

Council meeting – February 2026

Thursday, 19 February 2026

Public business

Standing Items

15.15	1. Declarations of interest – public items	Gisela Abbam
15.17	2. Minutes of the December meeting - Minutes of the public session on 11 December 2025 <i>For approval</i>	26.02.C.08 Gisela Abbam
15.22	3. Actions and matters arising <i>For noting</i>	26.02.C.09 Gisela Abbam
15.27	4. Workshop summaries – December 2025 <i>For noting</i>	26.02.C.10 Gisela Abbam
15.32	5. Strategic Communications and Engagement - Chair and Executive update <i>For noting</i>	26.02.C.11 Chris Askew
Regulatory functions		
15.37	6. Strategic Approach to Devolution <i>For discussion and approval</i>	26.02.C.12 Lynsey Cleland
15.47	7. Common Registration Assessment (CRA) Report - Report of the 2025 CRA sittings <i>For discussion and noting</i>	26.02.C.13 Lynsey Cleland
Governance, finance and organisational management		
15.57	8. Committee Minutes - Audit and Risk Committee 18 December 2025	26.02.C.14 Ann Jacklin
16.02	9. 2026 Fee Decision <i>For approval</i>	Papers embargoed

16.12 **10 Board Assurance Framework report Q3**

For discussion and noting

26.02.C.15

Chris Askew

16.17 **11 Any other business**

16.22 **12 Meeting close**

Date of next meeting

Thursday, 26 March (online workshop)

Minutes of the Council meeting on 11 December 2025

To be confirmed on 19 February 2026

Minutes of the public items

Present:

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

Apologies:

None Received

In attendance:

Chris Askew	Interim 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
Roz Gittins	Chief Pharmacy Officer and Deputy Registrar
Paul Cummins	Interim Chief of Staff
Siobhan McGuinness	Director for Scotland
Liam Anstey	Director for Wales
Rachael Gould	Head of Communications
Jane Daniels	Committee Secretary

Standing items

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting.

2. Declarations of interest

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

3. Minutes of the last meeting (25.12.C.01)

- 3.1 The minutes of the public session held on 18 September 2025 were approved as a true and accurate record of the meeting.

4. Actions and matters arising (25.12.02)

- 4.1 The Council noted the action log.
- 4.2 There were no matters arising.

5. Workshop summaries – July 2025 (25.12.C.03/04)

- 5.1 The Council noted the workshop summaries.

6. Strategic Communications and engagement update (25.09.C.05)

- 6.1 Chris Askew (CA), Interim Chief Executive Officer, introduced this item. The Chair, Gisela Abbam (GA), offered thanks to members of the communications team for their work organising and running the significant number of stakeholder engagement events undertaken over 2025. The Council further noted the depth and breadth of the work undertaken across the GPhC, as illustrated within the report.

7. Chair's reflections on 2025 (25.09.C.06)

- 7.1 GA thanked Council members and colleagues across the GPhC, noting their contributions, which had helped secure the achievements laid out within the paper. The improvement seen in terms of engagement with the Government and Ministers was highlighted, with feedback received from stakeholders that they found the organisation to be listening and approachable on key issues.
- 7.2 Looking ahead to 2026, the GPhC would be engaging further with patients and looking for more opportunities to reach out and work collaboratively with stakeholders on important issues.

Regulatory functions

8. Consultation on the Responsible Pharmacists Standards and Rules and Superintendent Pharmacists (25.12.C.07a-e)

- 8.1 Lynsey Cleland (LC), Chief Standards Officer, set out the consultation proposals for Standards for Superintendent Pharmacists (SP), Standards for Responsible Pharmacists (RP), and Rules for Responsible Pharmacists. Subject to Council approval, a 14-week consultation was planned for launch just before Christmas.
- 8.2 The Council discussed the details set out in the accompanying documents, including the provision for the GPhC to be notified of an incoming Superintendent Pharmacist (SP) within 28 days of appointment. It was noted that in drafting the requirement, the intention had

been to map across a similar notification provision from within the Medicines Act, whilst remaining proportionate and considerate to business needs. It was further clarified that the wording was around notification of an incoming postholder, and that it was expected that a SP would always be in place within the Pharmacy.

- 8.3 Whilst noting the legal requirement for a SP, the Council discussed the possibility of incorporating requirements around business succession planning within the Standards. Amendments were suggested to the questions covering this topic to further clarify and seek feedback on the specifics of the area.
- 8.4 It was agreed that greater clarity within both sets of Standards could ensure that the entire scope of the responsibilities involved with running a pharmacy business, including the provision of clinical services and advice, were covered.
- 8.4 An extensive engagement plan had been developed, which included collaboration with a number of stakeholders across a series of events. For example, the GPhC was collaborating with the Royal Pharmaceutical Society (RPS), who had been commissioned to provide accompanying guidance, and would be part of the stakeholder engagement events. The Council heard that it would be possible to use these events to develop examples which could support the Standards, and help the profession contextualise what they were being asked to do.
- 8.5 The Council **approved** the proposals for consultation with incorporation of the amendments agreed in the discussions.

9. Enforcement Acceptance Criteria – public facing documents (25.12.C.08a)

- 9.1 Dionne Spence (DS), Chief Enforcement Officer and Deputy Registrar, introduced work undertaken to develop the Acceptance Criteria in collaboration with Fitness to Practise (FtP) colleagues.
- 9.2 The Council supported the approach, in particular the demonstration of the kinds of the issues that would not be relevant enforcement concerns for the GPhC. It was acknowledged that this was not mirrored throughout the Inspections sections of the document, due to FtP and Inspection being two distinct systems, with the underlying legal framework within FtP providing a clearer steer than possible in Inspection.
- 9.3 The importance of the document, both for registrants and the public, was highlighted. A proposal to translate the information into a short piece to guide members of the public was discussed, with the Council agreeing that a more user-friendly version must be produced once the document was published. A number of public outreach approaches were being planned, such as the use of web filters, to embed the detail within working practices. Further, plans to share the information with community groups alongside other communications initiatives would support those who were unable to access information online.
- 9.4 The Council highlighted a concern around one of the examples proposed that would unlikely meet the threshold for further investigation, and after discussions it was agreed to remove this from the criteria.
- 9.5 The Council **noted** and **approved** the report, subject to the amendments discussed.

10. Disqualification Update (25.12.C.09)

- 10.1 Hannah Smith introduced an update of the GPhC's approach to disqualification, explaining that the GPhC had powers to disqualify pharmacy owners under the Medicines Act 1968. These powers were extended in March 2018, and since then, the GPhC had opened a small number of disqualification cases. However, the organisation was yet to develop an overarching policy on the use of its disqualification powers. It was important to develop an open and transparent policy to support both the teams investigating and the decision-makers determining these cases.
- 10.2 The Council explored how useful disqualification was as a tool. It was explained that disqualification had recently been used to remove premises and protect the public where the Enforcement and Inspection functions had not been able to progress an issue. Disqualification, therefore, had the potential to be very useful, as long as its use was clearly defined, and part of the ongoing work was to establish when and how the powers could be used. It was confirmed that work on this would incorporate stakeholder engagement rather than a formal consultation.
- 10.3 The Council **noted** the paper.

11. Update on Weight Management Medication and Media Coverage (25.12.C.10)

- 11.1 Roz Gittins (RG), Chief Pharmacy Officer and Deputy Registrar, introduced the item. The Council was updated on the trends and insights identified from inspections and enforcement action and concerns relating to the prescribing and supply of weight management medicines from pharmacies. The recent media reporting on weight management medicines, the GPhC's work with other regulators and organisations, and a planned patient safety information campaign to help the public stay safe when going online for weight management medicines and other medicines were also discussed.
- 11.2 The Council agreed that there had been good commentary in the media to illustrate the actions the GPhC had taken in response to the issue. Considering further whether the GPhC could have acted more quickly to ensure that a practice ceased to operate, it was confirmed that moving forwards it would be possible to take a more stringent approach to the use of the information gathered through inspection, however, the GPhC quickly put provisions in place to ensure prescribing activity was shut down wherever a concern was identified.
- 11.3 The complexities and challenges around cross-over in regulatory responsibility, for example where a legal entity contained a pharmacy regulated by the GPhC and a prescribing service regulated by the CQC, were discussed. Discussions focussed on how the GPhC could ensure that effective collaboration was in place and the other party involved took the action required.
- 11.4 Noting that any pharmacist registered as an independent prescriber could set up as a private practitioner, and that more independent prescribers would be on the register over the next year, it was agreed that raising awareness around what the GPhC would be looking for would help mitigate the risk of similar issues arising in other areas of practice. Horizon scanning now could assist in the identification of areas which could experience similar issues to those seen in weight management.
- 11.5 The Council **noted** and **discussed** the update.

Governance, finance and organisational management

12. Board Assurance Framework (25.12.C.11)

- 12.1 CA led this item, introducing the BAF which captured results for the last quarter. A detailed discussion had been held at the December Finance and Planning Committee (FPC) meeting, which captured helpful insights around how the GPhC could collect data and focus on what was driving a change, and how to focus measures on areas that were likely to change.
- 12.2 The FPC had further fed back that the BAF would benefit from better oversight and implementation of metrics, strengthening of the context sections, and inclusion of explanations of what was being done to mitigate risks as and when they came up.
- 12.3 It was agreed that the BAF should be a continuous improvement plan, and that metrics may change over time.
- 12.4 Council **noted** the report.

13. Public Committee Minutes (25.12.C.12)

- 13.1 The Council **noted** the minutes.

14. Any other business

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

Council Action Log and Forward

Look – February 2026

	Open and on track
	Overdue
	Rescheduled
	Complete

No	Status	Minutes	Action	Lead	Update	Due date
1	Complete	Dec 2025	Include risk appetite in all Council/Committee paper templates	CS	Authors have been requested to address link to Risk Appetite statement in current and future reports	Feb-26
3	Open	Dec 2025	ARC to discuss strategic risk and highlight top 3–4 risks	ARC		Mar-26
4	Rescheduled	Dec 2025	Increase hearing capacity incl. lifting committee member cap	DS	Work on the proposed rules has been paused due to limited capacity. Interim options are being explored with the AAC Chair, and recruitment beginning the week of 2 February has further deprioritised this until capacity increases.	TBC
5	Open	Dec 2025	Commission consultant for gap analysis on regulatory powers	PC	Update to be provided to Council	Feb-26
7		Dec 2025	Produce user-friendly version of Acceptance Criteria and outreach plan	DS	We are finalising updates to our user-facing website to clearly set out what we will and will not consider, with improved signposting to more	Feb-26

No	Status	Minutes	Action	Lead	Update	Due date
.					appropriate agencies. The changes are expected to go live by mid-February	

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	Purpose
Standing items	Strategic Communications and Engagement - Chair and Executive update	To update on strategic engagements since the last meeting and provide an overview of key developments in the period
26 Mar 26 Online	- Standards for IET Pharmacy Technicians - consultation feedback (workshop session) 2026-27 Delivery Plan and Budget <i>Post-registration assurance of practice (may come to May to workshop)</i> - Consultation on route to registration for internationally qualified pharmacists	To discuss consultation analysis, themes and seek Council views on areas requiring further consideration in advance of finalising the standards To consider and approve the annual delivery plan and budget. To discuss and seek Council views on next steps from the regulator's perspective For discussion and approval
14-May-26 Online	- Detailed reporting on portfolio performance to support BAF - Proposal - feasibility for alternative pharmacy resolution service - PSA FtP timeliness standard	To provide analysis of investment portfolio performance to inform financial risk assessment within the BAF Agree procurement for analysis of the feasibility, options and implications of introducing an alternative pharmacy resolution service Year-end review of performance against the PSA's fitness to practise timeliness standard

Meeting	Agenda items	Purpose
16-Jul-26 Council (in person)	• Council appointments and reappointments • Strategic risk register review • Devolved nations • Review of Board of Assessors governance arrangements • Revised IET Standards for Pharmacy Technicians	Reviews strategic risks, scores, controls, and proposed changes to the risk register. For awareness and discussion in Council workshop session. Update on outcomes of parliamentary elections in the devolved nations and other relevant updates/developments in Scotland & Wales To agree revised arrangements for the governance of the Board of Assessors To agree the revised IET Standards for Pharmacy Technicians
	• Detailed reporting on portfolio performance to support BAF • Committee Annual reports to Council • Annual Report and Account (ARA) 2025/26 • Board Assurance Framework report Q4 • Registrant survey final report • Education function review • RP standards and rule and SI standards consultation feedback analysis	Provides analysis of investment portfolio performance to inform financial risk assessment within the BAF Reviews the committee's activity, effectiveness, and compliance with its terms of reference. Approval the Annual Report and Accounts Provides an overview of key strategic risks, the effectiveness of controls, and the level of assurance to support informed decision-making and governance. Provides the final findings and analysis from the registrant survey. To present review findings To discuss
	• PSA FtP timeliness standard	To report on progress towards PSA (FtP) Standards

Meeting	Agenda items	Purpose
17-Sep-26 Online	PSA annual performance report 2025-2026	delivery of PSA annual review
	Review of Governance processes	Review of current governance processes, identifying areas for improvement to strengthen effectiveness, clarity and compliance
	Board Assurance Framework report Q1	Provides an overview of key strategic risks, the effectiveness of controls, and the level of assurance to support informed decision-making and governance.
	RP standards and Rules and SI standards	For agreement - all standards require Council approval before publication
14-Oct-26 In person	Findings from student/trainee surveys	for discussion
	RP standards and rules and SI standards if further stakeholder engagement is required	for agreement (Council need to approve standards before publication)
	Route to registration for internationally qualified pharmacists	to present feedback on consultation and seek approval for the revised requirements
	Review of standards for pharmacy professionals and registered pharmacies- policy discussion	Initial policy discussion with Council to share proposed direction of travel and seek Council views in advance of Consultation coming to Council for approval in Dec
10-Dec-26 In person	Detailed reporting on portfolio performance to support BAF	Provides granular analysis of investment portfolio performance to inform financial risk assessment within the BAF
	Assurance and Appointments Committee annual report	
	Board Assurance Framework report Q2	Provides an overview of key strategic risks, the effectiveness of controls, and the level of assurance to support informed decision-making and governance.
	Investment Review	Provides an overview of investment performance and any recommended adjustments.

Meeting	Agenda items	Purpose
	• Standing financial instructions • Strategic risk register review • <i>Fees consultation for approval (TBC)</i> • Key considerations and developments in Scotland & Wales • Standards for Pharmacy Professionals and Standards for Registered Pharmacies Consultation	Reviews strategic risks, scores, controls, and proposed changes to the risk register. For discussion as part of commitment to regulating in a way that reflects and responds to the devolved context Approval of consultation for launch in Jan 2027

Council workshop summary

Meeting paper for Council on 19 February 2026

Public

Purpose

To provide a summary of the Council workshop on 11 December 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 – 11 December

Reviewing the route to registration for internationally qualified pharmacists

- 2.1 Lynsey Cleland, Chief Standards Officer, led the workshop session, designed to seek the Council's views on a revised route to registration for internationally qualified pharmacists.
- 2.2 It was noted that the register was international and included pharmacists who had undertaken their initial education and training in GB, Northern Ireland (NI), the European

Union (EU), the European Economic Area (EEA), the European Free Trade Association (EFTA), Switzerland and the rest of the world.

- 2.3 At present, internationally qualified pharmacists needed to undertake two years of additional education and training before they could apply to register with the GPhC. This comprises a year of education at university (the Overseas Pharmacists' Assessment Programme (OSPAP)), a year of foundation training, and the GPhC's Common Registration Assessment.
- 2.4 The proposed revised route for registration for internationally qualified pharmacists was based on developing a route that was fit for purpose, ensured safe, effective pharmacy care, was fair, proportionate and broadly equivalent to other international routes, and recognised relevant prior experience and learning. Most importantly, the route to registration must ensure that anyone joining the register met the minimum standards required, in line with the GPhC's obligation in law.
- 2.5 The Council had a wide-ranging discussion across the key elements of the proposals, set within the context of the impact of any changes on UK trainees, both with regards to accessibility to and funding for the UK Foundation Training Programme places.
- 2.6 Key points raised included ensuring that internationally qualified pharmacists gained enough experience within the UK healthcare system to enable them to practice safely and effectively, the pros and cons of the proposed route and other options that could be considered, and the implications of Independent Prescribing.

Changes to Powers

- 2.7 The Council received an update on discussions held with the Department of Health and Social Care on powers to regulate, in light of the recent closures of some pharmacies.

3. Recommendations

The Council is asked to note the summary

Chris Askew, Interim Chief Executive
General Pharmaceutical Council

13/01/2026

Strategic communications and engagement: Chair and Executive update

Meeting paper for Council on 19 February 2026

Public

Purpose

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

Policy makers (including parliamentarians and Government officials)

- 2.1 **Meeting with the Minister of State for Care:** The Chair and Chief Pharmacy Officer met with the Minister of State for Care, Stephen Kinnock MP, and DHSC officials on 20 January 2026. The meeting focused on the gaps in relation to the regulation of pharmacy businesses highlighted by the Jhoots Pharmacy collapse, and ongoing work to identify the regulatory gaps. The next steps following the approval of new legislation on pharmacy supervision, and progress on independent prescribing, were also discussed.
- 2.2 **Other engagement with parliamentarians:** The Chair and Chief Pharmacy Officer met with Dr Luke Evans MP (Shadow Health Minister), and Taiwo Owatemi MP.
- 2.3 The Chair and Chief Executive met with Steve Race MP (Parliamentary Private Secretary to the Department of Health and Social Care).

Pharmacy and other key stakeholders

- 2.4 The Chair met with the inaugural Chair of the Board of Trustees of the future Royal College of Pharmacy (RCPharm)
- 2.5 The Chief Executive, Chief Pharmacy Officer and other colleagues met with Beat (an eating disorders charity) and All About Obesity in relation to our work to support the public get medicines safely online.
- 2.6 The Chair and Chief Executive met with The Patients Association to explore collaboration between our organisations to strengthen patient and public voice in pharmacy regulation.
- 2.7 Our Council Member Ann Jacklin attended a reception held by the National Pharmacy Association at the House of Lords.
- 2.8 The Chair attended a meeting with representatives from the Netherlands Ministry of Health, Royal Netherlands Society for Pharmacists and other interested parties from the Netherlands to discuss areas of common interest.
- 2.9 Our Chief Pharmacy Officer and Lead Clinical Adviser met with the Digital Clinical Excellence forum (DiCE), the Medicines and Healthcare Regulatory Agency (MHRA) and Care Quality Commission (CQC) about weight management medicines and the private provider landscape.
- 2.10 The Chief Executive and Chief Standards Officer met with Cathy Harrison, Chief Pharmaceutical Officer for Northern Ireland to discuss a range of topics of shared interest.

Scotland

- 2.11 Our Director for Scotland, Siobhan McGuinness, attended the Scottish Sharing Health and Care Intelligence Network meeting, of which she is a member, in December to discuss some emerging issues and next steps.
- 2.12 Siobhan attended and continues to attend a series of meetings with the National Pharmacy Technician Group Scotland (NPTGS) to discuss post-registration pathways in light of the IETPT consultation.
- 2.13 Siobhan met with Public Health Scotland (PHS) to discuss GLP-1 medicines and their use across private services, something which PHS is aiming to understand better to inform work. The Controlled Drug Accountable Officer Executive, including Siobhan, met in January.
- 2.14 The Scottish National Workforce Forum met in February to discuss progress with each of the commissioned pieces of work and explore any risks associated.
- 2.15 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, RPS Scotland and Disclosure Scotland.

Wales

- 2.16 Our Director for Wales attended the Llais Wales launch event on 15 January at the Senedd where the organisation launched “The People’s Principles” ahead of the forthcoming Senedd election.
- 2.17 Liam also attended the official launch of the Bangor University MPharm programme on 27 January.

- 2.18 Liam presented to the first year MPharm students at Swansea University on the role of the GPhC, as well as continuing to hold regular meetings with Cardiff and Bangor University representatives.
- 2.19 Liam has also 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. In addition to this, Liam has been meeting with partner regulators and other health organisations to understand their priorities ahead of the election, and most recently met with colleagues from the General Dental Council in Wales.

Engagement with pharmacists, pharmacy technicians and pharmacy owners

- 2.20 Our **consultation on draft rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists**, has been the key focus of our communications and engagement during this period. We launched the consultation on 17 December by writing to pharmacists, pharmacy technicians and pharmacy owners to encourage them to respond. As referenced in section 3, we have held several consultation events and meetings, including a webinar and patient and public focus group, to seek views from key audiences.
- 2.21 The GPhC's Chief Pharmacy Officer, Roz Gittins, **has written to pharmacists, pharmacy technicians and pharmacy owners** to raise awareness of some emerging issues which have led to concerns being raised with us, in the latest in our series of letters from the Chief Pharmacy Officer highlighting emerging concerns.
- 2.22 In January, we published **our updated inspection decision making framework**, which inspectors use for consistent decision making when inspecting registered pharmacies.

3. Forums and engagement events

- 3.1 Our Student Voice Forum met on 4 February 2026. Group members shared their experiences of independent prescribing training during the foundation year. Many reported positive experiences. Some highlighted they felt there should be more support around physical examination skills. The GPhC will feed this back through meetings with Schools of pharmacy and Statutory Education Bodies.
- 3.2 Group members also shared experiences of training placements. They felt hospital and GP placements tended to offer more patient contact than those in community pharmacies. Group members would like to see placement providers formally outline what opportunities they will offer. Some group members noted it can be a struggle to raise concerns about training placements and felt being able to report concerns anonymously would provide reassurance.
- 3.3 Group members also shared their views on our consultation on draft rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists.
- 3.4 Our Pharmacy Technician Forum met on 11 February 2026. Group members shared their views on our consultation on draft rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists.

- 3.5 On 27 January 2026 we held a webinar open to all and on 5 February 2026 we held a focus group with members of the public. Both events sought views on our consultation on draft rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists.
- 3.6 On 12 February 2026, Gisela Abbam spoke at the International Pharmaceutical Federation Women in Science and Education Global Online Summit 2026: Women Leading Pharmacy Through Global Challenges.

4. Working in collaboration

- 4.1 **Medicines and Healthcare Regulatory Agency (MHRA)** – The GPhC reviewed and provided feedback on two Drug Safety Updates on:
- Semaglutide (Wegovy, Ozempic and Rybelsus): risk of Non-arteritic Anterior Ischemic Optic Neuropathy (NAION)
 - GLP-1 receptor agonists: strengthened warnings on acute pancreatitis, including necrotising and fatal cases
- 4.2 **Advertising Standards Authority (ASA) and MHRA**- we worked with the ASA and MHRA to highlight new rulings from the ASA on advertising and promotion of weight management medicines by online pharmacies and online prescribing services that breached advertising rules.
- 4.3 **Royal Pharmaceutical Society (RPS)** – A colleague from the RPS joined us as a panel member at our webinar on new rules and standards for Responsible Pharmacists and Superintendent Pharmacists.
- 4.4 **The Malta Medicines Authority** – the Malta Medicines Authority are establishing a regulatory framework governing online dispensing of medicinal products and inspection of dispensing services. GPhC colleagues have shared our approach to inspections with colleagues from the Malta Medicines Authority.
- 4.5 **Department of Health and Social Care and New Zealand government** – GPhC colleagues met to discuss pharmacy ownership and hub and spoke.

5. Future engagement

- 5.1 Our upcoming activities include:
- i. On 3 March 2026, Gisela Abbam will be attending the APPG on Black Health: Improving Diversity in Clinical Trials
 - ii. On 7 March 2026, Gisela Abbam will deliver a keynote speech at the Female Pharmacy Leaders Network 5-year anniversary event, "Give to Gain: 5 Years of Accelerating Female Leadership."
 - iii. We will be holding a focus group on 9 March 2026 with pharmacy technicians, seeking views on our consultation on draft rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists.
 - iv. Our Patient and Public Voice forum will meet on 18 March 2026.

- v. In March 2026, we will host a virtual listening event (further details to be published soon)
- vi. On 8 April 2026, we will be participating in the BPSA Annual conference where will host a listening event, presentation session and have a stand.
- vii. On 22 April 2026, we will host a regional roundtables event in London (further details to be published soon)
- viii. On 29 April 2026, we will be participating in a joint webinar with BPSA.
- ix. Our Pharmacist Forum and Pharmacy Technician Forums will meet in May (dates tbc)
- x. We will be speaking at Clinical Pharmacy Congress in London on 8 May 2026

6. Key developments in pharmacy and healthcare regulation

Health and Social Care Committee holds evidence session on the work of the General Medical Council (GMC)

- 6.1 The GMC's Chief Executive and Director of Fitness to Practise were questioned by the Health and Social Care Committee on 21 January 2026 on a range of issues including:
- how the GMC has implemented its regulation of physician associates and anaesthesia associates since legislation came into effect in December 2024
 - issues raised in the media around practitioners hired from abroad by NHS trusts without proper vetting to check whether a practitioner had been subject to regulatory action in another country.
 - Government proposals to reform the GMC
 - the Lord Mann review to tackle antisemitism and other racism in the NHS, as well as the GMC's performance at managing fitness to practice cases and discrimination as a factor in fitness to practice referrals.

The full transcript is available on the Parliament website.

Independent Prescribing in Community Pharmacy pathfinder evaluation published

- 6.2 The Independent Prescribing in Community Pharmacy Pathfinder evaluation was published on 12 January 2026. This evaluation reports on pilot sites testing how pharmacist independent prescribing can be delivered in community pharmacies.
- 6.3 The Centre for Pharmacy Workforce Studies (University of Manchester), in collaboration with ICF, was commissioned by NHS England to conduct **an independent evaluation** of the impact and learning from the Community Pharmacy Independent Prescribing Pathfinder Programme.
- 6.4 The report highlights that pathfinder sites have delivered more than 33,000 consultations to date, with nearly all patients completing their episode of care within the pharmacy and without the need for referral elsewhere.

- 6.5 The findings also showed that many participating pharmacist prescribers reported increased job satisfaction and the ability to use their clinical skills to much better effect.

Assisted dying draft legislation across Great Britain

- 6.6 **England and Wales:** The Terminally Ill Adults (End of Life) Bill (England and Wales) is currently at Committee stage in the House of Lords. If the bill doesn't complete its passage through the House of Lords by the end of the current parliament in May, it will automatically fall.
- 6.7 In Wales, a motion in favour of the broad principle of assisted dying was debated and rejected by the Senedd in October 2024. The Welsh Government are tabling a further legislative consent motion in the Senedd for debate on 24 February 2026. The Welsh Government will set out its position on the bill beforehand.
- 6.8 **Scotland:** The Assisted Dying for Terminally Ill Adults (Scotland) Bill is currently at Stage 3 of the legislative process and is due to face its final vote at Holyrood in March.

7. Recommendations

Council is asked to note and discuss the update.

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

General Pharmaceutical Council

11/02/2026

Strategic response to devolution

Meeting paper for Council on 19 February 2026

Open business

Purpose

To agree the refreshed strategic response to devolution

Recommendations

The Council are asked to agree the refreshed strategic response to devolution.

1. Introduction

- 1.1 Since the creation of the General Pharmaceutical Council in 2010 it has always regulated in the three countries of Great Britain: England, Scotland and Wales.
- 1.2 We have had a Director for Scotland and a Director for Wales since 2010. They lead the work of the GPhC in their countries and are the organisation's primary presence and representatives in their countries. They are the first point of contact for all senior and very senior stakeholders in their countries.
- 1.3 The Director for Scotland and the Director for Wales both work to ensure that the GPhC's work considers the legislative, political and cultural contexts of their countries, within the confines of the current devolution settlements, and work with colleagues to ensure that we consider the issues in all three countries in which we regulate.
- 1.4 They ensure that the organisation's strategic direction and regulatory approach align with the legislative framework of their countries, as well as with their respective public policy priorities and health delivery structures.
- 1.5 The Directors are the organisation's experts on their countries and are credible sources of information and expertise for the Chief Executive and Registrar and Council, to whom they provide strategic advice.
- 1.6 Previously Council agreed a strategic response to devolution in 2013. That paper set out the GPhC's position regarding devolution in light of the 2014 Scottish Independence Referendum, our position regarding pharmacy regulation in Northern Ireland, as well as discussions on the future of Wales that were taking place at the time.
- 1.7 Specifically, the paper stated that we do not hold a political position in regard to devolution but recognise our responsibility to regulate in a way that recognises the current devolution settlements and any further developments in respect of these.

2. Key considerations

- 2.1 The strategic response to devolution has not been updated since it was approved by Council in 2013.
- 2.2 In May 2026 elections will take place to the Scottish Parliament and to the Senedd (Welsh Parliament).
- 2.3 There is growing divergence in the way that health services are delivered throughout Great Britain, with each government pursuing the policies on which they are elected.
- 2.4 In addition, there is currently different legislation around assisted dying progressing in Scotland and Westminster which will lead to different legislative frameworks that we will need to consider.
- 2.5 It is therefore imperative that the GPhC refreshes its strategic approach to devolution.

3. Equality and diversity implications

- 3.1 Each country of Great Britain is distinct with its own history and cultural identity. Implementing the refreshed devolution strategic response recognises this and ensures that we regulate in a way that demonstrates respect for others by being thoughtful about the language we use and by appreciating the differing experiences, concerns and aspirations of people in different parts of Great Britain.
- 3.2 We are also subject to Welsh Language Standards and this document reaffirms our commitment to the Welsh language and the needs of the Welsh speaking public.

4. Communications

- 4.1 The refreshed strategic approach to devolution will be published on our website and used to inform our ongoing engagement with stakeholders across the devolved nations.
- 4.2 From an internal perspective, a blog will be written for Infopoint to highlight the paper and refamiliarise the organisation with our strategic approach and with the work of the Director for Scotland and the Director for Wales.
- 4.3 An infographic is being prepared that will be shared with all members of staff to highlight the differences in the three countries of Great Britain and highlight the correct terminology for each nation. It is hoped that this can be displayed on desks in the office as a helpful aide-memoir to staff.

5. Resource implications

- 5.1 None in relation to this paper. The posts of Director for Scotland and Director for Wales are established and accounted for within the GPhC organisational structure. In turn, the work of the GPhC in Scotland and Wales is considered as part of the strategy and delivery planning processes.

6. Risk implications

- 6.1 This proposal relates to the **patient and public** risk category, for which the Council has a **low** risk appetite, as well as the **regulatory standards** risk category, for which the Council has a **low/medium** risk appetite. The updated strategic approach to devolution enables us to manage the risks associated with regulating in a way that does not take account of difference across the three countries of Great Britain to within these appetites.

- 6.2 The Director for Scotland and Director for Wales act as sources of assurance for the GPhC Council that our regulatory activities are aligned with the legislation and relevant strategy and policies of the nations.

7. Monitoring and review

- 7.1 An impact paper will be prepared for Council that highlights the specific work undertaken by the Director for Scotland and Wales.
- 7.2 The document will be reviewed every three years.

8. Recommendations

The Council is asked to agree the refreshed strategic response to devolution.

Lynsey Cleland, Chief Standards Officer and Deputy Registrar
Liam Anstey, Director for Wales
Siobhan McGuinness, Director for Scotland
General Pharmaceutical Council

19/02/2026

Regulating throughout Great Britain: our strategic approach to devolution

Purpose

This document outlines the General Pharmaceutical Council's strategic approach to devolution and regulating in an equitable way throughout all three countries of Great Britain.

1. Introduction

- 1.1 The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and pharmacies in Great Britain. We work to assure and improve standards of care for people using pharmacy services. 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.
- 1.2 The GPhC was established in 2010. The Pharmacy Order 2010 sets out our statutory roles and responsibilities. This document sets out our strategic approach for regulating throughout Great Britain – specifically in relation to the devolved nations of Scotland and Wales. We have an unwavering commitment to the safety and wellbeing of the people of Great Britain and work to ensure that patient and public safety remains central to everything we do.

2. Devolution and regulation

- 2.1 As the regulator for pharmacists, pharmacy technicians and pharmacy premises throughout Great Britain, we work within the remit of our legislation and the relevant legal and political context. The GPhC does not hold a political position on devolution but recognises that it is our responsibility to ensure that we regulate in a way that considers the current devolution settlements and any further developments in devolution.
- 2.2 The way health services are arranged and delivered in England, Scotland and Wales is continually evolving. We are committed to reflecting and responding to the health priorities, policy developments and legislative frameworks in different parts of Great Britain. Our regulation must reflect the devolved context and we have directors in Scotland and Wales to help us do this.
- 2.3 The GPhC does not have regulatory responsibility in relation to Northern Ireland. Any changes to this situation are a matter for the Northern Ireland Assembly. We will continue to work closely with the Pharmaceutical Society of Northern Ireland and engage with colleagues in Northern Ireland and the Department of Health in Northern Ireland (DoH) on regulation and safety issues of interest across the UK. We have a Memorandum of

Understanding with the Pharmaceutical Society of Northern Ireland, which sets out how the two regulatory bodies work together to achieve common goals

3. Our values and approach to regulation

- 3.1 We aim to protect patients and the public by working with stakeholders throughout England, Scotland and Wales so that the work we do is reflective of the differences in the countries that we regulate in. We ensure that our staff understand these differences so that we are able to build a skilled, agile and inclusive organisation to regulate effectively and efficiently across Great Britain.
- 3.2 We recognise that the way that health services are organised and delivered throughout Great Britain have diverged, and continue to diverge and we aim to ensure that the ways in which we use our regulatory powers keep pace with the changes in pharmacy practice.
- 3.3 We are responsive to the change in the needs and expectations of patients and the public in different parts of Great Britain, and to changes in pharmacy which may not be specific to a particular country of Great Britain.
- 3.4 We work to develop policies that are inclusive of people who work and live in all types of communities and locations throughout England, Scotland and Wales. We do not assume that one particular population's experience of pharmacy is identical to another's. We strive to ensure that Equality, Diversity and Inclusion are embedded as a golden thread in our work throughout Great Britain.
- 3.5 We recognise and appreciate the different roles and responsibilities of the UK Parliament and Government; the Scottish Parliament and Scottish Ministers; the Welsh Parliament/Senedd Cymru and Welsh Ministers, and their respective health departments. As an independent and fair regulator, we are independent of all governments and work within the legal framework established through the parliamentary process. We also operate independently of pharmacy professionals and pharmacy owners. We understand that fairness does not always means treating people in the same way, if circumstances are different, as they may be in different parts of Great Britain. We recognise that process may vary and seek consistency of outcome in terms of public safety and standards. We work to empower pharmacists and pharmacy technicians throughout Great Britain so they can provide trusted, safe and effective pharmacy care.
- 3.6 We demonstrate respect for others by being thoughtful about the language we use and by working to appreciate the differing experiences, concerns and aspirations of people in different parts of Great Britain.
- 3.7 We are subject to Welsh Language Standards and recognise the cultural and linguistic needs of the Welsh speaking public.
- 3.8 We will continue to work with other regulators and partner organisations in England, Scotland and Wales to continue our collaborative efforts to protect patients and the public in all three countries.
- 3.9 We will continue to closely monitor, contribute and respond to developments in health and public policy in England, Scotland and Wales and will continue to provide updates to the Council so that we regulate in a way that is relevant to all three countries of Great Britain.

Common Registration Assessment: Report of 2025 Sitings

Meeting paper for Council on Thursday, 19 February 2026

Public

Purpose

To provide a report on candidate performance in the 2025 Common Registration Assessment sittings and associated comparative data.

Recommendations

Council is asked to discuss the report and note the analysis data.

1. Introduction

- 1.1 The purpose of the Common Registration Assessment (CRA) is to assure the public that trainee pharmacists have met a common threshold of applying the knowledge and skills necessary for safe and effective person-centred care and professional practice in the UK at the point of registration.
- 1.2 The CRA is jointly delivered by the GPhC and Pharmaceutical Society of Northern Ireland. Passing the CRA is one of the criteria that trainee pharmacists need to meet to be eligible to apply to become a registered pharmacist in the UK. It helps maintain the integrity of the Register and in turn the trust and confidence that patients and the public can have in those registering as a pharmacist.
- 1.3 The CRA is computer based and has 2 parts:
 - Part 1 is a free text response paper which assesses pharmacy calculations.
 - Part 2 is a multiple-choice paper which assess safe and effective pharmacy care of the public.

To pass the CRA a trainee pharmacist must achieve the pass mark or greater for Part 1 and Part 2 in the same sitting. Each trainee pharmacist has three attempts to pass the CRA within a set period as set out in the GPhC and NI registration criteria. The CRA is carried out simultaneously in sittings across the UK on one day twice a year.

- 1.4 The process and standard setting for the CRA are overseen by the Board of Assessors (BoA) who are a group of independent expert advisors, with input from external psychometricians.

This ensures the standard is maintained year on year. We have fifteen years of data to evidence that the standard has been maintained throughout that time, demonstrating a robust, reliable and consistent approach to the CRA.

2. Candidate Performance

- 2.1 Normally, there are two sittings of the CRA every year, in summer and autumn. This is the GPhC's report on the June 2025 and November 2025 sittings.
- 2.2 2926 candidates sat the CRA in June 2025 across 76 test centres. The pass rate for the CRA was 77.8%. This is comparable to previous assessment sittings in the summer, when the majority of candidates are sitting the CRA for the first time at the end of their Foundation Training Year (FTY). A breakdown on the candidate data for the June 2025 sitting is provided in the table below.

Table 1: Candidate data – June 2025 sitting

Measure	Total
Trainees Approved to Sit	
Trainees Approved -GPhC candidates	2904
Trainees Approved - Pharmaceutical Society NI	172
Total No. Trainees Approved to Sit	3076
Withdrawals	
Total No. of withdrawals	150
Trainees Sat	
Trainees Sat -GPhC candidates	2755
Trainees Sat - Pharmaceutical Society NI	171
Total No. Trainees Sitting	2926
Nullifications	
No. requests to nullify* (12 upheld out of 23 requests)	23

*Candidates who experience an unforeseen incident or occurrence on the day of the assessment can request that their sitting attempt be removed through the nullification process. The decision to uphold or not is taken before their performance in the CRA is known. The candidate must provide evidence in support of their application for a nullification.

- 2.3 1178 candidates sat the CRA in November 2025 across 37 test centres. This is the highest number of candidates for the autumn assessment since 2012. The pass rate for the CRA was 61.6%. This is comparable to previous assessment sittings in the autumn where the majority of candidates are sitting the assessment for the second or third time. A breakdown on the candidate data for the November 2025 sitting is provided in the table below.

Table 2: Candidate data - November sitting

Measure	Total
Trainees approved to sit	
Trainees Approved -GPhC	1322
Trainees Approved - Pharmaceutical Society NI	20
Total number of trainees approved to sit	1342
Withdrawals	
Total number of withdrawals	164
Trainees sat	
Trainees sat - GPhC	1161
Trainees sat - Pharmaceutical Society NI	17
Total number of trainees sitting	1178
Nullification requests	
Number of requests to nullify (4 upheld out of 12 requests)	12

3. Comparative analysis data

- 3.1 **Appendix 1** provides a detailed analysis of the performance of the 2025 CRA sittings compared with the previous three years. This comparative data shows broad consistency. When the data is broken down by sitting attempt, it is worth noting that in the summer assessment, candidates sitting the CRA for their second attempt have the lowest pass rate, whereas they have the highest past rate in the autumn.
- 3.2 The data is also broken down to compare performance by sex, ethnicity, country of training, sector of training and School of Pharmacy. This data informs the GPhC's quality assurance accreditation activity for Schools of Pharmacy and Statutory Education Bodies and will also inform the GPhC's work to address the trainee pharmacist attainment and awarding gap.

4. Delivery of the assessment

- 4.1 There were no significant incidents that adversely affected the operational delivery of the assessment sitting in 2025.
- 4.2 Candidates experienced difficulties accessing results for the summer assessment via the myGPhC platform due to performance issues affecting the platform. The issue was resolved by 13.00 and by 14.00 81% of candidates had successfully accessed their results. However, it is recognised that any delay in accessing results is stressful and worrying for candidates. A full incident review was carried out and actions implemented to mitigate the risk of similar problems occurring in the future. There were no issues with candidates accessing their result for the autumn assessment.

5. Equality and diversity implications

- 5.1 The data analysis from the 2025 CRA sittings will be used to inform the GPhC's work on the attainment and awarding gap and will also inform accreditation work.

6. Communications

- 6.1 Candidate performance in the 2025 Common Registration Assessment has been communicated to relevant stakeholders.

7. Resource implications

- 7.1 The 2025 CRA sittings were delivered within allocated budget.

8. Risk implications

- 8.1 Failure to successfully deliver the CRA could result in either:
- Newly qualified pharmacists not being able to join the register; or
 - the final quality assurance check to ensure that only those meeting the standard are eligible to apply to the Register and ensure public and patient safety (due diligence) being missed.
- 8.2 These outcomes have wider public and patient implications and would undoubtedly result in reputational damage to the GPhC which Council has a low-risk appetite for. They are both therefore intolerable risks but risks we believe we can manage within the stated risk appetite without any exceptional interventions.

9. Recommendations

Council is asked to discuss the report and note the analysis data.

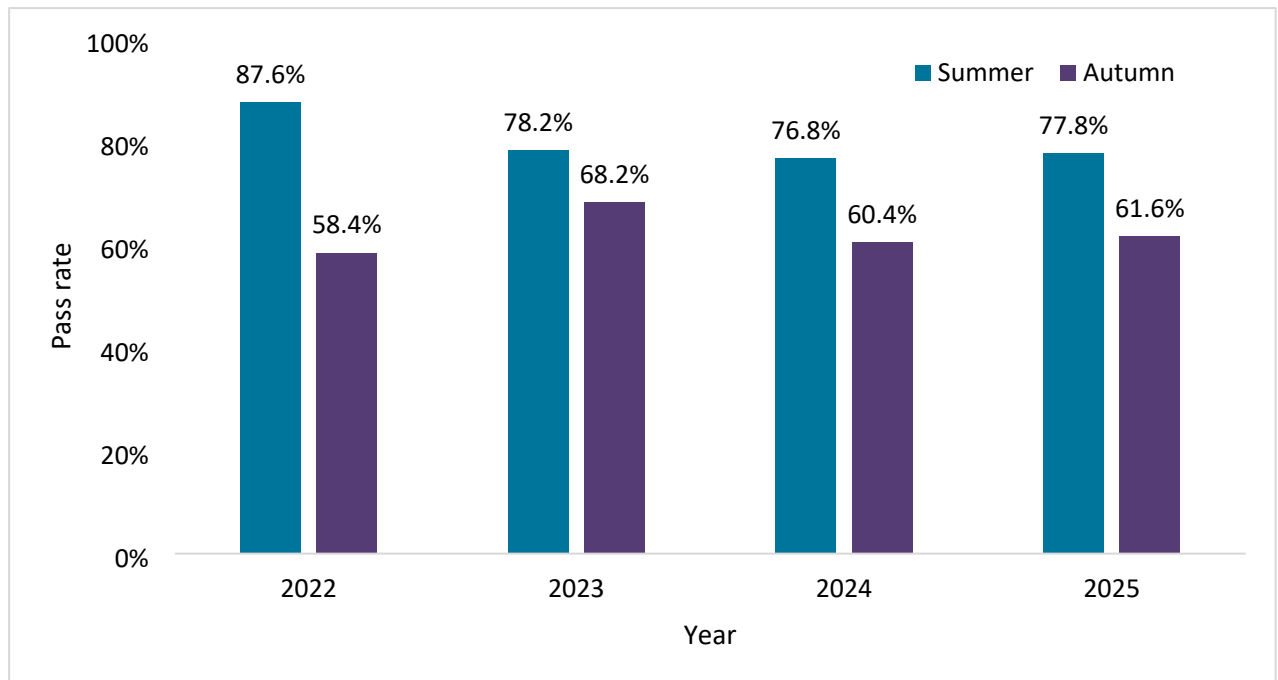
Ruth Exelby, Head of Trainee Pharmacist Assessment, General Pharmaceutical Council
Dr Mat Smith, Chair of Board of Assessors

03/02/2026

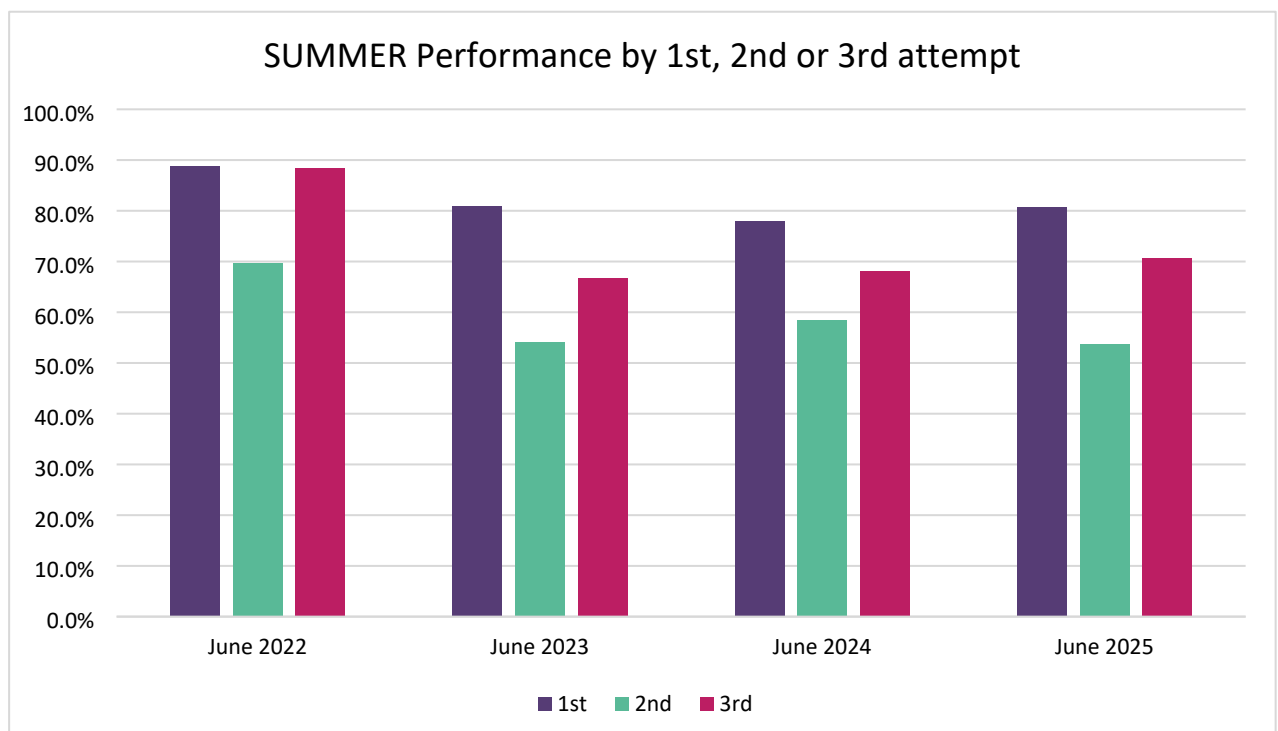
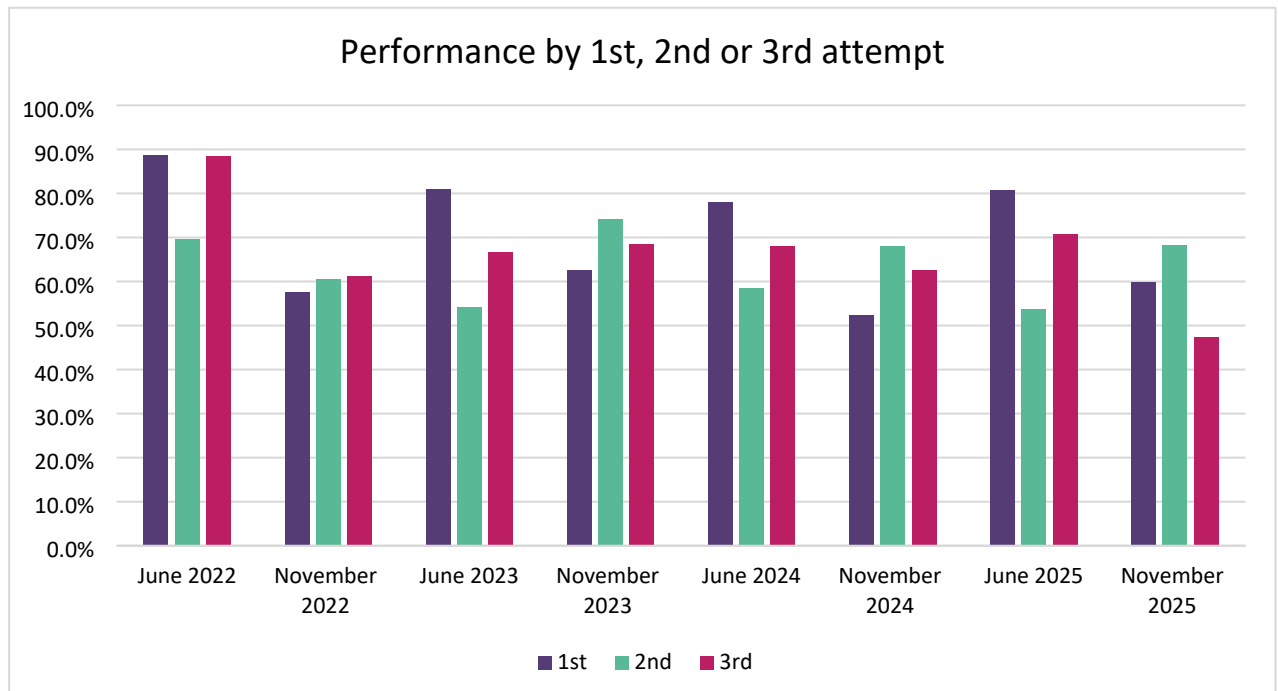
Appendix 1

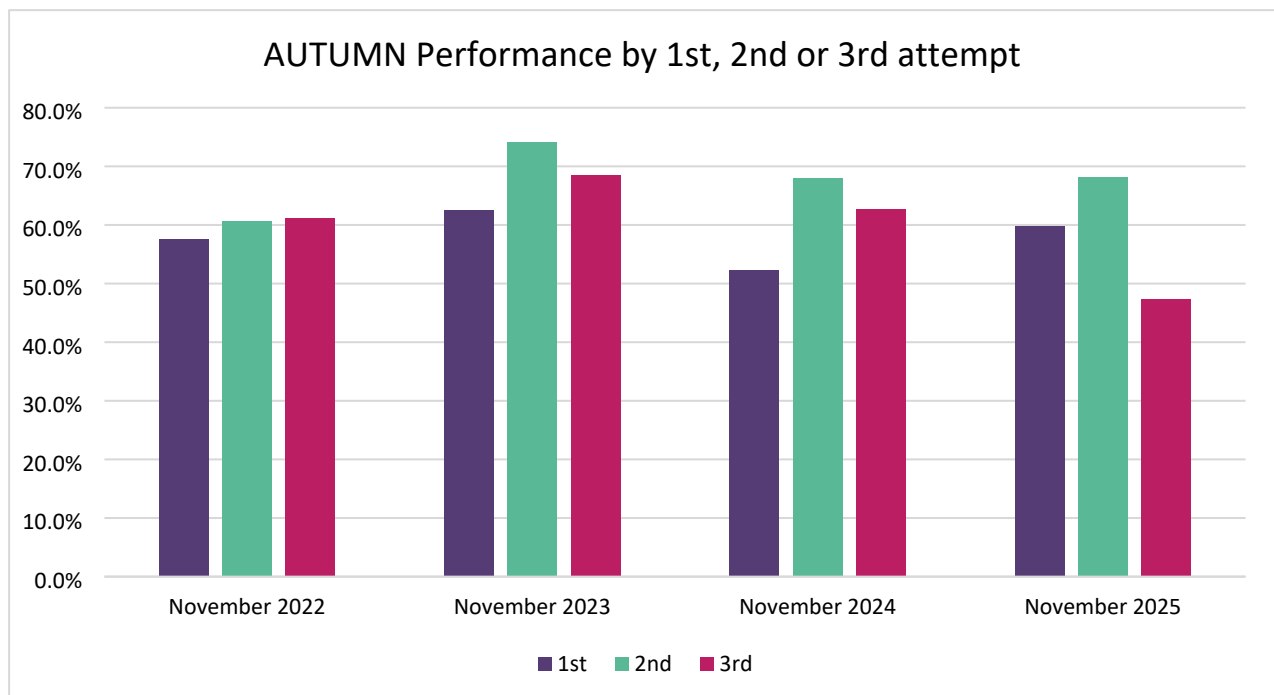
Registration Assessment Comparative Data – 2022-25

Performance in summer and autumn sittings

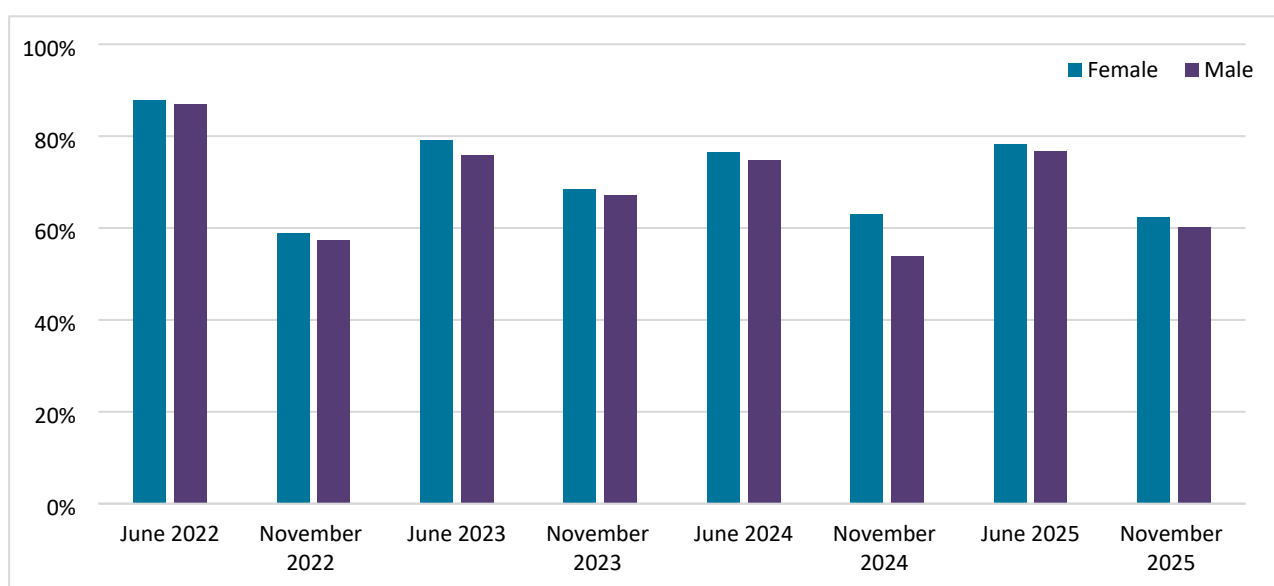


Performance by sitting attempt number



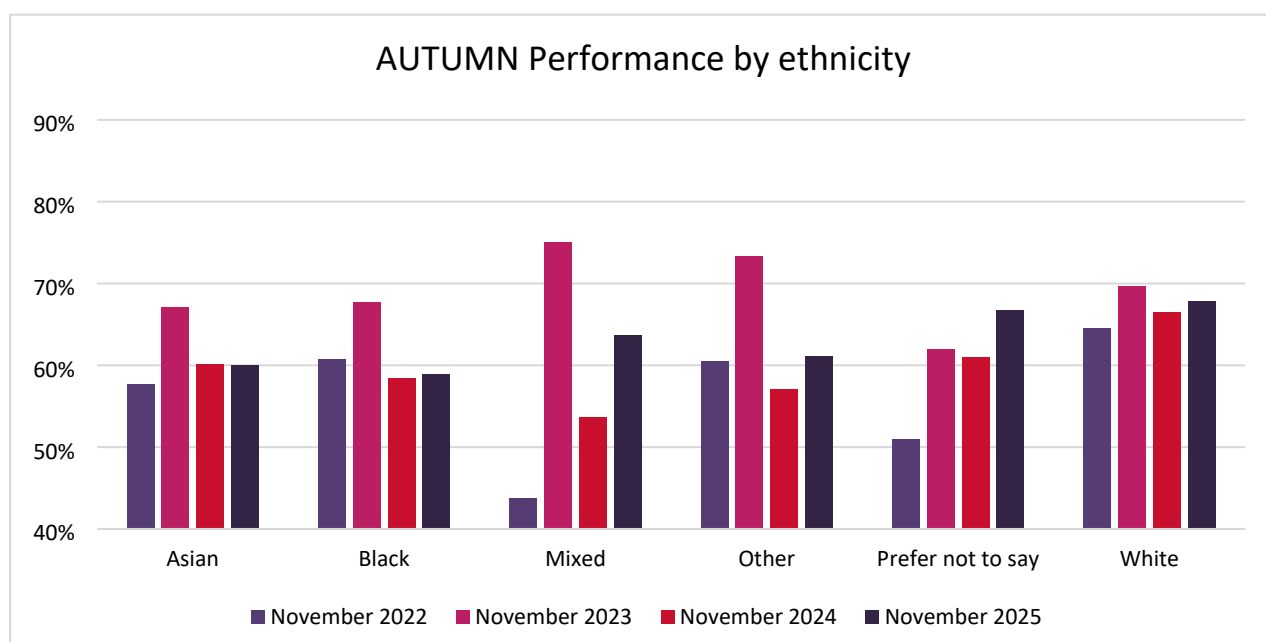
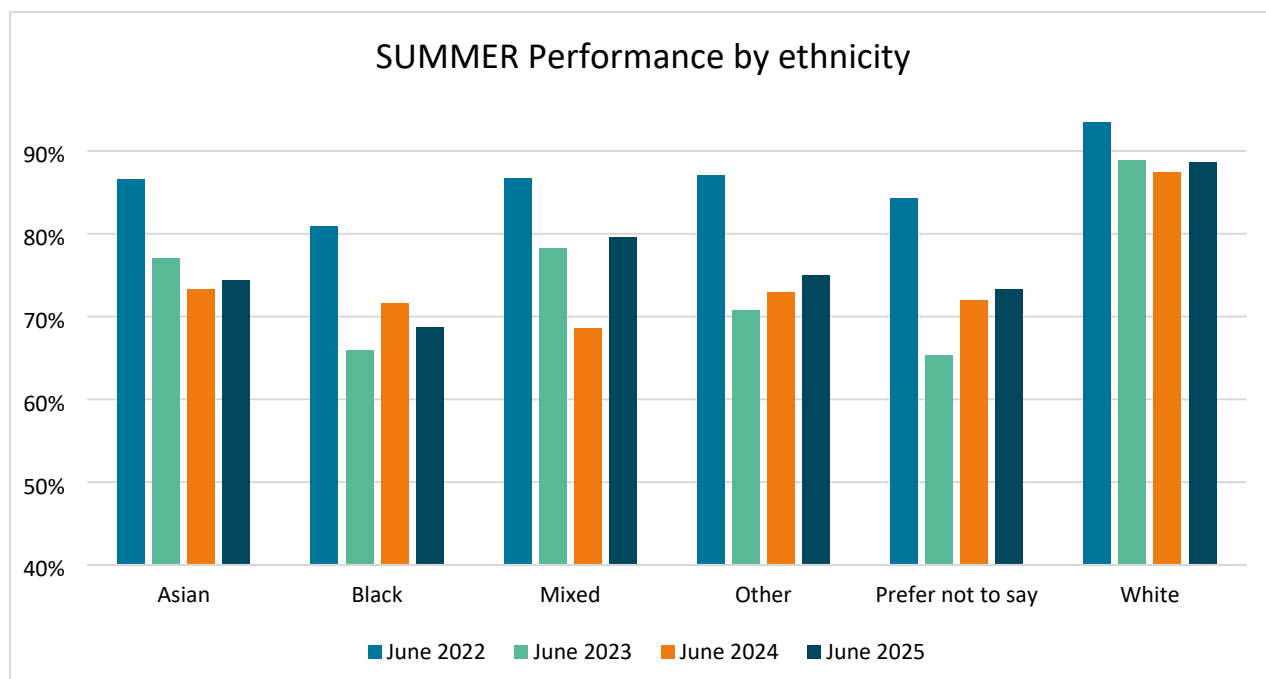


Protected characteristics - Performance by sex

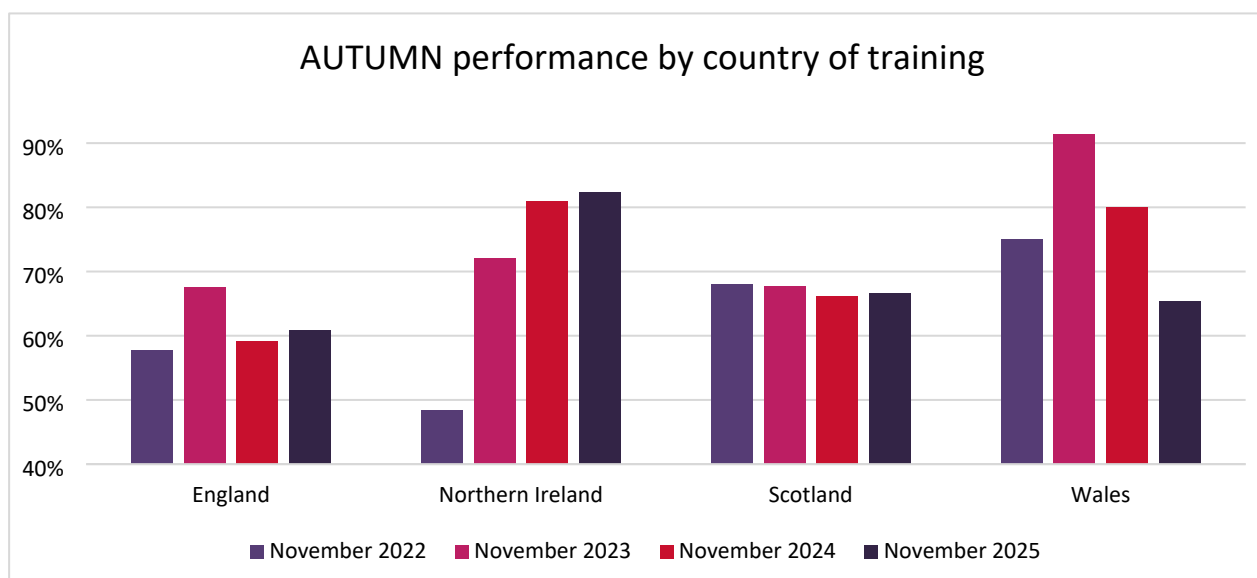
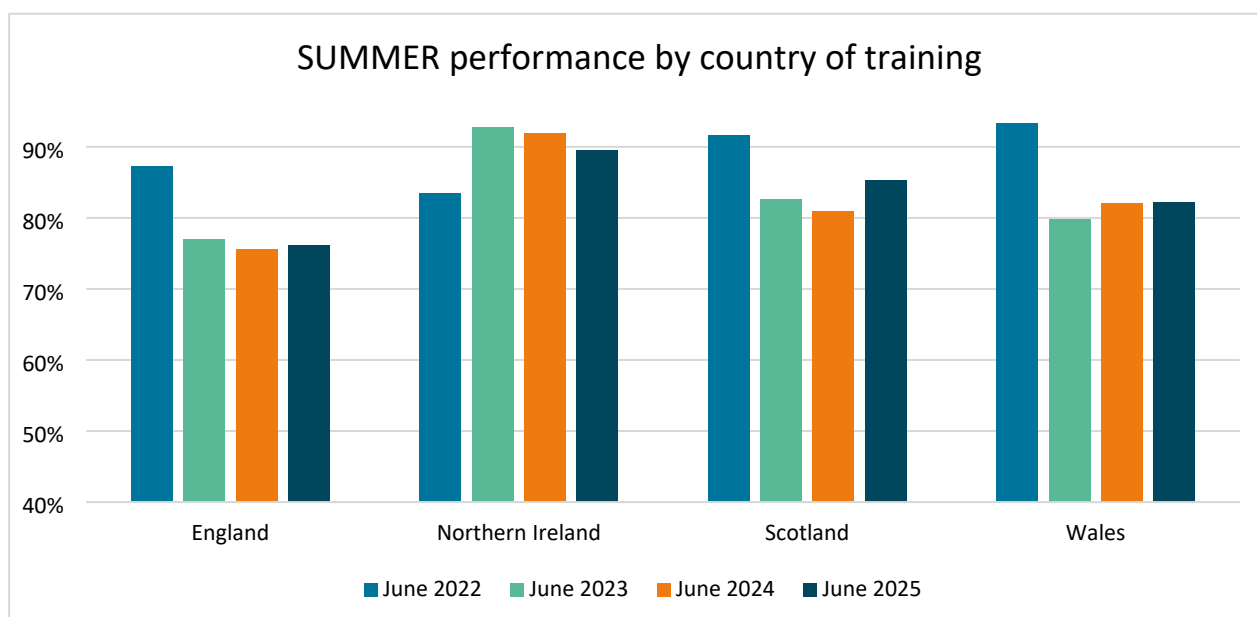


Protected characteristics - Performance by ethnicity (short)

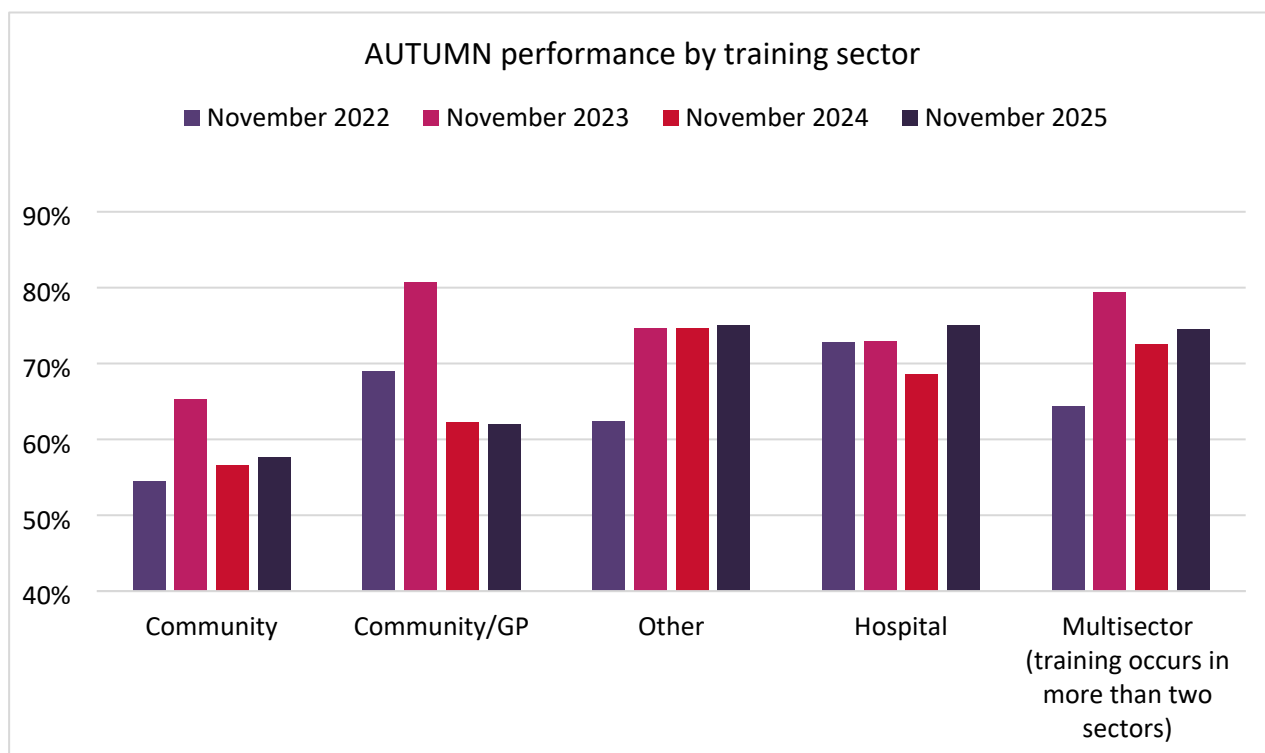
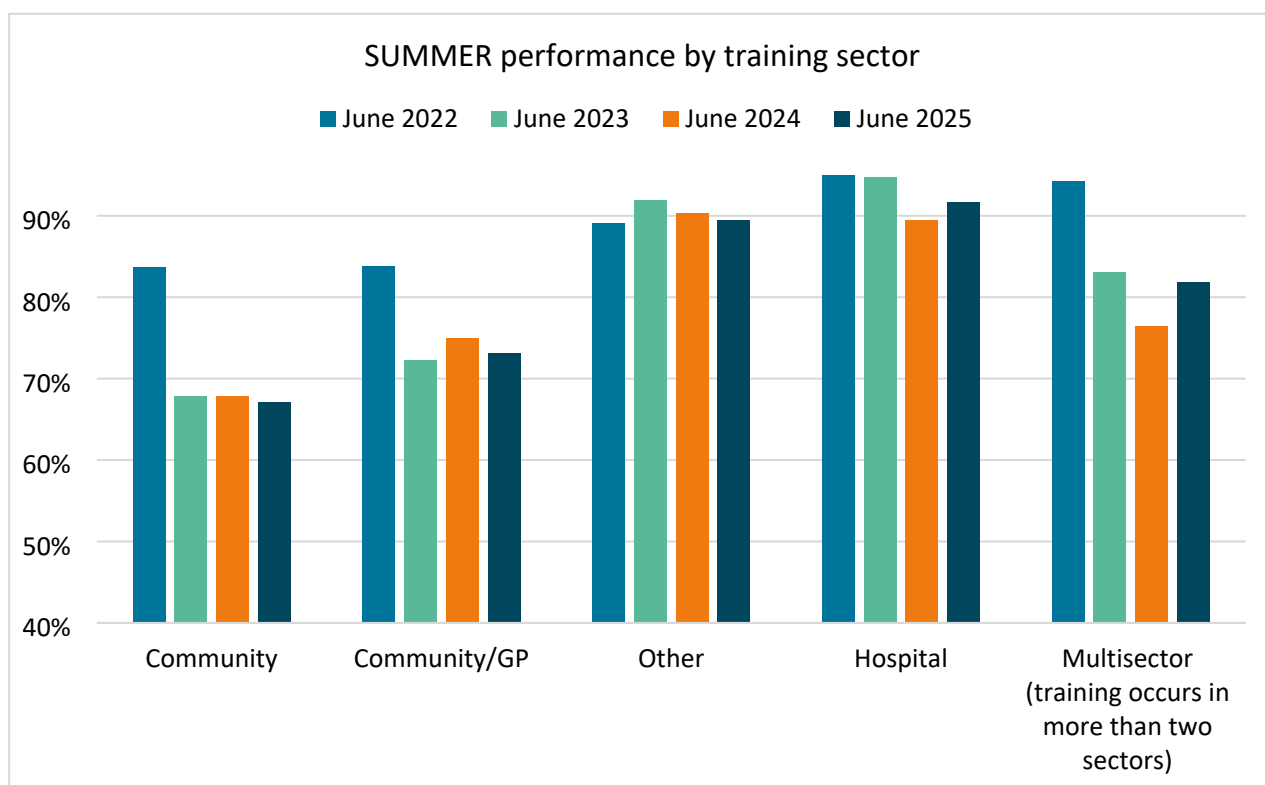
Note – Y axis zoomed in to make differences clearer



Country of training



Sector of training



Performance by School of pharmacy

When reviewing this data please note:

- The pass rates represent a moment in time analysis rather than trend data comparing like for like sittings
- Data below is for first time sitters, but it does not relate to a student cohort for any given academic year.
- The profile of candidates is not homogenous and the candidate profile for each sitting of the CRA is comprised of first, second, third and multiple time sitters.
- The number of graduates from individual courses varies at each sitting and some of the numbers are less than 10.

ProviderName	ProgrammeVariant	First Sitters Pass Rates					
		Summer	Autumn	Summer	Autumn	Summer	Autumn
		2023	2023	2024	2024	2025	2025
Aston University	4-year MPharm degree	78.3%	62.1%	71.6%	50.0%	80.5%	67.6%
	Overseas Pharmacists Assessment Programme	88.0%	52.9%	90.9%	70.0%	85.4%	90.5%
Cardiff University	4-year MPharm degree	88.4%	66.7%	93.8%	80.0%	91.0%	81.8%
De Montfort University	4-year MPharm degree	67.1%	54.5%	74.6%	22.2%	71.2%	46.7%
	5-year MPharm degree with preparatory year	-	-	-	-	66.7%	25.0%
Keele University	4-year MPharm degree	65.1%	45.0%	60.4%	31.0%	72.0%	35.1%
	5-year MPharm degree with integrated foundation training	50.0%	-	0.0%	-	-	-
	5-year MPharm degree with preparatory year	-	-	-	-	83.3%	55.6%
King's College London	4-year MPharm degree	83.7%	50.0%	86.6%	40.0%	81.8%	36.4%
Kingston University	4-year MPharm degree	89.1%	77.5%	80.4%	66.1%	90.0%	78.8%
	5-year MPharm degree (MPharm year 1 taught over 2 years)	-	-	-	-	94.1%	83.3%
	5-year MPharm degree with preparatory year	-	-	-	-	71.4%	50.0%
	Overseas Pharmacists Assessment Programme	100.0%	-	0.0%	-	-	-
Liverpool John Moores University	4-year MPharm degree	81.8%	18.2%	76.7%	45.5%	71.3%	11.1%
	5-year MPharm degree with preparatory year	-	-	-	-	71.4%	57.1%
Medway School of Pharmacy	4-year MPharm degree	67.2%	72.7%	73.8%	66.7%	73.4%	46.7%
	5-year MPharm degree with preparatory year	-	-	-	-	-	-
Newcastle University	4-year MPharm degree	91.9%	72.7%	88.3%	46.2%	88.5%	69.2%
Queen's University Belfast	4-year MPharm degree	95.2%	-	100.0%	-	90.8%	100.0%
Robert Gordon University	4-year MPharm degree	75.0%	50.0%	65.8%	42.9%	86.2%	55.6%
	5-year MPharm degree with preparatory year	-	-	-	-	100.0%	50.0%
Swansea University	4-year MPharm degree	-	-	-	-	-	-
Ulster University	4-year MPharm degree	89.7%	-	100.0%	100.0%	91.1%	25.0%
University College London	4-year MPharm degree	86.1%	57.1%	87.3%	87.5%	87.0%	85.7%
	5-year MPharm degree with integrated foundation training	-	-	-	-	100.0%	100.0%
University of Bath	4-year MPharm degree	96.4%	80.0%	84.4%	55.6%	87.2%	0.0%
University of Birmingham	4-year MPharm degree	94.4%	100.0%	92.3%	80.0%	92.1%	28.6%
University of Bradford	4-year MPharm degree	88.0%	54.5%	76.5%	57.1%	69.4%	56.5%
	5-year MPharm degree with sandwich foundation training	88.9%	33.3%	61.0%	40.0%	69.2%	16.7%
University of Brighton	4-year MPharm degree	74.2%	40.0%	74.5%	53.6%	65.7%	41.2%
	5-year MPharm degree with preparatory year	-	-	-	-	76.2%	11.1%
	Overseas Pharmacists Assessment Programme	70.8%	72.2%	76.9%	90.9%	76.2%	81.3%
University of East Anglia	4-year MPharm degree	88.0%	40.0%	83.3%	46.2%	75.6%	69.2%
	5-year MPharm degree with integrated foundation training	-	-	-	-	-	-
	5-year MPharm degree with preparatory year	-	-	-	-	80.8%	66.7%
University of Hertfordshire	4-year MPharm degree	61.5%	60.0%	57.7%	27.3%	69.0%	20.0%
	Overseas Pharmacists Assessment Programme	75.0%	100.0%	77.3%	100.0%	92.5%	100.0%
University of Huddersfield	4-year MPharm degree	83.1%	70.0%	61.3%	64.3%	65.6%	20.0%
University of Lancashire	4-year MPharm degree	57.1%	27.3%	58.2%	26.7%	75.6%	73.5%
University of Lincoln	4-year MPharm degree	48.4%	16.7%	63.6%	71.4%	95.2%	60.0%
	5-year MPharm degree with preparatory year	-	-	-	-	75.0%	33.3%
University of Manchester	4-year MPharm degree	90.8%	71.4%	84.3%	62.5%	86.1%	64.3%
	5-year MPharm degree with preparatory year	-	-	-	-	50.0%	50.0%
University of Nottingham	4-year MPharm degree	90.7%	40.0%	89.0%	30.8%	89.1%	80.0%
	4-year MPharm degree taught in-part overseas (2+2)	-	-	-	-	96.9%	0.0%
	5-year MPharm degree with integrated foundation training	77.8%	-	55.6%	-	100.0%	-
University of Portsmouth	4-year MPharm degree	60.7%	83.3%	82.5%	41.7%	60.0%	69.2%
	5-year MPharm degree with preparatory year	-	-	-	-	-	-
University of Reading	4-year MPharm degree	73.4%	69.2%	73.8%	32.5%	64.6%	35.3%
	5-year MPharm degree with preparatory year	-	-	-	-	65.4%	25.0%
University of Strathclyde	4-year MPharm degree	85.2%	66.7%	91.8%	57.1%	88.5%	57.1%
	5-year MPharm degree with preparatory year	-	-	-	-	80.0%	100.0%
University of Sunderland	4-year MPharm degree	86.2%	45.5%	90.3%	69.2%	76.9%	53.8%
	Overseas Pharmacists Assessment Programme	92.2%	95.6%	79.8%	76.5%	87.1%	82.8%
University of Sussex	4-year MPharm degree	77.8%	-	0.0%	-	-	-
University of Wolverhampton	4-year MPharm degree	68.8%	66.7%	52.9%	43.8%	55.6%	57.1%

Public action and decision note of the Audit and Risk Committee

Thursday 18 December 2025 at 09.45

Present	Apologies	In attendance
Neil Buckley (NB)	Roz Gittins (RG)	Chris Askew (CA)
Sue Gallone (SG)	Richard Weaver (RW)	Jonathan Bennetts (JB)
Ann Jacklin (AJ)		Dionne Spence (DS)
Raliat Onatade (RO)		Lynsey Cleland (LC)
Nick Atkinson (NA)		Rob Jones (RJ)
		Saleem Akuji (SA)
		Stuart Heaney (SH)
		Emily Wilding (EW)
		Sarah Stein (SS)
		Paul Cummins (PC)
		Jane Daniels (JD)

1. Attendance and introductory remarks

- 1.1. The Chair welcomed members to the meeting. Apologies were received from Richard Weaver 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 (25.12.ARC.01/02)

- 2.1 The minutes of the last meeting, held on 17 September 2025, were approved as an accurate record.

3. Item 5 - Action Log and matters arising (25.12.ARC.03)

- 3.1 The action log was noted.
- 3.2 It was agreed that IT would be brought back to the Committee in March.
- 3.3 Paul Cummins, Chief of Staff, would be updating the Committee on the Freedom to Speak Up Guardian via email.

4. Item 9 – Update on the Project Management Office (25.12.ARC.08)

- 4.1 Stuart Heaney provided a high-level overview to the work undertaken on the Project Management Office (PMO) since it was last discussed by the Committee. The planning group had been in operation for a year and was an evolving group. The organisation had needed to be taken on a journey to instil cultural changes around ways of working and lessons had been learned over the past 12 months.
- 4.2 The Committee was pleased to hear that the GPhC had been focussing on compliance and was now moving towards delivery. It was recommended that it be made clear within the documentation that the Project Management Office was about delivery and prioritisation, making the difficult decisions around delivery that would enable the GPhC to drive progress against the strategy.
- 4.3 It was clarified that there was monthly reporting on the delivery of programmes through the PMO and quarterly reporting through the Board Assurance Framework, and on the delivery programme as a whole.
- 4.4 Concerns remained about the focus of the PMO, with the Committee emphasising the difference between securing the correct paperwork was completed and ensuring that projects were properly undertaken and delivered. It was important to get assurance that the right mechanisms were in place to push forward delivery. The Committee discussed whether a quarterly Strategic Delivery Forum (SDF) would provide the oversight required to drive projects forward, and whether the PMO held a more compliance focussed role; if so, this should be reflected in the terms of reference. It was suggested that a more frequent Executive oversight of delivery against projects, with project leaders held to account, was a more standard approach.
- 4.5 It was confirmed that the Executive held responsibility for the delivery of projects. The SDF provided the space in which the strategic leads would be able to significantly analyse the results over the last quarter, and the actions that subsequently needed to be taken into the next quarter, whether this be re-prioritising, changing resources or initiating cross-department working. This would form the key area in which staff would be engaged with the new way of working and built on an engagement programme, including specific project and programme training, and sessions held with senior managers.
- 4.6 It was agreed that the PMO should form part of the GPhC's delivery structure but was not currently defined as such. The ambition was to build it into the emerging broader structure and further work, including with the incoming CEO, would be undertaken to provide the assurance the Committee needed.
- 4.7 The Committee **approved** the terms of reference but with a shorter timeline of June 2026.

5. Any other business

- 5.1 There was no other business.

BOARD ASSURANCE FRAMEWORK

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

Quarterly Delivery & Assurance Report - Year 2025/2026, Quarter 3



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 3 shows strong operational performance across most core regulatory activity and continued progress in Year 1 of the 2025–30 strategy. Overall confidence in achieving the Year 1 position remains **Amber**, reflecting sustained demand in enforcement, the early-stage nature of delivery under Strategic Aim 2, and recognised capacity and sequencing dependencies within elements of the technology roadmap under Strategic Aim 3, alongside more stable delivery across education, registration, inspection, workforce and finance.

Delivery across the majority of core regulatory functions remains on track. Registration, inspection and education assurance activity continue to meet agreed standards, and workforce and financial indicators remain stable. However, record levels of demand flowing into enforcement continue to place pressure on capacity and timeliness further through the system. Early mitigation has improved front-end performance, particularly in triage, but enforcement has not yet stabilised and remains the most significant dependency affecting overall confidence. Inspection delivery remains broadly on track but is under pressure. A significant number of planned inspections were unable to proceed due to premises not operating or the absence of a Responsible Pharmacist, alongside sustained concerns demand, placing overall volumes at risk. As a result, delivery may struggle to meet the annual inspection target.

Confidence across the strategic aims is therefore mixed, with different drivers affecting delivery confidence under each aim. Strategic Aim 1 remains Amber, driven by sustained enforcement pressure despite strong delivery elsewhere. Strategic Aim 2 is also Amber, with in-year delivery broadly on track but much of the work still at an early stage, meaning measurable impact is expected later in the year or beyond. Strategic Aim 3 remains Amber, reflecting stable workforce and financial performance alongside recognised delivery risk within elements of the technology roadmap, where capacity and sequencing continue to require active management.

External pressures continue to shape demand and delivery. Increased scrutiny of online prescribing, weight-management medicines and governance within parts of the pharmacy sector has driven sustained regulatory activity. This context helps explain current pressures, particularly in enforcement and inspection, and reinforces the importance of prioritisation, sequencing and capacity management across the organisation. Q3 performance pressures and delivery risks are subject to regular Executive review, with prioritisation and corrective action taken as required between Council reporting cycles.

Alongside delivery, work has continued to strengthen performance monitoring, metrics and assurance to support clearer oversight and earlier intervention. The current year's BAF continues to use the agreed KPI set, with no in-year changes planned. Work underway in Q4 is focused on preparing the next annual KPI setting and review cycle, so that from 2026–27 reporting through the Board Assurance Framework can place greater emphasis on performance trends and patterns over time. This will strengthen Council's ability to assess delivery confidence, emerging risk and the sustainability of performance.

In this context, the overall Amber position reflects the combined impact of sustained enforcement pressure, recognised technology and capacity dependencies, and the need for careful prioritisation and sequencing to support delivery into 2026–27. These factors shape confidence in delivery and provide important context for Council's oversight of progress against the 2025–30 Strategic Plan.

Performance and strategic dashboard: Q3 2025–26

Q3 OVERVIEW

Q3 delivery is broadly on track, though strategic confidence remains **Amber due to enforcement pressures.**

Strategic Aim	Q1	Q2	Q3	Expected Q4	Key driver
SA1	A	A	A	A	Pace of regulatory adaptation to changing pharmacy practice
SA2	A	A	A	A	Reliance on effective cross-system collaboration for public protection
SA3	A	A	A	G	Constraints from capacity, systems and sustainable funding

Q3 KPIs		SA1	Inspection timeliness and follow-up
SA1	Registration timeliness	SA1	Enforcement timeliness and caseload
SA1	Customer contact and case handling	SA3	Workforce capacity, retention and wellbeing

Q3 Overall strategic confidence – **Amber**

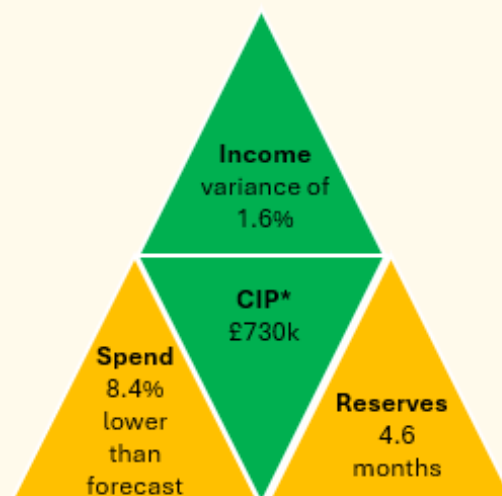
Strategic confidence is Amber: while delivery is broadly on track overall, enforcement demand and reliance on organisational capacity and systems limit confidence over the longer term.

The strategic confidence assessment is underpinned by the strategic risk positioning shown below.

FINANCE

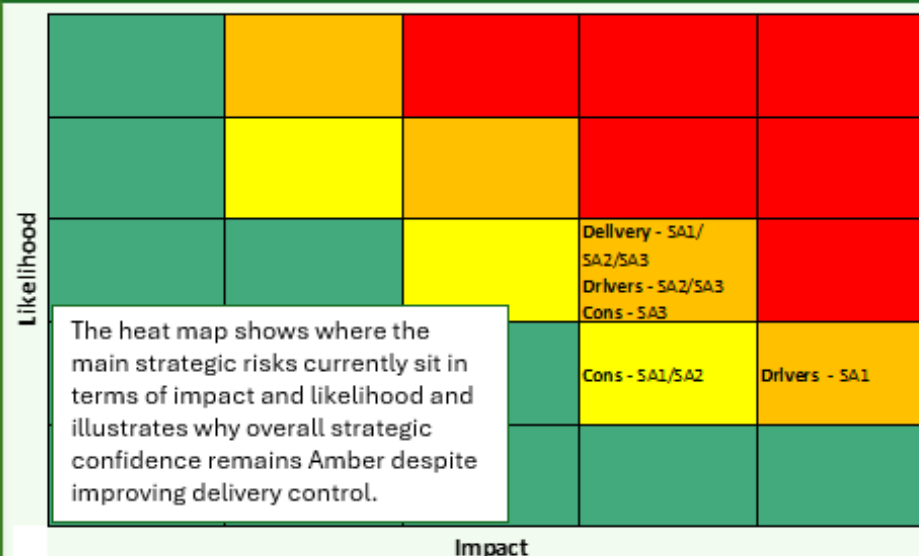
Finance headline -

Whilst in-year financial performance is assessed as Green, reflecting delivery of planned savings and effective cost control, the overall financial position is RAG-rated **Amber** due to the continued presence of an underlying structural deficit.



* Cost improvement Plan

RISK



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 Q3 judgements. It highlights where assurance has strengthened, weakened, or remained stable, and notes emerging issues that could influence future BAF positions.

Strategic risk

Strategic risks are managed through the strategic risk register which has been aligned to the 2025–30 strategy and structured around each strategic aim. Risks are assessed based on likelihood and impact, and grouped to reflect risks driving the strategy, risks to delivery, and consequential risks arising from delivery. The refreshed approach was presented to Council in December. In this report, the most material strategic risks are referenced under each strategic aim to provide a clear line of sight between delivery, risk and assurance, alongside performance and progress reporting.

Corporate complaints

Performance in Q3 remained strong, with all complaint-handling KPIs met including acknowledgement within three days and a response within 15 days for Stage 1 complaints and 20 days for Stage 2 complaints.

Information governance

We continued to achieve 100% compliance with statutory timeframes for all information requests this quarter, including Freedom of Information (FOI) and data subject rights requests. Q3 was quieter than usual for FOI activity, with 15 new FOI requests received compared with a typical quarterly average of around 30. Nine new data subject rights requests were received, slightly below the usual average.

Q3 saw a reduction in information governance incidents with six breaches reported, compared with 15 in Q2. None of the breaches met the threshold for reporting to the Information Commissioner's Office. We have continued to take forward a focused programme of improvement, including targeted training with operational teams on common themes such as redaction and email handling, alongside refreshed guidance and awareness materials. The incidents reported were varied in nature, with no clear systemic pattern identified, and continue to underline the importance of careful checking, appropriate redaction, and early identification and reporting of potential breaches.

One Serious Incident Review was conducted during Q3, and work to address the resulting actions is underway.

Assurance

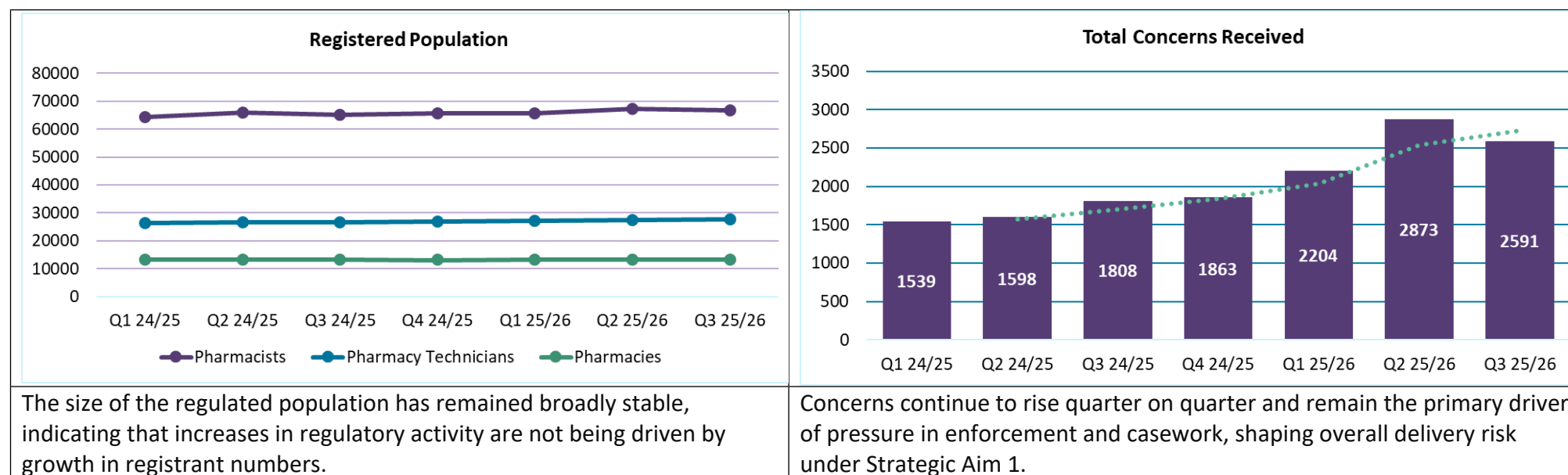
Internal and external assurance activity undertaken across the GPhC provides independent evidence on performance, identifying gaps and outlining actions taken. This assurance is shared with and discussed at the Audit and Risk Committee.

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)

This section provides a small and evolving set of internal indicators to help Council understand the factors shaping regulatory demand, capacity and risk. The indicators are presented as trends over time rather than targets and are intended to complement the Board Assurance Framework by providing early signals that help explain performance, risk and delivery decisions. Where possible, data is shown from 2022 onwards to provide context and avoid distortion from the Covid period. **Please note:** This section is under development. From 26/27 onwards, we aim to include a concise and consistent overview of key internal trends, drawing on data from 2022 onwards wherever possible to support clearer interpretation and comparability.



What this means for Council

Taken together, these early indicators suggest that regulatory demand is increasing despite a broadly stable regulated population. This indicates that pressure is being driven by changes in sector risk, behaviour and complexity rather than scale alone. This context helps explain current delivery pressures and informs decisions on prioritisation, capacity deployment, sequencing and escalation across delivery and risk.

External Environment (*Wider changes influencing our regulation*)

This section highlights key external developments that may influence regulatory risk, demand or expectations of the GPhC. It focuses on *what is changing*, *why it matters for regulation*, and *how the organisation is monitoring and responding*.

External Influences: Oct–Dec 2025 Update	So what for the GPhC?	GPhC response and tracking
Pharmacy premises and large-chain instability Public reporting on operational pressures in parts of the community pharmacy sector has continued. Further disruption and ownership changes during Q3 reinforced that instability within parts of the large-chain pharmacy sector is ongoing rather than isolated,	• Ongoing risk to patient access and continuity of care. • Greater likelihood of governance, staffing and operational failures requiring regulatory intervention. • Regulatory demand becomes less predictable, increasing reliance on intelligence-led inspection and enforcement.	• We are considering the appropriate way forward in relation to potential regulatory gaps. • Risk is monitored through intelligence, inspection and enforcement, with intervention and escalation where instability poses a risk to patient access/breaches regulatory thresholds.
NHS restructure During Q3, NHS England provided greater clarity on the direction and pace of system reform, with clearer expectations for neighbourhood care models and the clinical role of pharmacy.	• Evolving clinical roles increase pressure on regulatory standards. • Risk of cross-system regulatory misalignment. • Workforce competence and readiness increasingly shape regulatory risk.	• Ongoing horizon scanning and policy engagement, with coordination to support regulatory alignment. • Implications are discussed through Executive, with issues escalated as required. • Strategic approach to devolution has been updated to support our ongoing work across GB
Weight-management medicines (GLP-1s) Demand for GLP-1 medicines remained high during Q3. MHRA issued further safety alerts on counterfeit products, and other organisations strengthened prescribing safeguards. Media interest in supply routes and regulatory oversight continued.	• Elevated patient-safety risk, particularly in online and non-traditional supply models. • Increased inspection and enforcement demand. • Ongoing public and media scrutiny of regulatory effectiveness.	• Targeted inspection and enforcement activity continues. • Coordinated communications with MHRA and ASA, alongside updated public guidance. • Impact is monitored through concerns data, inspection findings and enforcement notices, with cross-regulator escalation where required.
Devolved nations – upcoming elections Preparations for elections in Scotland and Wales progressed during Q3, with the potential for shifts in health policy priorities, funding models and commissioning arrangements.	• Risk of divergence in regulatory expectations and operating environments across Great Britain. • Increased need for adaptable guidance, engagement and assurance approaches.	• Early engagement planning is underway to support continuity of regulatory expectations. • Ongoing policy tracking and stakeholder engagement with risks escalated through Executive where regulatory impact is identified.

4. Strategic Aims: Progress, Impact, and Assurance

This section provides the detail underpinning the Q1 dashboard, setting out progress and assurance against each of our three strategic aims.

For each aim, we report an overall progress RAG rating, assessed against confidence in achieving the end-of-year position set out in the Delivery Plan. This rating reflects a cumulative judgement, drawing together evidence from operational delivery of core regulatory duties, performance against supporting KPIs, progress on key change activities, and emerging risks and dependencies.

Strategic metrics to track progress against the five-year strategy are in development. In the interim, this section provides Council with an integrated view of progress, impact and delivery confidence, alongside priorities for the next quarter.

Strategic aim 1

Empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care

Performance Summary –

Overview of all performance - RAG rating based on our confidence in achieving the end-of-year position set out in the Delivery Plan. This rating reflects a cumulative judgement, drawing together evidence from operational delivery of core regulatory duties, performance against supporting KPIs, progress on key change activities, and emerging risks and dependencies.

Q1	Q2	Q3	Q4	Progress
A	A	A		On track, but at risk

Overall performance for Strategic Aim 1 remains Amber this quarter. The Amber rating reflects sustained pressure in enforcement capacity and timeliness, which continues to present the primary strategic dependency, despite broadly stable delivery across education, registration and inspection. While delivery across most elements of Strategic Aim 1 is expected to remain on track, enforcement performance is unlikely to fully meet year-end targets, and continues to constrain overall confidence.

Under Strategic Aim 1, delivery remains mixed. Delivery across core regulatory functions within education and training assurance, registration assessment and registration has remained broadly strong and stable, while enforcement activity remains under sustained pressure and continues to affect timeliness and capacity. Mitigation is improving front-end performance, but enforcement has not yet stabilised and remains the critical dependency.

Inspection activity fell slightly from 508 inspections in Q2 to 439 in Q3, however regulatory interactions with pharmacies that were not inspections increased from 142 in Q2 to 203 in Q3. The slight decrease in inspections reflects engagement arising from external factors, including the closure of several Jhoots pharmacies and concerns relating to pharmacies providing weight management services. More than 60 attempted inspections of Jhoots premises could not be completed due to premises being closed or the absence of a Responsible Pharmacist, in these cases we made NHS England aware. Furthermore, the number of concerns at triage have continued to challenge our Inspection resource.

Enforcement remains the main source of strategic risk, with sustained growth in concerns continuing to put pressure on timeliness and capacity. Triage performance improved during Q3 as additional staff were recruited and trained, reducing the open triage caseload and improving decision times. Further into the enforcement process, the number of cases open for more than one year and more than two years increased as older cases continued to be progressed and recent capacity gaps took effect. Recovery actions are in place, including focused reviews of long-running cases, stronger senior oversight and rebalancing caseloads across teams. Early Q4 data is encouraging, but enforcement has not yet stabilised and remains the critical dependency for delivering this strategic aim.

Key Achievements this quarter

- Launched consultation on RP and SP standards
- Processed 923 new registrations, all meeting revised performance standards,
- Increased regulatory interactions with pharmacies from 142 in Q2 to 203 in Q3 despite challenges in inspections
- 25% reduction in open caseload in enforcement

Key Focus for next quarter (s)

- Analysis of RP/SP consultation responses to inform next steps
- Investment in capacity across the enforcement portfolio
- Update to Council on developments and next steps for the Common Registration Assessment

SA1 - Progress against our strategic outcomes

The outcome ratings below reflect strong delivery across most areas, with areas of delayed delivery expected to return to plan in Q4 to support achievement of the end-of-year position. The primary area of concern remains enforcement (Outcome 1.5), which continues to be the main driver of overall risk under Strategic Aim 1.

Strategic outcome	Q1	Q2	Q3	Q4	Progress	Comment	Next steps
1.1 Competent and confident professionals	A	G	G		On track	Education and training assurance, registration assessment and registration activity have been delivered broadly to plan, with stable performance and no material risks to achieving the Year-1 position. Revalidation activity is slightly behind the original timetable but is expected to be back on track by year end.	Complete consultation analysis; confirm revalidation improvement plan and timetable; bring key decisions to Council.
1.2 Regulator that listens and understands practice	A	A	A		On track, but at risk	Planned engagement activity has been delivered. We have listened to registrants and the public through the Pharmacist Forum, Pharmacy Technician Forum, formal consultations and university engagement. Insight is informing policy thinking and standards development, but a consistent organisation-wide approach to capturing, analysing and evidencing impact is still being developed.	Deliver remaining engagement activity
1.3 Promoting wellbeing of patients and professionals	A	A	A		On track, but at risk	Year-1 delivery has focused on establishing foundations, including safeguarding updates. The impact of this work is expected to mature over time rather than fully within the current year.	Embed wellbeing considerations more explicitly across regulatory activity.
1.4 Pharmacy owners enabling teams to meet standards	A	A	A		On track, but at risk	Inspection activity fell slightly in Q3, largely due to the inability to complete more than 60 planned inspections of Jhoots pharmacies where premises were closed or a Responsible Pharmacist was not present, alongside the continued volume of concerns requiring inspector input. Overall inspection delivery remains broadly on track; however, inspection volumes are at risk if these pressures persist. Delivery of the Inspection SharePoint Tool was rated Amber in Q3. Following resource reprioritisation, we remain confident of a March 2026 go-live.	Continue rollout of the risk-based model, complete planned system and data enhancements. liaise
1.5 Prompt, proportionate and effective enforcement	R	R	R		Off track	Sustained concern volumes continue to impact timeliness and overall performance. While improvement actions are in place and early signs of progress are emerging, enforcement performance has not yet stabilised.	Reduce the number of open concerns through additional hearings coordination capacity; continue delivery of agreed enforcement improvement actions.

SA1 - Core Regulatory Duties: KPI Performance

The KPIs below provide the operational evidence underpinning the overall Strategic Aim 1 judgement.

A formal annual KPI setting and review process is being implemented in Q4 2025/26, to ensure that KPIs remain relevant, aligned to business needs and responsive to changes in strategic focus.

Outcome	Performance measure	Performance standard	Q1 (RAG)	Q2 (RAG)	Q3 (RAG)	Why it matters
SA1.1 Reg	Median processing time to approve pharmacist applications (working days)	≤21 days	0 days (Green)	16 days (Green)	4 days (Green)	Fast registration supports workforce capacity and patient access to services.
SA1.1 Reg	Median processing time to approve pharmacy technician applications (working days)	≤21 days	0 days (Green)	7 days (Green)	5 days (Green)	Ensures qualified technicians join the workforce without unnecessary delay.
SA1.2 CCC	Average speed of answering telephone calls	<10 seconds	7 seconds (Green)	10 seconds (Amber)	8 seconds (Green)	Ensures professionals and the public receive timely advice and guidance.
SA1.2 CCC	Percentage of calls abandoned	<4%	0.5% (Green)	0.9% (Green)	0.8% (Green)	Low drop-off means queries are being handled rather than lost.
SA1.1 CCC	Percentage of emails actioned within 2 days	>95%	100% (Green)	100% (Green)	100% (Green)	Queries are resolved quickly, preventing delays in regulatory processes.
SA1.4 Insp	Average turnaround from inspection to finalisation of report (weekdays)	≤20 days	13.2 days (Green)	13 days (Green)	14.4 days (Green)	Timely reports allow quicker implementation of improvements.
SA1.4 Insp	Average time to serve enforcement notice where serious risk exists (weekdays)	≤5 days	5 days (Green)	7 days (Amber)	4 days (Green)	Risks to patient safety are acted on immediately.
SA1.4 Insp	Re-inspections completed within 6 months (+/- 2 weeks)	≥80%	92.6% (Green)	97.1% (Green)	89.2% (Green)	Ensures prompt follow-up where concerns were found.
SA1.5 Enf	Number of open concerns	<1250	1555 (Red)	1520 (Red)	1143 (Green)	High caseloads slow resolution and can delay public protection.
SA1.5 Enf	Percentage of cases open at investigation for more than 1 year	<25%	35.4% (Red)	33.1% (Red)	37.5% (Red)	Older cases indicate delays and reduced timeliness in resolution.
SA1.5 Enf	Percentage of cases open at investigation for more than 2 years	<8%	13.4% (Amber)	10.1% (Amber)	13.0% (Red)	Very long cases are rare, improving fairness and reducing uncertainty.
SA1.5 Enf	Number of appeals against FtPC decisions	≤2	0 (Green)	0 (Green)	0 (Green)	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.

Performance Summary –

Overview of all performance - RAG rating based on our confidence in achieving the end-of-year position set out in the Delivery Plan. This rating reflects a cumulative judgement, drawing together evidence from operational delivery of core regulatory duties, performance against supporting KPIs, progress on key change activities, and emerging risks and dependencies.

Q1	Q2	Q3	Q4	Progress
A	A	A		On track, but at risk

Overall performance for Strategic Aim 2 remains **Amber this quarter and is expected to remain Amber at year end. Delivery of planned activity is broadly on track, with progress across engagement, joint regulatory working and targeted action in emerging risk areas. However, this aim is focused on building and embedding cross-organisational capability, particularly in the use of insight and in progressing the differential attainment programme, and measurable impact will continue to develop beyond Year 1.**

Engagement this year has been practical and targeted, focused on system leadership, safe innovation and reducing patient risk. Activity has included a thematic review of cannabis-based products for medicinal use, a clear public response to the APPG on Pharmacy report, and targeted Chief Pharmacy Officer communications on emerging medicines safety risks to support early action by pharmacy teams. We have continued to work with regulators and national bodies in Wales and Scotland and are undertaking preparatory work ahead of forthcoming elections to support continuity of regulatory expectations and respond to potential changes in policy and operating context.

In Q3, we held a joint webinar with the Food Standards Agency on Cannabidiol (CBD) products and cannabis-based products for medicinal use, sharing findings from a GPhC review of pharmacy practice, providing an update on CBD regulation and safety, and setting out the future regulatory and authorisation landscape. We also worked with the Medicines and Healthcare products Regulatory Agency and the Advertising Standards Authority to address increasing concerns about illegal weight-loss medicine advertising, including issuing an updated enforcement notice on prescription-only weight-management medicines and progressing work to streamline reporting routes and regulatory coordination.

Development of the differential attainment programme is underway and remains preparatory at this stage. Current activity has focused on scoping the programme, mapping stakeholders and partners, and developing an engagement plan, with support from the External Communications team. This work is necessary to enable delivery later in the year, but means that measurable impact will fall beyond the early quarters.

Key Achievements this quarter

- Targeted safety communications: Issued focused communications enabling early action by pharmacy teams on emerging medicines risks.
- CBPM thematic review: Published findings strengthening system assurance and patient safety in a higher-risk area of practice.

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.

SA2 - Progress against our strategic outcomes

Progress under SA2 is broadly on track this year, with strong delivery in joint working and risk-based intervention. Amber reflects early-stage work on differential attainment and insight maturity, with impact expected to strengthen in Q4.

Strategic outcome	Q1	Q2	Q3	Q4	Progress	Comment	Next steps
2.1 Seamless, collaborative regulation supporting safe, integrated pharmacy care	A	A	A		On track, but at risk	During the quarter we delivered joint regulatory action in higher-risk areas, including publication of the thematic review on cannabis-based products for medicinal use and continued coordinated enforcement with MHRA, ASA and the Food Standards Agency on medicines marketing, supply and safety risks. We also set out a clear public response to the APPG on Pharmacy report and issued targeted Chief Pharmacy Officer communications to support early action by pharmacy teams. Alongside this, we continued engagement with regulators in Wales and Scotland and undertook preparatory work ahead of forthcoming elections to maintain continuity of regulatory expectations.	- Continue coordinated work with partner regulators to address shared risks. - Further develop and apply indicators to evidence the impact of joint regulatory delivery. - Prepare for elections in Scotland and Wales with ongoing policy tracking and stakeholder engagement.
2.2 Fairness and equity in education and training (Differential Attainment)	A	A	A		On track, but at risk	Programme development: Work remains at an early, preparatory stage. Activity in Q3 has focused on scoping the programme, strengthening the evidence base through literature review, mapping good practice from accreditation reports, and developing a stakeholder engagement plan.	- Finalise detailed project plans. - Begin structured stakeholder engagement

SA2 - Core Regulatory Duties: KPI Performance

Placeholder – KPIs for SA2 are being developed. A formal annual KPI setting and review process is being implemented in Q4 2025/26, to ensure that KPIs remain relevant, aligned to business needs and responsive to changes in strategic focus.

Strategic aim 3

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

Performance Summary

Overview of all performance - RAG rating based on our confidence in achieving the end-of-year position set out in the Delivery Plan. This rating reflects a cumulative judgement, drawing together evidence from operational delivery of core regulatory duties, performance against supporting KPIs, progress on key change activities, and emerging risks and dependencies.

Q1	Q2	Q3	Q4	Progress
A	A	A		On track

Overall performance for Strategic Aim 3 remains Amber this quarter, with delivery broadly on track and expected to meet Year-1 commitments by year end. Core people and finance functions continue to operate effectively and support regulatory delivery, with workforce indicators stable and financial performance strengthening. The Amber position reflects delivery risk within elements of the technology roadmap, where a small number of initiatives require continued active management to maintain momentum and confidence.

Delivery against the Year-1 commitments under Strategic Aim 3 remains on track, with core people, finance and enabling functions continuing to operate effectively and support regulatory delivery. Workforce indicators are stable, with high retention, low voluntary turnover and broadly stable absence. Our EDI evidence base has been strengthened through improved workforce data disclosure, including a significant increase in disability declarations.

Financial performance continues to strengthen. Income has benefited from higher than forecast volumes in OSPAP and Independent Prescribing applications. Expenditure remains below forecast, primarily due to accelerated delivery of Cost Improvement Programme efficiencies and the reprofiling of legal advocacy and professional services activity into 2026/27. The Year 1 Cost Improvement target has been exceeded, permanent savings have been identified above plan, return on investment is ahead of annual target, and reserves are now within the agreed range. This reflects improving financial resilience, though continued discipline will be required to manage underlying structural pressures and demand volatility.

Technology remains the primary area of risk under Strategic Aim 3. While progress across data, reporting and organisational delivery is broadly on track, a small number of technology initiatives remain Amber or Red and require continued active management. These risks are being actively managed through Executive oversight, PMO support and assurance arrangements, and delivery is expected to meet Year-1 targets by year end.

Key Achievements this quarter

- Embedded refreshed organisational values and progressed people, wellbeing and inclusion activity.
- Progressed priority technology and data activity, including data lake development, reporting rationalisation and inspection tool improvements.
- Strengthened PMO and assurance arrangements.
- Maintained stable financial performance and advanced the costed 2026–27 delivery plan.
- Continued narrowing of gender and ethnicity pay gaps

Key Focus for next quarter (s)

- Finalise the costed 2026–27 delivery plan, including scenario modelling, reserves and working-capital approaches.
- Strengthen internal reporting and assurance to support Executive and Council oversight of delivery risk and capacity.
- Progress the data and reporting programme, with focus on practical management and assurance use.
- Continue delivery of the technology roadmap, prioritising improvements that directly support regulatory delivery and staff experience.

SA3 - Progress against our strategic outcomes

The outcome ratings below reflect strong delivery across people and financial sustainability, alongside continued progress across culture, operating model and enabling infrastructure. The primary area of risk under Strategic Aim 3 relates to elements of the technology roadmap, where a small number of Amber and Red positions require continued management attention to maintain momentum and support achievement of the end-of-year position.

Strategic outcome	Q1	Q2	Q3	Q4	Progress	Comment	Next steps
3.1: Our people are developed and supported to deliver and lead our regulatory work with skill and professionalism	A	A	G		On Track	Workforce performance has remained stable through the year, with high retention, low voluntary turnover and broadly stable absence. Significant progress has been made on values, culture, performance management, systems modernisation and wellbeing, strengthening organisational capability and assurance. Key inclusive practice milestones were delivered, including reasonable adjustments arrangements, progress towards Disability Confident Level 2, and strengthened staff voice.	Complete PDR and performance management reform; progress major workforce consultations; strengthen workforce metrics and reporting; finalise People and Culture Strategy and EDI ambition.
3.2: Our culture, our operating model and our technology are strengthened and updated to enable us to deliver on this strategy	A	A	A		On track	Data, reporting and technology programmes have progressed broadly as planned, with core systems remaining stable and enabling capability strengthening through the year. However, a small number of initiatives within the technology roadmap remain rated Amber or Red due to capacity constraints and system dependencies. These risks are being actively managed and are expected to be mitigated during Q4. The Operating Model has been approved and published, with strengthened PMO and assurance arrangements improving oversight of delivery, risk and capacity.	Continue phased delivery of the data and reporting programme; prioritise technology roadmap activity; maintain active management of delivery risks through PMO oversight; continue embedding the operating model and assurance arrangements.
3.3: Sustainable, agile and good-value regulation is underpinned by implementation of our financial strategy	A	A	A		On Track	Financial performance has strengthened and is now forecast to deliver a small in-year surplus. Income has benefited from higher than forecast OSPAP and Independent Prescribing volumes, while expenditure remains below forecast. The three main areas of change include £700k of accelerated Cost Improvement efficiencies and the reprofiling of £400k of legal advocacy and £300k of professional services activity into 2026/27. The Year 1 Cost Improvement Plan has exceeded its £300k target, delivering £730k of permanent savings. Return on investment is ahead of target, and reserves are now within the agreed range. Whilst in-year performance is green, the overall position remains Amber due to the underlying structural deficit.	Finalise the costed 2026–27 delivery plan; update scenario modelling, reserves and working-capital approaches; continue delivery of the cost improvement plan and strengthen financial reporting and assurance.

SA3 - Core Regulatory Duties: KPI Performance

The KPIs below provide the operational evidence underpinning SA3.1 and SA3.3

A formal annual KPI setting and review process is being implemented in Q4 2025/26, to ensure that KPIs remain relevant, aligned to business needs and responsive to changes in strategic focus.

Outcome	Performance measure	Performance standard	Q1 (RAG)	Q2 (RAG)	Q3 (RAG)	Why it matters
SA3.1 Peo	Overall organisational absence rate ¹	<4.0%	5.0% (Amber)	3.7% (Green)	4.2% (Amber)	Low absence rates support workforce stability and consistent service delivery.
SA3.1 Peo	Rolling 12-month voluntary labour turnover rate	<16%	11.6% (Green)	10.2% (Green)	12.1% (Green)	Low turnover helps retain organisational knowledge, skills and capability.
SA3.1 Peo	Staff Retention	>80%	89.9% (Green)	91.6% (Green)	89.3% (Green)	High retention supports continuity, reduces recruitment costs, and underpins delivery resilience.
SA3.3 Fin	Annual income variance (actual vs Budget)	<2%	0.2% (Green)	0.9% (Green)	1.6% (Green)	Stable income supports delivery of the plan and long-term financial sustainability.
SA3.3 Fin	Annual Expenditure variance (actual vs Budget)	<5%	7.2% (Amber)	8.6% (Amber)	8.4% (Amber)	Effective cost control supports planned delivery and financial discipline.
SA3.3 Fin	Reserves position (no of month of 'free' reserves)	4-6 Months	4.2 Months (Amber)	4.3 Months (Amber)	4.6 Months (Green)	Adequate reserves provide resilience against demand volatility and unexpected pressures.
SA3.3 Fin	Year 1 Cost Improvement plan (CIP) target £300K	>£300k	£468k (Green)	£703K (Green)	£730K (Green)	Delivery of permanent savings strengthens affordability and financial sustainability.
SA3.3 Fin	3% annual return on investment	>£450K	£337K (Amber)	£616K (Green)	£754K (Green)	Positive returns demonstrate value for money from strategic investment.

¹ Some retrospective changes have been made following quality assurance of data from iTrent, the HR system.

Organisational KPIs - Trends

This section is currently in development as we align our performance measures with our 2025–30 delivery plan. A formal annual KPI-setting and review process will be implemented in Q4 2025/26. Structured discussions will take place throughout February with Heads of Function and, where appropriate, Chief Officers to review and agree operational KPIs, ensuring they reflect business needs and support delivery of the strategy and its intended outcomes. This approach will help keep KPIs relevant, proportionate and responsive as strategic priorities and delivery pressures evolve.

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	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 indicators on track, no material risks. Amber – Outcome achievement not fully assured due to pace, indicators, or emerging risks; recovery remains possible without fundamental change. Red – Outcome unlikely to be achieved without significant changes to approach, resources, or timescales.	RAG rating is the colour that signals our level of assurance and confidence. RAG judgement is the concise, evidence-based reasoning explaining the colour, drawing on delivery, outcome, and risk evidence. This answers: Are we assured the strategic aim will be delivered by the end of the strategy?
Progress	Indicates confidence that planned delivery for the current year will be achieved as set out in the Delivery Plan.	Progress against in-year milestones; delivery trajectory; performance trends; qualitative insight; risks and dependencies.	On track: Delivery progressing as planned, with no material risks to achieving the Year-1 position year-end position. On track, but at risk: Delivery under pressure or experiencing some slippage, but recovery within the year remains achievable. Off track: Delivery off plan, with material risks to achieving the year end position, requiring active intervention or reprioritisation.	Signals whether we are on track to deliver this year’s commitments. The RAG judgement explains what is driving the rating and whether issues are contained or escalating.
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 required. ● Red – Below target/outside tolerance; corrective action required.	Answers, is this specific performance measure being achieved right now?