

Council meeting – December 2025

Thursday, 11 December 2025

- **Public meeting: 13.00 – 14.50**

Public business

Standing Items

13.00	1. Welcome and introductory remarks	Gisela Abbam
	2. Declarations of interest – public items	Gisela Abbam
13.02	3. Minutes of the September meeting	25.12.C.01
	Minutes of the public session on 18 September 2025	Gisela Abbam
	<i>For approval</i>	
13.05	4. Actions and matters arising	25.12.C.02
	<i>For noting</i>	Gisela Abbam
13.10	5. Workshop summaries – September and October 2025	25.12.C.03/04
	<i>For noting</i>	Gisela Abbam
13.15	6. Strategic Communications and Engagement – Chair and Executive update	25.12.C.05
	<i>For discussion and noting</i>	Chris Askew
13.20	7. Chair’s reflections on 2025	25.12.C.06
	<i>For noting</i>	Gisela Abbam
Regulatory functions		
13.30	8. Consultation on the Responsible Pharmacists Standards and Rules and Superintendent Pharmacists	25.12.C.07(a-e)
	<i>For discussion and approval</i>	Lynsey Cleland
13.55	9. Enforcement Acceptance Criteria – public facing documents	25.12.C.08(a)
	<i>For discussion and approval</i>	Dionne Spence/ Glenn Mathieson

14.05	10. Disqualification Update <i>For discussion</i>	25.12.C.09 Dionne Spence/Hannah Smith
14.20	11. Update on Weight Management Medication and Media Coverage <i>For noting</i>	25.12.C.10 Roz Gittins
Governance, finance and organisational management		
14.30	12. Board Assurance Framework report Q2 <i>For discussion and noting</i>	25.12.C.11 Chris Askew
14.40	13. Public Committee Minutes - Audit and Risk Committee 17 September <i>For noting</i>	25.12.C.12 Neil Buckley
14.45	14. Any other business	
15.50	Meeting close	
Date of next meeting		
Thursday, 19 February in person		

Minutes of the Council meeting on 18 September 2025

To be confirmed on 16 October 2025

Minutes of the public items

Present:

Gisela Abbam (Chair)	Raliat Onatade
Yousaf Ahmad	Rose Marie Parr (Chairing the meeting as the Chair joined online)
Neil Buckley	Aamer Safdar
Dianne Ford	Selina Ullah
Ann Jacklin	Ade Williams
Tim Jaggard	

Apologies:

Rima Makarem
Penny Mee-Bishop
Gareth Powell
Roz Gittins

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Jonathan Bennetts	Chief Operating Officer and Deputy Registrar
Lynsey Cleland	Chief Standards Officer and Deputy Registrar
Dionne Spence	Chief Enforcement Officer and Deputy Registrar
Paul Cummins	Interim Chief of Staff
Siobhan McGuinness	Director for Scotland
Liam Anstey	Director for Wales
Rachael Gould	Head of Communications

Standing items

1. Attendance and introductory remarks

- 1.1 Rose Marie Parr chaired the meeting on behalf of the Council Chair, Gisela Abbam, who joined remotely.

2. Declarations of interest

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

3. Minutes of the last meeting (25.09.C.01)

- 3.1 The minutes of the public session held on 17 July 2025 were approved as a true and accurate record of the meeting.

4. Actions and matters arising (25.09.02)

- 4.1 The Council noted the action log.

5. Workshop summaries – July 2025 (25.09.C.03)

- 5.1 The Council noted the workshop summaries.

6. Strategic Communications and engagement update (25.09.C.04)

- 6.1 Duncan Rudkin (DR) introduced the update, highlighting the ongoing and significant media and public awareness around weight management medications and online services. The GPhC was working collaboratively with other regulatory bodies within this space to address concerns, including through the production of messaging aimed at raising awareness amongst the public on the number of false pharmacies set up to sell weight loss medications.
- 6.2 DR also reported on the use of technology within regulatory services, noting that a meeting with wider regulators was being organised for November.
- 6.3 The Council considered reports that discussions were ongoing on the future design of Integrated Care Boards, noting the importance of referencing the role of pharmacy and the value of including Council members when holding conversations with NHS leaders and other stakeholders.

Regulatory functions

7. Post-Registration Assurance of Practice Advisory Group update (25.09.C.05)

- 7.1 Lynsey Cleland (LC) introduced this item, highlighting the work which had been done on the Layers of Regulation resource which would be available to stakeholders and included in Pharmacist and Pharmacy Technician training. The statement on the Scope of Practice represented the GPhC's position, and work had begun on drafting guidance for newly qualified prescribers, with a view to the guidance being in place when the 2026 cohort of pharmacy graduates qualified.
- 7.2 The documentation aimed to enable registrants to understand the layers of regulation which encompassed their daily practice and how the various elements of the framework fitted

together, while linking back to the Standards, keeping them central to pharmacists' and pharmacy technicians' work.

- 7.3 There was a clear drive amongst all stakeholders to ensure that scope of practice was documented at each stage by registrants, although debate was ongoing around who was best placed to record the information.
- 7.4 The Council commented that a distinction be made to clarify the Scope of Practice as a strategic approach rather than a prescriptive record of the different scopes of practice. The GPhC should also be seeking to define best practice within each of the scopes, keeping the patient and public perspective in mind when developing the definitions.
- 7.4 **Following the discussion, the Council:**
- **Noted the work which had been done on the Layers of Regulation resource.**
 - **Confirmed that the statement on Scope of Practice represented the GPhC's position with amendments made to highlight the document as a strategic approach; and**
 - **Noted that work had begun on drafting guidance for newly qualified prescribers.**

8. Initial Education and Training of Pharmacists Advisory Group (25.09.C.06)

- 8.1 LC reported that the Initial Education and Training of Pharmacists Advisory Group continued to monitor the implemented changes to the Foundation Training Year, alongside Quality Assurance monitoring, and differential attainment. Concern remained amongst all stakeholders about future funding levels over coming years, with the GPhC aware of the reputational risk in the event that a decline in funding led to a lack of training places for graduating students.
- 8.2 Each of the Statutory Education Board's (SEBs) were able to highlight examples in which there was agreement that graduates were graduating better equipped for future practice.
- 8.3 The Council noted the update.

9. Enforcement Acceptance Criteria (25.09.C.7a)

- 9.1 Dionne Spence (DS) introduced this item, updating Council that the Enforcement Team continued to receive increasing numbers of incoming concerns, many of which did not fall within the GPhC's remit. It was acknowledged that it was not possible for the team to sustain this level of work. The Acceptance Criteria had been developed to assist staff in differentiating between concerns that should be taken forward and those that needed to be declined. In addition, better signposting, in the form of an outward facing communication designed to guide members of the public to appropriate routes of complaint, would support this.
- 9.2 The Council noted the risk associated with the diversion of GPhC resources to incoming concerns that did not fall within its remit and which detracted from the legitimate issues that required resource.
- 9.3 It was agreed that communicating with the public would be key in influencing change. A stronger, clarifying explanation of what the GPhC would and would not consider, accompanied by a flowchart illustrating the various routes for raising concerns based on their nature, would be developed. The GPhC should be viewed as the last point of escalation in any situation where a concern could not be resolved at a local level.

- 9.4 Exploration of the use of Artificial Intelligence as a means of managing concerns outside of the Enforcement process, such as utilising Chatbots to engage through questioning and act as a filter, was supported, subject to appropriate quality assurance being in place.
- 9.5 Council noted the report and requested to see further documentation on the public facing communications at its December meeting.

Governance, finance and organisational management

10. Board Assurance Framework (25.09.C.08)

- 10.1 DR introduced this item, highlighting that this was the first quarterly Board Assurance Framework under the GPhC's new strategy. It was confirmed that as the delivery plan was agreed, the baselines underpinning the KPIs would change in line with this.
- 10.2 The Council discussed Standard 15. While the backlog of legacy cases remained, it would be challenging for the GPhC to meet standard 15. There was confidence that the PSA would see and understand the underlying changes that had enabled significant reductions in rates for new cases progressing through the Enforcement process. Limitations on the number of hearings that could be held per year added to delays, and this made it likely that timescales towards meeting Standard 15 had slipped.
- 10.3 The Council noted its support for the Enforcement Team, and it was agreed that discussions would be held to determine any additional support that the Enforcement Team needed to regain the Standard.
- 10.4 Council noted the report.

11. Anti-Racism statement (25.09.C.09a-b)

- 11.1 DS introduced this item seeking Council approval for the publication of the GPhC's Anti-Racism Statement 2025.
- 11.2 The GPhC anti-racism champions group had been established following feedback from registrants that they were experiencing racism within the workforce. The scope had been broadened to incorporate the GPhC workforce, and the membership and governance would be reviewed to ensure comprehensive representation across all staff levels.
- 11.3 The Council acknowledged the importance of the work and recommended that the GPhC proactively communicate the message and signpost sources of support to registrants who may be experiencing racism.
- 11.4 Council considered the draft anti-racism statement and with the addition of some suggested amendments around the wording, approved wider publication.
- 11.5 Next steps would explore how the messaging was incorporated into Standards and Fitness to Practise processes. The Council felt that this was an opportunity to champion change and set the standard of best practice.

12. Any other business

- 12.1 There being no other business, the meeting closed at 14.50.

Council Action Log and Forward
Look – December 2025

	Open and on track
	Overdue
	Rescheduled
	Complete

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

Council forward look

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

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

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

Council workshop summary

Meeting paper for Council on 16 October 2025

Public

Purpose

To provide a summary of the Council workshop on 17 September 2025.

Recommendations

The Council is asked to note the summary

1. Introduction

- 1.1 The Council often holds workshop sessions alongside its regular Council meetings. The workshops give the Council the opportunity to:
 - interact with and gain insights from staff responsible for delivering regulatory functions and projects.
 - receive information on projects during development stages.
 - provide guidance on the direction of travel for workstreams.
 - meet and gain insights from external stakeholders; and
 - receive training and other updates.
- 1.2 The workshops are informal discussions to assist the development of the Council's views. A summary of the workshop discussions is presented at the subsequent Council meeting, making the development of workstreams more visible to stakeholders. Some confidential items may not be reported in full.
- 1.3 Council workshops include regular sessions with external stakeholders, to enable the Council to hear directly from our stakeholders about the issues affecting them and help shape our regulatory strategy and approach.

2. Workshop – 17 September

Session on Initial Education and Training of Pharmacy Technicians

- 2.1 Lynsey Cleland, Chief Standards Officer, presented the consultation on the draft Standards for the Initial Education and Training of Pharmacy Technicians. The last review of the Standards had taken place in 2017, and it was agreed that it was now a good time to review and revise them again to reflect the major reforms and developments across pharmacy and healthcare.

- 2.2 Significant pre-engagement work, including the commissioning of research, published in 2023, and gathering experience from across the sector through engagement with multiple stakeholders and through a variety of formats had informed the work gave assurance that the draft Standards reflected the needs of the project. The Council working group had been instrumental in the work.
- 2.3 The Council discussed the proposals in detail, noting the benefits and raising some areas in which further clarification would help ensure the Standards remained accessible and encouraged people into the role of a Pharmacy Technician. This included refinement of the wording to reflect non-academic access to the role.

Session on Risk

- 2.4 The Council considered proposed risk management materials presented by Rob Jones, Head of Assurance, including the risk appetite statement and risk attitude.
- 2.5 There was a broad and helpful discussion providing comment and input to be incorporated into the further development of the work.
- 2.6 A rewritten risk appetite statement along with the strategic risk register and the corporate risk register would be brought back to Council in December.

3. Recommendations

The Council is asked to note the summary

Duncan Rudkin, Chief Executive
General Pharmaceutical Council

30/09/2025

Council workshop summary

Meeting paper for Council on 11 December 2025

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2. Workshop – 16 October

Session on the Consultation on the Standards for Responsible Pharmacists and Superintendent Pharmacists

- 2.1 Lynsey Cleland, Chief Standards Officer, and Annette Ashley, Head of Policy and Standards, presented on the Standards for Superintendent Pharmacists and Standards and rules for Responsible Pharmacists. The proposed Standards aimed to provide strategic and professional leadership, develop a workforce with the right skills, knowledge and experience,

delegate responsibility and ensure clear lines of accountability, maintain and strengthen governance and safeguard the health, safety and wellbeing of patients and the public.

- 2.2 The Council discussed the proposed changes and their impact, considering in particular whether these were the right standards and whether there were further areas that should be considered within the consultation. Artificial Intelligence applications was an area raised for exploration to help future proof the Standards.
- 2.3 There was broad agreement amongst Council members with regards the aim to align the work with that on the development of Standards for chief pharmacists, as part of a package of leadership standards.
- 2.4 The GPhC would be seeking to work collaboratively with stakeholders across the regulatory and healthcare sectors. This would highlight opportunities to strengthen the Standards and address any regulatory gaps, and either identify other bodies who could usefully play a role or work with Ministers to establish appropriate allowances and authority.
- 2.5 The timelines for the project were noted and it was agreed a small Council working group be established to develop the work further.

Delivery Plan

- 2.6 The Council heard that updates had been made to the Delivery Plan in line with discussions at the last Council meeting.
- 2.7 The Council approved the Delivery Plan.

Enforcement Acceptance Criteria

- 2.8 The Council reviewed the Acceptance Criteria, designed to support a more robust approach to assessing concerns. These were public facing Acceptance Criteria which aimed to provide greater clarity, and more effectively manage expectations, for those who sought to raise concerns. The criteria covered both premises and professionals.
- 2.9 Work on proposals for a public campaign on this issue was noted, and it was agreed that a small working group of Council members would be brought together to discuss these proposals and further work.
- 2.10 The Council approved the criteria.

3. Recommendations

The Council is asked to note the summary

Chris Askew, Interim Chief Executive
General Pharmaceutical Council

04/11/2025

Strategic communications and engagement: Chair and Executive update

Meeting paper for Council on 11 December 2025

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting in September 2025. The paper also includes an overview of key developments in pharmacy and healthcare regulation in this period.

Recommendations

Council is asked to note and discuss the update.

1. Introduction

- 1.1 This paper updates Council on Chair and Executive strategic engagements and wider events, as a regular standing item. These opportunities are identified, planned and managed in line with our Strategic Engagement Framework and our Strategic Engagement activity plan. We have also included an update on key developments in pharmacy, healthcare regulation and legislation in this period.

2. Strategic engagement: September-December 2025

Policy makers (including parliamentarians and Government officials)

- 2.1 **Jhoots pharmacies:** The key focus of our engagement with Ministers, parliamentarians and government officials in this period has been in relation to the ongoing situation relating to Jhoots pharmacies.
- 2.2 We have been working closely with officials at DHSC, NHS England and other stakeholders in England and Wales since significant concerns first emerged relating to Jhoots pharmacies earlier this year. As part of our regulatory function to help manage risks and emerging trends, we initiated a strategic and regulatory relationship with the Jhoots group to provide enhanced support and oversight. This included regular meetings to raise failures in governance and concerns that were being received.
- 2.3 The inspection team actively review all the concerns and intelligence we are receiving and use this information to prioritise intelligence-led inspections. From January to August 2025, we carried out 17 inspections of Jhoots pharmacies and took enforcement action across five separate premises owned by Jhoots. From September- November 2025, we carried out a

further 5 inspections and attempted a further 60 inspections, but were not able to proceed with an inspection as the pharmacy was closed, or did not have a Responsible Pharmacist present. We have been proactively sharing intelligence from our inspections, the concerns we have received and actions we have been taking with DHSC, NHSE, ICBs in England and Health Boards in Wales.

- 2.4 Since August 2025, we have seen a significant escalation in the concerns being raised about some Jhoots pharmacies, from patients, members of the public, Jhoots employees and locums, and other healthcare providers.
- 2.5 We have also received several concerns directly from MPs, and proactively contacted other MPs after they raised concerns in their local media or in parliament. In total we have written to 31 MPs to explain our role and the actions we were taking in relation to Jhoots. Meetings have been held with four MPs to explain our role and the actions we are taking and we have received positive feedback from these meetings.
- 2.6 Edward Morello MP raised an urgent question about Jhoots and their adequacy to provide pharmacy services in the House of Commons on 15 October 2025. The Minister of State for Care, Stephen Kinnock MP, responded to the concerns raised by multiple MPs during the session about Jhoots pharmacies in their constituencies, with a particular focus on staff not being paid, as well as the public not being able to access medicines and other pharmacy services.
- 2.7 The Minister highlighted in his response that the GPhC is taking enforcement action against individual pharmacies and that his officials were already working closely with the GPhC and NHSE.
- 2.8 The Minister told the House of Commons that he has asked his officials to undertake an urgent review of pharmacy business regulation and consider how the regulatory framework for pharmacy businesses could be strengthened, to avoid this type of situation happening again.
- 2.9 The Chief Executive and other GPhC colleagues joined a roundtable meeting convened by Stephen Kinnock MP, along with representatives from NHS England and Integrated Care Boards (ICBs) to discuss Jhoots and coordinate actions going forward. Following that meeting, GPhC colleagues are continuing to work closely with DHSC officials on the agreed actions. We have also been providing weekly updates to the DHSC on our ongoing work relating to Jhoots, which have been incorporated into regular briefings for the Minister.
- 2.10 The Chair and Chief Executive met with David Webb (Chief Pharmaceutical officer, England) and Anne Joshua (Deputy Director of Pharmacy Commissioning and Transformation, NHSE) to brief further on the Jhoots situation and committed to further periodic meetings on the topic.
- 2.11 Other engagement with parliamentarians:** The Chair and Chief Executive have continued to meet with key parliamentarians during this time, including Taiwo Owatemi MP. The Chair and Chief Executive are also due to meet Steve Race MP, who was recently appointed as Parliamentary Private Secretary to the DHSC, Dr Luke Evans MP, Shadow Health Minister. and Sadik Al-Hassan MP, who was recently elected as Chair of the APPG on Pharmacy, in the coming months.

Pharmacy and other regulatory leaders

- 2.12 During this period the Chair and Chief Executive have met regularly with pharmacy and other regulatory leaders.
- 2.13 Since joining the GPhC on 1 October 2025, the Chief Executive has held meetings with Amy Laflin, the President of the Association of Pharmacy Technicians (APTUK) and Paul Bennett, Chief Executive of the Royal Pharmaceutical Society (RPS).
- 2.14 The Chief Executive has met with each of the Chief Pharmaceutical Officers - Andrew Evans (Wales), David Webb (England) and Alison Strath (Scotland). There have also been meetings with the NPA (National Pharmacy Association) and the CCA (Company Chemists Association).
- 2.15 The Chair and Chief Executive met with the Chair and Chief Executive of Pharmacist Support on 14 November.
- 2.16 The Chair, Chief Executive and Chief of Staff attended the Black History Month event 'Standing Firm in Power and Pride' at the RPS Offices on 14 October. The Chair also spoke at Kingston University Pharmacy School as part of their Black History Month event.
- 2.17 The Chair and Chief Executive also attended the APPG on Black Health launch of the Black Healthcare Improvement Framework at the House of Commons on 22 October.
- 2.18 The Chief Executive attended and spoke at a jointly hosted roundtable about Differential Attainment with the RPS which was part of the Inclusive Pharmacy Practice Week 2025.
- 2.19 The Chief Executive attended the Health and Social Care Regulators Forum on 28 October, and participated in a half-day workshop hosted by NHSE on the 10 Year Workforce Plan on 5 November, at which he was able to contribute to group discussions on priorities within the NHS workforce plan, which is expected to be published in Spring 2026.
- 2.20 The Chair attended a roundtable event with the Chairs of the other health regulators and the PSA. The Chief Executive has met with the Chief Executive of the PSA, Alan Clamp on a couple of occasions since he started at the GPhC. He has also met with the Chief Executive of the General Medical Council (GMC), Charlie Massey and the Chief Executive of the Nursing and Midwifery Council (NMC), Paul Rees. He has also attended the regular catch up involving the Chief Executives of all the healthcare regulators.
- 2.21 Our Chief Standards Officer, Lynsey Cleland, and Head of Education, Damian Day, met with the Australian Pharmacy Council and the National Association of Pharmacy Regulatory Authorities for Canada to discuss key pharmacy education developments. Our Chief Standards Officer also attended meetings of the Pharmacy Schools Council and the Council of Pharmacy Education Deans.
- 2.22 Our Chief Pharmacy Officer, Roz Gittins, held meetings with the Pharmacists Defence Association and the Advisory Council on the Misuse of Drugs, and spoke at the official opening of Sheffield University's new Pharmacy School. Roz also took part in a joint meeting with the CQC and DiCE, and attended the UK Pharmacy Professionals Leadership Advisory Board stakeholder group. Lynsey and Roz also met with colleagues at the Nursing and Midwifery Council.

Scotland

- 2.23 Our Director for Scotland, Siobhan McGuinness, met with the National Pharmacy Technician Group Scotland (NPTGS) and the Scottish National Pharmacy Workforce Forum to discuss the

IETPT standards consultation. Siobhan attended the GMC Council meeting held in Glasgow in October and presented on the IETPT standards consultation at CPC North.

- 2.24 Siobhan attended Community Pharmacy Scotland's (CPS) election manifesto launch event in the Scottish Parliament on 25 November. The CPS manifesto is designed around the headings Detect, Prevent, Treat.
- 2.25 Siobhan has also continued to hold regular meetings with key stakeholders in Scotland, including the Chief Pharmaceutical Officer, Community Pharmacy Scotland, NHS Education for Scotland, the PDA and RPS Scotland.
- 2.26 Siobhan has also been supporting the induction of Niketa Platt, our new Scottish Clinical Leadership Fellow, hosted jointly with NHS Education for Scotland. The Scottish Pharmacy Clinical Leadership Fellowship scheme (SPCLF) aims to support future pharmacy leaders and take forward strategic objectives to improve the pharmaceutical care of patients in Scotland.

Wales

- 2.27 Our Director for Wales, Liam Anstey attended the RPS Wales conference where the Pharmacy: Delivering a Healthier Wales goals for 2030 were released on 25 September.
- 2.28 Liam has also presented to the first cohort of students at Bangor University on the role of the GPhC as well as continuing to hold regular meetings with Cardiff and Swansea University representatives.
- 2.29 Liam has continued to hold meetings with key stakeholders in Wales including the Chief Pharmaceutical Officer, the Welsh NHS Confederation, Community Pharmacy Wales, the NPA, RPS Wales as well as HEIW and the Directors of Pharmacy Group. He has begun undertaking professionalism sessions for pharmacists and pharmacy technicians working in Health Boards in Wales.
- 2.30 Liam attended the Welsh Pharmaceutical Committee on 27 November of which he is a member and presented on the IETPT consultation. The Welsh Pharmaceutical Committee is a statutory committee of the Welsh Government that provides expert pharmaceutical advice to Welsh Ministers.
- 2.31 Liam also met with the medical royal colleges and other health organisations to understand their priorities ahead of the 2026 Senedd election and their potential impact on pharmacy and pharmacy regulation.

Pharmacists, pharmacy technicians and pharmacy owners

- 2.32 Our consultation on the standards for the initial education and training of pharmacy technicians has been the key focus of our engagement with pharmacists, pharmacy technicians and pharmacy owners over the last quarter. We launched the consultation on 1 October by writing to all pharmacy technicians, pharmacists and pharmacy owners to encourage them to respond.
- 2.33 As referenced in section 3, we have held several consultation events and meetings, and GPhC colleagues have also presented about the consultation at external conferences and meetings.
- 2.34 In this period, we have also shared reports from two thematic reviews on **hub and spoke dispensing** and on **pharmacies providing cannabis-based products for medicinal use**.

These thematic reviews both highlighted areas of good practice, as well as areas for improvement, to help share learnings and insights to support improvements to patient safety. The reports have also been shared with key stakeholders including relevant government departments, professional leadership bodies and representative organisations in Great Britain.

- 2.35 We have also launched **our delivery plan 2025-30** and **announced the appointment of our new Chief Executive and Registrar.**

Patients and the public

- 2.36 A BBC London investigation highlighted patient safety concerns relating to the supply of Botox, including concerns relating to a pharmacist and pharmacy.
- 2.37 Our Chief Enforcement Officer **took part in an interview with the BBC**, where she reassured the public that we will take enforcement action against pharmacies, pharmacists and pharmacy technicians when required to protect patient safety. We also **issued a statement** following the programme which we shared via our social media channels.
- 2.38 The BBC also **ran a follow-up article** to highlight that the pharmacist shown in the programme has been suspended under an interim order for 18 months, while investigations continue.
- 2.39 ITV News also **reported their findings of an investigation** into people with eating disorders obtaining weight management medicines from online pharmacies, without appropriate checks being made. Our Chief Pharmacy Officer took part in an interview and **issued a statement**. Further information is included in the Council paper on weight management medicines.

3. Engagement events, forums and roundtables

- 3.1 On 3 November 2025, we held a joint webinar with the Food Standards Agency (FSA) focusing on Cannabidiol (CBD) Products and cannabis-based products for medicinal use. The webinar covered key findings from the GPhC review of registered pharmacies identified as providing cannabis-based products for medicinal use as a key service referenced above. The webinar also included an important update from the FSA on the regulation and safety of cannabidiol (CBD) products in the UK.
- 3.2 Our Pre-registration Trainee Pharmacy Technician (PTPT) Forum met on 8 October 2025. Group members highlighted challenges faced by PTPTs in community pharmacies who are struggling to complete assignments due to a lack of dedicated study time. Group members also shared their views on our draft Standards for the initial education and training of pharmacy technicians.
- 3.3 Our Student Voice Forum met on 28 October 2025. Group members shared their experiences of learning placements, with experiences being variable. Some group members shared that their placements had been cancelled at short notice. Group members discussed preparing for independent prescribing and experiences of Oriel, OSCEs and portfolios. Group members also shared their views on our draft Standards for the initial education and training of pharmacy technicians.

- 3.4 Our Pharmacy Technician Forum met on 12 November 2025. Group members shared challenges they are facing around funding, training, and career progression. They shared concerns about cuts being made in Integrated Care Boards and NHS England and the negative impact this is having on the profession. Group members also shared their views on our draft Standards for the initial education and training of pharmacy technicians, specifically the impact of the proposed changes on current pharmacy technicians.
- 3.5 Our Pharmacist Forum met on 24 November. Group members discussed the readiness of newly qualified pharmacists for practice, especially in relation to independent prescribing. Some group members noted current pharmacists without an independent prescribing qualification may find it more difficult to find roles in the future. Group members shared concerns about the impact of cuts in Integrated Care Boards and NHS England which is leading to gaps in support for trainees and low morale in the profession.
- 3.6 On 24 November 2025, we held a focus group with members of the public and on the 27 November 2025 we held a webinar open to all. Both events sought views on our consultation on draft Standards for the initial education and training of pharmacy technicians.
- 3.7 During this period, the GPhC also participated in:
- The Association of Pharmacy Technicians UK conference, 19-20 September 2025 - Presentation from the Chief Executive on 'Update from the GPhC' and exhibition stand
 - Avicenna conference, 28 September 2025 - Presentation from the Chief Executive on 'GPhC Strategic Plan 2025-30'
 - The Pharmacy Show, 12-13 October 2025 - Presentation from the Chief Pharmacy Officer with the Advertising Standards Authority on 'Weight management advertising regulation update'
 - Royal Pharmaceutical Society conference, 7 November 2025 - Poster presentations on our themed review of registered pharmacies providing homecare medicines services, themed review of sustainable pharmacy practices in community pharmacy, and work to strengthen student and trainee engagement
 - Association for Prescribers Conference, 20 November 2025 - Presentation on 'Pharmacist Independent Prescribing: Evolving Prescribing to Meet New Challenges'
 - Clinical Pharmacy Congress North, 21-22 November 2025 - Presentation on draft Standards for the initial education and training of pharmacy technicians consultation. Poster presentations on our thematic review of hub and spoke dispensing models, themed review of sustainable pharmacy practices in community pharmacy, and work to strengthen student and trainee engagement.

4. Key developments in pharmacy and healthcare regulation

APPG on pharmacy report

- 4.1 On 20 November, the APPG on Pharmacy published a report on **The Future of Community Pharmacy in England**.

- 4.2 The report outlines seven priority recommendations to unlock pharmacy's potential in delivering accessible, cost-effective care and supporting wider health policy reform, particularly the implementation of the Government's 10 Year Health Plan.
- 4.3 The Chair and Chief Executive **published a statement** welcoming the report and its recommendations.

Community pharmacy contractual framework (CPCF) for Wales for 2025–2026

- 4.4 Jeremy Miles, Welsh Cabinet Secretary for Health and Social Care, has announced that community pharmacies in Wales will receive a 4% funding uplift under the Community pharmacy contractual framework (CPCF) for 2025–2026
- 4.5 In a **written cabinet statement**, published on 20 November 2025, the Cabinet Secretary said the agreement is in line with the doctors' and dentists' pay award for salaried NHS dentists and GPs. The 4% funding increase for community pharmacy equates to an additional £7m in 2025/2026, which is an increase of nearly 30% since 2016/2017.

Assisted dying legislation passes Stage 2 in the Scottish Parliament

- 4.6 The Assisted Dying Bill has cleared its second stage at Holyrood and will now proceed to the third stage.
- 4.7 MSPs on the Scottish Parliament's Health Committee debated almost 300 proposed changes to the Assisted Dying for Terminally Ill Adults (Scotland) Bill. Amendments to the bill included creating an "opt in" system for medical professionals taking part in the assisted dying process, rather than relying on them opting out.
- 4.8 The bill will now go forward for possible further changes ahead of a final debate in Holyrood next year.
- 4.9 In Westminster, the Terminally Ill Adults Bill is at committee stage in the House of Lords, where peers are in the process of debating more than 1,000 amendments.

5. Recommendations

Council is asked to note and discuss the update.

Rachael Gould, Head of Communications

Paul Cummins, Chief of Staff

General Pharmaceutical Council

04/12/2025

Chair's end of year reflections 2025

Meeting paper for Council on 11 December 2025

Public

Purpose

For the Chair to share their reflections on key developments and achievements in 2025.

1. Introduction

- 1.1 As we approach the end of 2025, I want to reflect on key developments and achievements, as well as the challenges and opportunities for pharmacy and for patients and the public more broadly. I would like to extend my thanks to the Executive, their teams and Council members for their collaboration in achieving our key outcomes for 2025.
- 1.2 During 2025, I've had the opportunity to hear directly from the people we regulate, and from patients and the public, through visits to different pharmacy settings, our forums and events, and a wide range of external meetings. I've heard first-hand about the challenges affecting people, both from a professional, patient and public perspective, as well as the opportunities for pharmacy to play an even greater role within healthcare.
- 1.3 The way care is delivered and the roles of both pharmacists and pharmacy technicians are evolving rapidly across England, Scotland and Wales. This includes pharmacists taking on expanded roles in prescribing medicines, with all newly-qualified pharmacists joining the register as independent prescribers from next year.
- 1.4 These advancements present significant opportunities but also bring new challenges in maintaining safety, quality, and public trust. Our role is crucial in ensuring that regulation keeps pace with these changes, providing a clear framework that empowers pharmacists and pharmacy technicians, whilst safeguarding patient care and public confidence.
- 1.5 We know that patients and their carers have continued to be impacted by issues such as medicines shortages and delays in accessing treatment in primary and secondary care. Pharmacists, pharmacy technicians and pharmacy owners have experienced significant workplace and financial pressures, and we understand this is having a significant impact on wellbeing. We therefore have a Memorandum of Understanding (MOU) with Pharmacist Support, and we are also committed to supporting the resolution of these issues.
- 1.6 I would like to express my admiration and deep appreciation for the resilience that pharmacists, pharmacy technicians and pharmacy owners are continuing to demonstrate in very challenging times, as they face multiple pressures. I've also seen first-hand the strong

commitment to continue to innovate and improve pharmacy services for the benefit of the public, including during my frontline visits to settings in Merseyside and Manchester.

- 1.7 The Executive, the Council and I have used what we've heard and learnt from our engagement with all our stakeholders to inform our new Strategic Plan, which was published in June 2025.

2. Our new Strategic Plan 2025-30 and Delivery Plan 2025-30

- 2.1 We launched our new Strategic Plan for 2025 to 2030 in Parliament in June with Steve Race MP and Stephen Kinnock, Minister of State for Care.
- 2.2 Our new **Strategic Plan 2025-30** sets out how the GPhC will uphold safety, quality and public trust in pharmacy. It sets out three aims:
 - Empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care
 - Protect patients and the public by working with healthcare regulators and other organisations
 - Build a skilled, agile, and inclusive organisation to regulate effectively and efficiently
- 2.3 The supporting **delivery plan** shows how we will deliver that strategy in a time of significant change across England, Wales and Scotland
- 2.4 Our delivery plan is adaptable to ensure we are responsive and proactive to change, so that what we deliver is relevant and effective in all the countries we regulate.

3. Key developments

- 3.1 This has also been a year of change for the GPhC in terms of our leadership. Duncan Rudkin, who has been our Chief Executive and Registrar since the GPhC's formation, announced his decision to step down earlier this year. Chris Askew OBE joined us in October 2025 on an interim basis, and we recently announced the appointment of Kathie Cashell as our new Chief Executive and Registrar, with effect from 2nd March 2026. I look forward to welcoming Kathie to the organisation and working closely with her to deliver our strategic plan.
- 3.2 We have made progress this year on a number of key developments that will help us to achieve our strategic aims of empowering pharmacists and pharmacy technicians to provide safe effective care and protecting the public.

Education and training

- 3.3 We have focused on developing new education and training standards for pharmacists and pharmacy technicians.
- 3.4 During 2025 we have continued to oversee the implementation of our new initial education and training standards for pharmacists, with the first cohort of students taught against these standards graduating from university and beginning their foundation training year.

Our approach to pharmacy inspections

- 3.5 The way we approach inspections has been updated in order to make them as efficient and effective as possible. We have continued to increase our inspection numbers and developed our approach to sharing information about the associated themes and trends that we are seeing, to help empower the people we regulate.

Prescribing and supply of medicines online

- 3.6 It is vital that we also respond quickly and effectively to external developments and issues, particularly when they raise patient safety concerns.
- 3.7 For example, the prescribing and supply of medicines online, and particularly medicines used for weight management, has continued to be a central theme in our inspections and enforcement action, as well as in the concerns we are receiving. In February, we updated our guidance for online pharmacies to strengthen safeguards and protect patients from unsafe prescribing and supply of medicines.
- 3.8 We have also continued to take action in response to concerns raised with us relating to online pharmacy services, including carrying out intelligence-led inspections using our risk-based methodology. We have also worked in partnership with other regulators including the Medicines and Healthcare Products Regulatory Agency (MHRA), Advertising Standards Authority (ASA) and the Committee of Advertising Practice (CAP) to help the pharmacy sector understand the guidance and rules around the advertising and promotion of weight management medicines and other prescription-only medicines.
- 3.9 Fake and unregistered online pharmacies pose a growing threat to patient safety. A recent report¹ identified over 5,000 fake pharmacy websites currently operating across the UK illegally selling prescription-only medicines to members of the public. We continue to work closely with the MHRA to share messages via social media to the public on the risks of buying medicines from fake pharmacies and emphasising the importance of always checking a pharmacy is registered with the GPhC before using it.
- 3.10 We hope to also work with other organisations including the Royal College of General Practitioners (RCGP) and the General Medical Council (GMC) as part of our ongoing work on these issues.

4. Standards of Good Regulation

- 4.1 In its review of the GPhC's performance in 2024-25, the Professional Standards Authority (PSA) found the GPhC met 17 out of 18 Standards of Good Regulation but had still not met Standard 15 relating to timeliness of fitness to practise investigations.
- 4.2 However, it was positive to see that the PSA's report notes the efforts we have made to reduce our caseload, and particularly the proportion of investigations that have been open the longest. The PSA's report also highlights that we have continued to receive a higher than

¹ [UK hit by surge of fake pharmacy websites selling toxic substances](#)

usual number of fitness to practise referrals, with an increase of over 100 per cent since 2021-2022.

- 4.3 Despite the challenges we're facing, we are continuing to make continued and sustained improvements in how we are managing fitness to practise investigations. We aim to share the themes and learning from those concerns that do not meet the threshold for further regulatory intervention with both the professions we regulate and the public, to support improvements in our concerns process.

5. Collaborating with other regulators and organisations

- 5.1 Greater collaboration with healthcare regulators and other organisations across pharmacy and healthcare is one of the central themes of our new strategy. We are committed to working across the healthcare system to improve health outcomes for everyone.
- 5.2 One of our three strategic aims is to protect those using pharmacy services by working collaboratively with healthcare regulators and other organisations. Over the last year, I've prioritised continuing to build our strategic engagement with other regulators across the health and care system, taking forward important discussions about regulating professionals working in multi-disciplinary ways. This has included meeting the RCGP, GMC, the Care Quality Commission and the Food Standards Agency on areas of mutual interest. I've also taken part in PSA meetings for Chairs of Healthcare Regulators, which has been invaluable for sharing insights and approaches across the sector.
- 5.3 I've also participated in a wide range of meetings and events with Ministers and parliamentarians, making sure that strategic issues for pharmacy and regulation are raised at the highest levels.

6. Championing equality, diversity and inclusion

- 6.1 Equality, diversity and inclusion run through all three aims of our strategic plan, shaping how we make decisions, engage with the professions we regulate and the public, and build a fair and supportive organisation.
- 6.2 As an example, we have begun a key programme of work to seek to address differential attainment in pharmacy education and training and will be taking this forward with a range of key stakeholders in 2026. This programme of work is a powerful example of us using all our regulatory levers and influence to help tackle discrimination and reduce health inequalities.
- 6.3 I've also continued to personally engage with a wide range of organisations and individuals to discuss how we can achieve our goal of creating a welcoming, discrimination-free environment in the pharmacy sector, and using my voice to champion and support initiatives promoting equality, diversity and inclusion across the health and care sector. This has included speaking at the Minoritised Life Scientists Future Forum, participating in the All Party Parliamentary Group (APPG) on Black Health's launch of the Black Healthcare Improvement Framework, and speaking to pharmacy students at Kingston University Pharmacy School's Black History Month Event. However, there is more for us to do in 2026.

7. Looking ahead to 2026

- 7.1 In the coming year, we expect to see ongoing developments in how health and care services are delivered across all three countries in which we regulate, and we will continue to urge decision-makers to make sure pharmacy is at the heart of these changes. We look forward to participating in continued discussions with Governments across Great Britain, the people we regulate, and other stakeholders about how together we can unlock the full potential of pharmacy.
- 7.2 We will also continue to engage with pharmacists and pharmacy technicians to inform our work and ensure the professions are empowered to achieve quality pharmacy services across all settings.

8. Summary of key events and visits in 2025

- 8.1 Below is a list of the key events/visits I attended in 2025 (not including the regular programme of 1-2-1 meetings I attend with other leaders in the sector):

Date	Event
Wednesday 8 January 2025	Stephen Kinnock MP, Minister for Care – The Chair met with the Minister.
Wednesday 8 January 2025	Healthwatch England – Meeting to discuss issues in pharmacy
Friday 10 January 2025	Inspection Visit – Shadow visit to pharmacy with GPhC Inspector
Wednesday 15 January 2025	University College London School of Pharmacy /Royal Pharmaceutical Society/National Pharmacy Association lecture on vaccines
Wednesday 15 January 2025	Taiwo Owatemi MP – Discussion about the work and responsibilities of the GPhC
Friday 17 January 2025	Turning Point – The Chair met with colleagues from Turning Point.
Thursday 23 January 2025	Cogora’s workforce issues in primary care report launch at Westminster
Friday 31 January 2025	Caribbean and African Health Network (CAHN) – Meeting with Charles Kwaku-Odoi (Chief Executive)
Friday 7 February 2025	World Pharmacy Council – Discussion about opportunities for learning and collaboration internationally
Wednesday 19 March 2025	Patient and Public Voice – Meeting with our patient and public forum to hear feedback on draft strategy
Wednesday 26 March 2025	Pharmacist Support - The Chair met with colleagues from Pharmacist Support.

Wednesday 26 March 2025	Pharmaceutical Society of Northern Ireland – meeting with Geraldine O’Hare, the President of PSNI
Thursday 27 March 2025	Neil Gray MSP, Cabinet Secretary for Health and Social Care in Scotland – The Chair met with Neil Gray MSP.
Tuesday 1 April 2025	Minoritised Life Scientists Future Forum – The Chair spoke at the MLSFF on the topic – Reimagining the STEM pipeline: How Can We Advance Equity and Success?
Tuesday 8 April 2025	Care Quality Commission – Meeting with the Chair and CEO of the CQC
Wednesday 9 April 2025	Virtual Listening Event – The Chair hosted an online event to hear feedback from registrants and stakeholders.
Wednesday 7 May 2025	Food Standards Agency – Discussion with the Chair, CEO and colleagues from the FSA concerning cannabidiols (CBDs) and food supplements.
Saturday 10 May 2025	Clinical Pharmacy Congress – The Chair attended the Congress where the Chief Pharmacy Officer and Chief Enforcement Officer spoke and GPhC Staff had a stall. The Chair spoke to registrants and trainees at the GPhC stall.
Wednesday 14 May 2025	PSA Chairs Roundtable – The Chair attended the roundtable attended by the PSA and Chairs from the other healthcare regulators.
Wednesday 14 May 2025	APPG on Black Health Event – The Chair attended the APPG held at Parliament which was focused on the issue of Reproductive Equity and Fibroids.
Friday 16 May 2025	Visit to Merseycare – The Chair and CEO visited Merseycare Hospital.
Wednesday 21 May 2025	Pharmacist Forum – The Chair attended the Pharmacist Forum.
Thursday 22 May 2025	Galen Awards and Dinner – The Chair attended the Galen Awards at the invitation of the Society of Apothecaries.
Tuesday 27 May 2025	Indian Pharmaceutical Association – The Chair and CEO hosted a visit from colleagues from the Indian Pharmaceutical Association who visited the GPhC offices.
Wednesday 4 June 2025	Royal College of General Practitioners, Vice-Chair, Professional Development and Standards – The Chair met Professor Margaret Ikpoh, the Vice-Chair, Professional Development and Standards from the Royal College of General Practitioners.
Wednesday 2 July 2025	RCGP Summer Reception – The Chair attended the RCGP Reception.
Friday 11 July 2025	Healthwatch England – The Chair and CEO met with colleagues from Healthwatch England to discuss current areas of pharmacy interest.

Wednesday 16 July 2025	Visit to GP Practice & IP Path Finder Site, Manchester – The Chair visited two practices in Manchester.
Thursday 7 August 2025	General Medical Council – The Chair and CEO met with the Chair and CEO at the GMC.
Wednesday 3 September 2025	Visit to Bedminster Pharmacy – The Chair and Chief Executive along with a GPhC Council member visited a pharmacy in Bedminster.
Wednesday 3 September 2025	Regional Roundtable, Bristol – The Chair hosted a regional roundtable event in Bristol.
Monday 8 September 2025	Patient and Public Voice – The Chair attended a Patient and Public voice session to listen to feedback.
Thursday 2 October 2025	Independent Pharmacy Awards – The Chair attended the Independent Pharmacy Awards held at Parliament.
Wednesday 8 October 2025	Pre-registration trainee pharmacy technician forum meeting – The Chair attend the Pharmacy Technician Forum to hear feedback from the profession.
Tuesday 14 October 2025	Royal Pharmaceutical Society Black History Month Event – The Chair and CEO attended the RPS Standing Firm in Power and Pride event for Black History Month.
Monday 20 October 2025	Independent Pharmacies Association Parliamentary Reception – The Chair attended Parliament at the invitation of the IPA for the parliamentary launch of the Campaign for Pharmacy Vaccinations.
Wednesday 22 October 2025	APPG on Black Health launch of the Black Healthcare Improvement Framework – The Chair attended the APPG session focusing on Black Health Improvement Framework (BHIF).
Friday 24 October 2025	Black History Month – GPhC staff event – The Chair spoke at a GPhC staff event for Black History Month.
Tuesday 28 October 2025	Student Voice – The Chair attended a meeting of our student forum.
Wednesday 29 October	Kingston University Pharmacy School Black History Month Event – The Chair spoke at the Pharmacy School for their Black History Month event.
Friday 14 November 2025	Pharmacist Support – The Chair and CEO met with the Chair and CEO from Pharmacist Support.
Monday 17 November 2025	PSA Chairs Roundtable – The Chair attended a roundtable with the PSA Chair and Chairs from the healthcare regulators.
Wednesday 19 November 2025	Taiwo Owatemi MP – The Chair and CEO met with Taiwo Owatemi MP.

Friday 12 December 2025	General Dental Council, Chair – The Chair is scheduled to meet with the Chair of the GDC.
Wednesday 17 December 2025	Steve Race MP – The Chair will be meeting with Steve Race MP.
Wednesday 17 December 2025	Patients Association – The Chair will be attending a meeting with the Patients Association.

Gisela Abbam
Chair
General Pharmaceutical Council

09/12/2025

Consultation proposals for Superintendent Pharmacist Standards, and Responsible Pharmacist Standards and Rules

Meeting paper for Council on 11 December 2025

Public

Purpose

To provide Council with the consultation proposals for Standards for Superintendent Pharmacists, Standards for Responsible Pharmacists, and Rules for Responsible Pharmacists

Recommendations

The Council is asked to note and approve the proposals for consultation.

1. Introduction

- 1.1 The production of leadership standards for Superintendent Pharmacists and Responsible Pharmacists, and the rules for Responsible Pharmacists, is part of the strengthening pharmacy governance programme of work. The first phase of this work was the production of Chief Pharmacist standards, which were published in January 2025.
- 1.2 The legislation underpinning the standards for Superintendent Pharmacists, and the rules and standards for Responsible Pharmacists is **The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022**. This statutory instrument amends the Medicines Act 1968, making substantial changes to the legal duties of Responsible Pharmacists and Superintendent Pharmacists. The order applies across the United Kingdom, with the Pharmaceutical Society of Northern Ireland defining professional standards for Responsible Pharmacists and Superintendent Pharmacists in Northern Ireland.
- 1.3 The purpose of the standards for Superintendent Pharmacists and those for Responsible Pharmacists is to maintain and strengthen pharmacy governance by providing clarity around the role, responsibilities, and accountabilities of each.
- 1.4 The purpose of the rules for Responsible Pharmacists is to ensure the safe and effective running of pharmacies and to protect the public. The rules establish a legal accountability framework for pharmacy operations, ensuring that a pharmacist is in charge of the pharmacy during all operational hours. The Responsible Pharmacist is responsible for the pharmacy's safety and effectiveness, and their absence must be managed to ensure continuity of service. The rules also clarify the responsibilities of the Responsible Pharmacist.

- 1.5 The Standards for Superintendent Pharmacists and those for Responsible Pharmacists will also set out our expectations for these roles in respect of changes to pharmacy supervision legislation (which is planned to come into effect on 17 December 2025). The link to the Supervision legislation has dictated a final deadline of the 17 December 2026 for the launch of both sets of standards as well as the rules for Responsible Pharmacists.

2. Providing assurance that the standards and rules are being met

- 2.1 As well as meeting the existing Standards for Pharmacy Professionals, all Superintendent Pharmacists and Responsible Pharmacists will be required to meet their respective standards, and Responsible Pharmacists must also need to meet the rules. Superintendent Pharmacists and Responsible Pharmacists will be personally accountable for meeting the standards and the rules and must be able to justify their conduct and the decisions they make. If the standards are not met, their fitness to practise may be called into question.
- 2.2 We are working with the Post Registration Assurance of Practice Advisory Group to consider the range of mechanisms for monitoring and evaluating the standards for Superintendent and Responsible Pharmacists, including how revalidation could be used by those in leadership roles to demonstrate how they are meeting our standards.

3. Standards for Registered Pharmacies

- 3.1 When developing the standards for Superintendent Pharmacists we identified two areas in the standards for registered pharmacies that need immediate updating to provide clarity and maintain patient safety. We are therefore seeking views on these changes in the consultation under discussion. The changes are:
- The current standards specifically relate to medicines and medical devices, which limits our ability to enforce against poor practice arising from other services or unregulated products provided from pharmacies. We therefore propose to include ‘any other product intended for supply or administration’ under Principle 4 of the standards.
 - Although our standards for pharmacy professionals cover consent, the current standards for registered pharmacies do not. As pharmacies increasingly offer clinical services, such as examinations, diagnosis, and hands-on treatment, it is important to include a specific standard around consent.
- 3.2 As well as seeking views on these updates, we are also using this opportunity to seek early views on whether there is anything else that should be considered when we carry out a full review of the standards for registered pharmacies, in 2026/27.

4. Standards for Pharmacy Professionals

- 4.1 With reference to the upcoming legislation on Supervision, we will be producing an annex to the standards for pharmacy professionals (the standards that all pharmacists and pharmacy technicians must meet), which will be published at the same time as the new standards for Responsible Pharmacists and Superintendent Pharmacists. The purpose of the annex is to provide clarity and maintain patient safety; it will set out the standards pharmacists and pharmacy technicians must meet in respect of the authorisation and supervision of the preparation, assembly, dispensing and sale and supply of medicines.
- 4.2 As well as seeking views on the inclusion of an annex on supervision and authorisation, we are also using this opportunity to seek early views on whether there is anything else that

should be considered when we carry out a full review of the standards for pharmacy professionals in 2026/27.

5. Next steps

- 5.1 The consultation will run for 14 weeks if launched in December 2025, to account for the festive break.
- 5.2 A consultation analysis report will be brought back to Council in late spring/early summer 2026.

6. Equality and diversity implications

- 6.1 An Equality Screening and Impact Assessment (ESIA) is being undertaken for the strengthening pharmacy governance programme of work. The document covering the Chief Pharmacist Standards, together with those for Superintendent and Responsible Pharmacists will be published on the GPhC website, together with the consultation analysis report, when the rules for Responsible Pharmacists have been signed off by the Council, the Privy Council and the Secretary of State.
- 6.2 With regards to meeting our standards and the rules, expectations are the same for all pharmacists and pharmacy technicians to which the standards and rules apply, regardless of whether they identify as having one or more of the protected characteristics under the Equality Act 2010.

7. Communications

- 7.1 Extensive engagement with a broad range of stakeholders has already been carried out using various channels, including individual one-to-one meetings, virtual focus groups, and webinars.
- 7.2 A communications and engagement plan has been developed for the consultation. Communications will be sent to stakeholders using regular channels including the GPhC website, email, and social media.

8. Resource implications

- 8.1 The resources for this work have been accounted for in existing budgets.

9. Risk implications

- 9.1 The actions of Superintendent and Responsible Pharmacists have an impact on the safe and effective care that patients and the public receive, and on the confidence that members of the public have in pharmacy.
- 9.2 Failure to effectively engage with a wide audience, including patients and the public could undermine the standards and their future use.
- 9.3 In relation to regulatory standards, Council has previously indicated acceptance of a greater degree of risk in maintaining and updating standards. This is because being too risk averse, or conservative, in setting standards could become counter-productive and mean we fail to deliver a regulatory model that meets society and pharmacy's needs.

10. Monitoring and review

- 10.1 The standards will be monitored and reviewed on an on-going basis with the normal review cycle being five years.
- 10.2 We will draw on the data and intelligence we and others hold (including revalidation, inspection, and fitness to practise data) to identify and respond to any new or emergent gaps in the standards and provide assurance that those in leadership roles are developing their practice and improving patient safety.

11. Recommendations

The Council is asked to note and approve the proposals for consultation.

Lynsey Cleland, Chief Standards Officer and Deputy Registrar
General Pharmaceutical Council

Annette Ashley, Head of Policy and Standards
General Pharmaceutical Council

01/12/2025

Consultation on draft rules for Responsible Pharmacists and standards for Responsible Pharmacists and Superintendent Pharmacists

Contents

About the GPhC	3
Who we are.....	3
What we do.....	3
Overview	4
Background	4
The legislation	4
About this consultation	4
Section 1 – The standards for Superintendent Pharmacists	5
Section 2 – The standards for Responsible Pharmacists	6
Section 3 – The rules for Responsible Pharmacists.....	6
Section 4 – The standards for registered pharmacies.....	7
Section 5 – The standards for pharmacy professionals	7
The consultation process	8
Our report on this consultation.....	8
Why we consult.....	8
Responding to the consultation	8
Appendix A Consultation questions	10
Background questions	10
Standards for Superintendent Pharmacists	13
Standards for Responsible Pharmacists.....	15

Rules for Responsible Pharmacists	17
Standards for registered pharmacies.....	18
Standards for pharmacy professionals	19
Impact of the proposals	20

About the GPhC

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. Our main work includes:

- setting standards for pharmacy professionals and pharmacies to enter and remain on our register
- asking pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies
- acting 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.

Overview

Background

Following the introduction of new legislation, the General Pharmaceutical Council (GPhC) and the Pharmaceutical Society of Northern Ireland (PSNI) are working to strengthen pharmacy governance.

The GPhC now has powers that allow us to:

- develop rules setting out the essential roles and responsibilities of Responsible Pharmacists, and
- set professional standards for Chief Pharmacists, Superintendent Pharmacists and Responsible Pharmacists

The first part of this work was to develop the Chief Pharmacist standards, which has now concluded. You can view the Chief Pharmacist standards [here](#).

The second stage is to produce rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists.

Following publication of the standards for Superintendent Pharmacists, and the rules and standards for Responsible Pharmacists, we will be carrying out a full review and consultation on the standards for registered pharmacies and standards for pharmacy professionals.

The legislation

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022 came into force on 1 December 2022.

This Order introduces changes to the Medicines Act 1968, the Pharmacy Order 2010, the Pharmacy (Northern Ireland) Order 1976, and The Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008. The changes include giving the GPhC legal powers to set rules and describe the role and responsibilities of Superintendent Pharmacists and Responsible Pharmacists in standards of conduct, ethics and performance.

Its purpose is to clarify the relationship between pharmacy owners, Superintendent Pharmacists, and Responsible Pharmacists to make sure that pharmacies deliver safe and effective care to patients and the public, making clear the accountability of each role within a pharmacy. In turn, this will strengthen pharmacy governance to support better use of the skill mix within pharmacy teams to deliver more clinical services in the community, as well as more widely supporting care provided by the NHS and Health and Social Care.

About this consultation

This consultation is seeking views on the proposed standards for Superintendent Pharmacists, and proposed rules and standards for Responsible Pharmacists. The aim of this consultation is to get the views of our stakeholders on the proposed standards and rules, and if there is anything else we should have included.

We are also seeking views on proposed changes to the standards for registered pharmacies and standards for pharmacy professionals that were identified when developing the standards for

Superintendent Pharmacists and Responsible Pharmacists. More information about the proposals can be found under each section.

This consultation document has five sections. Each section is designed to gather your views on a separate area.

- Section 1 – The standards for Superintendent Pharmacists
- Section 2 – The standards for Responsible Pharmacists
- Section 3 – The rules for Responsible Pharmacists
- Section 4 – The standards for registered pharmacies
- Section 5 – The standards for pharmacy professionals

The consultation questions comprise of:

1. Some general background questions about you and, if you respond on behalf of an organisation, your organisation. We use this to help us analyse the possible impact of our plans on different groups
2. Specific questions about each section of the consultation

You do not have to respond to each section; you will have the opportunity to skip sections of the consultation questions if they are not relevant to you.

You can find a full list of the consultation questions at [Appendix A](#) and our draft standards for Superintendent Pharmacists at [Appendix B](#); the draft standards for Responsible Pharmacists at [Appendix C](#); the draft rules for Responsible Pharmacists [Appendix D](#); the standards for registered pharmacies at [Appendix E](#); the standards for pharmacy professionals at [Appendix F](#); and the proposed annex on supervision and authorisation for the standards for pharmacy professionals at [Appendix G](#).

Please note, there is [upcoming](#) legislation on pharmacy supervision which will allow pharmacists to authorise registered pharmacy technicians to carry out, or supervise others carrying out, the preparation, assembly, dispensing, sale and supply of medicines. Questions about this legislation are outside the scope of this consultation.

Section 1 – The standards for Superintendent Pharmacists

The draft standards for Superintendent Pharmacists set out the criteria required to perform the role of a Superintendent Pharmacist and their professional responsibilities. They also describe the knowledge a Superintendent Pharmacist must have – and the conduct and performance expected of them – if they are to support the organisation and its staff to deliver safe and effective operation of the pharmacy business.

In developing these standards, we worked with a broad range of stakeholders from across the pharmacy sector in England, Scotland, and Wales. We analysed and used the feedback to develop these standards for Superintendent Pharmacists. Each standard includes examples of how it can be met in practice. The five standards are:

- **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 arrangements to ensure safe and effective delivery of pharmacy services**

- **Make sure the pharmacy environment and premises safeguard the health, safety and wellbeing of patients and the public**

To read the draft standards for Superintendent Pharmacists, please see [Appendix B](#). If a Superintendent Pharmacist does not meet these standards it could result in the GPhC taking enforcement action.

Section 2 – The standards for Responsible Pharmacists

The draft standards for Responsible Pharmacists describe the role and responsibilities of Responsible Pharmacists and set the standards of conduct, ethics, and performance they must meet to support the pharmacy and its staff to deliver safe and effective pharmacy services.

In developing these standards, we worked with a broad range of stakeholders from across the pharmacy sector in England, Scotland, and Wales. We analysed and used the feedback to develop these standards for Responsible Pharmacists. Each standard includes examples of how it can be met in practice. The four standards are:

- **Prioritise patient safety**
- **Provide the leadership and management needed to ensure the safe and effective operation of the pharmacy**
- **Make sure, if using authorisation, to authorise responsibly and make clear the lines of accountability**
- **Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services.**

For further information on the draft standards for Responsible Pharmacists, please see [Appendix C](#). If a Responsible Pharmacist does not meet these standards it could result in the GPhC taking enforcement action.

Section 3 – The rules for Responsible Pharmacists

The GPhC now have powers to describe the role and professional responsibilities of Responsible Pharmacists through secondary legislation. We have developed draft Responsible Pharmacist Rules alongside the standards for Responsible Pharmacists.

In developing the draft Rules we have had regard to the principle that the burdens imposed on businesses by the draft Rules should be the minimum necessary to secure the benefits, considered in general terms, which are expected to result from the draft Rules.

In developing these draft Rules, we worked with a broad range of stakeholders from across the pharmacy sector in England, Scotland, and Wales. We analysed and used the feedback to develop the draft Rules.

The draft Rules contain specific requirements relating to the duties of Responsible Pharmacists to secure the safe and effective running of a pharmacy business at the premises from which it is carried on. For example, they specify the maximum period the Responsible Pharmacist may be absent from the premises during the pharmacy's business hours, and the arrangements that must be made in the event of the Responsible Pharmacist's absence.

For further information on the draft rules for Responsible Pharmacists, please see [Appendix D](#).

Section 4 – The standards for registered pharmacies

The purpose of the standards for registered pharmacies is to create and maintain the right environment, both organisational and physical, for the safe and effective practice of pharmacy; these standards apply to all pharmacies registered with the General Pharmaceutical Council.

Following publication of the standards for Superintendent Pharmacists, and the rules and standards for Responsible Pharmacists, we will be carrying out a full review and consultation of the standards for registered pharmacies.

When developing the standards for Superintendent Pharmacists we identified two areas that need immediate updating in the standards for registered pharmacies. We are seeking views on these updates and using this opportunity to seek early views on whether there is anything else that should be considered when we carry out a full review of the standards for registered pharmacies in 2026/27.

To read the standards for registered pharmacies, please see [Appendix E](#).

Section 5 – The standards for pharmacy professionals

These professional standards apply to all pharmacists and pharmacy technicians and are the core standards that pharmacy professionals in Great Britain must meet.

Following publication of the standards for Superintendent Pharmacists, and rules and standards for Responsible Pharmacists, we will be carrying out a full review and consultation on the standards for pharmacy professionals.

However, upcoming supervision legislation introduces new provisions which will have an impact on pharmacists and pharmacy technicians. The supervision legislation will enable:

- Trained team members to hand out checked and bagged prescriptions, bringing legislation in line with current practices such as home delivery and lock box services
- Pharmacists to authorise registered pharmacy technicians to carry out, or supervise others carrying out, the preparation, assembly, dispensing, sale and supply of medicines
- Pharmacy technicians to supervise the preparation, assembly and dispensing of medicines in hospital aseptic facilities.

To make sure that pharmacists and pharmacy technicians know what this will mean for them, we are planning to produce an annex to the existing standards for pharmacy professionals before the supervision legislation comes into effect. The annex will set out the standards pharmacists must meet, if they decide to authorise pharmacy technicians to carry out certain tasks, and the accountabilities and responsibilities of both pharmacists and pharmacy technicians if authorisation and/or supervision takes place.

We are seeking your views on whether you agree with this approach. We are not seeking views on the pharmacy supervision legislation itself as this falls outside the scope of this consultation. We are also taking the opportunity to seek views on whether there is anything else we should consider when we carry out a full review of the standards for pharmacy professionals in 2026/27.

To read the standards for pharmacy professionals, please see [Appendix F](#) and please see [Appendix G](#) for the proposed annex to the Standards for Pharmacy Professionals.

The consultation process

The consultation will run for **14 weeks and will close on XXX 2026**. During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholders, including Superintendent Pharmacists, Responsible Pharmacists, pharmacists, pharmacy technicians, pharmacy owners, patients' representative bodies, and other people and organisations with an interest in this area.

After the consultation, we will publish a report summarising what we heard.

Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive and consider any changes that are needed.

Our governing Council will receive the analysis and will consider the responses when approving the final rules for Responsible Pharmacists and standards for Responsible Pharmacists and Superintendent Pharmacists.

We will publish our analysis of the responses and an explanation of the decisions we take. You will be able to see this on our website www.pharmacyregulation.org.

Why we consult

Under the Pharmacy Order 2010, we have to consult before we set any standards or requirements. We will also consult, when we need to, to make sure we are carrying out our statutory duties effectively and proportionately to meet our main objective of protecting the public.

Responding to the consultation

How we use your information

We will use your response to help us develop our work. We ask you to give us some background information about you and, if you respond on behalf of an organisation, your organisation. We use this to help us analyse the possible impact of our plans on different groups. We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties. There is an equality monitoring form at the end of the survey. You do not have to fill it in, but if you do, it will give us useful information to check that this happens.

How we share your information

If you respond as a private individual, we will not use your name or publish your individual response. If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it. But we cannot guarantee that confidentiality can be maintained in all circumstances.

If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

Your rights

Under data protection law, you may ask for a copy of your response to this consultation or other information we hold about you. You may also ask us to delete your response. For more information about your rights and who to contact please read our privacy policy on our website.

How to respond

You can respond to this consultation by going to www.pharmacyregulation.org/XXX and filling in the online questionnaire there.

We encourage everyone to use the online questionnaire. However, if you want to send a response by email, please write your response to the consultation questions and send it to us at consultations@pharmacyregulation.org.

Other formats

Please contact us at communications@pharmacyregulation.org if you would like a copy of the consultation survey in another format (for example, in larger type or in a different language).

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to:

feedback@pharmacyregulation.org

or post them to us at:

Governance Team

General Pharmaceutical Council

Level 14, One Cabot Square

London

E14 4QJ

Please do not send consultation responses to this address.

Appendix A - Consultation questions

Background questions

First, we would like to ask you for some background information. This will help us to understand the views of specific groups, individuals and organisations and will allow us to better respond to those views.

Are you responding:

as an individual? (the views expressed are your own)

on behalf of an organisation? (the views expressed are those of an organisation you represent)

Section A: Responding as an individual

Please tell us your:

first name:

last name:

email:

Where do you live?

England

Scotland

Wales

Northern Ireland

Other

If you selected 'other', please say where:

Are you responding as:

a pharmacist?

a pharmacy technician?

a student or trainee pharmacist or pharmacy technician

a member of the public?

other?

If you selected 'other', please explain:

Free text box

(If select pharmacist) Are you a:

- Chief pharmacist
- Superintendent pharmacist
- Responsible pharmacist
- None of the above

Sector

Please choose the option below which best describes the area you mainly work in.

- Community pharmacy (including online)
- Hospital pharmacy
- Prison pharmacy
- GP practice
- Care home
- Primary care organisation
- Pharmaceutical industry
- Research, education or training
- Other

If you selected 'other', please say what area you mainly work in:

Free text box

Size of community pharmacy

Which of the following best describes the community pharmacy you work in (or own)? *

- Independent pharmacy (1 pharmacy)
- Independent pharmacy chain (2-5 pharmacies)
- Small multiple pharmacy chain (6-25 pharmacies)
- Medium multiple pharmacy chain (26-100 pharmacies)
- Large multiple pharmacy chain (over 100 pharmacies)
- Online- only pharmacy

Section B: Responding on behalf of an organisation

Do you consent for your organisation's name to be listed in the report of the consultation?

- Yes
- No

Do you want any part of your response to stay confidential? Important: we cannot guarantee that we can maintain confidentiality in all circumstances.

Yes

No

Please explain which parts you would like to keep confidential and why the information you have given is confidential.

Free text box

Please tell us your:

first name:

last name:

job title:

organisation:

address:

email:

Type of organisation

Please choose the option below which best describes your organisation.

Organisation representing patients or the public

Organisation representing pharmacy professionals or the pharmacy sector

Registered pharmacy

NHS organisation or group

Research, education or training organisation

Government department or organisation

Regulatory body

Other

If you selected 'other', please say what type of organisation you work for:

Free text

Type of registered pharmacy

Which of the following best describes the registered pharmacy you represent?

Independent community pharmacy (1 pharmacy)

Independent community pharmacy chain (2-5 pharmacies)

Small multiple community pharmacy chain (6-25 pharmacies)

Medium multiple community pharmacy chain (26-100 pharmacies)

Large multiple community pharmacy chain (over 100 pharmacies)

Online- only pharmacy

Hospital pharmacy

Prison pharmacy

Other

If you selected 'other', please describe your pharmacy:

Free text

Standards for Superintendent Pharmacists

The role of the Superintendent Pharmacist

The criteria for the role of the Superintendent Pharmacist are set out in legislation. The criteria must be met in full.

A Superintendent Pharmacist must:

- Be a pharmacist who maintains their registration with the GPhC; and
- Be a senior manager of the retail pharmacy business who has the authority to make decisions affecting the running of the retail pharmacy business in connection with the retail sale and supply of medicinal products. This includes having a significant role in:
 - making decisions about how the whole or a substantial part of the activities of a retail pharmacy business are managed or organised, or
 - the actual managing or organising of the whole or a substantial part of the activities of a retail pharmacy business
- Notify the GPhC in writing confirming their name and that they are the Superintendent Pharmacist for the retail pharmacy business. Notice provided to the GPhC must be signed by the Superintendent Pharmacist and signed on behalf of the retail pharmacy business.

1. Do you think we should set additional minimum requirements for a pharmacist to become a Superintendent Pharmacist?

Yes

No

Don't know

If yes, please explain what requirements we should set, for example in terms of experience, skills, length of service or something else

Free text

It is important that the GPhC is able to identify, at all times, who is performing the role of the Superintendent Pharmacist for a retail pharmacy business. This includes if the Superintendent Pharmacist is away from work for an extended period of time, for example on sick leave.

2. If a Superintendent Pharmacist is unable to perform their legal and professional responsibilities, for example, due to an extended period of absence, do you think it is reasonable for the GPhC to require pharmacy owners to appoint a new permanent or interim Superintendent and to notify us of the details within 28 days of the previous Superintendent leaving the role?

Yes

No

Don't know

Please explain your responses

Free text

Standards for Superintendent Pharmacists

We have proposed five standards for Superintendent Pharmacists. These are:

- a. Provide strategic and professional leadership
- b. Develop a workforce with the right skills, knowledge, and experience
- c. Delegate responsibly and make sure there are clear lines of accountability
- d. Maintain and strengthen governance arrangements to ensure safe and effective delivery of pharmacy services
- e. Make sure the pharmacy environment and premises safeguard the health, safety and wellbeing of patients and the public

3. In the interests of patient and staff safety, do you think the standards will:

- a. strengthen the safe and effective running of a pharmacy business?

Yes

No

Don't know

- b. clarify the role of the Superintendent Pharmacist, making their accountabilities and responsibilities clear?

Yes

No

Don't know

Please explain your responses

Free text

4. The Superintendent Pharmacist has a key leadership role in the pharmacy and is responsible for securing the safe and effective running of the pharmacy business. Are there any other standards you think should be in place for Superintendent Pharmacists to meet the requirements of this role?

Yes
No
Don't know

If 'yes', what standards do you think should be included?

Free text

Any other comments

5. Is there anything else related to the standards for Superintendent Pharmacists that you would like to raise?

Yes, I have additional comments that I have not already raised
No, I have provided all my feedback in my earlier responses

If yes, please provide your additional comments

Free text

Standards for Responsible Pharmacists

The role of the Responsible Pharmacist

The Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008 introduced the role of the Responsible Pharmacist. The owner of a retail pharmacy business must appoint a Responsible Pharmacist who is a registered pharmacist, to be in charge of the registered pharmacy. The Responsible Pharmacist is responsible for the day-day running of the pharmacy and for securing the safe and effective operation of the pharmacy, so far as concerns the retail sale of medicinal products and the supply of medicinal products in circumstances corresponding to retail sale.

Please note, there is **upcoming** legislation on pharmacy supervision which will allow pharmacists to authorise registered pharmacy technicians to carry out, or supervise others carrying out, the preparation, assembly, dispensing, sale and supply of medicines. Questions about this legislation are outside the scope of this consultation.

A Responsible Pharmacist can only be responsible for one pharmacy premises at a time.

1. Do you think we should set minimum requirements for a pharmacist to become a Responsible Pharmacist?

Yes
No
Don't know

If Yes, please explain what requirements we should set in terms of experience, skills, length of service or something else

Free text

The Superintendent Pharmacist is responsible for organisational oversight of the management and operation of the pharmacy business including keeping and maintaining records in relation to this (if there is not a requirement for a Superintendent Pharmacist to be appointed, this responsibility rests with the pharmacy owner). The Responsible Pharmacist is responsible for keeping and maintaining records for the safe and effective operation of the day-to-day running of the pharmacy.

2. What records do you think are the responsibility of the Responsible Pharmacist?

Free text

Standards for Responsible Pharmacists

We have proposed four standards for Responsible Pharmacists. These are:

- a. Prioritise patient safety
- b. Provide the leadership and management needed to ensure the safe and effective operation of the pharmacy
- c. Make sure, if using authorisation, to authorise responsibly and make clear the lines of accountability
- d. Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services

3. In the interests of patient and staff safety, do you think the standards will:

a. strengthen the day-to-day running of the pharmacy?

Yes

No

Don't know

b. clarify the role of the Responsible Pharmacist, making their accountabilities and responsibilities clear?

Yes

No

Don't know

Please explain your responses

Free text

4. The Responsible Pharmacist has a key leadership role in the pharmacy. The Responsible Pharmacist is responsible for the day-to day running of the pharmacy and for securing the safe and effective operation of the pharmacy, including during periods of absence. Are there any

other standards you think should be in place for Responsible Pharmacist to meet the requirements of this role?

Yes

No

Don't know

If 'yes', what standards do you think should be included?

Free text

Any other comments

5. Is there anything else related to the standards for Responsible Pharmacists that you would like to raise?

Yes, I have additional comments that I have not already raised

No, I have provided all my feedback in my earlier responses

If yes, please provide your additional comments

Free text

Rules for Responsible Pharmacists

The requirement for the presence of a Responsible Pharmacist in every registered pharmacy is enshrined in primary legislation. We are proposing to retain the current rule where a Responsible Pharmacist can only be responsible for one pharmacy premises at any given time.

1. Do you agree with our proposal to retain the current single premises rule?

Yes

No

Don't know

Please explain your response

Free text

We propose to retain the current rule that allows the Responsible Pharmacist to be absent from the pharmacy for up to two hours. If there is more than one Responsible Pharmacist scheduled during the pharmacy's business hours, the two-hour limit relates to the combined period of absence for them both.

2. Do you agree with our proposal to retain the current two-hour absence rule?

Yes

No

Don't know

Please explain your response

Free text

Any other comments

3. Is there anything else related to the rules for Responsible Pharmacists that you would like to raise?

Yes, I have additional comments that I have not already raised

No, I have provided all my feedback in my earlier responses

If yes, please provide your additional comments

Free text

Standards for registered pharmacies

Following publication of the standards for Superintendent Pharmacists and the rules and standards for Responsible Pharmacists, we will be carrying out a full review and consultation on the standards for registered pharmacies.

When developing the standards for Superintendent Pharmacists we have identified two areas in the standards for registered pharmacies that need updating now to provide clarity and maintain patient safety. These are:

- a. The current standards specifically relate to medicines and medical devices, which limits our ability to enforce against poor practice arising from other services or unregulated products provided from pharmacies. We therefore propose to include *'any other product intended for supply or administration'* under Principle 4 of the standards.
 - b. Although our standards for pharmacy professionals cover consent, the current standards for registered pharmacies do not. As pharmacies increasingly offer clinical services, such as examinations, diagnosis, and hands-on treatment, it is important to include a specific standard around consent.
1. (a) Do you agree with the inclusion of *'any other product intended for supply or administration'* under Principle 4 of the standards?
- Yes
No
Don't know
2. (b) Do you agree with the inclusion of a specific standard around consent?

Yes
No
Don't know

Please explain your responses

Free text

3. Is there anything else you think could put patient safety at risk and should be changed or added to the standards for registered pharmacies before the full review?

Free text

4. Is there anything you would like to raise now for us to consider when we carry out the full review of the standards for registered pharmacies?

Free text

Standards for pharmacy professionals

Following publication of the standards for Superintendent Pharmacists and rules and standards for Responsible Pharmacists, we will be carrying out a full review and consultation on the standards for Pharmacy Professionals.

Ahead of the review, and in light of upcoming legislation on supervision and authorisation, we will be producing an annex to the standards for pharmacy professionals, which will be published alongside the standards for Responsible Pharmacists. The annex will set out what is expected of pharmacists and pharmacy technicians if a pharmacy decides to use authorisation. Please note: The Royal Pharmaceutical Society (RPS) will be providing guidance covering authorisation.

1. Do you agree with our proposal to publish an annex to the standards for pharmacy professionals to cover authorisation?

Yes
No
Don't know

Please explain

Free text

2. Is there anything else you think could put patient safety at risk and should be changed or added to the standards for pharmacy professionals before the full review?

Free text

3. Is there anything you would like to raise now for us to consider when we carry out the full review of the standards for pharmacy professionals?

Free text

Impact of the proposals

Impact on people sharing protected characteristics

We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. These are:

Age
Disability
Gender reassignment
Marriage and civil partnership
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation

1. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

Positive impact
Negative impact
Positive and negative impact
No impact
Don't know

Please describe the impact you think our proposals will have and the protected characteristic(s) concerned.

Free text box

Impact on other groups

We also want to know if our proposals will have an impact on other individuals or groups (not related to protected characteristics) – specifically, patients and the public, Responsible Pharmacists, Superintendent Pharmacists, pharmacy owners or employers, pharmacy staff, other healthcare professionals, and pharmacy students and pre-registration trainees.

2. Do you think our proposals will have a positive or negative impact on any of these groups?

Patients and the public
Superintendent Pharmacists
Responsible Pharmacists
Pharmacy owners/employers
Pharmacy staff
Other healthcare professionals
Pharmacist and pharmacy technician students and trainees

Positive impact

Negative impact
Positive and negative impact
No impact
Don't know

Please describe the impact you think our proposals will have and the individuals or groups concerned.

Free text

Standards for Responsible Pharmacists

About us

The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and registered 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 registered 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.

Introduction

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022

All references to pharmacists and pharmacy technicians in these standards are to pharmacists and pharmacy technicians registered with the GPhC.

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022 has given the GPhC the power to set rules and standards that describe the role and professional responsibilities of Responsible Pharmacists, as well as the conduct, ethics, and performance expected of them.

These standards and the accompanying rules for Responsible Pharmacists extend to England, Scotland, and Wales. The Pharmaceutical Society Northern Ireland, are responsible for producing the standards for pharmacists in Northern Ireland.

The rules for Responsible Pharmacists were developed alongside these standards and can be found at: [\[link to be inserted\]](#)

One of the aims of these standards is to clarify the relationship between pharmacy owners, Superintendent Pharmacists, and Responsible Pharmacists and make clear the accountability of each role. This will strengthen pharmacy governance to support better use of the skill mix in pharmacy teams to deliver more clinical services and direct patient care in the community, as well as supporting wider Health and Social Care capacity and delivering safe and effective care to patients and the public.

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

Please note: the standards include reference to the Superintendent Pharmacist. In those pharmacy premises without a Superintendent Pharmacist please substitute 'pharmacy owner' for 'Superintendent Pharmacist'.

The role of Responsible Pharmacists

The **Medicines Act 1968** was amended in 2009 and the **Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008** came into force on 1 October 2009, introducing the role of the Responsible Pharmacist in connection with the lawful conducting of a retail pharmacy business.

Every registered pharmacy is required to have a responsible pharmacist present in the pharmacy. This requirement is enshrined in primary legislation; a pharmacy cannot operate without a Responsible Pharmacist being signed in and in charge. The introduction of the Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022 does not change that requirement.

Criteria

The owner of a retail pharmacy business must appoint a Responsible Pharmacist who is a registered pharmacist, to be in charge of the registered pharmacy. The Responsible Pharmacist is responsible for securing the safe and effective running of the pharmacy business, when it is operational, so far as concerns the retail sale of medicinal products and the supply of medicinal products in circumstances corresponding to retail sale.

There are legal requirements associated with the Responsible Pharmacist role including:

- The duty of the Responsible Pharmacist to secure the safe and effective running of the pharmacy
- **Displaying a notice** that gives the details of the Responsible Pharmacist on duty
- Making and keeping records on the day-to-day running of the pharmacy
- Only being responsible for one pharmacy at a time
- The length of time that a Responsible Pharmacist can be absent from the pharmacy.

The Responsible Pharmacist must have organisational oversight and is responsible for the day-to-day management of an individual pharmacy.

A Responsible Pharmacist can be absent from the pharmacy for a maximum of two hours during the pharmacy's business hours. If there is more than one Responsible Pharmacist during a business day, the

total absence time for all of them must not exceed two hours in a 24-hour period beginning and ending at midnight.

In addition, if reasonably practicable, the Responsible Pharmacist must be contactable by other pharmacy staff throughout the period of absence. The Responsible Pharmacist must also be able to return to the pharmacy premises with reasonable promptness, if they consider it is necessary to secure the safe and effective running of the pharmacy business. If this is not possible, arrangements must be made to ensure that another pharmacist is both available and contactable to provide advice.

A Responsible Pharmacist can only be responsible for one pharmacy premises at a time and is not able to perform their role in any location other than the pharmacy where they are signed in.

Keeping records

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists et.) Order 2022 removes responsibility from Responsible Pharmacists to establish, maintain, and keep under review, operating procedures. This is now the responsibility of Superintendent Pharmacists.

The duty for Responsible Pharmacists to make certain records is also removed, however, Responsible Pharmacists are still expected to keep records associated with the day-to-day running of the pharmacy, for example, interventions, consultations, and controlled drugs records (this list is not exhaustive), which must then be shared with the Superintendent Pharmacist. It is the responsibility of the Superintendent Pharmacist to check and store these records securely and for a prescribed period, and to make sure that any necessary follow-up action is taken.

It is the responsibility of the Superintendent Pharmacist to make sure that all records are properly maintained, and are kept for a prescribed period. If there is not a requirement for a Superintendent Pharmacist to be in post, it is the responsibility of the pharmacy owner to make sure that all records are correctly maintained and stored.

What to consider before taking on the role of a Responsible Pharmacist

Responsible pharmacists must consider the context and needs of the pharmacy they are responsible for, including:

- How the pharmacy services are delivered, i.e. in a traditional in-person way, at a distance, or on the internet
- The range of services provided, including those provided by a third party, agent or contractor
- The skill mix and number of staff in the pharmacy team
- The needs of patients and people who use their pharmacy services

Before assuming the role of a Responsible Pharmacist, the pharmacist must recognise and understand the additional responsibilities required of them and make sure they can sufficiently discharge the responsibilities whilst acting within the limits of their professional competence. Pharmacists should not only consider if they can meet these standards and whether they have the appropriate competencies and experience to make sure they can fulfil the duties of the Responsible Pharmacist, but also how they will perform the additional professional and legal responsibilities required of a Responsible Pharmacist.

Authorisation and supervision

The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 sets out legislative requirements that:

1. Enable pharmacists to authorise registered pharmacy technicians to carry out, or supervise others, carrying out the preparation, assembly, dispensing and sale and supply of medicines
2. Enable pharmacists to authorise any member of the pharmacy team to hand out checked and bagged prescriptions in the absence of a pharmacist
3. Allow pharmacy technicians to take primary responsibility for the preparation, assembly and dispensing of medicinal products in hospital aseptic facilities that do not have a special manufacturer's licence.

These legislative changes around supervision are enabling, and do not mandate changes to practice. The changes allow pharmacists, and pharmacy technicians, to be more accessible to patients and the public, and do not change individuals' professional responsibility to work within their competence regardless of permissions given in legislation.

The changes to the supervision legislation are not about:

- Allowing remote supervision
- Removing the need for pharmacists to undertake appropriate clinical checks linked to the dispensing process; pharmacists must still carry out the clinical check on a prescription to make sure that it is appropriate for the patient.

Under section 10 of the Medicines Act 1968, pharmacists are entitled to carry out, or supervise the carrying out, of tasks of preparation, assembly and dispensing of medicinal products without a manufacturing licence, even if this means the product is altered in a way that means it is no longer supplied in accordance with the terms of its product licence, if it has one, provided that what is done is carried out in a registered pharmacy, a hospital, a health centre, or a Scottish care home service. The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 amends the Medicines Act 1968 to allow a pharmacist to authorise a pharmacy technician to either carry out these tasks or, with the permission of the pharmacist, to supervise others to carry out these tasks.

Who can authorise

Authorisation can only be made by a registered pharmacist, and take place in a registered pharmacy, a hospital, a care home service, or a health centre, and must be done with due regard to patient safety.

The pharmacist remains professionally accountable for any selling or supplying in respect of any authorisation they make, and for ensuring due regard for patient safety.

The authorising pharmacist role is legally distinct from the Responsible Pharmacist and Superintendent Pharmacist roles (although, in practice, all three roles could be fulfilled by one person in a retail setting). If a pharmacy has a separate Responsible Pharmacist and a Superintendent Pharmacist, only the Responsible Pharmacist or an authorising pharmacist can authorise; this will provide clear lines of accountability and responsibility.

Undertaking authorisation

Authorisation can be:

- General or specific and given subject to conditions or restrictions
- Given orally or in writing. Our expectation is that authorisation will be provided in writing, with oral authorisation being used only in an emergency. If oral authorisation is used, the authorising pharmacist must make a full written record of the authorisation by the end of the day on which the authorisation is made
- Varied or withdrawn by the pharmacist who gives the authorisation
- To indicate acceptance of an authorisation, it must be signed by both the authorising pharmacist and the person being authorised

Details about the ways in which any authorisation should be given and recorded, either oral or in writing, should be documented in the standard operating procedures.

The authorising pharmacist must:

- Write a full record of the authorisation on the day that the authorisation is made, according to the requirements as set out in their standard operating procedures
- Make sure that the Responsible Pharmacist is informed of all authorisations as they are made, or at the latest by the end of the day in which they are made
- Submit written records of all authorisations they have made that day, to the Responsible Pharmacist, and that these records are submitted on the day on which the authorisation is made
- Make sure authorisation is carried out appropriately. This includes making sure the authorised pharmacy technician, or in the case of handing out checked and bagged prescriptions, any member of pharmacy staff being authorised, is:
 - Competent and has the appropriate education, training, skills, and experience, i.e. the task is within their scope of practice
 - Willing to take on the task
 - Clear about the responsibility and accountability they will be assuming
 - Clear about the limits and extent of what is being authorised.

When providing any authorisation, a pharmacist must have due regard to patient safety. If they do not, it will not affect the validity of the authorisation, but it may constitute misconduct, and we may investigate concerns about their fitness to practise.

Every authorisation by a pharmacist, including providing supervision, must state that the authorised task can only be done at or from the registered pharmacy specified in the authorisation.

A pharmacist can authorise a pharmacy technician to undertake a variety of tasks, including:

- Preparing or dispensing medicinal products in accordance with prescriptions given after the authorisation is given

- Procuring the preparation or dispensing of medicinal products in accordance with prescriptions given after the authorisation is given.

A pharmacist can also authorise a registered pharmacy technician to supervise:

- The preparation or dispensing of medicinal products in accordance with prescriptions given after the authorisation is given, or
- The procurement of the preparation or dispensing of medicinal products in accordance with prescriptions given after the authorisation is given.

A pharmacy technician must be authorised to supervise another member of staff to do something.

Pharmacists, including locum pharmacists, must make sure that any member of the pharmacy team who is authorised to carry out or supervise a task, has the appropriate knowledge and skills to carry out such tasks.

A pharmacist can also authorise any member of the pharmacy team, not just pharmacy technicians, to hand out checked and bagged prescriptions in the absence of a pharmacist, or where a pharmacist is treated as being absent. With reference to the handing out of checked and bagged prescriptions, there must be procedures in place if a patient specifically asks for advice from a pharmacist, or if a patient presents with information that requires consultation with a pharmacist. The standard operating procedures and sale of medicines protocols must include clear instructions on the conditions under which a sale or supply should not go ahead and when a discussion between the patient and the pharmacist is necessary.

Pharmacy technicians

The pharmacy technician must:

- Make sure they have the appropriate education, training, skills and experience for the task(s) being authorised and are working within their scope of practice
- Be willing to take on the task(s) being authorised. Pharmacy technicians can say no to an authorisation for several reasons, including if they think the task is outside their scope of practice, or if they do not feel confident in undertaking the task
- Be clear about the responsibility and accountability they will be assuming
- Be clear about, and work within the limits and extent of what is being authorised.

The role of the Responsible Pharmacist in authorisation

The **Responsible Pharmacist** must:

- Check that all authorisations made in the pharmacy during the time they are signed in, conform with the relevant standard operating procedures
- Submit all checked authorisation records to the Superintendent Pharmacist for appropriate storage.

In addition, the Responsible Pharmacist can vary or withdraw an authorisation given by another pharmacist if they believe:

- It does not comply with patient safety obligations

- It poses a risk to the safe and effective running of the pharmacy and undermines their ability to discharge their responsibility for the same.

This applies to any authorisation in force for the duration of the period of time that the Responsible Pharmacist holds that role, including:

- Authorisations existing at the point of their arrival at the pharmacy premises; and
- Any authorisation given during the time that they are performing the role of Responsible Pharmacist.

Further guidance on how to undertake authorisation has been produced by the Royal Pharmaceutical Society (RPS) and can be found at: [\[link to be inserted\]](#)

Other points for consideration when authorising

Controlled drugs

There are no changes with reference to the handling and dispensing of controlled drugs under the new provisions.

Aseptic provision

Aseptic facilities do not come under the remit of the GPhC. Information on the supervision legislation which allows pharmacy technicians to take primary responsibility for the preparation, assembly and dispensing of medicinal products in hospital aseptic facilities that do not have a special manufacturer's licence, can be found in the RPS standards for the Quality Assurance of Aseptic Preparation Services. These standards have been updated and can be found [here](#).

Clinical trials

With reference to the regulation of clinical trials, hospital and health centre pharmacies and dispensaries can assemble investigational medicinal products without the need for a manufacturing licence, and the new arrangements for authorisation by pharmacists and supervision by pharmacy technicians will apply, in a simplified way, to the assembly of investigational medicinal products.

Pharmacist who is absent or treated as absent

If a pharmacist is going to be absent, or treated as absent, and they have dispensed or supervised a checked prescription which is then ready for sale or supply at or from a registered pharmacy, the pharmacist can authorise any member of the pharmacy staff to undertake the final supply of that medicine to or for a patient, on their behalf. The RPS has produced guidance which can be found [here](#) [\[Add link to the RPS guidance\]](#)

A pharmacist is treated as being absent from premises that are a registered pharmacy if the pharmacist is at the pharmacy but not available to intervene in, or not in a position to intervene in, the transaction in question. For example, if they are in a consultation room with a patient.

The standards for Responsible Pharmacists

The standards for Responsible Pharmacists set out the professional responsibilities, as well as the knowledge, conduct, ethics, and performance required by a Responsible Pharmacist to support the pharmacy, and its staff, to deliver safe and effective pharmacy services.

The Responsible Pharmacist is responsible for securing the safe and effective running of the pharmacy business, when it is operational, so far as concerns the retail sale of medicinal products and the supply of medicinal products in circumstances corresponding to retail sale. Responsible pharmacists must meet the following standards:

1. Prioritise patient safety
2. Provide the leadership and management needed to ensure the safe and effective operation of the pharmacy
3. Make sure, if using authorisation, to authorise responsibly and make clear the lines of accountability
4. Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services.

The standards are designed to be 'outcome focused' in acknowledgement of the different circumstances of individual registered pharmacies. We have provided examples of how the standards can be met in practise, but we recognise there may be multiple ways of achieving each outcome and want to empower Responsible Pharmacists to exercise their professional judgement in the interests of patients and the public. Responsible pharmacists must determine how to meet these standards and other legal and professional responsibilities, while taking account of the requirements of the pharmacy for which they are responsible.

The standards are also a statement of what patients and those working with Responsible Pharmacists can expect of them. They are essential in making sure that patients and the public receive safe and effective care.

Applying the standards

The standards for Responsible Pharmacists are all equally important and must be met during the times when the registered pharmacist is signed in as the Responsible Pharmacist.

While Responsible Pharmacists are directly accountable for meeting the standards set out in this document and must be able to justify their conduct and the decisions they make, they also share responsibility with the pharmacy owner and Superintendent Pharmacist for ensuring the safe and effective running of the pharmacy and safe provision of pharmacy services. It is therefore vital that pharmacy owners, Superintendent Pharmacists, and pharmacy staff are familiar with these standards and that they work together to support the Responsible Pharmacist in performing their role(s) and responsibilities, to ensure patients and the public are kept safe when accessing pharmacy services.

Alongside these standards, Responsible Pharmacists must also meet any relevant legislation, and the GPhC's **Standards for Pharmacy Professionals** which must be met by all pharmacy professionals. In addition, they should also be familiar with the GPhC's **Standards for Registered Pharmacies**, any

supporting guidance published on our website and guidance produced by other relevant regulatory bodies or pharmacy organisations, such as the Care Quality Commission, Healthcare Improvement Scotland, Healthcare Inspectorate Wales, and the Medicines and Healthcare products Regulatory Agency. Responsible Pharmacists should also keep up to date and apply national guidance and good practice guidance. Following guidance is an important part of making sure that our standards are met.

There may be times when Responsible Pharmacists are faced with conflicting legal and professional responsibilities. Or they may face complex situations that involve having to balance competing priorities. Both the standards for pharmacy professionals and these standards provide a framework to help and support Responsible Pharmacists exercise their professional judgement and make difficult decisions. We expect Responsible Pharmacists to act in the best interests of patients and the public, and to consider these standards, their legal duties and any relevant guidance when making decisions, including those covering medicines legislation.

How to demonstrate that the standards are being met

There are several ways that Responsible Pharmacists can show that they are meeting the standards, including:

- During a regulatory inspection discussion, and by demonstrating that the GPhC standards for pharmacy premises are being met
- During a regulatory inspection discussion with another regulatory body, for example, the Care Quality Commission, Healthcare Improvement Scotland, or Healthcare Inspectorate Wales¹
- By referring to the requirements of their role as a Responsible Pharmacist when carrying out their revalidation work
- Through investigation, if a concern is raised with the pharmacy or the regulator:
 - by a member of staff, a patient, a member of the public, or
 - through inspections or other regulatory actions carried out by the Care Quality Commission, Healthcare Improvement Scotland, or Healthcare Inspectorate Wales
- During the regular performance reviews with their line manager.

If a Responsible Pharmacist does not meet these standards it could result in the GPhC taking enforcement action. This could be against the pharmacy, the pharmacy owner, the Superintendent Pharmacist, the Responsible Pharmacist, or all four. It's important to note that each case is considered individually, and that enforcement action is not necessarily taken if a standard is not met.

¹ This may be the case if the pharmacy has an agreement with a third party to provide a service e.g. prescribing, then this part of the service may be regulated by the CQC/HIS/HIW.

Standard 1: Prioritise patient safety

As the person in charge of the day-to-day running of a pharmacy, Responsible Pharmacists have significant responsibilities and influence over the culture, governance and environment of the pharmacy, including making sure that the standard operating procedures are followed, that registered staff meet the standards for pharmacy professionals, and that all staff maintain the safe and effective delivery of pharmacy services.

The Responsible Pharmacist must:

- **Make patient safety a priority and take action to protect the wellbeing of patients and the public, including supporting staff to report incidents, near misses, and errors**
- **Make sure that all pharmacy staff are aware of, and meet, all relevant legislation and standards, as well as following the standards and guidance set by other regulators and membership bodies**
- **Be clear about the vision and strategy needed to deliver safe and effective pharmacy services and share with the team**
- **Make sure that all pharmacy staff are aware of, and follow, the standard operating procedures**
- **Work with all pharmacy staff to meet the needs of patients, including managing information to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services**

Examples of how to meet this standard

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

- Make sure staff understand their impact and the wider impact of pharmacy on patients
- Make sure that patients know the process if they want to raise a concern or complaint, then deal with any complaints or concerns in an appropriate and timely way
- Provide opportunities for patients to provide feedback
- Embrace research, technology and innovation to enhance safety and improve services
- Work with the Superintendent Pharmacist/pharmacy owner to adapt and innovate to meet the changing needs of patients and changes to how services at, or from, the pharmacy are delivered
- Provide professional support and expert pharmacy advice to colleagues
- Empower staff to exercise their professional judgement in the interests of patients and the public
- Appropriately manage personal or organisational goals, incentives or targets so that their own professional judgement or that of the pharmacy team is not compromised, and that safe and effective care can continue to be delivered

- Set an example for the whole team, including those who are working towards registration as a pharmacist or pharmacy technician
- Use interventions such as medication safety bulletins, quality improvement schemes, and barcode scanning technology to ensure medication safety.

Standard 2: Provide the leadership and management needed to ensure the safe and effective operation of the pharmacy

During the time the Responsible Pharmacist is signed in, they are responsible for making sure the pharmacy team, including registered pharmacy professionals and unregistered staff, provide safe and effective care and pharmacy services. The skill mix needed at each pharmacy will depend on the needs of patients and the public, which may change over time. Responsible Pharmacists need to be aware of these changing needs, as well as changes to the way services are delivered, and must develop a team with the right skills, knowledge, and experience. Responsible Pharmacists need to work with the Superintendent Pharmacist or pharmacy owner to continually assess staffing levels and the appropriateness of the skill mix within the context of each individual pharmacy and in line with changing services, workload and feedback, to ensure patient safety.

The Responsible Pharmacist must:

- **Make sure that the notice with their details is displayed in the pharmacy. In online pharmacies this can be done in various ways including on the digital platform associated with the pharmacy, or can be communicated to people when medicines are supplied**
- **Work collaboratively with the Superintendent Pharmacist, if there is one, and the pharmacy owner, as well as the pharmacy team, to contribute to shared organisational and system objectives, governance meetings, and third-party meetings**
- **Be aware of the skill mix needed by the pharmacy team to deliver safe and effective pharmacy services in their setting, and work with the Superintendent Pharmacist to put this in place**
- **Support and value staff, and consider their safety, health and wellbeing**
- **Create and maintain a culture of equality, diversity and inclusion where:**
 - **People (including staff, patients and the public) are treated as equals, with dignity and respect, and**
 - **Staff meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences**
- **Encourage and support a culture of continuous learning and development where staff feel safe to report errors and near misses, and can learn from them**
- **Lead by example, taking responsibility for their own professional growth and development**

Examples of how to meet this standard

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

- Make sure that gaps in skills, knowledge and experience of the pharmacy team are identified and that the necessary actions are taken to close those gaps
- Make sure staff have regular development reviews and that any development needs are met
- Encourage staff to work collaboratively, including with other healthcare professionals
- Understand their role and responsibilities regarding the tutoring and supervising of trainee pharmacists and trainee pharmacy technicians

- Make sure that within three months of starting in their role, any unregistered pharmacy staff are enrolled on the education and training courses needed to meet the required competency level for their role
- Help to improve the experience and healthcare outcomes of patients and members of the public who use their pharmacy services
- Work with the Superintendent Pharmacist to make sure systems are in place so that the team can provide feedback – for example if asked to perform training, or asked to undertake activities out of scope
- Develop a culture where staff feel confident about raising concerns, in line with the duty of candour. This is the professional responsibility to be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress
- Identify good practice and guidance and share with all relevant staff
- Demonstrate good decision-making skills that positively affect how pharmacy services are delivered and solve problems in a timely way
- Keeping up to date with developments in the pharmacy sector and applying any relevant learning to their organisation
- Empower staff to handle challenging situations confidently and professionally, whether that means having the right conversations with managers or knowing when and how to raise a concern.

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

Pharmacists, including Responsible Pharmacists, now have the option to authorise some tasks to registered pharmacy technicians. When authorisation is carried out appropriately it can help manage workload, free up pharmacists' time for clinical work, support pharmacy technicians to expand their scope of practice, and provide development opportunities for the team. When authorisation takes place, the Responsible Pharmacist must:

- **Make sure that authorising pharmacists and staff being authorised are aware of, and follow, the relevant standard operating procedures**
- **Make sure authorisation is carried out appropriately. This includes making sure the authorised pharmacy technician, or in the case of handing out checked and bagged prescriptions, any member of pharmacy staff being authorised is:**
 - **Competent and has the appropriate education, training, skills, and experience, i.e. the task is within their scope of practice**
 - **Willing to take on the task**
 - **Clear about the responsibility and accountability they will be assuming**
 - **Clear about the limits and extent of what is being authorised**
- **Make sure authorisation records are accurate and complete.**

All authorising pharmacists are responsible and accountable for the authorisations they make. If tasks are authorised to an appropriate person, such as a pharmacy technician, the responsibility and accountability for undertaking the task then rests with the pharmacy technician. However, the Responsible Pharmacist must be aware of all authorisations given by other registered pharmacists which are in force during the time that they are signed in as the Responsible Pharmacist.

Details of all authorisations, including those given orally, must be recorded accurately in writing and retained for five years. While it is the responsibility of the Superintendent Pharmacist to put systems in place to record authorisation decisions and to maintain that system, it is the responsibility of the authorising pharmacist and the Responsible Pharmacist (if they are not the authorising pharmacist) to make sure that the records made are complete and accurate. This will reduce errors and foster a culture of transparency and accountability. It is the responsibility of the Responsible Pharmacist to make sure that all authorising pharmacists:

- Are aware of the relevant standard operating procedures
- Know how to authorise correctly
- What can or can't be authorised
- Know that the appropriate records must be made and submitted to the Responsible Pharmacist for checking by the end of the day on which the authorisation is made.

Examples of how to meet this standard

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

- Successfully manage and lessen clinical, safety, and reputational risk
- Allow pharmacy technicians to use their professional judgement when they have been authorised to undertake certain tasks such as the preparation, assembly, dispensing and sale or supply of medicine
- Make sure staff are aware of their responsibilities and those of others in the team, and the reporting structure
- Make sure that staff maintain and develop their competence, for example, through training, CPD events, coaching, and mentoring
- Provide appropriate resources so that staff can carry out authorised responsibilities effectively
- With the Superintendent Pharmacist, monitor and review the safety of authorisations, including incidents, errors, and near misses.

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

When a Responsible Pharmacist is signed in, they must have organisational oversight of the management of the pharmacy, including how pharmacy services are delivered at, or from the pharmacy, and how any associated risks are managed. Having strong, clear governance in place is essential to provide safe, effective, and good quality services to patients and the public, and to safeguard their health, safety, and wellbeing.

Responsible Pharmacists must:

- **Maintain accurate records related to the pharmacy's day-to-day operations to ensure transparency and accountability**
- **Oversee and ensure compliance with legal and regulatory requirements**
- **Have oversight of, and make sure that there is effective management of all pharmacy services and staff working at or from the pharmacy for which they are responsible**
- **Establish and communicate clear lines of reporting, including a means of escalating major incidents, concerns, and patient safety risks to the Superintendent Pharmacist or pharmacy owner**
- **Make sure staff know, understand, and follow the pharmacy's clinical governance framework**

Examples of how to meet this standard

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

- Participate in audits and quality improvement projects, and work with the Superintendent Pharmacist to make sure the team are aware and participate
- Depending on the services provided by the pharmacy, maintaining accurate records of the day-to-day business carried on in the pharmacy; this could include dispensing and clinical records
- Develop a process to get feedback from staff and patients, which includes feedback about interventions, errors and incidents, and make sure that the process is reviewed regularly, appropriately managed, and shared with the Superintendent Pharmacist or the pharmacy owner if there is no Superintendent Pharmacist
- Make sure that the Superintendent Pharmacist is aware of any concerns raised under the pharmacy's whistleblowing policy
- Make sure everyone in the pharmacy team knows and understands the procedures in place in the pharmacy, as well as their own duties and responsibilities and those of other members of the team
- Maintain the systems which are in place to anticipate, identify and respond to risks
- Work with the Superintendent Pharmacist to make sure risk assessments are carried out that are specific to the pharmacy and team, and that all relevant staff are consulted/involved
- Contribute to risk assessments and make sure they are reviewed when needed – for example, if any changes take place

- Build effective relationships and work in partnership with others including the pharmacy owner, Superintendent Pharmacist and pharmacy team
- Work with the Superintendent Pharmacist to contribute to the development and review of policies
- If providing services at a distance including online, make sure that staff use the systems in place to confirm the identity of patients requesting medicines
- Regularly review and share with the Superintendent Pharmacist all internal and external complaints and concerns.

Standards for Superintendent Pharmacists

About us

The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and registered 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 registered 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.

Introduction

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022

All references to pharmacists and pharmacy technicians in these standards are to pharmacists and pharmacy technicians registered with the GPhC.

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022 has given the GPhC the legal powers to set standards that describe the role and professional responsibilities of Superintendent Pharmacists, as well as the conduct, ethics and performance expected of them.

These standards for Superintendent Pharmacists extend to England, Scotland, and Wales. The Pharmaceutical Society Northern Ireland are responsible for producing the standards for pharmacists in Northern Ireland.

One of the aims of these standards is to clarify the relationship between pharmacy owners, Superintendent Pharmacists, and Responsible Pharmacists and making clear the accountability of each role. This will strengthen pharmacy governance to support better use of the skill mix in pharmacy teams to deliver more clinical services in the community, as well as supporting wider Health and Social care capacity and delivering safe and effective care to patients and the public.

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

The role of a Superintendent Pharmacist

The Medicines Act 1968 sets out the legal duty of the Superintendent Pharmacist to be responsible for securing the safe and effective running of a retail pharmacy business in connection with the retail sale and supply of medicinal products. A Superintendent Pharmacist must be in place where a retail pharmacy business is owned by a body corporate¹.

Criteria

The criteria for the role of the Superintendent Pharmacist can be found in The Medicines Act 1968 and must be met in full by all Superintendent Pharmacists.

The Superintendent Pharmacist must:

1. Be a pharmacist who maintains their registration with the GPhC; and
2. Be a senior manager of the retail pharmacy business who has the authority to make decisions affecting the running of the retail pharmacy business in connection with the retail sale and supply of medicinal products. This includes having a significant role in:
 - making decisions about how the whole or a substantial part of the activities of a retail pharmacy business are managed or organised, or
 - the actual managing or organising of the whole or a substantial part of the activities of a retail pharmacy business
3. Notify the GPhC in writing confirming their name and that they are the Superintendent Pharmacist for the retail pharmacy business. Notice provided to the GPhC must be signed by the Superintendent Pharmacist and signed on behalf of the retail pharmacy business.

The Superintendent Pharmacist therefore must have organisational oversight of and be professionally responsible for the management of each individual pharmacy owned by the retail pharmacy business. This includes providing clinical oversight and being accountable for its professional management at all times, including outside of business hours. The Superintendent Pharmacist's role involves setting, maintaining and communicating robust standard operating procedures, policies and procedures, including how **legislation** enabling pharmacists to authorise registered pharmacy technicians to carry out, or supervise others, carrying out the preparation, assembly, dispensing and sale and supply of medicines are conducted and recorded in each pharmacy. Further information on authorisation and supervision can be found in the standards for Responsible Pharmacists and in the annex for the standards for pharmacy professionals. The Royal Pharmaceutical Society are also producing guidance on how to undertake authorisation and can be found at: **[link to be inserted]**.

The Superintendent Pharmacist must ensure each individual pharmacy within the retail pharmacy business has appropriate indemnity arrangements in place for all pharmacy services provided.

¹ When we refer to a body corporate, we are referring to a legal entity that is incorporated under the laws of the UK or those of another country or territory, that is separate from its members or directors and which is capable of legal actions in its own name such as entering into contracts, buying and selling property and suing and being sued.

Appointing a Superintendent Pharmacist

A Superintendent Pharmacist must be appointed where:

- A registered pharmacy is owned by a body corporate
- There is a change in ownership of a registered pharmacy, and the new owner is a body corporate
- A new Superintendent Pharmacist is replacing a previous Superintendent Pharmacist of an existing body corporate.

It is a legal requirement for the Superintendent Pharmacist to provide written notice to the GPhC that they are performing the role of the Superintendent Pharmacist for the retail pharmacy business. To ensure that the GPhC can identify, at all times, the Superintendent Pharmacist in charge of a retail pharmacy business owned by a body corporate, the GPhC must be notified of the following information in writing within 28 days of the change taking effect:

- When the existing Superintendent Pharmacist ceases to be the Superintendent Pharmacist of the retail pharmacy business;
- The name of the new Superintendent Pharmacist who has been appointed.

Where a retail pharmacy business is owned by a body corporate, it is a legal requirement for the business to appoint a Superintendent Pharmacist in order to lawfully conduct and operate the retail pharmacy business. If a Superintendent Pharmacist is away from work for an extended period of absence, for example due to sickness, the Superintendent Pharmacist and the pharmacy owner should discuss and come to agreement about whether the role and responsibilities of the Superintendent Pharmacist and the standards for Superintendent Pharmacists can still be met during this time.

Where it is decided that the Superintendent Pharmacist is not able to perform their legal and professional responsibilities during the period of extended absence, appropriate action should be taken. This may involve appointing an interim Superintendent Pharmacist until a permanent one can be appointed. The GPhC must be notified of the appointment of a new Superintendent Pharmacist, including if an interim Superintendent Pharmacist is appointed, and provided with their details within 28 days of the previous Superintendent Pharmacist leaving the role.

What to consider before taking on the role of the Superintendent Pharmacist

Before assuming the role of Superintendent Pharmacist, pharmacists must recognise and understand the additional responsibilities required of them and make sure they can sufficiently discharge the responsibilities whilst acting within the limits of their professional competence. Pharmacists should not only consider if they can meet these standards and whether they have the appropriate competencies and experience to make sure they can fulfil the duties of the Superintendent Pharmacist, but also how they will perform the additional professional and legal responsibilities of the Superintendent Pharmacist role.

Superintendent Pharmacists should consider the context of each individual pharmacy for which they are responsible. This includes:

- The range of pharmacy services provided including those provided by a third party, agent or contractor
- How the pharmacy services are delivered i.e. in a traditional in-person way, at a distance, on the internet
- The skill mix and number of staff in the pharmacy team
- The needs of patients and people who use pharmacy services.

Performing the Superintendent Pharmacist role for more than one retail pharmacy business

Following legislative changes, a Superintendent Pharmacist can be responsible for retail pharmacy businesses owned and operated by more than one legal entity. This is likely to involve being responsible for multiple registered pharmacy premises with different owners.

Where a Superintendent Pharmacist chooses to perform the role in these circumstances, they must make sure they meet these standards and have the skills, experience, commitment, time and resource in place to ensure they discharge their legal, professional and regulatory responsibilities effectively. They must make sure each pharmacy premises they are responsible for operates safely and effectively in providing pharmacy services to patients and the public. This includes being responsible and accountable along with the owner(s) of each retail pharmacy business, for ensuring each registered pharmacy meets our **standards for registered pharmacy premises**.

Superintendent Pharmacists responsible for registered pharmacy premises across different legal entities, should satisfy themselves that they can effectively navigate and manage the following non-exhaustive list of considerations they are likely to encounter when performing the Superintendent Pharmacist role:

- Different and possibly complex business ownership structures
- Different governance frameworks including different standard operating procedures, policies and procedures
- Safe delivery of a variety of pharmacy services (including clinical services which involve direct patient care) which may vary by each retail pharmacy business
- Different commercial interests
- Operating across different nations and being able to satisfy all legal and regulatory requirements that apply.

The standards for Superintendent Pharmacists

The standards for Superintendent Pharmacists set out the professional responsibilities, as well as the knowledge, conduct, ethics and performance required of a Superintendent Pharmacist to support each retail pharmacy business, and its staff, to deliver safe and effective pharmacy services.

Superintendent Pharmacists must meet the following standards:

- 1. Provide strategic and professional leadership**
- 2. Develop a workforce with the right skills, knowledge, and experience**
- 3. Delegate responsibly and make sure there are clear lines of accountability**
- 4. Maintain and strengthen governance arrangements to ensure safe and effective delivery of pharmacy services**
- 5. Make sure the pharmacy environment and premises safeguard the health, safety and wellbeing of patients and the public**

The standards are designed to be 'outcome focused' in acknowledgement of the different circumstances of individual registered pharmacies. We have provided examples of how the standards can be met in practise, but we recognise there may be multiple ways of achieving each outcome and want to empower Superintendent Pharmacists to exercise their professional judgement in the interests of

patients and the public. Superintendent Pharmacists must determine how to meet these standards and other legal and professional responsibilities, while taking account of the requirements of the pharmacies they are responsible for.

The standards are also a statement of what patients and those working with Superintendent Pharmacists can expect of them. They are essential in making sure that patients and the public receive safe and effective care.

Applying the standards

The standards for Superintendent Pharmacists are all equally important and must be met at all times.

While Superintendent Pharmacists are directly accountable for meeting the standards set out in this document and must be able to justify their conduct and the decisions they make, they also share responsibility with the pharmacy owner and Responsible Pharmacist for ensuring the safe and effective running of the pharmacy and safe provision of pharmacy services. It is therefore vital that pharmacy owners and Responsible Pharmacists are familiar with these standards and that they work together to support the Superintendent Pharmacist in performing their role(s) and responsibilities, to ensure patients and the public are kept safe when accessing pharmacy services.

Alongside these standards, Superintendent Pharmacists must also meet the GPhC's **standards for pharmacy professionals** and any other relevant **standards**, as well as taking into account supporting guidance we publish on our website. As explained earlier, the Superintendent Pharmacist shares responsibility with the pharmacy owner for meeting the GPhC's **standards for registered pharmacies**. Superintendent Pharmacists should follow applicable guidance produced by other regulatory bodies and inspectorates, such as the Care Quality Commission, Healthcare Improvement Scotland, Healthcare Inspectorate Wales, and the Medicines and Healthcare products Regulatory Agency. Superintendent Pharmacists should also keep up to date with and apply national guidance and best practice guidance. Following guidance is an important part of making sure that our standards are met.

There may be times when Superintendent Pharmacists are faced with conflicting legal and professional responsibilities. Or they may face complex situations that involve having to balance competing priorities. Both the standards for pharmacy professionals and these standards provide a framework to support and help Superintendent Pharmacists exercise their professional judgement and make difficult decisions. We expect Superintendent Pharmacists to act in the best interests of patients and the public, and to consider these standards, their legal duties and relevant guidance when making decisions.

How to demonstrate that the standards are being met

There are several ways that Superintendent Pharmacists can demonstrate they are meeting the standards, including:

- During a regulatory inspection discussion, and by demonstrating that the GPhC standards for registered pharmacies are being met

- During a regulatory inspection discussion with another regulatory body, for example, the Care Quality Commission, Healthcare Improvement Scotland, or Healthcare Inspectorate Wales²
- By referring to the requirements of their role as a Superintendent Pharmacist when carrying out their revalidation work
- Through investigation, if a concern is raised with the regulator:
 - by a member of staff, a patient, a member of the public, or
 - through inspections or other regulatory actions carried out by the Care Quality Commission, Healthcare Improvement Scotland, or Healthcare Inspectorate Wales
- During the regular performance reviews with their line manager.

If a Superintendent Pharmacist does not meet these standards we may investigate concerns about their fitness to practise. This could result in us taking enforcement action against the pharmacy, the pharmacy owner, the Superintendent Pharmacist, or all three. It's important to note that each case is considered individually, and that enforcement action isn't necessarily taken if a standard(s) is not met.

² This may be the case if the pharmacy has an agreement with a third party to provide a service e.g. prescribing, then this part of the service may be regulated by the CQC/HIS/HIW

Standard 1: Provide strategic and professional leadership

Superintendent Pharmacists have significant responsibilities and influence over the culture and environment of the pharmacy, including setting the strategic direction required to maintain the safe and effective delivery of pharmacy services. Superintendent Pharmacists also provide clinical oversight and professional leadership and management to the pharmacy workforce and support the management and optimisation of medicines.

Superintendent Pharmacists must:

- **Have a clear vision and strategy to deliver safe and effective pharmacy services**
- **Lead by example, taking responsibility for their own professional growth and development**
- **Be able to influence and work collaboratively with others, to meet the needs of patients and the public, and contribute to shared organisational and system objectives**
- **Utilise research, technology and innovation to enhance safety and improve services taking into account the needs and available resources of the pharmacy**

Examples of how to meet this standard

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

- Set a positive example for the whole pharmacy workforce including to those who are working towards registration as a pharmacist or pharmacy technician
- Show leadership in delivering inclusive care and reducing health inequalities, promoting equality of opportunity and challenging discriminatory behaviours, across all interactions with people, colleagues and the wider public
- Build effective relationships and work in partnership with stakeholders including the pharmacy owner, Responsible Pharmacist and pharmacy workforce
- Keep up to date with developments in the pharmacy sector and adapt and innovate to meet the changing needs of patients and how pharmacy services are delivered in the context of each individual pharmacy
- Provide professional support and expert pharmacy advice to colleagues or ensure that the team has access to someone suitable who can provide this
- Empower staff to exercise their professional judgement in the interests and safety of patients and the public
- Empower all staff to handle challenging situations confidently and professionally, whether that means having the right conversations with managers or knowing when and how to raise a concern
- Appropriately manage personal and organisational goals, incentives or targets so that their professional judgement or that of anyone in the pharmacy workforce is not compromised in the delivery of safe and effective care
- Demonstrate good decision-making and problem-solving skills and be able to analyse and interpret complex data and information, to positively affect how pharmacy services are delivered
- Develop, implement and communicate the business continuity plans on an individual pharmacy basis taking into account the requirements, risks and recovery strategies of the pharmacy

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

The Superintendent Pharmacist is responsible for making sure the whole pharmacy workforce, including unregistered staff, provide safe and effective care and pharmacy services. The skill mix needed at each pharmacy will depend on the needs of patients and the public, which may change over time.

Superintendent Pharmacists need to be aware of these changing needs, as well as changes to the way services are delivered, and develop a workforce with the right skills, knowledge, and experience.

Superintendent Pharmacists need to work with the Responsible Pharmacist to continually assess staffing levels and the appropriateness of the skill mix within the context of each individual pharmacy and in line with changing services, workload, and feedback, to ensure patient safety.

Superintendent Pharmacists must:

- **Assess the skills, knowledge and experience needed for the delivery of safe and effective pharmacy services in each of the pharmacies for which they are responsible**
- **Make the best use of resources, and get the right skill mix to deliver safe and effective pharmacy services**
- **Value staff and support their health and wellbeing**
- **Create and maintain a culture of equality, diversity and inclusion where:**
 - **people (including staff, patients and the public) are treated as equals, with dignity and respect, and**
 - **staff meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences**
- **Encourage and support a culture of continuous learning and development by creating and promoting a culture where staff feel safe to report errors and near misses, and can learn from them**
- **Make sure staff in their organisation know who the Superintendent Pharmacist is and can contact them, if required**

Examples of how to meet this standard

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

- Encourage staff to work collaboratively, including with other healthcare professionals
- Empower pharmacists and pharmacy technicians to use their professional judgement when supervising and authorising the preparation, assembly, dispensing and sale or supply of medicines
- Develop and review organisational workforce policies and procedures - for example, around equality, diversity and inclusion training, such as that on building 'cultural competence'
- Develop a safe culture where staff feel confident and supported to challenge behaviours like discrimination, bullying and harassment, and raise concerns, in line with the duty of candour. This is the professional responsibility to be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress
- Understand the role and responsibilities to undertake the tutoring, mentoring and supervision of trainee pharmacists and trainee pharmacy technicians

- Develop recruitment and retention strategies, as well as succession and contingency planning, to manage staffing levels in the context of each individual pharmacy
- Make sure that staff maintain and develop their competence, for example, through training, carrying out CPD, coaching and mentoring and that unregistered pharmacy staff are enrolled on any education and training courses needed to meet the required competency level for their role
- Maintain training records and up-to-date education and training plans for all staff, including when innovation and new technologies are introduced
- Allow staff access to appropriate rest breaks and adequate protected time to carry out training, induction or meet development needs
- Make sure regular development reviews are carried out to identify gaps in skills, knowledge and experience so that necessary actions can be taken such as developing a training strategy
- Make sure systems are in place so that the workforce can provide feedback and suggestions – for example, about the need for additional training
- Identify good practice and share it with all relevant staff

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

Superintendent pharmacists have wide-ranging responsibilities and often need to delegate to make sure services are delivered safely and effectively. To make sure that this happens, Superintendent Pharmacists must delegate responsibly. As senior leaders when delegating, Superintendent Pharmacists are responsible and accountable for making sure lines of accountability are clear. Details of delegation must be recorded, including who is accountable and responsible. Records must be kept up to date and reflect any changes in delegated responsibilities or staff involved. This will reduce errors and foster a culture of transparency and accountability.

Superintendent Pharmacists must:

- **Provide clarity about the roles, responsibilities and accountabilities of the pharmacy team**
- **Carry out appropriate risk assessments and only delegate to people who have the relevant skills, knowledge and experience, and who are confident about assuming the extra responsibility**
- **Put procedures in place to make sure that where tasks are delegated, the person is:**
 - **competent and has the appropriate education, training, skills, and experience, i.e. the task is within their scope of practice**
 - **willing to take on the task**
 - **clear about the responsibility and accountability they will be assuming**
 - **clear about the limits and extent of what is being delegated**
- **Communicate effectively and record delegation decisions accurately**

Examples of how to meet this standard

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

- Make sure appropriate resources are in place so that staff can carry out tasks effectively
- Offer training and ongoing support to staff to perform their new responsibilities
- Allow staff to refuse a delegated task if they have a good reason – for example, if they feel the task is outside their scope of practice, experience or training, or they lack confidence in their ability to assume that level of responsibility
- Make sure staff are aware of their responsibilities and those of others in the team, and the governance/reporting structure

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

Superintendent Pharmacists must have organisational oversight over the management and operation of the pharmacy including the management of medicines, medical devices or any other product intended for supply or administration, and how all pharmacy services are delivered. These services can include prescribing and clinical services where direct care is provided to patients, and those services provided by a third party and unregulated services linked to the pharmacy.

A key part of the Superintendent Pharmacist's role is to establish, strengthen, and maintain clear governance, which includes setting, maintaining and communicating robust standard operating procedures, policies and procedures - including how authorisations are conducted and recorded in each pharmacy. The standard operating procedure for authorisations needs to expressly set out the requirement that authorisations must be accurately recorded in writing on the day they are given. Further information on authorisation and supervision can be found in the [standards for Responsible Pharmacists](#) and in the [annex for the standards for pharmacy professionals](#). The Royal Pharmaceutical Society are also producing guidance on how to undertake authorisation and can be found at: [\[link to be inserted\]](#).

Superintendent Pharmacists are also responsible for the effective management of clinical, safety, financial and reputational risk across all the pharmacy services provided. They must anticipate, identify, monitor and respond to risk at both a local and organisation level. Risk assessments must consider the circumstances of each pharmacy including the staff working in it, the pharmacy services provided and the activities of third parties, agents or contractors. Superintendent Pharmacists must review and update risk assessments whenever services change, or when new risks are identified.

Superintendent Pharmacists must:

- **Identify and manage the risks associated with providing all pharmacy services, including those provided at a distance**
- **Have oversight of, and make sure that there are standard operating procedures in place for the effective management of all pharmacy services**
- **Keep and maintain all the necessary records for the safe provision of pharmacy services make sure regular reviews/audits are carried out on all the services provided including any clinical services, and any recommendations are actioned**
- **Establish and communicate clear lines of reporting**
- **Make sure there is a process to get feedback from staff and patients and the public, which includes feedback about interventions, errors and incidents, and that the process is reviewed regularly and appropriately managed**
- **Manage information to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services**
- **Make sure medicines, medical devices and any other product intended for supply or administration are:**
 - **obtained from a reputable source**
 - **safe and fit for purpose**

- **stored securely**
- **safeguarded from unauthorised access**
- **supplied to the patient safely**
- **disposed of safely and securely**

Examples of how to meet this standard

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

- Assess the safety and quality of the pharmacy services provided by carrying out comprehensive checks, including those provided by a third-party business, agent or contractor, and that this is reviewed regularly
- Have oversight of, and contribute to, the development and review of policies making sure necessary records are kept and are up to date, accurate and stored in line with the information security policy
- Act on concerns raised under a whistleblowing policy
- Plan and use resources effectively, considering any financial, audit and budgetary requirements
- Make sure staff understand the outcome of risk assessments and can contribute to identifying and managing risks
- Make sure everyone in the pharmacy workforce knows and understands the procedures in place, as well as their own duties and responsibilities and those of others
- Make sure staff know how to handle private information, and have working knowledge of data protection requirements and General Data Protection Regulation (GDPR)
- Regularly review and act on internal and external complaints and concerns
- Make sure the details of the Superintendent Pharmacist are visible on any digital platforms used, to help patients and public know who has oversight for their safety and care when accessing the pharmacy
- If providing services at a distance including online, make sure there are systems in place to confirm the identity of patients requesting medicines and inappropriate requests for medicines

Standard 5: Make sure the pharmacy environment and premises safeguard the health, safety and wellbeing of patients and the public

The environment including all premises, equipment, facilities and digital platforms where pharmacy services are provided must be safe and fit for purpose in terms of the services provided and scale of work carried out. Any associated premises, for example non-registered premises used to store or supply medicines, must also comply with these standards where applicable.

Superintendent Pharmacists must:

- **Make sure the pharmacy premises, any associated facilities and digital platforms are:**
 - **safe and appropriate for delivering services**
 - **secure and safeguarded from unauthorised access**
 - **accessible to patients and the public**
 - **protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services**
- **Make sure action is taken to keep the pharmacy premises clean and properly maintained**
- **Make sure digital platforms are clear, accurate and updated regularly**
- **Make sure equipment and facilities are:**
 - **obtained from a reputable source**
 - **safe to use and fit for purpose**
 - **stored securely**
 - **safeguarded from unauthorised access**
 - **appropriately maintained**

Examples of how to meet this standard

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

- Regularly review the layout, facilities and design of pharmacy premises to make sure it is suitable for the nature of the activities and consider improvements to meet the future needs of patients and the public
- There are suitable hygiene and infection control arrangements in place for specialist services, for example vaccination services and diagnostic testing
- Provide appropriate training in using equipment and facilities safely, including using specialised equipment and new technology
- Make sure equipment is calibrated, maintained and serviced regularly in line with the manufacturer's specifications
- Keep maintenance logs for as long as appropriate

- Understand how the software and operating systems work, what control systems are built in and whether there are any vulnerabilities
- Make sure any advertising and promotion of medicines follows guidance set out by the Medicines Healthcare Regulator Agency (MHRA) and Advertising Standards Authority (ASA)
- Make sure staff know what to do in an event of an incident relating to the environment or premises and that there are systems in place to identify and report issues relating to the environment or premises

Annex A

Authorisation and supervision

Introduction

The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 sets out legislative requirements that:

1. Enable pharmacists to authorise registered pharmacy technicians to carry out, or supervise others, carrying out the preparation, assembly, dispensing and sale and supply of medicines
2. Enable pharmacists to authorise any member of the pharmacy team to hand out checked and bagged prescriptions in the absence of a pharmacist
3. Allow pharmacy technicians to take primary responsibility for the preparation, assembly and dispensing of medicinal products in hospital aseptic facilities that do not have a special manufacturer's licence.

These legislative changes around supervision are enabling, and do not mandate changes to practice. The changes allow pharmacists, and pharmacy technicians, to be more accessible to patients and the public, and do not change individuals' professional responsibility to work within their competence regardless of permissions given in legislation.

The changes to the supervision legislation are not about:

- Allowing remote supervision by a Responsible Pharmacist
- Removing the need for pharmacists to undertake appropriate clinical checks linked to the dispensing process; pharmacists must still carry out the clinical check on a prescription to make sure that it is appropriate for the patient.

Under section 10 of the Medicines Act 1968, pharmacists are entitled to carry out, or supervise the carrying out, of tasks of preparation, assembly and dispensing of medicinal products without a manufacturing licence, even if this means the product is altered in a way that means it is no longer supplied in accordance with the terms of its product licence, if it has one, provided that what is done is carried out in a registered pharmacy, a hospital, a health centre, or a Scottish care home service. The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 amends the Medicines Act 1968 to allow a pharmacist to authorise a pharmacy technician to either carry out these tasks or, with the permission of the pharmacist, to supervise others to carry out these tasks.

Who can authorise

Authorisation can only be made by a registered pharmacist, and take place in a registered pharmacy, a hospital, a care home service, or a health centre, and must be done with due regard to patient safety.

The pharmacist remains professionally accountable for any selling or supplying in respect of any authorisation they make, and for ensuring due regard for patient safety.

The authorising pharmacist role is legally distinct from the Responsible Pharmacist and Superintendent Pharmacist roles (although, in practice, all three roles could be fulfilled by one person in a retail setting). If a pharmacy has both a Responsible Pharmacist and a Superintendent Pharmacist, only the Responsible Pharmacist or an authorising pharmacist can authorise; this will provide clear lines of accountability and responsibility.

Undertaking authorisation

Authorisation can be:

- General or specific and given subject to conditions or restrictions
- Given orally or in writing. Our expectation is that authorisation will be provided in writing, with oral authorisation being used only in an emergency. If oral authorisation is used, the authorising pharmacist must make a full written record of the authorisation by the end of the day on which the authorisation is made
- Varied or withdrawn by the pharmacist who gives the authorisation
- To indicate acceptance of an authorisation, it must be signed by both the authorising pharmacist and the person being authorised.

Details about the ways in which any authorisation should be given and recorded, either oral or in writing, should be documented in the standard operating procedures.

The authorising pharmacist must:

- Write a full record of the authorisation on the day that the authorisation is made, according to the requirements as set out in their standard operating procedures
- Make sure that the Responsible Pharmacist is informed of all authorisations as they are made, or at the latest by the end of the day on which they are made
- Submit written records of all authorisations they have made that day, to the Responsible Pharmacist, and that these records are submitted on the day on which the authorisation is made.
- Make sure authorisation is carried out appropriately. This includes making sure the authorised pharmacy technician, or in the case of handing out checked and bagged prescriptions, any member of pharmacy staff being authorised, is:
 - Competent and has the appropriate education, training, skills, and experience, i.e. the task is within their scope of practice
 - Willing to take on the task

- Clear about the responsibility and accountability they will be assuming
- Clear about the limits and extent of what is being authorised.

When providing any authorisation, a pharmacist must have due regard to patient safety. If they do not, it will not affect the validity of the authorisation, but it may constitute misconduct, and we may investigate concerns about their fitness to practise.

Every authorisation by a pharmacist, including providing supervision, must state that the authorised task can only be done at or from the registered pharmacy specified in the authorisation.

A pharmacist can authorise a pharmacy technician to undertake a variety of tasks, including:

- Preparing or dispensing medicinal products in accordance with prescriptions given after the authorisation is given
- Procuring the preparation or dispensing of medicinal products in accordance with prescriptions given after the authorisation is given.

A pharmacist can also authorise a registered pharmacy technician to supervise:

- The preparation or dispensing of medicinal products in accordance with prescriptions given after the authorisation is given, or
- The procurement of the preparation or dispensing of medicinal products in accordance with prescriptions given after the authorisation is given.

A pharmacy technician must be authorised to supervise another member of staff to do something.

Pharmacists, including locum pharmacists, must make sure that any member of the pharmacy team who is authorised to carry out or supervise a task, has the appropriate knowledge and skills to carry out such tasks.

A pharmacist can also authorise any member of the pharmacy team, not just pharmacy technicians, to hand out checked and bagged prescriptions in the absence of a pharmacist, or where a pharmacist is treated as being absent. With reference to the handing out of checked and bagged prescriptions, there must be procedures in place if a patient specifically asks for advice from a pharmacist, or if a patient presents with information that requires consultation with a pharmacist. The standard operating procedures and sale of medicines protocols must include clear instructions on the conditions under which a sale or supply should not go ahead and when a discussion between the patient and the pharmacist is necessary.

Pharmacy technicians

The pharmacy technician must:

- Make sure they have the appropriate education, training, skills and experience for the task(s) being authorised and are working within their scope of practice
- Be willing to take on the task(s) being authorised. Pharmacy technicians can say no to an authorisation for several reasons, including if they think the task is outside their scope of practice, or if they do not feel confident in undertaking the task.

- Be clear about the responsibility and accountability they will be assuming
- Be clear about, and work within the limits and extent of what is being authorised.

The role of the Responsible Pharmacist in authorisation

The Responsible Pharmacist must:

- Check that all authorisations made in the pharmacy during the time they are signed in, conform with the relevant standard operating procedures
- Submit all checked authorisation records to the Superintendent Pharmacist for appropriate storage.

In addition, the Responsible Pharmacist can vary or withdraw an authorisation given by another pharmacist if they believe:

- It does not comply with patient safety obligations
- It poses a risk to the safe and effective running of the pharmacy and undermines their ability to discharge their responsibility for the same.

This applies to any authorisation in force for the duration of the time that the Responsible Pharmacist holds that role, including:

- Authorisations existing at the point of their arrival at the pharmacy premises; and
- Any authorisation given during the time that they are performing the role of Responsible Pharmacist.

Further guidance on how to undertake authorisation has been produced by the Royal Pharmaceutical Society (RPS) and can be found at: [Insert link here](#)

Other points for consideration when authorising

Controlled drugs

There are no changes with reference to the handling and dispensing of controlled drugs under the new provisions.

Aseptic provision

Aseptic facilities do not come under the remit of the GPhC. Information on the supervision legislation which allows pharmacy technicians to take primary responsibility for the preparation, assembly and dispensing of medicinal products in hospital aseptic facilities that do not have a special manufacturer's licence, can be found in the RPS standards for the Quality Assurance of Aseptic Preparation Services. These standards have been updated and can be found [here](#).

Clinical trials

With reference to the regulation of clinical trials, hospital and health centre pharmacies and dispensaries can assemble investigational medicinal products without the need for a manufacturing licence, and the new arrangements for authorisation by pharmacists and supervision by pharmacy technicians will apply, in a simplified way, to the assembly of investigational medicinal products.

Pharmacist who is absent or treated as absent

If a pharmacist is going to be absent, or treated as absent, and they have dispensed or supervised a checked prescription which is then ready for sale or supply at or from a registered pharmacy, the pharmacist can authorise any member of the pharmacy staff to undertake the final supply of that medicine to or for a patient, on their behalf. The RPS has produced guidance which can be found [here](#).

A pharmacist is treated as being absent from premises that are a registered pharmacy if the pharmacist is at the pharmacy but not available to intervene in, or not in a position to intervene in, the transaction in question. For example, if they are in a consultation room with a patient.

The Medicines (Pharmacies) (Responsible Pharmacist) Rules 2026

Preamble

Made: [Date]

Laid before Parliament: [Date]

Laid before the Scottish Parliament: [Date]

Coming into force: [Date]

At the Council Chamber, Whitehall on the [Date]

By the Lords of His Majesty's Most Honourable Privy Council

The General Pharmaceutical Council has made the Medicines (Pharmacies) (Responsible Pharmacists) Rules 2026, which are set out in the Schedule to this Order, in exercise of the powers conferred by sections 72A(6) – (7A) and 84A(1) of the Medicines Act 1968.

In accordance with section 84A(4) of that Act, the General Pharmaceutical Council published draft rules and invited representations to be made to it about the draft by the Secretary of State, the Scottish Ministers, the Welsh Minister and such other persons appearing to it appropriate to consult about the draft.

By virtue of section 84A(5) of that Act, such rules cannot come into force until approved by order of the Privy Council.

The Privy Council, having taken these Rules into consideration, are pleased and do approve them.

1. Citation and commencement

1. These Rules may be cited as the Medicines (Pharmacies) (Responsible Pharmacist) Rules 2026 and come into force on **[insert date 2026]**.

2. Interpretation

2. In these Rules —

"the Act" means the Medicines Act 1968;

"the Order" means the Pharmacy Order 2010/231;

"pharmacist" means a *"registered pharmacist"* as defined in article 3(1) of the Order;

"pharmacy staff" means any pharmacist, pharmacy technician, or any other person who is working at or from the premises in question in a role connected to the retail pharmacy business;

"pharmacy technician" means a *"registered pharmacy technician"* as defined in article 3(1) of the Order;

"premises" means the premises at or from which the pharmacy business is carried on;

"retail pharmacy business" means the business in respect of which the responsible pharmacist has a duty under section 72A(1) of the Act;

3. Absence of the responsible pharmacist

(1) The maximum period for which the responsible pharmacist may be absent from the premises is two hours during the pharmacy's business hours.

(2) If there is more than one responsible pharmacist during the pharmacy's business hours, the maximum period in paragraph (1) relates to the combined total period of absence for all of them.

(3) The responsible pharmacist must not be absent from the premises unless the arrangements in paragraph (4) or (5) have been put in place.

(4) Where it is reasonably practicable for the responsible pharmacist to be contactable throughout the period of absence, arrangements must ensure that the responsible pharmacist can —

(a) be contacted by other pharmacy staff throughout the period of absence; and

(b) return to the premises with reasonable promptness if, in the opinion of the responsible pharmacist, this is necessary to secure the safe and effective running of the pharmacy business.

(5) For any period of absence where it is not reasonably practicable to put in place the arrangements specified in paragraph (4), arrangements must ensure that another pharmacist is both available and contactable to provide advice to pharmacy staff.

(6) The retail sale of medicinal products on a general sale list at or from the premises may continue during the period of absence of the responsible pharmacist.

(7) In this rule —

"business hours" means the period during which the pharmacy business is operational on any day;

"day" means the 24-hour period beginning and ending at midnight.

4. The Pharmacy Record

(1) The particulars which must be included in the pharmacy record are—

(a) the responsible pharmacist's name;

(b) any number associated with the responsible pharmacist's registration in the register maintained under article 19 of the Pharmacy Order 2010;

(c) the date and time at which the responsible pharmacist became the responsible pharmacist;

(d) the date and time at which the responsible pharmacist ceased to be the responsible pharmacist; and

(e) in relation to any absence of the responsible pharmacist from the premises on a day on which they were the responsible pharmacist —

(i) the date of the absence;

(ii) the time at which the absence commenced; and

(iii) the time at which the responsible pharmacist returned to the premises.

(2) The pharmacy record must be kept—

(a) in writing;

(b) in electronic form; or

(c) in both forms.

(3) The pharmacy record must be available at the premises for inspection by—

(a) the person carrying on the pharmacy business;

(b) the superintendent pharmacist, if any;

(c) the responsible pharmacist;

(d) pharmacy staff; or

(e) an inspector.

(4) The person carrying on the pharmacy business must secure that the pharmacy record is preserved for a period of not less than five years commencing on—

(a) in the case of a record in electronic form, the day on which it is created;

(b) in the case of a written record, the last day to which the record relates.

(5) In this rule –

"inspector" means an inspector as defined at article 3(1) of the 2010;

"pharmacy record" means the record referred to in section 72A(4) of the Act.

5. Authorisations

(1) A responsible pharmacist must take such steps as are necessary to ensure they are aware of any authorisations:

(a) given to a pharmacy technician which are in force for the duration of the period they hold the role of responsible pharmacist at the premises;

(b) given to any other member of pharmacy staff in relation to the sale or supply of medicinal products dispensed by or under the supervision of a pharmacist who is absent or treated as absent

(2) Where the responsible pharmacist forms the view, with due regard to patient safety, that any authorisation given to a pharmacy technician may adversely impact the safe and effective running of the retail pharmacy business, they may vary or withdraw such authorisation.

(3) Where the responsible pharmacist forms the view, with due regard to patient safety, that any authorisation given to a member of pharmacy staff in relation to the sale or supply of medicinal products dispensed by or under the supervision of a pharmacist who is absent or treated as absent may adversely impact the safe and effective running of the retail pharmacy business, they may vary or withdraw such authorisation.

(4) Where the responsible pharmacist varies or withdraws an authorisation they must:

(a) in relation to an authorisation given to a pharmacy technician, inform the pharmacy technician of that as soon as reasonably practicable;

(b) in relation to the sale or supply of medicinal products dispensed by or under the supervision of a pharmacist who is absent or treated as absent, inform the member of pharmacy staff of that as soon as reasonably practicable.

(5) In this rule –

"authorisation" means an authorisation given under sections 10(1A)(b) and 10A of the Act to a pharmacy technician, or an authorisation given under regulation 220B(1)(b) of the Human Medicines Regulations 2012.

Explanatory Note

These Rules make provision about the duties of responsible pharmacists who are required, by virtue of section 72A of the Medicines Act 1968 (the Act), to secure the safe and effective running of a pharmacy business at the premises from which it is carried on.

Rule 3(1) and (2) specifies the maximum permitted period that a responsible pharmacist may be absent from the premises during the pharmacy's business hours. Rule 3(3) provides that certain arrangements must be made in the event of the responsible pharmacist's absence. Rule 3(4) provides that where it is reasonably practicable for the responsible pharmacist to be contactable throughout the period of absence, arrangements must cover both being contactable during the period of absence and return to the premises with reasonable promptness if necessary. Rule 3(5) then provides that arrangements must cover another pharmacist being available and contactable if it is not practicable to make arrangements under rule 3(4). Rule 3(6) provides expressly that the retail sale of medicinal products on a general sale list may continue from the premises during the period of absence.

Rule 4 specifies the record which the responsible pharmacist must make and keep, which persons must be allowed to inspect the record and the period for which the person carrying on the pharmacy business must keep the record.

Rule 5 sets out the duty of a responsible pharmacist to make themselves aware of any authorisations given to pharmacy technicians under section 10(1A)(b) and 10A of the Act or pharmacy staff regulation 220B(1)(b) of the Human Medicines Regulations 2012. Where the responsible pharmacist considers an authorisation may adversely impact the safe and effective running of the pharmacy business they may vary or withdraw such authorisation and where they do so they must communicate that to the pharmacy technician.

An impact assessment has not been produced for this instrument as only a negligible impact on the private or voluntary sectors is foreseen.

Acceptance Criteria - update

Meeting paper for Council on 11 December 2025

Approval

Purpose

To secure Council's approval of the public facing Acceptance Criteria to support a more robust approach to assessing concerns

This update follows the Council discussions of the Acceptance Criteria at the November meeting.

Recommendations

Council is asked to note the report and to approve, subject to the production of a final 'house-style' draft, for publication.

1. Background

- 1.1 At the last Council meeting, we presented an interim update on our work to develop a public facing Acceptance Criteria with the aim of lending greater clarity, and more effectively managing expectations, for those who seek to raise concerns. Council expressed broad positivity and encouragement at the progress being made, and highlighted areas for further reflection. In particular, Council was keen to have produced a more streamlined version of the Acceptance Criteria which was more amenable to publication for a concise representation of how concerns are assessed.

2. Progress

- 2.1 Since the last Council meeting, work has continued to develop the Acceptance Criteria in collaboration with Fitness to Practise and Inspectorate colleagues. This has informed greater mutual understanding of how concerns types can often involve a mix of the dual aspects of our professionals and systems regulatory remit – something which is unique to the GPhC.
- 2.2 Additionally, agreement has been reached with our inspection colleagues for a transfer of resource to ensure that the initial Triage of concerns has regular and timely input from a member of the Inspectorate to enhance the efficient systems related risk assessment process. This role will commence in January.
- 2.3 As a consequence of the above, further refinements have been made to the Acceptance Criteria, including a reduction in aspects of the explanatory detail. Once approved, the next stage is to finalise our operational guidance and for the Acceptance Criteria to be published.

3. Response to Council's feedback

- 3.1 Council had raised three key points which it asked to be further considered in respect of the Acceptance Criteria and related issues. These are outlined and addressed below
- (a) The need for greater clarity and conciseness in identifying the categories of concern which would be accepted.
 - (b) The need for the Acceptance Criteria document to be shorter.
 - (c) The need for a multi-faceted approach
- 3.2 We recognise Council's desire for greater clarity, brevity and conciseness in the Acceptance Criteria, and have considered this carefully.
- 3.3 It is imperative to note that the assessment of need for regulatory intervention is determined by many variable features and aspects of seriousness rather than case type. In balancing brevity with clarity, we have considered that, in order to meet the core aims of the product – to better inform the public of role and purpose of fitness to practise and to support the assessment team with shorter more focussed responses by making direct reference to the Criteria – a certain necessary level of explanation and detail is required. We have now sought to minimise this, and consider that the current version of the Acceptance Criteria strikes the right balance.
- 3.4 We have included illustrative examples of the sorts of features which may, or may not indicate the need for regulatory action. Our assessments must be considered on a case-by-case basis and any indication that we might make blanket decisions based on case types are likely to increase our risk of not meeting PSA Standards 15 (*appropriate evidence is available to support decision makers to reach a fair decision*), Standard 16 (*decisions are made in accordance with its process – are consistent and fair*) and Standard 17 (*identifies and prioritises all cases that suggest a serious risk of safety to patients*)
- 3.5 We appreciate the force in Council's argument that the Acceptance Criteria document should be shorter and simpler to provide a more user-friendly reference tool, and this has informed our approach to the current draft.
- 3.6 We agree with Council that the Acceptance Criteria alone will not be sufficient to achieve the substantial reduction in, and diversion of concerns, which our ambitions are driving us to achieve. It is, however, intended to be the foundation upon which further initiatives, communication and awareness strategies can be built.
- 3.7 Matters under active consideration and discussion include:
- (a) Revisions to the website regarding information provided to those seeking to raise concerns.
 - (b) Development of Q&As and case studies to support informative communications around the Acceptance Criteria.
 - (c) Refinements to the online Concerns form, including incorporation of signposting.
 - (d) Exploration of the potential to incorporate AI functionality and enhanced interactivity in the process of Concerns submissions.
 - (e) Feasibility and cost/benefit analysis of alternative routes for pharmacy specific concerns.

4. Recommendations

The Committee is asked to approve the final Acceptance Criteria to enable work to proceed to finalisation and publication.

Glenn Mathieson, Lead Advisor and Dionne Spence, Chief Enforcement Officer
General Pharmaceutical Council

Acceptance Criteria – final

Acceptance Criteria

Introduction

Our role

- 1.1 The regulatory remit of the GPhC covers both the **fitness to practise** of individual professionals, as well as the effectiveness of pharmacies and their **systems**. Our role is to **protect the public and uphold public confidence in pharmacy**. We ensure that **pharmacy services provide safe and effective care, and in a way that people can trust**.
- 1.2 Our role includes considering if our registrants are 'fit to practise'. Being fit to practise means that someone has **the appropriate knowledge, skills and health to provide effective healthcare**, and that they behave in an ethical and trustworthy manner.
- 1.3 Where there is a question over an individual's fitness to practise, we have the power to investigate. If we consider that there is a risk to patients, or to public confidence because of the way they are working, we can take enforcement action. This includes being able to place restrictions on their practice or even to prevent them working as a pharmacist or pharmacy technician.
- 1.4 To make sure registered pharmacies are operating safely and effectively, we carry out unannounced **pharmacy inspections**. Additionally, we carry out intelligence-led inspections in response to information we receive which might indicate that a pharmacy is not operating safely. Where we find that there is risk to patients or the public, there are a range of **enforcement measures** which we can take to secure necessary improvements. These include powers to restrict the services being provided.

The purpose of this guidance

- 1.5 Acceptance Criteria is intended to provide guidance for members of GPhC staff, pharmacy professionals, members of the public and those who have raised - or are considering raising - concerns about pharmacy related issues. It clarifies those matters for which we can open an investigation into an individual pharmacy professional's fitness to practise, or where we may wish to inspect how safely a pharmacy is operating.
- 1.6 It is important to highlight that **we are a statutory regulator** with specific powers and responsibilities. We are **not a general pharmacy complaints body, and our role is not to resolve disputes** - even when those disputes relate to pharmacy professionals or pharmacies. Similarly, and even where something has gone wrong, we do not have the power to require that an apology be given or to order that compensation be awarded.
- 1.7 Our role, which is governed by law, is limited to those **matters where there is an ongoing risk to patient safety, or where public confidence could be seriously undermined** in pharmacy.

- 1.8 More information about how our fitness to practise process works, including how we make decisions at the end of an investigation, can be found via the following link to our website: **How we deal with concerns**
- 1.9 More information about our pharmacy inspections and enforcement work can be found at the following link: **<https://inspections.pharmacyregulation.org/>**

What are the Acceptance Criteria for?

- 1.10 Our acceptance criteria are a guide to assist us in deciding whether a concern we have received should be referred for an investigation into an individual's fitness to practise, or considered for potential inspection or enforcement action.
- 1.11 In respect of **pharmacy professionals**, the law states that an individual's fitness to practise can be called into question ('impaired') because of certain specific criteria, and these are detailed in **Article 51 of the Pharmacy Order 2010**.

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

- 1.12 When assessing these criteria, it is also important to take into account whether and to what extent the issue in question departs from our **Standards for Pharmacy Professionals**. Not all departures from Standards will call into question a professional's fitness to practise, however, any matters referred to investigation should be able to be attributed to a serious or persistent departure from one or more of the Standards.
- 1.13 In respect of **pharmacies**, we require them to meet our **Standards for Registered Pharmacies**, which have five overarching principles. Pharmacy owners, Superintendents and Responsible Pharmacists are accountable for making sure that the standards for registered pharmacies are being met every day.

Standards for Pharmacy Premises	
Principal 1	The governance arrangements safeguard the health, safety and wellbeing of patients and the public.
Principal 2	Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public.
Principal 3	The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public.
Principal 4	The way in which pharmacy services , including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public.
Principal 5	The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public.

1.14 If a concern we receive meets our Acceptance Criteria , we will either open an investigation into the fitness to practise of a pharmacy professional, or refer premises or systems related issues to our Inspections team to consider. Where an issue appears to engage both professional and systems related issues, and is sufficiently serious, it will be opened for investigation in order to ensure that both the professional and systems issues can be looked at in a holistic manner.

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

- our fundamental role in **protecting the public**;
- our **Standards** for Pharmacy Professionals and Pharmacy Premises;
- the wider **public interest** (public confidence)'
- Whether the matter poses an **ongoing risk of harm** to patients and the public
- The **intelligence** we hold about the pharmacy, including its inspection, concerns and enforcement history
- Recent **changes in ownership** or Superintendent Pharmacist
- The inspector's **local knowledge**

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

Potential actions at Triage

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

Potential outcomes at initial assessment
Open a fitness to practise investigation .
Open a fitness to practise investigation and refer the matter to the Interim Orders Committee.
Refer the matter to the Inspections team for consideration of premises and systems related issues.
Close and signpost or refer to another more appropriate organisation.
Close and provide a reminder to a pharmacy professional about the importance of upholding appropriate standards in future.
Close with no further action .

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

1.19 If a concern relating to an identified pharmacy professional or pharmacy premises is closed, a record of it will be kept within our internal case management system in accordance with our retention policy. This does not mean that an individual has some sort of negative finding against them, and we will not normally disclose the fact or detail of such closed concerns with any third party. However, it may be something that is considered if any future concerns are

raised in relation that pharmacy professional, or pharmacy, and we may need to take into account such previous concerns if it appears that they form a pattern of similar issues.

2. Concerns we will accept

- 2.1 In their provision of pharmacy services, pharmacy professionals must have regard to our **Standards for Pharmacy Professionals** and pharmacy owners must have regard to our **Standards for Registered Pharmacies**. As an outcome focussed regulator, we do not specify how each of the Standards should be met, but it is for pharmacy professionals and pharmacy owners to use their professional judgement in deciding how to do so and provide safe and effective patient care.
- 2.2 When considering all concerns, we will first consider whether there may have been a breach of the relevant standards. If so, we will then go on to consider **how serious** any breach may be, and whether there are **risks to the public**, or risks to **maintaining public confidence** in the profession should a matter not be opened. When considering these matters, we will also bear in mind that part of our role as a regulator to **declare and uphold proper standards**, which may mean that action is necessary even if there are no longer continuing risks to patients.

Individual pharmacy professionals

Misconduct

- 2.3 Misconduct can relate to both personal behaviour as well as professional issues such as mistakes made at work. Not everything that someone may do wrong will amount to misconduct, as the law requires an issue to be especially serious. Therefore, the fact that someone may have made an error of judgement, or demonstrated an isolated instance of negligence, does not necessarily mean that we will open a formal investigation. When we are considering whether an issue raised with us could be misconduct, we will ask ourselves:
- is the issue **serious**; for example, could it reasonably be viewed as disgraceful, outrageous or deplorable?
 - is the issue something that seems to be **part of a pattern** of similar or related matters?
 - if the issue is an isolated professional error, is it one which is particularly serious, such as being **reckless** or ignoring high risks?

Conduct more likely to require investigation
Dishonesty.
Sexual or racial bullying and harassment .
Repeated professional errors.
Recklessness in respect of the handling, management or supply of high-risk medications.
Actual or attempted inappropriate relationships with patients.
Failing to be open about professional mistakes, or trying to hide the fact that they occurred (breach of the duty of candour).
Failing to declare the fact of having received a criminal conviction or caution to the GPhC.
Supplying medicines without appropriately considering if they are in the best interests of the individual patient.
Providing services for which a professional does not have sufficient knowledge, experience or skills (acting outside scope of competence).

Conduct less likely to require investigation
Isolated or minor professional errors that do not indicate an ongoing risk to patients.
Issues which we consider have already been appropriately addressed locally , and where regulatory action would not achieve anything further.
Poor customer service or rudeness with no additional features such as physical aggression or verbal threats.

Deficient professional performance

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

Performance issues likely to require investigation
Multiple medicines related errors.
Failing to learn from mistakes, particularly when provided with feedback and support.
Continuing to demonstrate poor performance despite having been subject to local performance management interventions.
Making repeated inappropriate clinical judgements , suggesting a lack of knowledge or understanding.

Performance issues not likely to need investigating
A small number of, or isolated , issues (though these could still amount to misconduct if sufficiently serious);
performance issues which are the subject of ongoing management and supervision, or which have been successfully addressed , at a local level.

Criminal convictions, cautions and disposals

- 2.5 The fact that someone has been convicted, cautioned or otherwise dealt with for a criminal offence does not necessarily mean that further regulatory action is necessary. Our **role is not to punish** people for a second time, and we recognise that that the criminal justice process can be sufficient to suitably deal with low level matters.
- 2.6 We do, however, also have to bear in mind that more serious offences, or those relating to particular types of behaviour, can undermine public trust in the profession and therefore require further action.

Factors likely to suggest impaired fitness to practise
A sentence of imprisonment or suspended sentence has been imposed.
The matter relates to a sexual, violent or dishonesty offence.
the offence is connected to the individual's professional practice .
Other particular features which mean that public confidence would be undermined without further action.

Factors unlikely to require further action
Minor driving offences .
Driving with excess alcohol , with nothing to suggest underlying alcohol dependency issues.
Criminal damage .
Youth convictions or cautions, unless particularly serious.
Conditional cautions .
Protected cautions and conviction .

Adverse health

- 2.7 A pharmacy professional having a health condition, even if they are 'signed-off' from work, does not mean that they are unfit to practise. It is important to understand that being 'unfit to work' is about protecting the welfare of the individual concerned; while being 'unfit to practise' is about **protecting the public**. Consequently, a fitness to practise issue will only arise where someone's health condition is **affecting their ability to provide services safely**, and where there are **inadequate measures** in place to manage the impact of their condition on their work or on themselves.
- 2.8 In deciding whether a health issue should be opened as a fitness to practise case, we will consider:
- the nature of the condition, and whether its effects could impact on the individual's ability to work safely and exercise appropriate professional judgement;
 - whether the individual is managing their condition, such as adhering to treatment and adjusting their working activities appropriate.
- 2.9 Some examples of when we are and are not likely to open a fitness to practise investigation can be found below.

Health issues more likely to require investigation
Serious performance or behavioural issues where health could be a contributing factor.
Issues where the individual appears to lack insight into their condition, and its impact on their ability to work safely .
Matters where an individual has attended work when clearly not fit to do so , for example, while intoxicated.

Factors unlikely to require further action
Health conditions which do not inherently affect someone's ability to discharge their professional duties.
Conditions which could have the potential to affect work, but are well managed and with necessary adjustments.
Substance misuse issues, but where an individual is abstinent and compliant with treatment.
Mental health issues where the individual has insight into their condition and trigger factors and is suitably supported.

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

Pharmacy Premises and Systems

2.11 Similarly to how we assess concerns about individual pharmacy professionals, **not all shortcomings involving a pharmacy will merit inspection or enforcement activity**. We consider whether a particular pharmacy poses any ongoing risks to patients or the public, and **what action is required to address those risks in order to protect the public and uphold our premises Standards**.

2.12 The Inspector may:

- Request that the **pharmacy in question is contacted** to establish what action has been or will be taken to address issues and then update their risk assessment.
- Recommend that the matter is referred to the relevant Inspector in order that a **targeted inspection** is undertaken.
- Recommend that the case should be considered for opening as a fitness to practise **investigation**.
- Recommend that the case should be **closed**.

2.13 Below are outlined each of the Standards for Registered Pharmacies, together with some examples of when further inspection activity may or may not be merited.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public

Examples of concerns which likely to be viewed as higher risk, and likely to require a targeted inspection include

Operating in a manner suggesting a lack of **Standard Operating Procedures**, or failing to adhere to such.

Pharmacy staff appearing **not to understand their role** and responsibilities.

Inadequate professional **indemnity and insurance**.

Indications of inadequate or **inaccurate pharmacy records**.

Breaches of confidentiality including failures to dispose of confidential waste securely and misuse of patient information.

Failures to respond appropriately to **safeguarding concerns**.

2.14 Isolated dispensing errors not involving high risk medicines, and which have been appropriately dealt with, will not be likely to require inspection activity. Neither will issues which represent customer service type complaints.

Principal 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

Examples of concerns which are likely to be viewed as high risk, and may require a targeted inspection include

A **lack of suitably qualified** staff available to ensure the safe running of the pharmacy.

Staff working outside the **scope of their competence** or training.

2.15 Matters not likely to require further inspection activity include staff members using reasonable professional judgement, even though the patient may be unhappy with the outcome.

Principal 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

Examples of concerns which are likely to be viewed as serious, and may require a targeted inspection include

Significant **health and safety failures**.

Inadequate **hygiene and infection control**.

a **failure to secure** the premises from unauthorised access or use.

medicines are **sold without obtaining sufficient information** to be able to assess whether they are safe and appropriate for the patient - this includes online sales.

2.16 Concerns about premises being untidy, or in a poor state of decoration, are not matters which are likely to require an inspection in the absence of information to suggest actual risk to health and wellbeing.

Principal 4: The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Examples of concerns which are likely to be viewed as serious, and require an intelligence-led inspection include

Indications that pharmacy (P) medicine are sold, prescriptions handed out, in the **absence of the responsible pharmacist**.

The potentially **unlawful supply** of medicines.

Returned **medicines being re-used** or not managed or disposed of safely.

Out of date medicines being supplied

Failing to secure **controlled drugs**.

Failing to store or transfer medicines requiring **refrigeration** appropriately.

Failing to action patient **recalls**.

- 2.17 Issues which will not be likely to justify further inspection activity include pharmacies being out of stock of a particular medication, as this can often be out of their control, and the GPhC does not regulate the range and nature of stock which pharmacies are expected to carry. Additionally, delays and difficulties associated with deliveries will not normally indicate significant failings unless it appears that they are repeated, and/or put vulnerable patients at significant risk of harm.

Principle 4: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

Examples of concerns which are likely to be viewed as serious, and may require a targeted inspection include

inadequate **management of equipment or facilities** which impacts on the safety of patients.

Evidence of **harm or detriment** to a patient due to equipment or facilities.

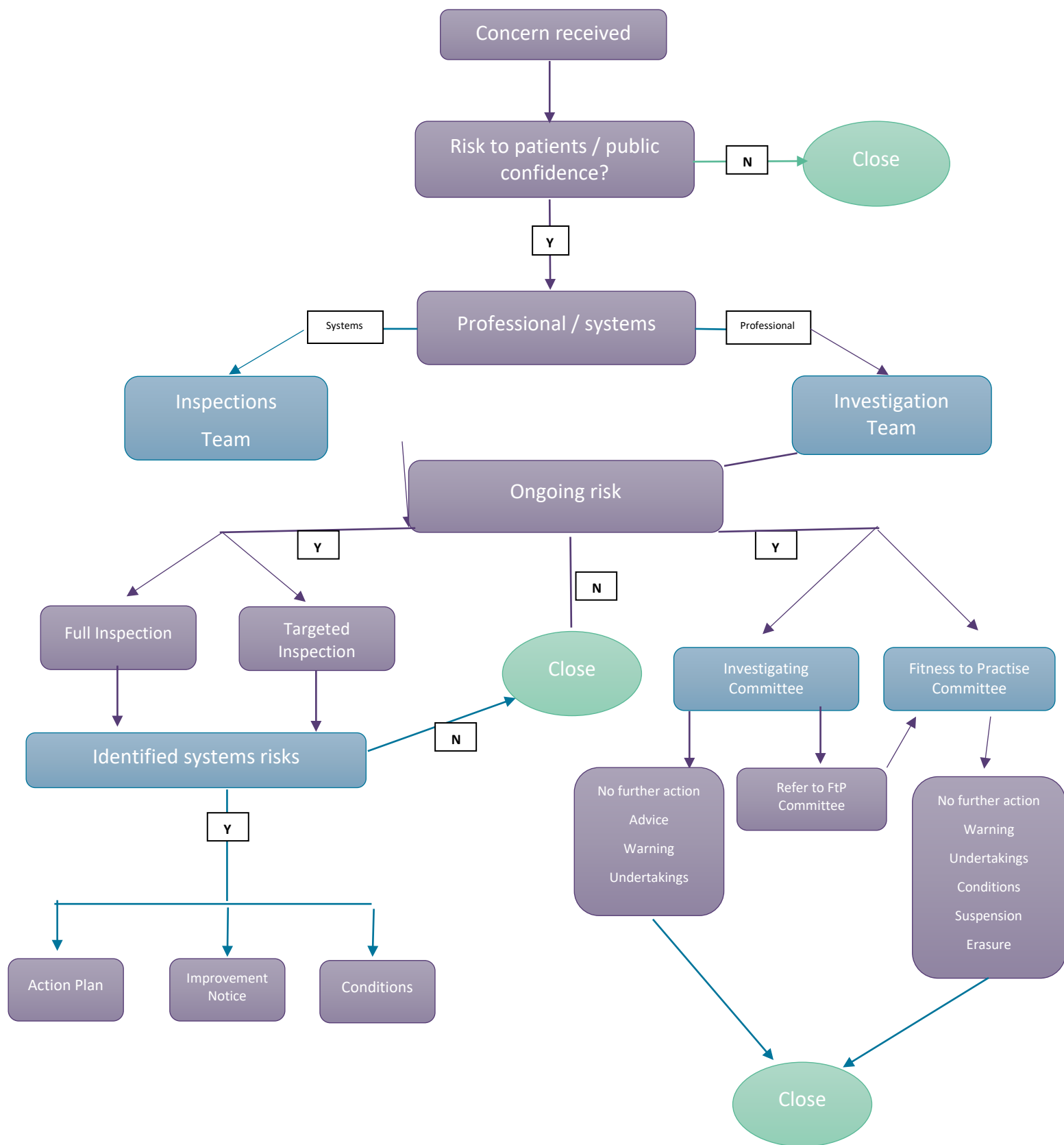
Communicating outcomes

- 2.18 Once a decision has been made about whether or not a case meets the Acceptance Criteria, this decision will be communicated to the person who raised the concern. If the decision has been informed by some information or assurance which has been obtained, then a brief explanation will be provided to enable the person who raised the concern to understand why the matter is not considered sufficiently serious, or does not pose ongoing risks.
- 2.19 If it has been decided that some Inspection activity is appropriate, it will often not be possible to explain what further activity is likely. This is because of the fact that it is important for the GPhC to be able to undertake inspections on an unannounced basis, in order to get a true picture of how a pharmacy is operating.

Right of review

- 2.20 Anyone who is dissatisfied by the decision to open or not to open an investigation or make a referral to the inspections team may request a review of that decision.
- 2.21 Any information provided in support of a request for a review of the decision will form part of the GPhC's investigation (if an investigation is commenced) and could therefore form part of the evidence in the case. A review of the decision will consider the following matters:
- Whether the original decision is **reasonable** and appropriate based on the information provided at the time.
 - Whether any **new information** has been provided which now makes it appropriate to come to a different decision to that which was originally reached.
- 2.22 Requests should be made, **in writing with reasons**, within 21 days of the date of the decision. The decision will be reviewed by a member of the senior management team and a formal review decision issued within 21 days of receipt of the request for a review.
- 2.23 If a matter has been referred for investigation, the investigation will continue during the period of the review, as will any applications for an interim order should it be considered necessary.

Process for handling concerns



Council update – Disqualification

Meeting paper for Council on 11 December 2025

Public

Purpose

To update Council on our approach to Disqualification

Recommendations

Council is asked to note the contents of this paper

1. Introduction

1. The GPhC has powers to disqualify pharmacy owners under the Medicines Act 1968. These powers were extended in March 2018. Since then, the GPhC has opened a small number of disqualification cases. However, we have yet to develop an overarching policy on the use of our disqualification powers. We recognise the need to develop an open and transparent policy to support our teams investigating these cases and decision-makers determining these cases.
2. Our disqualification powers allow our Fitness to Practise Committee to:
 - Disqualify pharmacy owners from being pharmacy owners in future
 - Remove premises attached to those owners from our register
3. We have a responsibility to ensure our enforcement activity remains relevant, proportionate, and dynamic. Work around our fitness to practise improvement plan and the move to matrix working has highlighted a need to be more open and transparent about our enforcement activity and more joined up to ensure we can take the swiftest action to protect the public and maintain public confidence.
4. We want to be clear about our approach to disqualification to all stakeholders. We are accountable for our actions and will act fairly and proportionately in our decision-making and recognise that producing a clear policy and guidance to support decision making to bring these to a conclusion within an appropriate timeframe, is necessary.

5. Earlier this year, we reviewed all of our open disqualification cases and identified a limited number of cases where, since the disqualification cases were opened, the pharmacy owners have removed all of their associated premises from the register.
6. The lack of registered premises attached to an owner does not prevent us from continuing to take action against the pharmacy owners. However, we took the view that it would not be in the public interest to progress these cases to a full disqualification hearing for the following reasons.
 - The lack of registered premises attached to these pharmacy owners means there is no current risk to the public.
 - A disqualification finding against these owners would not lead to any premises being removed from our register, as there aren't any.
 - We would have to expend significant resource to hold these disqualification hearings even though one of the main purposes – removal of premises from the register – would not be available. We do not consider this would be a proportionate use of resources.
 - The information we hold on the pharmacy owners, including the involvement of individual directors, can be taken account of in our registration decisions and can support a refusal to allow these entities to register as pharmacy owners.
7. We set out and published an interim approach to these cases and invited our FtPC to close them as they were no longer in the public interest to proceed. By taking this approach, we achieved our over-arching objective of protecting the public without holding full disqualification hearings and will maintain public confidence by providing a framework within which to conclude these cases. It also enables us to target our limited resources on the cases that present a clear risk to patient safety.
8. We now want to develop a clear and transparent approach to managing disqualification cases to resolution. This approach will align our activities across GPhC functions to protect the public, be clear about our role in disqualification, ensure sure we are fair and consistent and remain outcome focussed.
9. The legislation is complex and requires careful consideration. It will therefore take a period of time to fully translate this into decision making guidance and operational processes.

Legislative context

10. The Act provides for three gateways to disqualification:
 - a) The body corporate is convicted of an offence listed under s. 80(5) of the Act.
 - b) Where any member of the body corporate's board, or any officer or person employed by the body corporate is convicted of any offence or has been guilty of misconduct, and it is such as would render the person unfit to be a pharmacist.
 - c) Where any pharmacy owner (body corporate, partnership or pharmacist sole owner) fails to meet the pharmacy standards set by the GPhC.

11. For each of the gateways, the FtPC is required to address specific statutory factors and conditions in order to make a finding of disqualification and direct the removal of a pharmacy, or pharmacies, from the register. However, what is common to each of the gateways is that they can each lead to either a permanent or time limited direction for disqualification of the owners and removal of a pharmacy or pharmacies from the Register.
12. Disqualification and removal directions may be given for a limited period, meaning that premises entries will be restored at the end of that period. Disqualification findings can also be revoked. These decisions are also made by the Fitness to Practise Committee.
13. It is important to note that information relevant to disqualifications proceedings may be taken account of in registration and/or renewal decisions where appropriate and does not require a finding by a committee or removal of premises to do so.

Status

14. We have developed a Project Initiation Document (PID) with the following deliverables:

- ✓ comprehensive policy on disqualification to cover:
 - Legal routes to disqualification
 - Circumstances when we will (and will not) pursue disqualification proceedings
 - Circumstances when interim suspension of premises may be appropriate
 - Guidance for decision-makers
 - Appropriate alternatives to disqualification (proceedings against individual registrants, use of information in registration/renewal decisions, possibly also change of ownership applications)
 - Any consequential updates to impacted policy/guidance (for example the publication and disclosure policy and enforcement policy to reflect this)
- ✓ SOPs / internal guidance on obtaining evidence and investigating disqualification cases
- ✓ Input into Premises Registration and Data Collection working group for any systems / process changes / workarounds to strengthen alternatives to disqualification proceedings (including collection and use of premises owner data)
- ✓ Recommendations for legislative change
- ✓ Training and support materials for enforcement and inspections colleagues

15. The project is sponsored by the Chief Enforcement Officer with our Principal Lawyer as the Project Manager and SME. The project team consists of colleagues from registration, risk, policy, enforcement and the inspectorate and workshops are intended to commence in December through to early Q4.

Next steps

16. We aim to return to Council in February with a draft policy and to seek approval for consultation with an ambition to publish in summer 2026.

Equality and diversity implications

17. There are no EDI considerations arising from this paper.

Communications

18. No additional communications are planned.

Resource implications

19. Resources are secured from within existing budgets. As this is a complex area of law, some limited funding has been ringfenced for some specialist legal advice if considered necessary.

Monitoring and review

20. Updates are provided at our monthly project review meetings.

Recommendations

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

Dionne Spence, Chief Enforcement Officer, and Deputy Registrar – Hannah Smith, Principal Lawyer –
Jerome Mallon, Senior Policy Manager
December 2025

Weight management medicines: our regulatory response to emerging issues and trends

Meeting paper for Council on 11 December 2025

Public

Purpose

To update the Council on:

- 1) the trends and insights we have identified from inspections, enforcement action and concerns relating to the prescribing and supply of weight management medicines from pharmacies
- 2) recent media reporting on weight management medicines, and our response to this
- 3) our work in partnership with other regulators and organisations to support and promote patient safety in relation to the use of weight management medicines
- 3) our planned patient safety information campaign to help the public stay safe when going online for weight management medicines and other medicines.

Recommendations

The Council is asked to note and discuss this update.

1. Introduction

- 1.1 The prescribing and supply of medicines used for weight management continues to be a central theme in our inspections and enforcement action, as well as in the concerns we are receiving.
- 1.2 We have also continued to see huge public and media interest in medicines used for weight management, and specifically Glucagon-like peptide-1 receptor agonists (GLP-1s or GLP-1RAs) such as Mounjaro® and Wegovy®.
- 1.3 This paper summarises the key trends and insights we have identified relating to weight management from Q4 of 2024/25 when we published **our updated guidance**, and provides an overview of our regulatory activity, including enforcement action, investigations,

partnership working with other regulators, and proactive and reactive communications.

2. Risk implications

- 2.1 The prescribing and supply of weight management medicines is currently a high-profile issue within healthcare. The concerns we are receiving highlight the significant patient safety risks that can occur if these medicines are prescribed or supplied inappropriately. It should be noted however that where medicines are prescribed within the terms of the product licence, serious adverse events are relatively rare.
- 2.2 To ensure that public confidence in pharmacy and in pharmacy regulation is maintained, we will continue to take timely, fair and proportionate action where standards are not met and/or our guidance is not followed.
- 2.3 We also need to continue to be clear with the public and stakeholders that some services that prescribe weight management medicines are not registered pharmacies within our jurisdiction or have prescribing services within the remit of another regulator, for example the Care Quality Commission (CQC) in England, Healthcare Improvement Scotland (HIS) in Scotland or Healthcare Inspectorate Wales (HIW) in Wales.

3. Trends and insights from our regulatory activity

Inspections and enforcement action involving registered pharmacies

- 3.1 Since January 2025, at the time of writing we have inspected eight pharmacies which required us to take statutory enforcement action specifically in relation to their supply of medicines used for weight management. We served three Improvement Notices and six sets of Conditions on those eight pharmacies. One pharmacy received an Improvement Notice and had Conditions imposed on it as well.
- 3.2 In that same time, we have inspected another five registered pharmacies which included amongst their services, weight management medication prescribing and/or supply. Those five pharmacies all failed to meet all of our standards, and in line with our Registered Pharmacies Enforcement Policy they are being brought into compliance using our non-statutory measures, i.e. Improvement Action Plans. These pharmacies are being followed up to ensure that they meet the standards for registered pharmacies, and they will be re-inspected within 6 months.
- 3.3 Following the publication of our updated guidance in February we have stood up case review panels to ensure our inspection judgements about pharmacies providing weight management medicines and/or services are proportionate and consistent. In particular, the panels consider verification of information provided by patients and the safeguards in place to reduce the risks of unsafe supply. Panels are chaired by our Head of Pharmacies Regulation and are supported by our Lead Clinical Advisor and Regional Manager and Inspectors. In addition to our usual quality assurance processes, this gives us additional confidence that our judgements are evidence-based and consistent, and a decision log is being maintained.
- 3.4 To date, approximately one third of enforcement action in 2025 related to weight management medicines and/or services.

Concerns and investigations

- 3.5 Since the beginning of Q4 2024-2025, we have received a total of 949 concerns relating to weight management or mentioning weight management medication (see Figure 1). This makes up 14.8% of all concerns received.

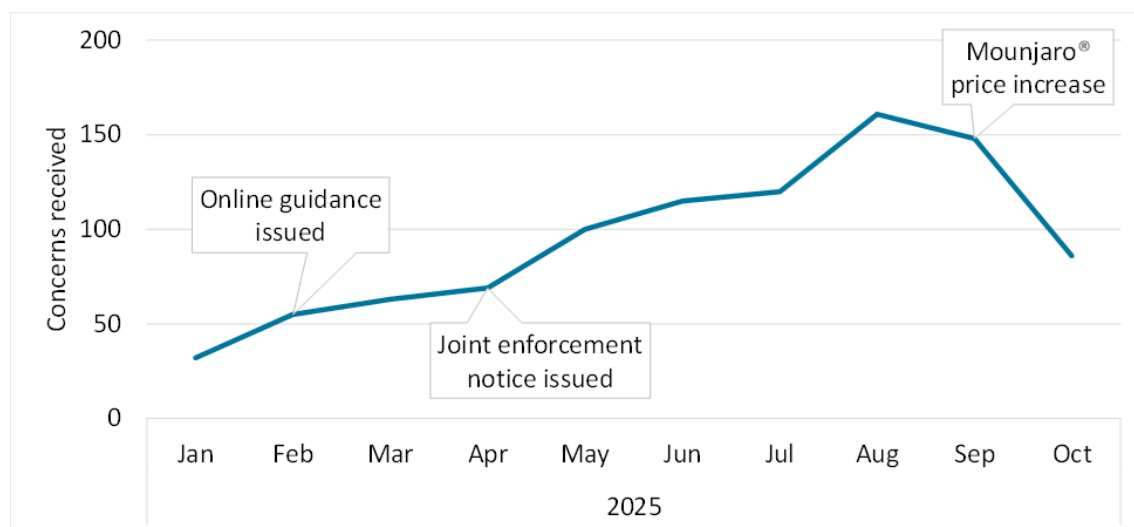


Figure 1: Number of weight management related concerns received each month in 2025

- 3.6 Ninety-three per cent of weight management concerns were closed at the initial assessment stage. Of these, 51% were referred to the inspection team for review and follow up with a pharmacy visit if needed and 23% were signposted to a more appropriate organisation, such as the CQC or the Medicines and Healthcare Products Regulatory Agency (MHRA). Forty-one concerns have been referred to the investigation team, of which 30 are ongoing.
- 3.7 A significant rise in concerns received in Q2 (July-September 2025) was due to the price increases in weight management medication (Mounjaro®) from 1 September 2025, due to reports of stock shortages, unfulfilled orders, refund requests and inappropriate advertising of alternatives.
- 3.8 Whilst most of these concerns did not meet the threshold for us to open a Fitness to Practise investigation, we identified 9 pharmacies that were generating the majority of customer service type concerns, and inspectors proactively contacted these pharmacies to gain assurance on their complaints processes.
- 3.9 The Clinical Advisors Team also supported Fitness to Practise colleagues with concerns such as independent prescribers supplying higher-than-normal amounts of weight management medication. We also reviewed the concerns alongside inspection data and stood up intelligence-led inspections where appropriate.

4. Recent media reporting on weight management medicines

- 4.1 There continues to be significant interest from the national and trade media in relation to medicines used for weight management (see Figure 2). A third of all media queries received by the Communications team in 2025 related to weight management medicines.

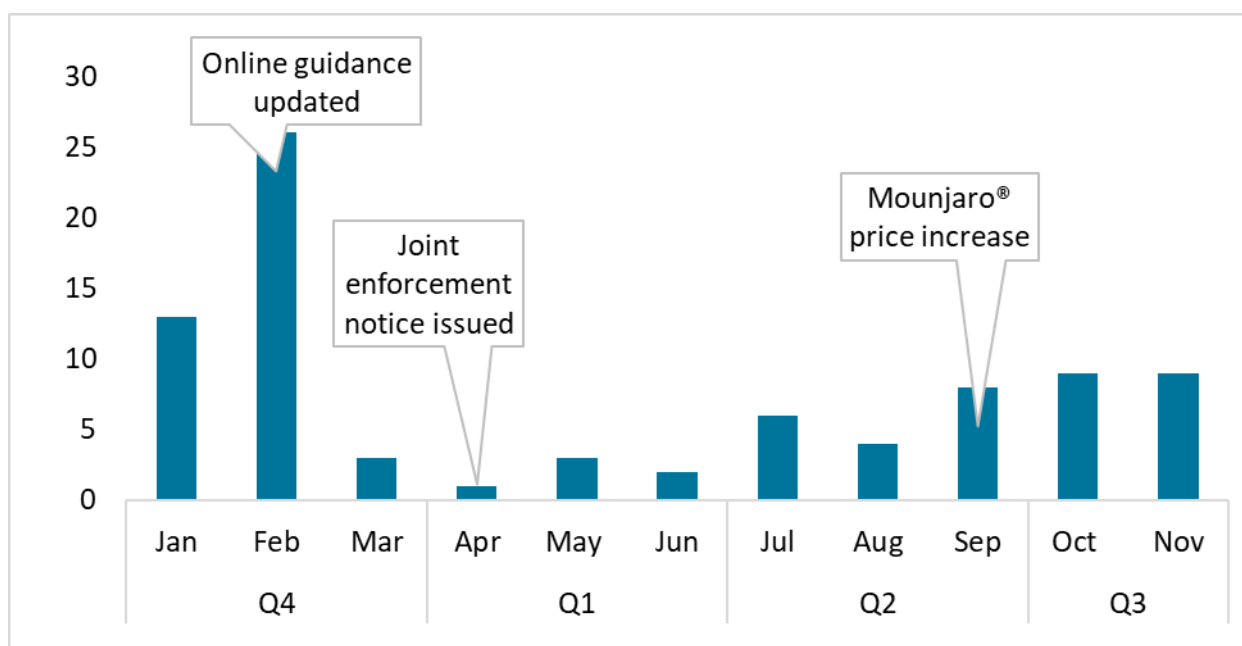


Figure 2: Number of weight management related media queries received in 2025

- 4.2 Our approach in responding to these queries has been to offer interviews with our key spokespeople or written statements, and to build relationships with journalists with a particular interest in this area so they come to the GPhC for comment.
- 4.3 This gives us the opportunity to share our key messages with both the sector and the general public, including explaining what a member of the public should expect when seeking weight management medicines from an online pharmacy, emphasising the importance of always checking an online pharmacy is registered with the GPhC, and highlighting the risks of using unregulated products and/or sources.

Proactive communications relating to price increases for Mounjaro®

- 4.4 As referenced in the Strategic communications and engagement update shared with Council at its meeting in September, on 29 August, **our Chief Standards Officer and Chief Enforcement Officer wrote to pharmacists, pharmacy technicians and pharmacy owners** in response to recent concerns about inappropriate marketing messages and advice relating to medicines used for weight-management, caused mainly by the price increase and reported shortages of Mounjaro®.
- 4.5 The email highlighted the concerns being raised, and what is expected of pharmacy owners, pharmacists and pharmacy technicians to meet relevant standards and guidance from the GPhC, MHRA, the Advertising Standards Authority (ASA) and the Committee on Advertising Practice (CAP). We worked quickly with the MHRA and ASA to draft this communication and to include statements from our organisations in the associated press release, which was shared widely with the media.

National media investigations

- 4.6 In November, **ITV News broadcast the findings of its investigation** which raised concerns about the supply of weight management medicines by registered online pharmacies to people with eating disorders. They reported that clients of private eating disorder clinics had used weight management medicines over the last year and interviewed an individual with anorexia who had been able to access these medicines from an online pharmacy.

- 4.7 Our Chief Pharmacy Officer took part in an interview with ITV News and emphasised that the GPhC is already taking action to improve patient safety and would investigate the concerns raised by ITV News. We also issued a statement emphasising these messages, which was covered by the pharmacy trade media.
- 4.8 Of the four pharmacies that ITV subsequently informed us about, three were already planned for inspection as they had been identified as priorities for intelligence-led inspections using our risk-based methodology. These (online, high-volume) pharmacies required additional inspectorate resources which need to be co-ordinated: one inspection occurred in October and the other two in November. Their reports are currently being finalised and it is likely that at least one has failed to meet all the standards, and we will be addressing the failures with an Improvement Action Plan. The remaining pharmacy was last inspected under two years ago, and although they previously met all the standards, this triggered the need for an intelligence-led inspection.
- 4.9 Two of these pharmacies either have a registered CQC service as part of their business or are working closely with a CQC registered prescribing service and are not operating their own in-house or pharmacist-led prescribing service. We continue to liaise extensively with the CQC, including using recent CQC reports to inform our inspections.
- 4.10 **LBC radio also broadcasted a similar report**, highlighting the case of a person with an eating disorder who had managed to obtain weight management medicines from a registered online pharmacy, and referenced our updated guidance within their report. This pharmacy was inspected in September 2025. It did not meet all the standards and has completed an improvement action plan. It will be re-inspected within 6 months to ensure that it continues to meet the standards and remains safe to provide services. This pharmacy's prescribing service is registered with the CQC, and we have collaborated with them about the pharmacy that works alongside the CQC regulated prescribing service.

5. Our work in partnership with other regulators and organisations

- 5.1 We continue to work in partnership with other regulators including the MHRA, ASA and CAP to help the pharmacy sector understand the guidance and rules around the advertising and promotion of prescription-only medicines, including those for weight management. As well as the joint communication following the price increase of Mounjaro® referenced above, we also worked together to issue an **updated joint Enforcement Notice** on 24 September 2025.
- 5.2 The updated Enforcement Notice follows nine ASA rulings published in July, which gave clear examples of where, even without naming specific prescription-only medicines, ads were still seen as promoting weight management prescription-only medicines. It was sent out via email to Superintendent Pharmacists and pharmacy owners and also highlighted **in a letter from our Chief Pharmacy Officer sent to all pharmacists and pharmacy technicians**. Our Chief Pharmacy Officer also did a joint presentation with our Lead Advisor in Professionals Regulation and a representative from CAP at the Pharmacy Show on this subject, to continue to raise awareness and understanding among pharmacy teams and pharmacy owners.
- 5.3 We are currently working with CAP to share a new resource they have produced highlighting the rules on advertising all prescription medicines with our registrants and pharmacy owners.
- 5.4 We continue to work closely with CQC, HIS and HIW where services prescribing weight management medicines are registered with other regulators, including sharing inspection

plans and outcomes, and sharing concerns we receive relating to the part of the service regulated by the other regulator.

- 5.5 We continue to work closely with the MHRA to share messages via social media on the risks of buying medicines from fake pharmacies or other illegal sources, promoting their **Fake Meds campaign**, as well as our own communications to the public via our website and social media, emphasising the importance of always checking a pharmacy is registered with the GPhC before using it. We next meet with the MHRA and the Patient Safety Commissioner later this month to review our work together on weight loss medicines and risks associated with fake pharmacies and counterfeit medicines.
- 5.6 We have also helped to encourage anyone who has been hospitalised with acute pancreatitis while taking a GLP-1 medicine to report this via the Yellow Card scheme, to support the **recruitment of participants for the MHRA Yellow Card Biobank study**.
- 5.7 Digital Clinical Excellence 'DiCE', is a forum representing digital healthcare providers, including online pharmacies. We undertook extensive engagement with individual DiCE member pharmacies and their wider network when the updated guidance was released earlier this year and **issued further FAQs** to address the concerns that had been raised.
- 5.8 As part of our regular and joint CQC-DiCE meetings, we continue to discuss and highlight examples of how online weight management services can strengthen measures to safeguard patients and the public, especially in relation to how they appropriately verify height, weight and/or BMI.
- 5.9 Our inspection team regularly meet with pharmacies (including online providers) during **Strategic Relationship Manager (SRM) meetings and Regulatory Engagement meetings (REM)**. We also share findings from our themes/trends reporting at additional external events, such as Local Pharmaceutical Committee meetings and the national Community Pharmacy Patient Safety Group.
- 5.10 Our Lead Clinical Advisor gave evidence to the London Health Assembly Committee on 10 September on the private provision of weight management medication. Our evidence included the risks of buying medicines from sources other than registered pharmacies, as well as about how we have strengthened our guidance in this area.
- 5.11 Additionally, using intelligence gathered through inspections, reported concerns, and stakeholder engagement, we have worked with the Centre for Pharmacy Postgraduate Education (CPPE) to support them in developing the **'Prescribing Perspectives' module on weight management medication** which is a free resource our registrants in England can access.

6. Pilot social media campaign

- 6.1 Our Chair and Executive have recently approved proposals developed by the Communications team to launch two proactive information campaigns aimed at patients and the public. The first campaign will focus on helping people in Great Britain buy medicines and access online health services safely, focusing on certain conditions where treatments may be particularly popular, in short supply, or where extra safeguards are needed- including medicines used for weight management- by promoting practical, trusted guidance.
- 6.2 The campaign will involve targeted social media advertising, developed and implemented with the support of an external digital agency. The adverts will be targeted at people who

have engaged with online content relating to weight management medicines and will link to patient safety information, including resources on the GPhC website.

- 6.3 This is a pilot campaign with a small budget. We will evaluate the metrics from the campaign, and if successful, will look to scale it up in 2026/27. We will also seek to work with other organisations, (including patient and public organisations and charities representing and supporting patients and the public, as well as other partners such as local public health teams and police forces) to ask them to share our campaign resources via their networks.
- 6.4 We also intend to share the campaign resources with parliamentarians across England, Scotland and Wales, and encourage them to share these resources via their channels.
- 6.5 We are also in early discussions about holding a parliamentary roundtable focusing on the issue of patient safety when using online services for medicines, including those for weight management, and will keep the Council updated as this proposal develops.

7. Equality and diversity implications

- 7.1 We support and understand the need for the private sector to innovate and especially via online, provide accessible services to patients and the public. Whilst this can reduce pressures on NHS, this can further exacerbate health inequalities due to digital poverty and because socio-economic disadvantage is associated with obesity, so this vulnerable group are less likely to be able to afford access.

8. Resource implications

- 8.1 The concerns, issues and trends we are seeing in relation to the prescribing and supply of weight management medicines are having a notable impact on our capacity and resources.
- 8.2 As highlighted above, this is driving a significant increase in concerns and enforcement action, as well as media queries, which is impacting capacity and other resources across all the teams involved. The joint activity with other regulators and organisations, as well as the planned public information campaign, also require significant resources within the Communications team and other teams.

9. Monitoring and review

- 9.1 We are continuing to actively monitor and review the trends and insights in this area, and the appropriate regulatory actions we need to take. We are in the early phases of scoping a thematic review of pharmacies providing weight management services. We are also continuing to expand our collaboration with other healthcare regulators and organisations in this area.

10. Recommendations

The Council is asked to note and discuss this update.

Rachael Gould, Head of Communications
Kieron Jones, Head of Pharmacies Regulation
Roz Gittins, Chief Pharmacy Officer and Deputy Registrar
General Pharmaceutical Council

02/12/2025

BOARD ASSURANCE FRAMEWORK

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

Quarterly Delivery & Assurance Report - Year 2025/2026, Quarter 2



Sections

1. Executive Summary

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

2. Risk and Assurance

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

3. Context and Intelligence: Trends Shaping Our Work

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

4. Strategic Aims: Progress, Impact and Assurance

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

5. Annex A – Key Performance Indicators

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

6. Annex B – Understanding RAG Ratings in the Board Assurance Framework (BAF)

1. Executive Summary

Quarter 2 shows strong operational performance across most areas and steady progress on our change programmes. Enforcement remains the most significant pressure, driven by sustained record concern volumes, but mitigation is starting to have impact. In addition, concerns about, and actions related to, the Jhoots chain of pharmacies have been a major area of focus, as we respond to MP correspondence, maintain our own inspection and investigative activities and work closely with NHSE and others on mitigating further detrimental impacts on the public and consider how we might act in future in similar cases. The overall organisational picture for Q2 is Amber.

This is the second quarterly Board Assurance Framework (BAF) report under our 2025-30 Strategic Plan. It provides an overview of delivery progress, operational performance against agreed KPIs¹, and the level of assurance we can provide for each strategic outcome. The BAF RAG ratings reflect both current performance and our forward assessment on whether the outcomes set out in the 2025–30 strategy will be achieved within the expected timeframe.

Milestones

During July to September, we delivered several prominent public-facing milestones. We published the 2025–30 Delivery Plan, which had received 79 downloads by 20 November. We issued updates on emerging risks, particularly weight-management medicines and online supply, and supported this with increased media engagement, including broadcast interviews explaining our regulatory position. We also continued wider stakeholder engagement across Great Britain and published the June registration assessment results and analysis. Work on the Superintendent and Responsible Pharmacist standards also progressed ahead of consultation.

Overall Performance - Q2

The overall position for Q2 is Amber, with strong performance in most areas of our core regulatory work:

- **SA1 – ● Amber:** Performance in the majority of registration, education and standards remains strong. However, the continued increase in concerns has affected several indicators, including the number of open concerns, timeliness of enforcement notices and the average speed of answering calls within our Customer Contact Centre. Enforcement (Outcome 1.5) remains Red, although its impact on the overall aim is being mitigated through strengthened triage capacity, process improvements and progress on new-case timeliness. A sustained Red position would increase the risk of achieving SA1 over the strategy period.
- **SA2 – ● Amber:** We continue to make good progress in our work across SA2. However, key deliverables, including public-facing resources and differential attainment actions, are still in early stages, so measurable impact is not yet evident. Delivery remains broadly on track and recovery is possible without major change.
- **SA3 – ● Amber:** Progress remains positive across people, finance and technology. Workforce and financial indicators remain stable. However, IT capacity constraints continue to delay elements of the technology roadmap, creating risks to pace and delivery. Recovery remains achievable if these delays are managed effectively.

¹ KPIs used in Q1 and Q2 are those agreed for our previous strategy. Work is underway to review our operational KPI set to ensure it provides balanced assurance on capacity, efficiency, quality, and impact across all our new Strategic Aims and the outcomes we seek.

External context and sector pressures in Q2

Quarter 2 was marked by significant external developments that directly influenced demand for our regulatory functions. Emerging concerns about the operation and governance of several pharmacy businesses, alongside increased scrutiny of online prescribing and weight-management medicines, drove a sharp rise in regulatory activity. We received 2,159 concerns in Q2, the highest ever recorded, and saw a corresponding increase in enforcement action, with 17 notices issued compared with four in Q1.

To support public understanding during this period, we undertook coordinated regulatory messaging with MHRA and ASA and increased media engagement to explain our role and expectations, supported by new public guidance on GLP-1 medicines. Engagement across Great Britain continued through national conferences, superintendent-level roundtables and the Patient and Public Voice meeting, ensuring insight from patients, professionals and owners informed both our regulatory approach and external communications.

Strengthening our Assurance Framework

In Q2 we progressed work to strengthen the assurance framework, including development of the refreshed strategic risk register, which will come to Council in Q3 and provide a clearer view of risks, mitigations and assurance aligned to the 2025–30 strategy. We also continued to develop our wider assurance approach for 2026–27. The affordability, prioritisation and sequencing decisions within the Year 2 delivery plan will be central to maintaining confidence in the BAF. The draft plan will be presented to Council in Q3, where Council will be asked to consider whether the proposed programme of work is achievable within available capacity and resources, whether the balance between business-as-usual and change activity is appropriate and whether the benefits, risks and key decision points are clearly articulated. The outcome of this discussion will inform the final plan, which will be presented in Q4.

Alongside this, early work is underway to refine the KPI set, aligning it with our 2025–30 strategy, and to build a new contextual intelligence dataset covering trends such as registrant numbers, premises, concerns, contact-centre demand, student admissions and accredited courses. This dataset, together with phased KPI development, will begin to be introduced from Q3 onwards to give Council a clearer, more forward-looking view of performance, external pressures and early warning indicators.

Areas for Councils attention

Council is asked to note the following areas because they represent the most material influences on our ability to deliver the 2025–30 Strategic Plan. These are the issues where Council's oversight, scrutiny and assurance will add the greatest value. In particular, we are drawing Council's attention to:

- **Sustained pressure in Enforcement (SA1 – Outcome 1.5, ● Red)**

Quarter 2 saw the highest volume of concerns ever recorded, with 2,159 received, reflecting sustained quarter-on-quarter growth; only the GMC, with over 400,000 registrants, receives more. Despite this rise in demand, triage performance remained strong: the open caseload reduced by 7 per cent and the median triage time improved to 5.3 weeks, within the 8-week objective. The composition of concerns mirrors wider sector pressures, with customer service issues and dispensing errors most common, and 17 per cent of all concerns originating from online settings. Additional triage staff joined at the end of the quarter and work continues to revise the Acceptance Criteria and update the concerns form, which should reduce non-regulatory inflow.

Casework and adjudication show a mixed but generally improving picture. In casework, the age profile of investigations continued to improve, with cases over one year falling to 33.1 per cent (though still above the <25 per cent target for 2025/26) and those over two years reducing to 10.1 per cent. However, overall timeliness remains sensitive to demand, with median investigation closure times rising slightly and improvement slower than required to stabilise the system. In adjudication, hearings activity increased significantly, with 27 hearings completed, and IC decision

times reached their lowest level for several years. Some additional hearings coordination capacity has now been introduced, and work is underway to amend the Rules to lift the cap on committee numbers. Despite this progress, the volume and age of Rule 14 cases continue to place sustained pressure on throughput.

- **Inspection performance (SA1 – Outcome 1.4, ● Amber)**

Inspection performance remained strong in Q2, with two out of three KPIs rated Green and 511 inspections completed, matching Q1 and keeping us on track to deliver over 2,000 inspections this year. The Amber rating reflects a dip in timeliness caused by a sharp rise in enforcement activity, with 17 notices issued compared with four in Q1, driven by serious risks relating to unregulated online prescribing, diversion of controlled drugs and governance failures. In response, the team imposed 13 sets of conditions and issued four improvement notices across multiple owners, prioritising the highest-risk cases to protect patient safety. Overdue first inspections remain in single figures and there are no overdue re-inspections apart from two closed pharmacies. Intelligence referrals to the inspection team also increased, with 741 concerns handled this quarter, and internal processes have been streamlined to manage the higher workload while maintaining delivery against inspection targets in addition to supporting the acceptance criteria work

- **Technology and capacity dependencies (SA3 – Outcome 3.2, ● Amber)**

Capacity continues to affect several programmes and remains a key dependency for planning in 2026–27. Key elements of the technology roadmap progressed in Q2, including the inspection tool replacement and early Data Lake work, but CRM and IT applications capacity continued to impact delivery. Work on the myGPhCpharmacy renewal and payment functionality has been delayed, with activity underway to identify a suitable solution and bring the project back on track. These constraints will shape the sequencing and timing of wider delivery plan commitments for next year.

Looking ahead to Q3 and beyond

As we move into the second half of the year, our focus moves towards consolidating early progress and ensuring that the foundations for Year 2 of the strategy are firmly in place. Alongside maintaining strong operational performance, we will continue to strengthen the core enablers of the strategy, including risk management, technology, workforce and stakeholder engagement. The key areas of focus for Q3 and the remainder of the year are:

- Completing and presenting the refreshed strategic risk register
- Finalising the costed delivery plan for 2026–27
- Publishing the revised Acceptance Criteria and implementing new triage pathways
- Continuing the reduction of older enforcement cases with particular focus on those over a year old and at Rule 14 and hearings stage.
- Progressing the inspection tool replacement and myGPhCpharmacy development
- Launching the consultation on the Superintendent and Responsible Pharmacist standards and rules
- Delivering the student and trainee surveys
- Planning engagement work ahead of the 2026 elections
- Embedding the organisational values and updated performance development framework
- Effective transition to permanent CEO

In summary

Overall, Quarter 2 presents an Amber position, with strong performance in several areas and one key area of concern where mitigation is underway. Continued focus on enforcement, technology capacity and

delivery planning will be essential to maintaining progress and achieving the outcomes of the 2025–30 Strategic Plan.

Quarterly Performance Dashboard: Q2 2025–26

Performance at a glance

Q2 OVERVIEW

This is the second quarter of delivering our 2025–30 strategy. The overall BAF position is Amber, with strong performance across most core regulatory functions. Enforcement remains Red due to record concern volumes and case open for over a year. Council is asked to note ongoing work on enforcement, the costed delivery plan, resource alignment and the refreshed strategic risk register.

Q2 FINANCIAL OVERVIEW

Financial Strategy Aims	Q1	Q2	DoT
Fee Strategy			→
Cost Improvement Plan			→
Fully costed strategic plan			→
Reserves Strategy			→
Updating working capital approach			→

Actions in Q2

- 2025 fee change implemented
- 2026 fee increase to be reviewed further
- Year 1 CIP reductions identified – recognised from Q3
- IT Roadmap costings refined

Impact - The deficit position has improved following the implementation of the fee increase and the identification of cost-saving measures. As a result, reserves are now forecast to return to a positive balance by the end of the plan. However, without further intervention, sustained deficits are still anticipated with reserves projected to remain below the minimum threshold required for financial resilience.

Q2 STRATEGIC PLAN

Strategic Aim	Progress towards Outcome	Operational KPIs	DoT	Q2 Commentary
SA1			→	No significant change from Q1. We are broadly on track with strong performance in most areas. High concern volumes keep enforcement timeliness under pressure. The Red RAG rating reflects this challenge.
SA2		To be added	→	No significant change from Q1. Good progress across workstreams, but public resources and differential attainment actions are early stage, so full impact on success measures not yet realised.
SA3			→	No significant change from Q1. Broadly on track with progress on people, finance and tech enablers. Confidence tempered by IT capacity constraints; planned mitigations should enable recovery within current plans.

STRATEGIC RISK

Strategic risk is under review, with a new approach to strategic risk and risk profile due for agreement at the December Council meeting. Strategic risk will be included in the BAF in the Q3 2025/26 report, and the dashboard will be updated once this is in place.

2. Risk and Assurance

This section sets out the corporate and strategic risks that have the greatest bearing on the BAF ratings, together with the assurance sources that underpin our Q2 judgements. It highlights where assurance has strengthened, weakened, or remained stable, and notes emerging issues that could influence future BAF positions.

Strategic risk register refresh

The refreshed strategic risk register, aligned to the new 2025-30 strategy, is in development and will be presented to Council in Q3 2025/26. Once in place, it will be a standing feature of this section providing Council with a regular view of key risks with mitigations. It will also map risks to aims and indicate whether assurance is strengthening or weakening.

Corporate complaints

Performance in Q2 remained strong, with all complaint-handling KPIs met, this includes acknowledgement within three days and a response within 15 days for Stage 1 and 20 days for Stage 2.

Information governance

Overall performance in Q2 remained broadly on track, although we saw a **continued rise in information governance breaches**, with fifteen incidents in Q2 compared with nine in Q1 and five in Q4 2024/25. We are taking forward a focused programme of improvement to strengthen performance in this area. This includes targeted training on common themes, refreshed guidance on redaction and email handling, and new awareness materials to support earlier identification and reporting of breaches. We are also developing a clearer policy on the use of personal data for associates and partners to support consistent, compliant practice across the organisation.

We conducted **one Serious Incident Review** in Q2, following an incident of violence and aggression towards staff. As part of this, we have identified any learning from the incident and are strengthening our incident management process.

We achieved **100% compliance** with all information requests this quarter, including FOIs and data subject rights requests, and no data breaches were reported to the ICO. Request volumes remained broadly consistent with previous quarters. One FOI submitted through the “What Do They Know” website went to internal review and has since been referred to the ICO after we confirmed we did not hold the requested information. We have not yet heard from the ICO and note that the same individual has made very similar requests to 229 other public bodies.

Assurance

Internal and external assurance activity undertaken across the GPhC, provides independent evidence on performance, identifying gaps, and outlining actions taken, this is shared with and discussed at the Audit and Risk Committee.

3. Context and Intelligence: Trends Shaping Our Work

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

Internal Indicators (Operational pressures and demand patterns)

Please note: Work is underway to develop this area of the report. From Q3 onwards, we aim to include a concise overview of key internal trends, and wherever possible including data from 2022 onwards (to exclude statistical anomalies arising from the Covid period). Proposed data includes but is not limited to: the number of registered pharmacy premises, pharmacists and pharmacy technicians; concerns received; Inspectorate activity; overall customer services contacts; MPharm student admissions and the number of accredited courses.

Strengthening this section will improve Council's visibility of the factors shaping operational demand, capacity and risk, and ensure clearer alignment with the Board Assurance Framework.

External Environment (Wider changes influencing our regulation)

External influence	Impact	Opportunity/ Risk (to be further developed at Q3)
Pharmacy premises and large-chain instability	Recent public reporting has highlighted significant operational pressures within parts of the community pharmacy sector. This has included well-publicised issues at Jhoots, such as breach and remedial notices issued by ICBs, unplanned closures and staffing challenges, leading to some branches transferring to new operators. These developments have raised broader concerns about business governance, financial sustainability and patient access where providers experience instability or exit the market, reflecting wider consolidation trends seen across the sector.	Opportunity to strengthen our regulatory remit. Risk that instability among larger providers may affect patient access
Pharmacy supervision changes	Draft legislation continued through parliamentary scrutiny over the summer with DHSC indicating implementation from early 2026. GPhC working on RP and SP standards and rules and collaborating with PSNI, RPS and APTUK on supporting guidance to ensure safe implementation and clear accountability.	Opportunity to support clearer accountability and make better use of pharmacy workforce skills. Risk of safety incidents if training, standards and SOPs are not robust or if sector readiness varies.

NHS restructure	Q2 saw further detail emerging on England's NHS 10-Year Plan, which proposes neighbourhood health teams and an expanded clinical offer through pharmacies across community, primary and hospital settings. Wales and Scotland continued to implement their own frameworks, reshaping professional roles and expectations.	Opportunity to modernise regulatory approaches and ensure our standards support integrated care models. Risk of misalignment across regulators or insufficient workforce capacity to meet expectations.
Weight-management medicines (GLP-1s)	Demand for products such as Mounjaro remained high in Q2. MHRA issued new safety alerts on counterfeit products. NHS bodies updated eligibility, prescribing safeguards and supply protocols. We continued targeted inspections and reinforced expectations on safe online provision.	Opportunity to promote safe, legal supply through pharmacies. Risk of patient harm from unsafe or misleading online provision.
Medicines shortages	Medicines shortages remained a daily operational issue throughout Q2, with increased public and parliamentary scrutiny. Shortages continue to create burden for pharmacy teams, elevate the risk of errors, and cause distress and confusion for patients.	Opportunity to escalate supply concerns to the relevant national bodies and support consistent system-wide communication that promotes safe practice and protects patients. Risk of patient harm, trust erosion and non-compliance with standards.
Devolved nations – upcoming elections	Elections in Scotland and Wales could result in new Governments and shifts in health policy priorities. This may have implications for funding models, workforce planning, service commissioning, and the regulatory environment for pharmacy in each nation.	Opportunity to engage early with new administrations to strengthen understanding of pharmacy's role Risk of divergence across Great Britain requiring adaptation of standards, guidance and engagement.
Community pharmacy funding	Q2 saw ongoing implementation of updated CPCF payments in England and continued pressure across all nations from changing funding models. These changes affect capacity, workload and access, creating variation in service delivery.	Opportunity to improve service reach and outcomes. Risk of uneven access and widening inequalities.

4. Strategic Aims: Progress, Impact, and Assurance

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

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

The outcomes we want to achieve

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

Necessary enforcement action is prompt, proportionate and effective

Performance Summary - Overview of all performance - RAG rating based on progress to achieving our strategic measures of success.

Q1	Q2	Q3	Q4	DoT
A	A			→

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

In Q2, we continued to deliver strong performance across registration, education and inspection, with timely processing of the summer registration peak and the publication of the June assessment results. Engagement with the profession continued, including Superintendent Pharmacist events across all four nations, a well-attended online concerns webinar, and regional roundtable and public engagement activity. Work on our SP and RP standards progressed, and inspection activity remained robust, with proportionate regulatory action taken in response to higher-risk online and governance issues.

Enforcement remains the most significant challenge. Q2 saw record concern volumes again, with 2,156 concerns received in Q2. Over the past two years we have seen a significant increase in concerns every quarter, as a benchmark only the General Medical Council, with over 400,000 registrants receive more. This level of demand drives the red RAG rating. a sharp rise in open caseloads, with older cases still impacting timeliness despite progress on the longest-running investigations. New cases are moving faster, appeals remain low, and improvement initiatives — including over-recruitment to triage and new hearings processes — are in place but will take time to deliver full impact.

Rationale for **Amber** rating

Delivery across most SA1 workstreams remained strong but sustained high concern volumes continue to affect enforcement timeliness and capacity, which limits overall confidence in achieving the strategic aim. While improvements are visible in case progression and hearings throughput, the system has not yet stabilised. The Amber rating reflects good overall progress but recognises that enforcement remains the critical dependency for achieving SA1 in full.

Key Achievements this quarter

- In Q2, we processed 2,575 new registrations, all meeting our revised performance standard. Pharmacist registrations were driven by the summer assessment period, resulting in 2,029 successful registrations with a median processing time of 16 days.
- Completed 553 inspections
- Published our June assessment results
- Reduced proportion of >2-year-old FtP cases to KPI (10.1%).

Key Focus for next quarter (s)

- Publish June registration assessment report and analysis alongside the November assessment date in Q4.
- Launch consultation on superintendent and responsible pharmacist standards and rules.
- Prepare for student/trainee survey launch.
- Continuing to deliver inspections at a rate consistent with achieving the planned 2,000 inspections in the delivery plan.

SA1 - Progress against our strategic outcomes

Strategic Outcome	Q1	Q2	Q3	Q4	DoT	Comment	Next steps
1.1: Competent and confident professionals <i>What we're doing – include sentence on what this actually means</i>	A	G			↑	Education and training quality assurance ● (Green) – In Q2 we prepared for the new academic year's assurance cycle, putting the right evidence and engagement in place to oversee our scheduled accreditation and reaccreditation visits. Alongside this we continued our review of the route to registration for internationally qualified pharmacists. We also continued work on the development of the new initial education and training standards for pharmacy technicians (IETPT), with the consultation launched on 1 October 2025.	Consultation results will be analysed in Q4 Further work on the international route will be developed and presented to Council in Q4.
						Registration assessment ● (Green) – Publication of the results of the June assessment for 2,913 candidates (with a subsequent pass rate of 77%). A temporary technical issue delayed candidate access to their results on 29 July but was resolved the same day. Lessons identified are being applied to strengthen system resilience and reduce the likelihood of recurrence. Discovery work on the future registration assessment model continues.	A full report on sitting in 2025 will be shared with Council in Q4. Develop options with the Board of Assessors in Q4.
						Registration ● (Green) – This was Amber at Q1 - In Q2 we processed 2,575 new registrations, all within our revised performance standard, including 2,029 pharmacist registrations following the summer assessment period. Pharmacy technician applications remained steady, with a small year-on-year increase in September 2025 compared with 2024. Work on our premises data collection project is now back on track (links to SA1.4)	Deliver Phase 2 premises data; develop system upgrades.
						Standards and guidance ● (Green) – Work progressed on drafting the Responsible Pharmacist and Superintendent Pharmacist standards and Responsible Pharmacist rules,	RP and SP Standards and Rules consultation developed

					supported by early engagement across all four nations. Preparation continued for the forthcoming consultation, and we are capturing insights and feedback from this work to inform our scoping when reviewing other standards.	
					Revalidation and ongoing competence ● (Green) – Revalidation work continued with the post-registration assurance advisory group, with incremental improvements progressing and early scoping underway on future developments.	Develop phased improvement plan; continue record reviews.
1.2: Regulator that listens, takes account of their practice, how it is changing, and the challenges they face	A	A			→ This quarter we engaged widely with pharmacy professionals, owners, students and the public through events across the UK, including a regional roundtable in Bristol, giving us clear insight into sector priorities and expectations which we have shared across the organisation to inform our regulatory approach. We also undertook a number of Superintendent Pharmacist engagement events across England, Scotland and Wales. Amber because engagement activity is strong but the consistent capture and use of insight is still being embedded, so full outcome achievement is not yet assured.	Further engagement is planned in Q3, including a Student Voice session planned for October. Publish our delivery plan for 2025-2030. <i>(to note this was published in October and to date there have been 79 downloads).</i>
1.3: Pharmacists and pharmacy technicians are to promote the wellbeing of their patients and themselves	A	A			→ In Q2 we continued to build the foundations of our wellbeing work, including early engagement with key stakeholders including the Bristol regional roundtable, where workload pressures, safe practice and support for trainees were raised. Alongside this we undertook initial internal scoping to shape the wider wellbeing programme. Amber rating as work is still in initial stages.	Develop the next phase of work in this area, including exploring how wellbeing will be reflected across our work.
1.4: Pharmacy owners enabling teams to meet our standards	A	A			→ Inspection performance is rated Amber this quarter. Two of the three KPIs were green, with 511 inspections completed and delivery on track to exceed 2,000 this year. The Amber rating reflects a dip in timeliness caused by a sharp increase in enforcement activity (from four to 17 cases), although quality remained strong and overdue inspections are now close to zero. The inspection tool replacement project is progressing well and	Continue rolling out the risk-based model and progressing the inspection tool project.

					the premises data project, linked to SA1.1, has also moved back on track.	
1.5: Necessary enforcement action is prompt, proportionate, and effective	R	R		→	The KPIs show Red performance for open concerns and cases over one year, Amber performance for cases over two years, and Green performance for appeals. Q2 saw record concern volumes (2,159), the highest ever in a single quarter. Despite this, triage timeliness improved to a median of 5.3 weeks and the open caseload reduced by 7 per cent. Case closures increased to 188 and the proportion of cases over one and two years continued to fall, although the one-year KPI remains above target and rising complexity has contributed to a small increase in median investigation closure times. Adjudication performance strengthened, with IC decision times at their lowest level for several years, 21 Rule 14 cases served and 27 hearings concluded. Additional capacity in both triage and hearings should support further progress in Q3 and Q4.	In Q3 and Q4 we will focus on reducing open concerns and long-standing cases, supported by the new triage and casework capacity coming online and the implementation of the updated Acceptance Criteria. We will also continue prioritising historic Rule 14 cases and sustaining improvements in IC decision times, helped by the additional hearings coordination capacity.

SA1 - Core Regulatory Duties: KPI Performance

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

Out come	Performance measure	Performance standard	Q1	Q2	Q2 RAG	DoT	Why it matters
SA1.1	Average speed of answering telephone calls	<10 seconds (previously 2 minutes)	7 seconds (5,515)	10 seconds (8,804)		↓	Ensures professionals and the public receive timely advice and guidance.
	Percentage of calls abandoned	<4% (previously 5%)	0.5% (25/5,540)	0.9% (77/8,881)		→	Low drop-off means queries are being handled rather than lost.
	Percentage of emails actioned within 2 days	>95% (previously 90%)	100% (5800/5800)	100% (7002/7002)		→	Queries are resolved quickly, preventing delays in regulatory processes.
	Median processing times from receipt of online application to approval for pharmacists to the full register (working days)	21 days	0 days (58)	16 days (2029)		→	Fast registration supports workforce capacity and patient access to services.

	Median processing times from receipt of online application to approval for pharmacy technicians (working days)	21 days	0 days (411)	7 days (546)		→	Ensures qualified technicians join the workforce without unnecessary delay.
SA1.4	Average turnaround from inspection to finalisation of report (in weekdays)	20 days	13.2 days (526 reports)	13 days (505 reports)		→	Timely reports allow quicker implementation of improvements.
	Average time to serve enforcement notice where evidence of serious risk to patient safety exists (in weekdays)	5 days (from Q2 2024/25)	5 days (4 notices)	7 days (17 notices)		↓	Risks to patient safety are acted on immediately.
	Re-inspections undertaken within 6 months (+/- 2 weeks) from Q2 2024/25	80% within 6 months (+/- 2 weeks)	92.6% (86 insp's)	97.1% (86 insp's)		→	Ensures prompt follow-up where concerns were found.
SA1.5	Number of open concerns < 1,000 <i>(to reflect the increasing number of concerns the target has been increased to 1250)</i>	Target 2025-26 less than 1250 <i>(Baseline 2024-25 – 1250).</i>	1555	1520		→	High caseloads slow resolution and can delay public protection.
	Percentage of cases open at investigation for more than 1 year	2025-26 - less than 25% over 1 year <i>(Baseline 2024-25 less than 35% over 1 year)</i>	35.4%	33.1%		→	Older cases indicate delays and reduced timeliness in resolution.
	Percentage of cases open at investigation for more than 2 years	2025-26 - less than 8% over 2 years <i>(Baseline 2024-25 less than 15% over 2 year)</i>	13.4%	10.1% <i>(on track to achieving)</i>		→	Very long cases are rare, improving fairness and reducing uncertainty.
	Number of appeals against decisions of the Fitness to Practise Committee	No more than 2	0	0		→	Low appeal volumes suggest decisions are robust, fair, and well-evidenced.

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

The outcomes we want to achieve under this strategic aim:

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

Performance Summary - Overview of all performance against SA2 - RAG rating based on progress to achieving our strategic measures of success.

Q1	Q2	Q3	Q4	DoT
A	A			

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

In Q2, we strengthened collaboration with partners, developed resources to improve public understanding of our role, and advanced work on equality, diversity, and inclusion (EDI) in education and training. Joint regulatory action addressed emerging risks in the promotion of weight-management medicines, while refreshed engagement approaches broadened our reach and insight. Preparations began for a November webinar with the Food Standards Agency on the safe supply of CBD products.

Rationale for **Amber** rating

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

Key Achievements this quarter

- Strengthened system collaboration on risks including GLP-1 safety, online prescribing and medicines shortages.
- Active national engagement for example through RPS events, community pharmacy forums, and patient safety groups.
- Held a Patient and Public Voice meeting and increased public-facing communications on medicines safety and online supply.

Key Focus for next quarter (s)

- Continue engagement work with governments and system partners, particularly ahead of the 2026 elections.
- Continue to develop next-stage actions on differential attainment and assess equality impacts.
- Deliver planned conference, media and engagement activity, alongside quarterly themes, trends and thematic review publications.
- Further capture our work in this area in the Delivery plan for Y2 of our strategy.

SA2 - Progress against our strategic outcomes

Strategic Outcome	Q1	Q2	Q3	Q4	DoT	Comment	Next steps
2.1 Seamless, collaborative regulation supporting safe, integrated pharmacy care	A	A			→	Joint regulatory action – We continued joint work with MHRA and ASA through the summer on inappropriate marketing and supply of weight-management medicines, including updated enforcement messaging and coordinated activity in response to increased public and media scrutiny. Cross-regulatory collaboration also progressed in other areas, including joint work with the FSA on CBD products. Strengthening public understanding – Insights from our Patient and Public Voice meeting are informing the development of future resources and communication activity, including work to improve how we explain our role and expectations. Recent public guidance on GLP-1 medicines, which directs people to check that any pharmacy supplying GLP-1 medicines is registered with the GPhC, also helps strengthen public understanding of our role. Engagement approach – Our engagement with patient groups and the Patient and Public Voice Forum shaped this work, supported by a programme of public-facing activity over the summer, including the Patient and Public Voice meeting in September and our presence at national conferences and regional events. Amber because collaboration and public engagement have progressed, but full outcome assurance depends on further embedding shared regulatory approaches and developing clearer indicators of impact.	Continue strengthening collaboration with partners to address shared risks and improve patient safety. We are working with the Food Standards Agency to deliver a webinar in November on the safe supply of CBD products, supporting consistent understanding and compliance in this high-risk area.
2.2: Differential Attainment	A	A			→	In Q2 we developed the early framework for our Differential Attainment and Awarding Gap work, agreeing a set of guiding principles and identifying the proposed workstreams that will form the detailed project plan. This includes clarifying definitions and scope, strengthening our data and evidence base, mapping	Progress work on differential attainment by finalising project plans, engaging stakeholders, and identifying regulatory

					good practice, planning wider stakeholder engagement, and considering how our regulatory levers and accreditation processes can support improvements. Initial activity also began in parallel, including a literature review, early mapping of good practice from accreditation reports and the development of our stakeholder engagement plan. Amber because early framework and scoping work have begun, but the outcome is not yet assured .	actions to address causes and reduce outcome gaps.
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SA2 - Core Regulatory Duties: KPI Performance

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

Placeholder – KPIs for SA2 are being developed.

Future reporting will provide assurance on collaborative actions to protect patients and the public.

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

The outcomes we want to achieve under this strategic aim:

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

Performance Summary - Overview of all performance against SA3 - RAG rating based on progress to achieving our strategic measures of success.

Q1	Q2	Q3	Q4	DoT
A	A			

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

Q2 saw positive progress in people, culture and data capability, including preparations for launching the refreshed GPhC values, enhancements to performance development processes, recruitment into priority areas and the kick-off of the Data Lake and reporting rationalisation work. Technology programmes progressed unevenly: the inspection tool remained on track, while dependencies and capacity constraints delayed elements of the wider IT roadmap, including the next phase of myGPhCpharmacy. Financial performance remained stable, and work continued on the costed delivery plan for 2026–27

Rationale for **Amber** rating

Good progress was made across culture, data and governance workstreams, but delivery remains dependent on resolving key technology constraints and sequencing decisions that will be taken as part of the 2026–27 planning. The Amber rating reflects steady progress with recognised dependencies that need careful management to maintain momentum.

Key Achievements this quarter

- Prepared for the launch of refreshed organisational values in early Q3;
- Delivered progress on technology and data programmes including the Data Lake, reporting rationalisation and ongoing inspection tool development.
- Implemented the new applicant tracking system and completed fee-change automation work.
- Maintained stable financial performance and advanced work on the costed 2026–27 delivery plan.

Key Focus for next quarter (s)

- Launch and embed refreshed organisational values and continue capability planning for 2026–27.
- Resolve dependencies affecting myGPhCPharmacy and progress Data Lake build and inspection tool development.
- Finalise the costed 2026–27 delivery plan and update scenario modelling, reserves and working-capital approaches.

SA3 - Progress against our strategic outcomes

Strategic Outcome	Q1	Q2	Q3	Q4	DoT	Comment	Next steps
3.1: Our people are developed and	A	A			→	We made solid progress in Q2 in strengthening workforce capability and stability, with turnover, absence and retention all	Q3 focus is on delivering the values framework and

supported to deliver and lead our regulatory work with skill and professionalism						better than target. We prepared for the rollout of our new organisational values, continued work to improve collaboration through office attendance, and supported key structural changes to ensure teams are set up to deliver our regulatory work effectively. Amber because capability and stability continue to improve, but full assurance depends on embedding the new values and office attendance approach.	progressing the office attendance project.
3.2: Our culture, our operating model and our technology are strengthened and updated to enable us to deliver on this strategy	A	A			→	In Q2 we embedded core PMO processes, including development of the benefits register, and progressed key elements of the technology roadmap such as the inspection tool replacement and early Data Lake work. Capacity constraints in the CRM and IT applications team affected delivery. Work on the myGPhCpharmacy renewal and payment functionality has been delayed, but activity is underway to identify a suitable solution and bring the project back on track. Amber because key roadmap elements progressed, but delivery is not yet fully assured.	Continue to develop and embed our assurance work. Address the dependencies affecting myGPhCpharmacy
3.3: Sustainable, agile and good-value regulation is underpinned by implementation of our financial strategy	A	A			→	We ended Q2 in a stable financial position, with income slightly above forecast, lower-than-planned expenditure and free reserves at 4.7 months within target. The 2025 fee change, and early cost-saving measures have improved the deficit outlook. We continued progressing key elements of the 2025–30 financial strategy, including refining IT roadmap costings, reviewing the 2026 fee increase and identifying Year 1 CIP savings. Amber because financial performance is stable and improving, but the outcome is not yet fully assured while we remain in deficit.	We will finalise the costed 2026–27 delivery plan and update the financial scenario modelling.

SA3 - Core Regulatory Duties: KPI Performance

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

Outcome	Performance measure	Performance standard	Q1	Q2	Q2 RAG	DOT	Why it matters
SA3.1	Overall organisational absence rate	<4.0%	3.7%	3.8%		→	Low absence rates support stability and service delivery.

	Rolling 12-month voluntary labour turnover rate	<16%	11.6%	10.2%		➔	Low turnover helps retain organisational knowledge and capability.
	Staff retention	>80%	89.9%	91.6%		➔	High retention supports continuity and reduces recruitment costs.
SA3.2	<i>Placeholder: Technology Roadmap/PMO KPIs to be developed - Will provide assurance on delivery of technology improvements, programme milestones, resource management, and benefits realisation.</i>						
SA3.3	<i>Placeholder: Finance KPIs to be reported in future quarters - Will provide assurance on budget delivery, income collection, forecast accuracy, reserves, and procurement compliance.</i>						

This section is currently in development as we align our operational performance measures with our 2025–30 delivery plan.

We will begin introducing the KPI data from Q3 onwards, with a complete and consistent set ready for Q1 2026–27.

- *The data will be presented in graphical form to provide clear trend analysis and,*
- *wherever possible, will show performance from 2022 onwards to give Council a fuller view of progress over time and how this aligns to strategic delivery.*

Understanding RAG Ratings in the Board Assurance Framework (BAF)

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

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

Public action and decision note of the Audit and Risk Committee

Wednesday 17 September 2025 at 09.45

Present	Apologies	In attendance
Neil Buckley (NB)	Nick Atkinson (NA)	Duncan Rudkin (DR)
Sue Gallone (SG)	Roz Gittins (RG)	Jonathan Bennetts (JB)
Ann Jacklin (AJ)		Dionne Spence (DS)
Raliat Onatade (RO)		Lynsey Cleland (LC)
Sarah Howe (SH)		Rob Jones (RJ)
Richard Weaver (RW)		Saleem Akuji (SA)
		Paul Cummins (PC)
		Jane Daniels (JD)

1. Attendance and introductory remarks

- 1.1. The Chair welcomed members to the meeting. Apologies were received from Nick Atkinson and Roz Gittins.
- 1.2. Members of the committee were reminded to make any declarations of interest under the appropriate item.

2. Item 4 - Minutes of the last meeting (25.09.ARC.01)

- 2.1 The minutes of the last meeting, held on 21 August 2025, were approved as an accurate record.

3. Item 5 - Action Log and matters arising (25.06.ARC.02)

- 3.1 The action log was noted.

4. Item 11 – Speaking up policy and flowchart (25.09.ARC.08a-b)

- 4.1 The Committee thanked staff for the Speaking Up Policy flowchart, noting its usefulness.
- 4.2 The Committee discussed using an external Speaking Up Guardian, expressing broad agreement for the role. Although appointing internally would be more cost efficient, it was felt that an external guardian would allow for greater confidence amongst staff. It was suggested that reciprocal arrangements with other regulators could be explored to reduce costs, or that the Chair of the AAC could be approached.

- 4.4 It was planned for the guardian to be available both virtually and in-person, five days per week. This would impact on costs, and the Committee recommended finding clarity on how the function of the role related back to the strategic and delivery plans, and staff surveys, before taking a decision.
- 4.5 It was agreed that the proposed cost of the recommended approach was too high and should be reconsidered as part of further discussion with People and Culture Committee.
- 4.5 The Committee suggested that qualifications (yes/no) be added to the flowchart and for it to be tested on a variety of people.

5. Item 12 – Procurement Policy (25.09.ARC.09a)

- 5.1 Jo Diep introduced this item and explained the changes outlined in the document.
- 5.2 The Committee approved the updated policy and that it be reviewed every two years.

6. Item 13 – Review of Committee Terms of Reference (25.09.ARC.10)

- 6.1 The Committee approved the Terms of Reference with minor amendments, and agreed to further review every two years.
- 6.2 **ACTION: Committee to complete the NAO committee effectiveness assessment in the coming year.**

8. Any other business

- 8.1 There was no other business.