee

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

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

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

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

Assurance and Appointments Committee

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

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

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

Advisory group on the initial education and training of pharmacists

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

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

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

Advisory group on post-registration assurance of practice

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

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

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

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

Chief executive and registrar and chief officers

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

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

- **Chief Enforcement Officer – Dionne Spence**

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

- **Chief Operating Officer – Jonathan Bennetts**

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

- **Chief Pharmacy Officer – Roz Gittins**

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

- **Chief Strategy Officer – Mark Voce and Louise Edwards**

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

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

Accounting requirements

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

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

Number and types of corporate complaints

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

Corporate complaints received in 2024/25

Table 3: complaints received in 2024/25

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

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

How we meet freedom of information and data protection legislation

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

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

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

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

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

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

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

Table 4: number and type of information requests

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

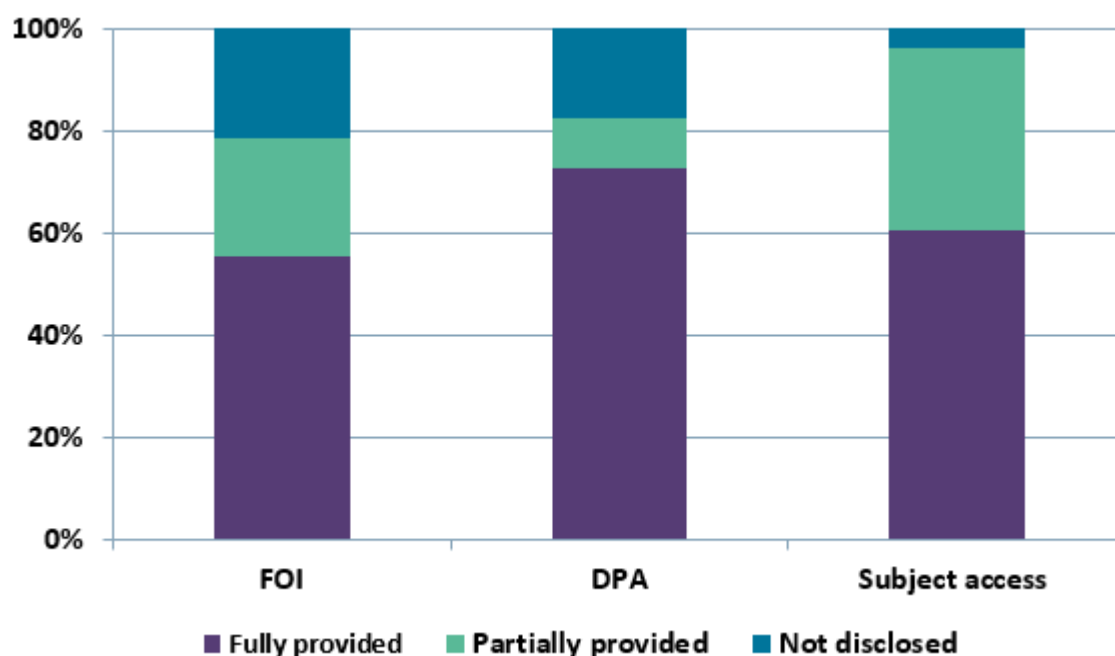
*DPA requests are when a third-party organisation makes a request for the personal data of an individual and we consider disclosure under the provisions of the Data Protection Act.

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

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

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

Figure 4: disclosure rates 2024/25



Whistleblowing disclosures to us as a ‘prescribed person’

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

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

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

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

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

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

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

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

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

Governance statement 2024/25

Scope of responsibility

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

The purpose of the governance framework

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

The governance framework is made up of:

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

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

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

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

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

The governance framework

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

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

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

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

Review of effectiveness

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

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

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

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

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

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

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

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

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

Explanation of the ratings

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

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

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

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

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

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

Significant governance issues

Programme and project management

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

Meeting the Professional Standards Authority Standards of Good Regulation

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

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

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

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

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

Issue with direct referrals

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

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

Duncan Rudkin
Chief Executive
17 July 2025

Financial statements for the year ended 31 March 2025

Financial review

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

Income

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

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

Table 5: Income from registrant groups

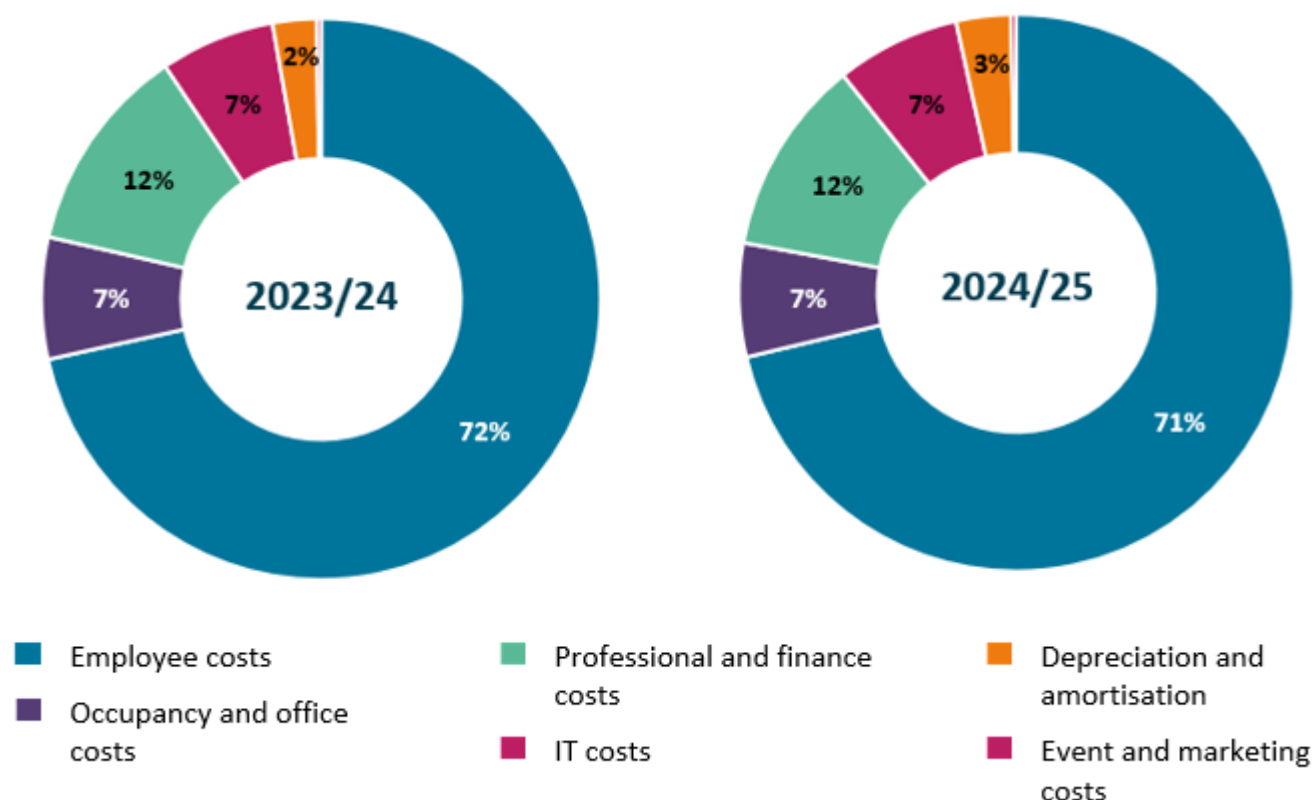
Registrant group	2024/2025 Annual income (£m)	2024/2025 Registrant numbers	2023/2024 Annual income (£m)	2023/2024 Registrant numbers
Pharmacists	18.2	65,776	17.1	64,393
Pharmacy technicians	3.5	26,929	3.3	26,067
Registered pharmacies	5.3	13,214	5.3	13,311

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

Expenditure

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

Figure 5: expenditure comparison



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

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

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

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

Investment and reserves

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

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

Forward outlook 2025/26 and beyond

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

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

The next budget year marks the start of our new 5-year plan, which will commence with the consolidation of the continuing activities from the previous plan. The developing plan will also consider a series of new initiatives which will maintain momentum on achievements to date and set foundations that provide the ability for the organisation to be responsive to the changing pharmacy landscape.

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

Our financial strategy

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

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

- **Cost improvement plan**

Identifying efficiencies, maximising resource utilisation and streamlining processes.

- **Income strategy**

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

- **Expenditure planning**

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

- **Reserves management**

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

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

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

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

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

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

By the order of the Council

Gisela Abbam
Chair
17 July 2025

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

Opinion

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

In our opinion, the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

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

Opinions on other matters

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

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

Matters on which we are required to report by exception

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

We have nothing to report in respect of the following:

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

Responsibilities of council members

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

Use of our report

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

HaysMac LLP

Statutory Auditor

10 Queen Street Place

London

EC4R 1AG

23 July 2025

Statement of comprehensive income for the year ending 31 March 2025

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

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

Statement of financial position as at 31 March 2025

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

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

Gisela Abbam, Chair
17 July 2025

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

Statement of cash flows for the year ended 31 March 2025

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

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

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

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

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

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

1.1 Accounting policies

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

1.2 The format of the accounts

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

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

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

The financial statements are presented in Sterling (£).

1.3 Critical accounting estimates and judgements

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

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

Depreciation and amortisation

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

Lease incentives

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

1.4 Tangible fixed assets

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

The principal useful economic lives of assets are as follows:

Short leasehold improvements – term of the lease

Office furniture – five years

Computer software – three years

Computer hardware (excluding PCs and laptops) – three years

PCs and laptops – one to four years

1.5 Intangible fixed assets

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

1.6 Impairment

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

1.7 Expenditure

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

1.8 Income

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

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

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

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

1.9 Operating lease rentals

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership of the leased asset to the entity. All other leases are classified as operating leases. Rentals payable under operating leases are charged to the statement of comprehensive income

on a straight-line basis over the lease term. The aggregate benefit of lease incentives is recognised as a reduction to the expense recognised over the lease term on a straight-line basis.

1.10 Pensions

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

1.11 Provisions

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

1.12 Management of liquid resources and investments

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

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

1.13 Financial instruments

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

1.14 Deferred taxation

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

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

2. Income

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

3. Expenditure

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

Employee costs

Employee costs including directors were made up as follows:

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

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

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

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

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

3. Expenditure (continued)

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

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

*Benefits in kind include private healthcare.

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

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

Expenses for key management personnel are as follows:

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

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

4. Investment income

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

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

5. Total comprehensive income

This is stated after charging:

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

6. Taxation

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

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

7. Tangible fixed assets

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

8. Intangible fixed assets

Computer
software and
systems
development
£000

Cost

Balance at 1 April 2024	1,855
Additions	126
Balance at 31 March 2025	<hr/> 1,981

Amortisation

Balance at 1 April 2024	(1,423)
Amortisation charge for the year	(188)
Balance at 31 March 2025	<hr/> 370

9. Investments

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

Portfolio Asset Allocation:

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

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

10. Debtors

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

11. Bank and cash

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

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

12. Creditors: amounts falling due within one year

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

Deferred income is made up of the following:

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

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

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

	2025	2024
	£000	£000
Lease liability	1,734	1,908
	<u>1,734</u>	<u>1,908</u>

14. Provisions

	2025	2024
	£000	£000
Associates' holiday pay	73	73
Associates' pension pay	32	-
Deferred tax liability	129	320
	<u>234</u>	<u>393</u>

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

15. Commitments

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

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

16. Related parties

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

17. Financial risk management

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

18. Pensions

NHS Defined Benefit Pension Scheme

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

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

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

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

Defined contribution scheme

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

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

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

Appendix 1

General Pharmaceutical Council

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

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

This determination has effect from 13 March 2010.

Interpretation

In this determination –

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

“the Council” means the General Pharmaceutical Council.

Determination

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

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

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

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

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

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

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

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

Signed by the authority of the Privy Council

