General Pharmaceutical Council

Council meeting – March 2026

Thursday, 26 March 2026

Public meeting: 11.45-13.00

Public Business

Time	Standing Items	
11.45	**Welcome and introductory remarks**	Gisela Abbam
	- Declarations of interest – public items	Gisela Abbam
11.48	**Minutes of the February meeting and matters arising**	**26.03.C.04**
	- Minutes of the public session on 19 February 2026 *For approval*	Gisela Abbam
11.51	**Strategic Communications and Engagement - Chair and Executive update** *For noting*	**26.03.C.05**
	Substantive items for decision:	
	Governance, finance and organisational management	
12.00	**Consultation on the education and training standards for internationally qualified pharmacists** *For approval*	**26.03.C.06a-c** Lynsey Cleland
12.20	**2026 Fee Decision (papers embargoed)** *For approval*	**26.03.C.07a-f** Jonathan Bennetts
12.30	**2026-27 Delivery Plan and Budget** *For approval*	**26.03.C.08a-b** Jonathan Bennetts
12.45	**Any other business**	
12.50	**Meeting close**	

General Pharmaceutical Council

Minutes of the Public Council meeting on 19 February 2026

To be confirmed on 26 March 2026

Minutes of the public items

Present:

Gisela Abbam (Chair)	Penny Mee-Bishop
Yousaf Ahmad	Raliat Onatade
Dianne Ford	Gareth Powell
Ann Jacklin	Ade Williams
Tim Jaggard	
Rima Makarem	

Apologies: Neil Buckley, Selina Ullah, Rose Marie Parr

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
Roz Gittins	Chief Pharmacy Officer and Deputy Registrar
Dionne Spence	Chief Enforcement Officer and Deputy Registrar
Paul Cummins	Interim Chief of Staff
Siobhan McGuinness	Director for Scotland
Liam Anstey	Director for Wales
Rachael Gould	Head of Communications
Frances Brown	Interim Senior Council Secretary

Standing items

1. Attendance and introductory remarks

1.1 The Chair, Gisela Abbam (GA), welcomed Pat Gallan, Chair of the Assurance and Appointments Panel and Kathie Cashell (KC), incoming Chief Executive and Registrar as observers.

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 (26.02.C.08)

3.1 The minutes of the public session held on 10 December 2025 were approved by Council as a true and accurate record of the meeting.

4. Actions and matters arising (26.02.C.09)

4.1 The Council noted the action log and forward planner.

5. Workshop summaries (26.02.C.10)

5.1 The Council noted the workshop summaries.

6. Strategic Communications and Engagement (26.02.C.11)

6.1 Chris Askew (CA), Interim Chief Executive Officer, presented an update on current policy activity, highlighting the ongoing consultation relating to superintendent pharmacists. Council noted the importance of this work and its relevance to future regulatory arrangements.

6.2 Ann Jacklin (AJ) reported that she attended the Annual National Pharmacy Association event at the House of Lords. During the event, two Members of Parliament and a Baroness spoke positively about the pharmacy sector, recognising its significant contribution to the 10-year plan for health and care, and emphasising the need for increased funding to support the profession. More briefing was requested for future events.

Regulatory functions

7. Strategic Approach to Devolution (26.02.C.02)

7.1 Lynsey Cleland (LC), Chief Standards Officer, presented the paper on the GPhC's strategic approach to devolution. She explained that, as a GB-wide regulator, it is essential that the organisation aligns with the policy and legislative frameworks across all the nations in which it operates. The paper set out a refreshed approach reflecting the current strategic context.

LC thanked Liam Anstey (LA), Director for Wales, and Siobhan McGuinness (SM), Director for Scotland, who led the development of the document.

7.2 The Council discussed the updated approach and noted that the changes reflected the GPhC's evolving position rather than any major shift in direction. The Council asked what practical changes might be required in engagement with the devolved nations. LC advised that the organisation already has a strong commitment to this work, supported by dedicated nation directors, and that the refreshed strategy provides a clear public statement of this commitment ahead of upcoming elections.

7.3 The Council welcomed the document and noted the value of the nation directors' ongoing engagement with country-specific issues and stakeholders.

8. Common Registration Assessment (CRA) – Report of the 2025 CRA sittings (26.02.C.13)

8.1 LC presented the Registration Assessment report, noting that it had been prepared in a new format combining data from both sittings to provide clearer trend analysis. Mat Smith (MS) and Ruth Exelby (RE) joined the meeting for this item.

8.2 The November 2025 sitting was the largest Autumn sitting to date. The pass rate was77.8% in June and 61.6% in November. Performance varied across candidate groups, with awarding gaps evident across ethnicity and other demographic characteristics.

8.3 The Council discussed the marked variation in outcomes between ethnic groups and across protected characteristics, noting the importance of understanding these patterns in the context of the organisation's commitment to DEEI.

8.4 MS reported that work is underway to explore differential attainment and better understand the factors associated with lower performance among certain groups.

8.5 The Council noted that it remains difficult to define what "good" looks like in this context and highlighted the importance of benchmarking against the wider sector. RE explained that improvements have been made in managing adjustments to support candidates but overall performance in the assessment remained largely unchanged. She advised that at least five years of consistent data are needed to identify reliable trends and noted that this year's candidates sitting the assessment in June 2026 will be the first to have completed their training under the new initial education and training standards which will add complexity to comparisons with previous years.

Governance, finance and organisational management

9. Public Committee Minutes (26.02.14)

9.1 The Audit and Risk Committee minutes of 18 December 2025 were noted.

10. 2026 Fee Decision (papers embargoed)

10.1 The Chair advised that the decision on the fee proposals has been deferred. A public session will be held on 26 March for Council to discuss the proposal.

11. Board Assurance Framework report (26.02.C.15)

11.1 Chris Askew (CA), Interim Chief Executive and Registrar presented the report. The document had been considered extensively within the organisation and informed thinking on where moderation or refinement may be required.

11.2 The Council discussed whether the report now provides the level of assurance and insight needed and acknowledged the work undertaken by the team, recognising that the organisation's approach to metrics remains in development.

11.3 The Council noted that further development is required, particularly in relation to the strategic measures.

11.4 The Council raised concerns about how registered pharmacies are currently reported, observing that combining online and bricks-and-mortar pharmacies may mask important trends, particularly given ongoing concerns about the closure of physical pharmacies.

11.5 Roz Gittens (RO) advised that improved data is needed to separate these categories. JB confirmed that work on the pharmacy/PG data project is scheduled as part of phase 2 of My GPhC on the IT road map. Council emphasised the importance of clarity on when this data would become available.

11.6 The Council discussed the increasing complexity created by the changing mix of online and physical pharmacy models and suggested that a broader discussion on access to pharmacy services may be required.

11.7 The Council agreed that having two to three key metrics for each of the three strategic aims would support clearer focus and transparency.

12. Any other business

12.1 The Chair thanked Rima Makarem for her leadership of the Quality and Performance Committee since its establishment, noting that she will be greatly missed and has made a significant contribution to the work of the Council.

General Pharmaceutical Council

Council Action Log and Forward Look – March 2026

	Open and on track
	Overdue
	Rescheduled
	Complete

Status	Minutes	Action	Lead	Update	Due date
Complete	Dec 2025	ARC to discuss strategic risk and highlight top 3–4 risks	ARC	On the agenda for 19 March meeting.	Mar-26
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
Complete	Dec 2025	Commission consultant for gap analysis on regulatory powers	PC	Report completed and discussed by Executive and Council. Next steps identified and being progressed.	Feb-26
Complete	Dec 2025	Produce user-friendly version of Acceptance Criteria and outreach plan	DS	**New GPhC acceptance criteria published on website**.	Feb-26
Complete	Feb 2026	The Fee Decision 2026 deferred to March meeting	JB	On the agenda for the March meeting	Mar 2026

Council forward look

The Council agenda items are those that we currently know about and will be updated at each Council Meeting.

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
14-May-26 (Public meeting and workshop)	• PSA FtP timeliness standard	Year-end review of performance against the PSA's fitness to practise timeliness standard
	• Review of Board of Assessors governance arrangements	To agree revised arrangements for the governance of the Board of Assessors
	• Revised IET Standards for Pharmacy Technicians (TBC)	To agree the revised IET Standards for Pharmacy Technicians
	• Annual Report and Account (ARA) 2025/26	Approval the Annual Report and Accounts
	• Board Assurance Framework report Q4	Provides an overview of key strategic risks, the effectiveness of controls, and the level of assurance to support informed decision-making and governance.
	• Registrant survey final report	Provides the final findings and analysis from the registrant survey.
	• Education function review	To present review findings
	• RP standards and rule and SI standards consultation feedback analysis	To discuss
17-Sep-26 Online	• PSA FtP timeliness standard	To report on progress towards PSA (FtP) Standards
	• PSA annual performance report 2025-2026	delivery of PSA annual review

Meeting	Agenda items	Purpose
	• 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.
	• Standing financial instructions	

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

General Pharmaceutical Council

Strategic Engagement Report: Chair and Executive update

Meeting paper for Council on 26 March 2026

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting in February 2026.

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.

2. Strategic engagement: 19 February 2026 to March 2026

Chair and Executive Engagement

2.1 The Chair chaired a meeting of the Awarding Gap Steering Group which is led by the GPhC and attended by academics and other stakeholders from pharmacy.

2.2 The Chair spoke at the International Women's Day event held by the Nursing and Midwifery Council. The event was titled 'Conversations with Inspiring Leaders for International Women's Day.

2.3 The Chair delivered a keynote speech at the Female Pharmacy Leaders Network 5-year anniversary event, "Give to Gain: 5 Years of Accelerating Female Leadership."

2.4 Our new Chief Executive, Kathie Cashell has had introductory meetings with the Chief Pharmaceutical Officer for Wales, Andrew Evans and the Chief Pharmaceutical Officer for England, David Webb.

2.5 The Chair and Chief Executive have had meetings with two MPs during this period; Taiwo Owatemi MP and Sadik Al-Hassan MP.

2.6 The Chief Pharmacy Officer, Roz Gittins attended and spoke at the Royal College of General Practitioners' Managing Addictions in Primary Care Conference in Liverpool.

2.7 The Chief Enforcement Officer, Dionne Spence attended a meeting of the Chief Executives of Regulatory Bodies which is attended by the Professional Standards Authority (PSA), Representatives from the Department of Health and Social Care and the Health and Social Care Regulators.

2.8 The Chief Standards Officer, Lynsey Cleland attended a meeting of the UK Pharmacy Professional Leadership Advisory Board hosted by the Royal Pharmaceutical Society (RPS).

Scotland

2.9 Our Director for Scotland, Siobhan McGuinness, met with pharmacy stakeholders across Scotland in a forum to discuss the GPhC consultation on draft rules for Responsible Pharmacists and standards for Responsible Pharmacists and Superintendent Pharmacists. This was supported by policy colleagues.

2.10 The Scottish Pharmacist Initial Education and Training group met in March, with discussions focussed on the relevant commissioned work streams from the wider workforce forum.

2.11 Siobhan attended the Qualifications Scotland, previously known as the Scottish Qualifications Authority, pharmacy technician course recognition event in March. Siobhan also represented the GPhC at the Strathclyde University careers fair.

2.12 Siobhan had a meeting with other healthcare regulators to discuss areas of commonality including the upcoming elections and a joint parliamentary stand after the Scottish elections.

2.13 Siobhan has continued to hold regular meetings with key stakeholders in Scotland, including the Chief Pharmaceutical Officer, Community Pharmacy Scotland, NHS Education for Scotland, the PDA, RPS Scotland and Disclosure Scotland.

Wales

2.14 Our Director for Wales, Liam Anstey attended a meeting of the Welsh Pharmaceutical Committee.

3. Forums and engagement events

3.1 Both the Chair and Chief Executive attended our Patient and Public Voice Forum which took place on 18th March. Notes and actions from the meeting will be produced in due course.

4. Future engagement

4.1 Our upcoming activities include:

i. 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.

ii. On 29 April 2026, we will be participating in a joint webinar with BPSA.

iii. Our Pharmacist Forum and Pharmacy Technician Forums will meet in May (dates tbc).

iv. We will be speaking at Clinical Pharmacy Congress in London on 8 May 2026.

v. Our new Chief Executive will continue to have introductory meetings with pharmacy and regulatory leaders and other key stakeholders.

5. Recommendations

Council is asked to note and discuss the update.

Paul Cummins, Chief of Staff

General Pharmaceutical Council

18/03/2026

General Pharmaceutical Council

Consultation proposals on the standards of education and training for internationally-qualified pharmacists

Meeting paper for Council on 26 March 2026

Public Business

Purpose

To provide Council with the consultation proposals for new standards for the education and training of internationally- qualified pharmacists.

Recommendations

The Council is asked to agree the proposals for consultation.

1. Introduction

1.1. As the pharmacy regulator for Great Britain, the GPhC holds a register of pharmacists eligible to practise in England, Scotland and Wales. We set the standards of education, training and experience required to register with us, including the standards that internationally-qualified pharmacists must meet to practise as a pharmacist in Great Britain.

1.2. The focus of these standards is on ensuring a fair and proportionate route to registration for international-qualified pharmacists that equips them with the necessary knowledge and skills to safely and effectively practise as a pharmacist in Great Britain.

1.3. Internationally qualified pharmacists who have qualified outside of the of the European Economic Area (EEA), the European Free Trade Association (EFTA) countries and Switzerland currently need to undertake two years of education and training in Great Britain before they can apply to register with the GPhC. This comprises:

- a one year postgraduate diploma (the Overseas Pharmacists' Assessment Programme known as the OSPAP),
- one year of foundation training, and
- the GPhC's Common Registration Assessment.

1.4. These arrangements have been in place for many years and it is important that the GPhC ensures the route to registration for internationally-qualified pharmacists remains relevant and fit for purpose.

1.5. The *Professional Qualifications Act* (PQA) *2022* places an obligation on regulators to not put unnecessary barriers in the way of internationally-qualified professionals working in the UK. The current route for pharmacists is at least twice as long as most equivalent routes in other countries, and for other regulated healthcare professionals in the Great Britain. In addition, the current route does not enable training programme providers to take account of relevant prior pharmacy education, training and experience, including experience that may have been gained in Great Britain.

1.6. Furthermore, the current education and training standards and learning outcomes were published in 2011 and have not been reviewed since. It is imperative the GPhC ensures the education and training for internationally-qualified pharmacists reflects contemporary pharmacy practice and responds to the changing needs of the healthcare systems across Great Britain.

1.7. Following discussion about potential changes to the existing route to registration for internationally-qualified pharmacists in 2024, Council agreed all internationally-qualified pharmacists should be subject to the same education and training requirements to register and practise as a pharmacist in Great Britain, and that the training should be shortened to no more than one year of both university study and in-practice training followed by the registration assessment.

1.8. Proposals for a revised route to registration for internationally-qualified pharmacists based on the parameters agreed by Council, including the standards education and training providers must meet and the learning outcomes internationally-qualified pharmacist must demonstrate to register as a pharmacist in Great Briain, have been developed for consultation.

1.9. It should be noted that the standards being consulted on refer only to internationally-qualified pharmacists who have qualified outside of the EEA/EFTA countries and Switzerland. There are separate registration arrangements for pharmacists who have qualified in EEA/EFTA countries or Switzerland. There are also separate arrangements in place for internationally-qualified pharmacists who are forcibly displaced or stateless persons.

2. Proposals for consultation

2.1 The proposed new standards for the education and training of internationally-qualified pharmacists and the supporting consultation document can be found in the appendix to this paper.

2.2 The key changes being consulted on are:

- Replace the current 2-year model of OSPAP postgraduate diploma and foundation training year with a single year of integrated academic learning and learning in practice in the form of a postgraduate diploma (or equivalent) that is focused on pharmacy practice in Great Britain

- Align the standards for internationally-qualified pharmacists with the 2021 *Standards for the Initial Education and Training of Pharmacists*, including independent prescribing, but with a specific orientation towards the needs of pharmacists who did not initially train in Great Britain.

- Enable recognition of relevant prior learning and experience.

2.3 It is proposed that the GPhC will retain its role in verifying the eligibility of internationally-qualified pharmacists to apply to undertake the post-graduate diploma. It is also proposed that after completing their training, all internationally-qualified pharmacists will continue to be required to sit and pass the GPhC's Common Registration Assessment.

2.4 Entry to training will be by direct application to a university. All aspects of the post-graduate diploma will be designed, managed and run by a university, including learning in practice. This means it will be governed by established university procedures, regulations and practices, including student/trainee support and access to university services, resources, accommodation and financial advice.

2.5 Universities will be responsible for arranging and managing periods of learning in practice. Universities already have established mechanisms and structures in place to deliver practice training placements for MPharm students, Independent Pharmacist Prescriber students and students on other programmes with practical components. What is being proposed for internationally-qualified pharmacists is an expansion of these established mechanisms. Integrating learning in practice into the postgraduate diploma rather than having a separate foundation training year will also reduce pressure on the availability of foundation year training placements across Great Britain.

2.6 It is proposed that University providers delivering the programmes can evaluate and recognise an individual's prior learning and/or experience and modify their education and training requirements in accordance with established procedures for the recognition of prior learning and experience. This could include not just recognition of formal qualifications, but also relevant experience that an applicant may have gained in Great Britain. The recognition of prior learning and experience would need to be done in a consistent way and within clear parameters to ensure all the outcomes in the new standards are met and internationally-qualified pharmacists are adequately prepared for pharmacy practice in Great Britain. Parameters for recognising prior learning and experience have been defined in the *Admissions* standard and it is proposed that the GPhC would issue further guidance for programme providers to ensure consistency of approach.

2.7 The new standards and learning outcomes for the education and training of internationally qualified pharmacists are based on the GPhC's 2021 *Standards for the Initial Education and Training of Pharmacists*, with a specific orientation towards the needs of pharmacists who did not train in Great Britain. As part of the development work, we have undertaken extensive mapping of the standards and learning outcomes issued by regulators in other countries. In some countries the education and training requirements are very similar to that of pharmacists in Great Britain and in others there are more significant differences, but there is a consistent focus on the underpinning pharmaceutical science. Taking account of this mapping, it has been identified that some of the learning outcomes from the 2021 standards are not relevant to the education and training of internationally-qualified pharmacists, for example, because they relate to knowledge already covered in initial training. These learning outcomes have not been included in the consultation proposals.

2.8 The standards and learning outcomes for consultation include independent prescribing training. This will enable internationally-qualified pharmacists to be independent prescribers from the point of registration in line with pharmacists trained in Great Britain. It is proposed that the minimum number of practical hours dedicated to independent prescribing will be the same as for existing free-standing post-registration independent prescribing qualifications and will be embedded in the learning in practice components of programmes. Internationally-qualified pharmacists are already pharmacists with associated underpinning knowledge and experience. In some cases, this includes experience of prescribing medicines all be it within a

different context and parameters to Great Britan. Taking this into account, we believe that including independent prescribing in the revised programme is realistic and achievable.

3. Alternative options considered when developing the consultation proposals

3.1 In developing the consultation proposals, we considered alternative routes to registration for internationally-qualified healthcare professionals and explored the relative advantages and disadvantages of each.

3.2 Alternative explored included:

- *Examination only*: There are examination-only conversion routes in healthcare and elsewhere that effectively assess (applied) knowledge. However, by their very nature, written examinations cannot assess the communication and inter-personal skills essential to person-centred care. Where passing an examination is the sole requirement, there is also a risk a person might be registered without ever having worked in a pharmacy in Great Britain, which we do not believe to be in patients of public interest.

- *A period in practice*: In some countries a mentored period in practice is required. There are benefits in contextual immersion, but tutor/mentor-only assessments have been shown to be unreliable. In addition, this route does not provide individuals with underpinning knowledge of the principles and legal framework of pharmacy practice in Great Britain before they commence their training in a pharmacy.

3.3 We have considered carefully these other assessment approaches but have concluded that the combination of structured integrated learning in practice, academic study, and a standardised exam is the most appropriate approach for meeting the education and training needs of internationally-qualified pharmacists and ensuring they have the necessary knowledge and skills to register and safely practise as a pharmacist in Great Britain.

4. Next steps

4.1 Subject to Council's approval of the consultation proposals, a 12-week consultation will be launched in April 2026. The consultation will be supported by communication and engagement with a range of stakeholders including education and training providers, students, internationally qualified pharmacists and their representative bodies, employers, patient representative bodes and other people with an interest in this area. A communications plan is being developed to support this.

4.2 Once the consultation period ends, we will analyse the responses received and consider any changes that are needed, with a view to bringing the finalised standards to Council for approval by December 2026.

4.2 Once the new standards are published providers will need time to develop new education and training programmes and these will need to be accredited by us. Therefore, the earliest we expect new programmes to be run for the first time is the 2028-2029 academic year

4.3 As a transitional measure, we have advised current OSPAP providers that they may accept applications for entry to existing programmes in 2026 and 2027 and confirmed with NHS England that students in those

cohorts will be eligible to apply for entry to the Foundation Training Year. The foundation training application process for OSPAP students is managed by NHS England on behalf of the statutory education bodies (SEB) in each nation and to date all OSPAP students have undertaken their foundation training in England.

4.4 Detailed transitional planning arrangements will be developed in advance of the new standards being finalised and we will work closely with programme providers and other stakeholders to support their implementation.

5. Equality and diversity implications

5.1 It is imperative that the route to registration for internationally-qualified pharmacists is fair and equitable. A detailed equality screening impact assessment has been undertaken to inform the development of the revised proposals and is included in the appendix.

5.2 The proposals are based on a common set of standards and learning outcomes. Any recognition of prior learning and experience by programme providers will be considered on a case-by-case basis and will be focused on the individual's education, training and experience using established university procedures to enable the training to be fairly and transparently adapted to their individual experience and needs.

5.3 The proposed revised route is shorter and more flexible than existing requirements. It is hoped this will broaden the diversity of profile of the applicants, making it more attractive to internationally qualified pharmacists who may have been deterred by the current two-year route.

6 Communications

6.1 The development of the consultation proposals has been supported and informed by comprehensive engagement with a range of stakeholders including current OSPAP providers, Statutory Education Bodies, the Chief Pharmaceutical Officers (or their deputies), the British Pharmaceutical Students Association, UK Black Pharmacists Association and community and hospital OSPAP placement providers.

6.2 A task and finish group of key stakeholders with relevant subject matter expertise was also formed to support the drafting of the new standards and learning outcomes.

6.3 The proposals will be subject to a full public consultation, and a detailed communication strategy is being developed to support this workstream through to implementation of the new standards.

7 Resource implications

7.1 The GPHC staff resource to develop and implement a revised route to registration for internationally-qualified pharmacists will be managed within existing budgets. Implementing a new route will require systems development within the GPhC, which will be discussed and planned with IT and Customer Services colleagues at an early stage.

7.2 The accreditation of new programmes will need to be planned into the accreditation workplan once new standards and learning outcomes are agreed. A fees policy for accreditation of the new courses will also be agreed.

7.3 The cost of developing and implementing the programmes will be a matter for universities, as is the case with other education and training courses and it will for universities to determine course fees. Individuals will not receive a salary when completing the post-graduate diploma, but by shortening the overall education and

training period from two years to one (or less), successful graduates will be able to register and enter the job market a year earlier.

8 Risk implications

8.1 Failure to review the and update the current route to registration for internationally-qualified pharmacists present several reputational and operational delivery risks for the GPhC.

8.2 The GPhC needs to provide a fair, proportionate route to registration for internationally-qualified pharmacists that protects patient safety and maintains public confidence. There is a risk that the current standards and learning outcomes are not reflective of current pharmacy practice in Great Britain and may not provide the necessary knowledge and internationally-qualified pharmacists require in the long term.

8.3 In addition, the current route requires internationally-qualified pharmacists to undertake a foundation training year that is overseen by an accredited Statutory Education Body (SEB). NHS England (the SEB in England) currently provides funded foundation training year placements for OSPAP students, but there is increasing pressure on the number of training places available across Great Britain for MPharm students graduating from GB universities. Foundation training year placement provision is a wider challenge that is not specific to the current arrangements for internationally-qualified pharmacists, but there is no guarantee that the other SEBs will continue to be able provide foundation training years placements for OSPAP students in the long term. The proposals for consultation take account of this by integrating learning in practice with the post-graduate diploma qualification.

8.4 The GPhC also has an obligation under the *Professional Qualifications Act* (PQA) *2022* to not put unnecessary barriers in the way of internationally-qualified professionals working in the UK. The current route is at least twice as long as most equivalent routes in other countries, and for other regulated healthcare professionals in the Great Britain. In addition, the current route does not enable training programme providers to take account of relevant prior pharmacy education, training and experience, including experience that may have been gained in Great Britain.

8.5 While the proposed revised route will reduce the overall length of training from the to one year, enabling internationally-qualified pharmacists to register working as a pharmacist in Great Britain more quickly, there is a risk that universities will not wish to offer the new programme based on cost and financial viability, or that course fees may be prohibitive for prospective students. This is a key area on which we have sought, and will continue to seek, views.

8.6 Once the revised route is agreed and an implementation date for the new programmes is announced it is possible that some applicants will withdraw from the current two-year route and apply for the new shorter option later. Whether they choose to do so is a personal matter, taking account of the benefits/risks and opportunity costs as they perceive them, but there is a risk that this could result in demand for the new programmes initially exceeding availability.

8.7 All the risks identified are currently outside of risk appetite and will require management. This review seeks to mitigate the existing risks detailed in 8.1-8.4. With regard to the risks associated with the implementation of new arrangements for the education and training of internationally-qualified pharmacists, we will carefully consider the consultation feedback and work with stakeholders to mitigate associated risks as part of implementation plans. We will be actively monitoring these risks as the work progresses.

9 Monitoring and review

9.1 Progress with these proposals will be monitored through established quarterly assurance reporting, with regular progress updates provided to QPAC and Council.

9.2 Training programmes meeting the new standards will be accredited by the GPhC and will be monitored and reviewed formally through established accreditation processes.

Recommendations

The Council is asked to agree the proposals for consultation.

Lynsey Cleland, Chief Standards Officer and Deputy Registrar

Damian Day, Head of Education

11 March 2026

General Pharmaceutical Council

Consultation on draft standards for the education and training of internationally-qualified pharmacists wanting to register in Great Britain

XXXX 2026

About the GPhC

Who we are

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

What we do

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

- setting standards for pharmacy professionals and pharmacies to enter and remain on our register
- asking pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies
- acting to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register

Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Overview

Introduction

The GPhC's **Vision 2030** is for *safe and effective pharmacy care at the heart of healthier communities.* We want to empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care. A vital part of this is setting and maintaining the standard for education and training needed to register and practice as a pharmacist or pharmacy technician in Great Britain.

We are reviewing the route to registration for internationally qualified pharmacists who have qualified outside of the European Economic Area (EEA), the European Free Trade Association (EFTA) countries and Switzerland, including the standards education and training providers must meet and the learning outcomes internationally-qualified pharmacists must demonstrate in order to register as a pharmacist in Great Britain.

Currently internationally-qualified pharmacists need to undertake two years of education and training in GB before they can apply to register with the GPhC. This comprises:

- a one-year postgraduate diploma (the Overseas Pharmacists' Assessment Programme known as the OSPAP)
- one year of foundation training, and
- the GPhC's Common Registration Assessment

While these arrangements have served the profession for many years, this review provides an opportunity to ensure the route to registration remains fit for purpose and enables internationally-qualified pharmacists to demonstrate they have the necessary knowledge and skills to register and practise as a pharmacist in Great Britain.

The *Professional Qualifications Act* (PQA) *2022* places an obligation on regulators to not put unnecessary barriers in the way of internationally-qualified professionals working in the UK. The current route is at least twice as long as most equivalent routes in other countries, and for other regulated healthcare professionals in the Great Britain. In addition, the current route does not enable providers to take account of relevant prior pharmacy education, training and experience, including experience that may have been gained in Great Britain.

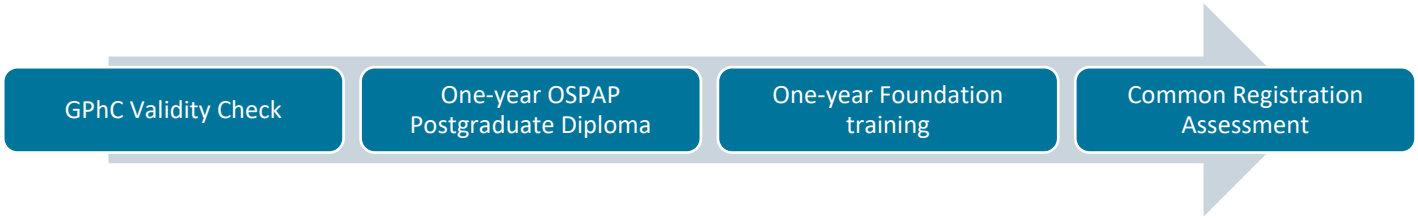
This review also allows us to ensure the education and training for internationally-qualified pharmacists continues to reflect contemporary pharmacy practice and respond to the changing needs of the healthcare systems across Great Britain.

The proposals in this consultation refer only to internationally-qualified pharmacists who have qualified outside of the EEA/EFTA countries and Switzerland - there are separate registration arrangements for pharmacists who have qualified in EEA/EFTA countries or Switzerland. There are also separate arrangements in place for internationally-qualified pharmacists who are forcibly displaced or stateless persons.

Further information about registering as a pharmacist in Great Britain can be found **here**.

The current route to registration in Great Britain for internationally-qualified pharmacists

The current route involves four stages, which are:



Stage 1 – Validity check

In advance of making an application to study for the OSPAP, an applicant's validity is evaluated by the GPhC. The GPhC checks the validity of an applicant's primary pharmacy qualification, their (good) standing with their primary regulator, and their fitness to practise - as evidenced through regulatory checks and/or police checks or similar. There is a fee for this service.

Stage 2 - OSPAP postgraduate diploma

OSPAP postgraduate diplomas are funded by student fees set by providers. These fees vary between providers.

There are currently four GPhC-accredited providers, all based in England. They are Aston University (Birmingham), University of Brighton, University of Hertfordshire (Hatfield) and the University of Sunderland. In steady state, there are approximately 400 OSPAP students per annum across the four providers.

Applications are received from pharmacists from a range of countries and an OSPAP cohort can comprise 10 or more nationalities. The countries represented most frequently are pharmacists from India, Pakistan, Nigeria and Egypt, which, collectively, can account for 50% of a cohort.

As well as having trained internationally, at least a third of students in a cohort have been resident in Great Britain before beginning their training and may have worked in a pharmacy support staff role and have completed relevant GPhC-accredited support staff training programmes. This key point has informed our thinking as we have developed our proposals.

Approximately 50% of OSPAP students live in the same geographical area as the university campus at which they are studying, while 50% are commuting students who live further afield.

Although not directly relevant to eligibility to study on a programme for internationally-qualified pharmacists, some applicants hold not only a primary pharmacy qualification from their country of establishment, but also have master's degrees and doctorates in (clinical) pharmacy/pharmaceutical science, some of which have been gained in GB.

Stage 3 – GB Foundation training year

Access to GB foundation training is via national application systems operated by the statutory education bodies (SEBS). SEBs are accredited by the GPhC to quality manage the foundation training year. Trainees are paid a salary, and pharmacies receive a fee for hosting training places. Currently all OSPAP students apply for foundation training year in England.

Stage 4 – Common Registration Assessment

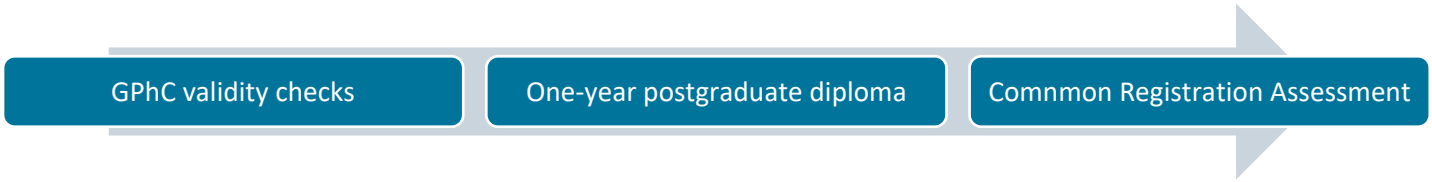
In common with trainee pharmacists who have undertaken their undergraduate degree and foundation year training in Great Britain, all OSPAP trainees must sit and pass the Common Registration Assessment before being able to apply to register with the GPhC.

The proposed revised route

The key changes to the route to registration being consulted on are to:

- retain the validity assessment by the GPhC
- replace the two-year model detailed above (OSPAP postgraduate diploma and foundation training year) with a single year of integrated academic learning and learning in practice in the form of a postgraduate diploma (or equivalent) that is focused on pharmacy practice in Great Britain
- align with the 2021 initial education and training standards for pharmacists in Great Britain by embedding independent prescribing
- enable recognition of relevant prior learning and professional experience
- retain the requirement to sit and pass the Common Registration Assessment

That is:



It is proposed that the GPhC will retain its role in verifying the eligibility of internationally-qualified pharmacists to apply to undertake the programme. We already have expertise in this area and offering a single verification service for applications to all programme providers provides an economy of scale as well as consistency. After verification, and to ensure currency, it is proposed that an applicant must begin their programme within two years - this is consistent with current requirement.

The programme will involve a year post-graduate diploma of integrated academic learning and learning in practice. Its integrated nature is a key justification for shortening the training from two years to one, as it allows the immediate application of knowledge and removes the risk of duplication of learning.

It is proposed that the programme will be based on the learning outcomes in the GPhC's 2021 *Standards for the Initial Education and Training for Pharmacists*, including independent prescribing, but with a specific orientation towards the needs of pharmacists who did not initially train in Great Britain. This will be drawn out in curriculum design.

Entry to training will be by direct application to a university. All aspects of the programme will be designed, managed and run by a university, including learning in practice. This means it will be governed by established university procedures, regulations and practices, including student/trainee support and access to university services, resources, accommodation and financial advice.

Universities will be responsible for arranging and managing periods of learning in practice. Universities already have established mechanisms and structures in place to deliver practice training placements for MPharm students, Independent Pharmacist Prescriber students and students on other programmes with practical components. What is being proposed for internationally qualified pharmacists is an expansion of these established mechanisms.

It is proposed that providers delivering the programmes are able to evaluate and recognise an individual's prior learning and/or experience and modify their education and training requirements in accordance with established procedures for the recognition of prior learning and experience. This could include not just recognition of formal qualifications, but also relevant experience that an applicant may have gained in Great Britain.

After completing the programme, all internationally-qualified pharmacists will be required to sit and pass the GPhC's Common Registration Assessment for parity with pharmacists trained in Great Britain.

Options considered when developing the proposals

In developing the proposals, we considered various models used elsewhere and explored the relative advantages and disadvantages of each, including:

1. *Examination only*: There are examination-only conversion routes in healthcare and elsewhere that effectively assess (applied) knowledge. However, by their very nature, written examinations cannot assess the communication and inter-personal skills, essential to person-centred care. Where passing an examination is the sole requirement, there is also a risk a person might be registered without ever having worked in a pharmacy in Great Britain, which we do not believe to be in patient or public interest.
2. *A period in practice*: In some countries a mentored period in practice is required. There are benefits in contextual immersion, but tutor/mentor-only assessments have been shown to be unreliable[1]. In addition, this route does not provide individuals with underpinning knowledge of the principles and legal framework of pharmacy practice in Great Britain before they commence their training in a pharmacy.

We have considered carefully these other assessment approaches but have concluded that the combination of structured integrated learning in practice, academic study, and a standardised exam is the most appropriate approach for meeting the education and training needs of internationally-qualified pharmacists and ensuring they have the necessary knowledge and skills to register and safely practise as a pharmacist in Great Britain.

[1] After 147 years, the Royal Pharmaceutical Society of Great Britain suspended its national examination for 13 years between 1980 and 1993 but reinstated it for precisely that reason.

Our proposals

Standards and Learning Outcomes

The proposed programme will be based on new *Standards for the Education and Training of Internationally-Qualified Pharmacists*.

The Standards will be in two parts:

- Part 1: Learning outcomes – includes the knowledge, skills, understanding and professional behaviours an internationally-qualified pharmacist must demonstrate by the end of their programme
- Part 2: Standards for programme providers – sets out the key features of the programme through which the learning outcomes in part 1 of the standards are delivered.

The draft standards are presented in Appendix 1.

Length of study

As mentioned in the introduction, the current route to registration as a pharmacist in Great Britain for internationally-qualified pharmacists takes a minimum of two years. We are proposing to reduce the length of training to one year, to bring it in line with international norms.

The current route is expensive, in both time and money. It is also inflexible, particularly for those with substantial prior experience.

In designing new a route, we have taken into account that applicants are already qualified pharmacists with relevant science and pharmaceutical skills and knowledge. Therefore, the emphasis in the new programme is on applied practice knowledge in the context of pharmacy practice in Great Britain.

Recognising relevant prior experience

Applicants to programmes will be pharmacists, with pharmaceutical skills and knowledge. We know from analyses we have undertaken of standards and learning outcomes issued by national regulators in other countries that, in some cases, the education and training is extremely similar to that of pharmacists in Great Britain, with the exception of specific national laws and differences in the context in which healthcare is delivered. In other cases, however, there can be significant, fundamental differences, especially where the predominant emphasis of initial education and training is on science rather than patient-based practice.

We are proposing that similar education and training should be taken into account as part of the application process for the programme, but that it should be done within clear parameters. We are also proposing relevant experience that an individual may have gained in Great Britain, such as working in a pharmacy support staff role should be recognised. The proposed parameters for recognising prior learning and experience are laid out in the Admissions standard in Appendix 1. We are proposing that programme providers can shorten the period of education and training so long as all the outcomes in the new standards can be met.

We propose to issue guidance for programme providers on shortening the period of education and training, including which learning outcomes need to be prioritised, to ensure consistency of approach and make sure internationally-qualified pharmacists are adequately prepared for pharmacy practice in Great Britain.

Independent prescribing

Independent prescribing is now included in the initial education and training of pharmacists in Great Britain. Pharmacists joining the GPhC register from the summer of 2026, who trained to the 2021 initial education and training standards, will be independent prescribers from the point of registration.

The current route to registration for internationally-qualified pharmacists does not include independent prescribing training, but the revised proposals do, to align internationally-qualified pharmacists with pharmacists trained in Great Britain.

It is proposed that the minimum number of practical hours dedicated to independent prescribing will be the same as for existing free-standing post-registration independent prescribing qualifications and will be embedded in the practical components of programmes.

Internationally-qualified pharmacists are already pharmacists and bring with them a verifiable pharmaceutical skills set. In some cases, this includes experience of prescribing medicines, all be it within a different context and parameters to Great Britain. Taking this into account, we believe that including independent prescribing in the revised programme is realistic and achievable. Additionally, doing so means that internationally-qualified pharmacists are not disadvantaged on initial registration and are able to provide the same services and care as pharmacists who have trained in Great Britain.

Flexibility in programme provision

As students, internationally-qualified pharmacists are adult learners with specific needs. They may be based in established family or other social communities, have parenting or caring commitments and associated financial pressures. We recognise that current OSPAP providers have sought to provide flexible programme delivery that takes account of learner needs - for example, OSPAP programmes are not five-day-a-week residential programmes. Only 50% of OSPAP students live in the immediate vicinity of the university they are studying at, and many are spending a significant amount of time travelling to and from campus. The revised proposals therefore encourage providers to design programmes that are as flexible as possible to support individuals who may struggle with extended periods of campus study.

Cost

The aim of this consultation is to set appropriate standards for the education and training of internationally qualified pharmacists who want to register and practice as a pharmacist in Great Britain. We have a statutory duty to protect the public and must ensure internationally qualified pharmacists have the necessary knowledge and skills to register and safely practise as a pharmacist in Great Britain. We also have a duty to ensure our regulatory requirements are fair and proportionate.

Under the current route, internationally-qualified pharmacists pay a fee to have their eligibility assessed by the GPhC, pay a fee for their OSPAP, receive a salary in their foundation training year and pay a fee to sit the Common Registration Assessment.

If the new proposals are implemented the GPhC validity assessment and Common Registration Assessment fees will be retained. There will also be a fee for undertaking the programme, including the cost of training in practice. The fee will be set by programme providers.

Individuals will not receive a salary when completing their programme, but by shortening the overall education and training period from two years to one (or less), successful graduates will be able to register and enter the job market a year earlier.

Transitional arrangements

The implementation of the new standards and learning outcomes will be subject to the outcomes of this consultation. Once the consultation period ends, we will analyse the responses we receive and consider any changes that are needed. Once the new standards are agreed by the GPhC's Council, providers will need time to develop new education and training programmes, and these will need to be accredited by us. Therefore, the earliest we expect new programmes to be run for the first time is the 2028-2029 academic year.

As a transitional measure, OSPAP providers may accept applications for entry to existing programmes in 2026 and 2027 and students in those cohorts will be eligible to apply for entry to the Foundation Training Year.

To date all OSPAP students have undertaken their foundation training in England. The foundation training application process for OSPAP students is managed by NHS England on behalf of the statutory education bodies (SEB) in each nation. NHS England will determine how long they will continue to offer Foundation training for the 2026 and 2027-entry OSPAP cohorts but will do so up to and including the 2028-entry Foundation training year.

From 2028, it is proposed that learning in practice will be integrated into programmes for internationally-qualified pharmacist which means that a separate application for Foundation training will not be necessary.

This transitional arrangement does not affect students who trained in Great Britain, who will continue to apply for Foundation training through established SEB processes.

All internationally-qualified pharmacists will sit the Common Registration Assessment irrespective of the training route they undertake.

The consultation process

The consultation will run for 12 weeks and will close in XXXX. During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholders, including providers, pharmacy professionals, pharmacy owners, patient representative bodies and other people and organisations with an interest in this area.

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

Our report on this consultation

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

Our governing Council will receive the analysis and will consider the responses and the equality screening and impact assessment when approving the final standards for the education and training of internationally qualified pharmacists.

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

Why we consult

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

Responding to the consultation

How we use your information

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

How we share your information

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

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

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

Your rights

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

How to respond

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

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

Other formats

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

Comments on the consultation process itself

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

feedback@pharmacyregulation.org

or post them to us at:

Governance team
General Pharmaceutical Council
Level 14, One Cabot Square
London
E14 4QJ

Please do not send consultation responses to this address.

Consultation Questions

We have set out our main proposals in this document and we welcome comments on them.

In particular, we seek views on:

1. The length of training we are proposing
2. Using the recognition of prior learning to take account of relevant experience
3. The inclusion of independent prescribing
4. The learning outcomes set
5. Standards and criteria
6. Equality and impact

1. The length of training we are proposing

Currently, the route to registration as a pharmacist in Great Britain for internationally-qualified pharmacists involves a one-year postgraduate diploma (OSPAP); 52 weeks of foundation training; and passing the Common Registration Assessment. This takes a minimum of two years which is at least twice as long as equivalent conversion routes used elsewhere.

We are proposing to reduce the length of training to a one-year post-graduate diploma comprising integrated university study and practice-based learning, that is focused on the learning needs of pharmacists who have not trained in Great Britain. Candidates will still need to sit and pass the Common Registration Assessment. This length of training is in line with equivalent conversion routes in other countries.

1.1 Should we reduce the length of training for internationally-qualified pharmacists wishing to register in Great Britain from two years to one year?

Yes
No
Don't know

1.2 Please explain your answer:

Please consider potential benefits and challenges in your answer.

2. Using the recognition of prior learning to take account of relevant experience

Recognising prior learning is the formal evaluation of prior knowledge and skills to grant individuals exemption from parts of a programme to reduce the length of study. It can be used to verify that parts of a programme have been covered by prior experience. This may be the case where the education and experience of an applicant is demonstrably recent, relevant and similar to that in Great Britain.

We propose that prior relevant education and training should be recognised within the admissions process, provided this is done using clear and consistent criteria. These criteria are set out in the Admissions Standard in Appendix 1. Programme providers would be able to shorten the period of education and training where appropriate, as long as all outcomes in the new standards are still met. We plan to produce further guidance to support a consistent approach to this.

2.1 Should the GPhC allow providers to recognise prior learning and experience to shorten the period of education and training for internationally-qualified pharmacists where equivalence can be verified?

Yes
No
Don't know

2.2 Please explain your answer.

2.3 The GPhC is proposing criteria for recognising prior learning and experience so it can be applied consistently and fairly. The criteria are:

i. Providers may recognise applicants' prior learning and experience as part of the application process for their programme. This may result in a reduction in either university study and/or learning in practice.

ii. Irrespective of any reduction granted, all learning outcomes must be met.

iii. Acceptable evidence includes:

either

(a) a qualification based on national pharmacist education standards and learning outcomes which has been verified by the GPhC as having equivalency to its requirements. (Verifications will be made available to all programme providers)

or

(b) where, in addition to an international pharmacist qualification validated by the GPhC (see the Precondition above), an applicant has a minimum of two years' full-time experience of working in a community or hospital pharmacy in Great Britain. Equivalent part-time experience is acceptable.

iv. Where (b) applies:

a. Employment must be in a recognised pharmacy support staff role and applicants must have taken and passed support staff programmes relevant to their role accredited or recognised by the GPhC.
b. Relevant support staff roles and qualifications must be patient-facing, including medicine counter assistants, pharmacy support staff diplomas, pharmacy healthcare assistants, pharmacy services assistant (apprenticeship) and Scottish Pharmacy Services SVQs.
c. Evidence of employment and GPhC-accredited or recognised education and training will be required and must be verified by programme providers.

d. *Working as a pharmacy technician in GB, and being registered as such with the GPhC, may be considered for equivalency. The role must be patient-facing. Working as a pharmacy technician outside of GB is not acceptable because it lacks the GB context, which is the essence of this proposal*
e. *Unpaid or unverifiable work cannot be accepted.*
f. *Working in a pharmacy technician role in GB but not being registered with the GPhC will not be accepted, because it is illegal.*

To what extent do you agree or disagree with the proposed criteria for recognising prior learning and experience?

Strongly Agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Don't know

2.4 Please explain your answer

3. The inclusion of Independent Prescribing

From 2026, pharmacists who trained to the 2021 initial education and training standards for pharmacists will be independent prescribers from the point of registration.

The current route to registration for internationally-qualified pharmacists does not include independent prescribing training and they have to complete an additional free standing Independent Prescribing programme once registered.

We are proposing the inclusion of independent prescribing in the new training programme for internationally-qualified pharmacists to align them with pharmacists trained in Great Britain on initial application to the register.

3.1 Should independent prescribing be integrated into the new training programme for internationally qualified pharmacists?

Yes
No
Don't know

3.2 Please explain your answer

4. The learning outcomes set

Our proposal includes a set of learning outcomes focussed on the needs of internationally-qualified pharmacists. They are based on our 2021 learning outcomes for the initial education and training of

pharmacists in Great Britain to ensure consistent standards of knowledge, skills and experience at the point of initial registration.

4.1 To what extent do you agree or disagree that the proposed new learning outcomes are the right ones for internationally-qualified pharmacists wishing to register in Great Britain?

Strongly Agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Don't know

4.2 Are there any learning outcomes missing?

Yes
No
Don't know

4.3 Please explain your answers to the two questions above, making reference to specific learning outcomes where relevant

5. The standards and criteria

The standards and criteria describe the requirements for providers of programmes.

5.1 To what extent do you agree or disagree that the proposed new standards and criteria for programme providers are the right ones for quality assuring the education and training of internationally-qualified pharmacists?

Strongly Agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Don't know

5.2 Are there any standards/criteria missing?

Yes
No
Don't know

5.3 Please explain your answers to the above two questions, making reference to specific standards/criteria where relevant.

6. Equality and impact

6.1 We want to understand whether our proposals will have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

Protected characteristic	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion					
Sex					
Sexual orientation					

6.2 We also want to know if our proposals will have a positive or negative impact on pharmacy staff, pharmacy owners, internationally-qualified pharmacist students, and patients and the public. Do you think our proposals will have a positive or negative impact on each of these groups?

Protected characteristic	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Pharmacy staff					
Pharmacy owners					
Internationally-qualified pharmacist students					
Patients and the public					

7. Please give your comments explaining your answer to the two impact questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.

Receiving updates

We would like to email you to update you on the progress of this consultation as well as about the other work of the GPhC. Please tell us below if you would like to be contacted in the future.

- [ ] I would like to be contacted with updates on the consultation on draft standards for the education and training of internationally-qualified pharmacists
- [ ] I would like to be contacted with news and information about other consultations from the GPhC

Please give us an email address for updates and communications from the GPhC.

Important: you can unsubscribe from our mailing list at any time by clicking on the 'unsubscribe' option within the email.

Appendix 1

Consultation on draft standards for the education and training of internationally-qualified pharmacists wanting to register in Great Britain

About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacies in England, Scotland and Wales.

The GPhC sets standards for pharmacy education and training, and accredits programmes in England, Scotland and Wales. It accredits education and training programmes jointly in Northern Ireland with the Pharmaceutical Society NI ('the Society') and shares education standards with them.

Introduction

Internationally-qualified pharmacists

These standards and learning outcomes define the education and training required for internationally-qualified pharmacists wishing to register as a pharmacist in Great Britain (GB). 'Internationally-qualified' means those pharmacists whose primary pharmacy qualification (PPQ) was awarded outside the United Kingdom, the European Economic Area (EEA), the European Free Trade Association (EFTA) or Switzerland.

These standards recognise that students will be registered or eligible to register as pharmacists in their country of establishment, where they studied originally and qualification awarded, bringing with them the knowledge and skills used in that context. The purpose of these standards and learning outcomes is to build on that professional base and orientate internationally-qualified pharmacists to practice in GB.

These standards and learning outcomes are based on the GPhC's *Standards for the Initial Education and Training of Pharmacists in Great Britain* (2021).

Pharmacists in Great Britain

In GB, pharmacists are experts in medicines and play a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing.

These standards set out the knowledge, skills, understanding and professional behaviours an internationally-qualified pharmacist must demonstrate to join the register in GB. The standards also set out our requirements for organisations providing the education and training programme.

These standards are designed to produce adaptable pharmacists who will be:

- confident about and capable of operating in multi-professional teams across a variety of healthcare settings to meet diverse and changing patient needs
- dedicated to person-centred care, and
- proficient independent prescribers.

Supporting these standards are the GPhC's *Standards for Pharmacy Professionals* (2017), which are the professional standards internationally-qualified pharmacists must meet when they join the register.

Independent Prescribing

As has been discussed above, internationally-qualified pharmacist are pharmacists in their own right and have worked as such. As practitioners they should be able to adapt to the GB context and, as part of an accredited programme, will be trained as independent prescribers. On graduation they will be eligible to be annotated as independent prescribers.

Accreditation

To be eligible for registration and annotation, this programme must be **accredited by the GPhC**.

The Structure of Education and Training

The programme will have a focus on pharmacy practice in GB, preparing internationally-qualified pharmacists to practise there. It will be a one academic year programme managed and delivered by a university, in collaboration with practice partners. The programme will comprise 50% academic study delivered by a university and 50% delivered in practice - that is 20 weeks of each.

As well as passing the programme, students must pass the GPhC's Common Registration Assessment to be eligible for registration. This is to ensure parity with GB-qualified students.

In circumstances described below, a provider may shorten the length of time required to complete the programme, if strong equivalency can be demonstrated between GB requirements and an applicant's primary pharmacy qualification and/or if they have significant experience of pharmacy in a GB context. This decision will be made by programme providers, within the parameters in the Standards.

The programme must be delivered at Master's level (Level 7 in England and Wales and Level 11 in Scotland).

The Structure of the Standards and Learning Outcomes

The standards for the programme are in two parts.

Part 1: Learning outcomes – these describe what students must be able to demonstrate when they successfully complete their programme. The learning outcomes are presented in four domains:

- person-centred care and collaboration
- professional practice

- leadership and management, and
- education and research

These four domains must cover:

- The GB healthcare context
- GB pharmacy practice
- GB Law and Ethics, and
- Pharmacist independent prescribing in GB

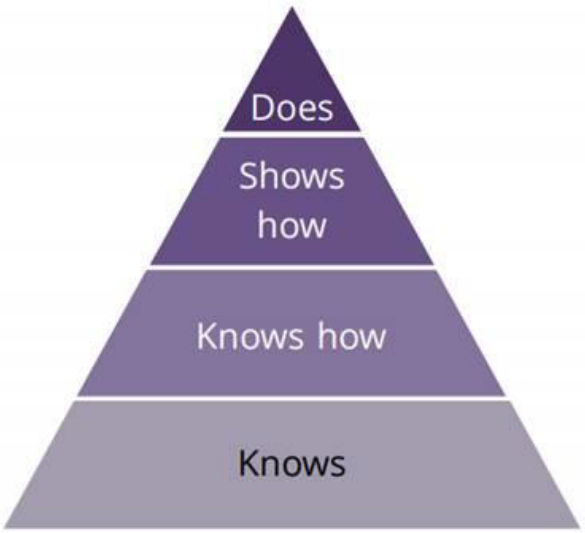
Part 2: Standards for all organisations involved – these describe the requirements for anyone providing education and training programmes.

Part 1: Learning outcomes

Standard: On successful completion of their programme, internationally-qualified pharmacists will have achieved the learning outcomes in these standards to the required level of competence.

Describing and assessing outcomes

The outcome levels in this standard are based on an established competence and assessment hierarchy - Miller's triangle:



Because what is being assessed at each of the four levels is different, the assessment methods needed are different too – although there will be some overlap.

Level 1 – Knows

Has knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and multiple-choice question examinations (MCQs).

Level 2 – Knows how

Knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs and laboratory books.

Level 3 – Shows how

Can demonstrate that they can perform in a simulated environment or in real life. Assessments may include objective structured clinical examinations (OSCEs) and other observed assessments; simulated patient assessments; designing, carrying out and reporting an experiment; dispensing tests and taking a patient history.

Level 4 – Does

Can act independently and consistently in a complex but defined situation. Evidence for this level is provided when a student demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably. Assessments may include OSCEs or other observed assessments.

Domains of study

The learning outcomes are presented in four domains:

- person-centred care and collaboration
- professional practice
- leadership and management, and
- education and research

All domains and learning outcomes are of equal importance.

To achieve them, curricula, teaching and learning strategies, and learning in practice plans to deliver these learning outcomes will:

- focus on the role of the pharmacist as a healthcare professional in GB
- provide experiential learning and inter-professional learning in GB
- provide opportunities to engage with people and other health and care professionals
- build the requirement of patient and public safety into all aspects of the design and delivery of education and training
- provide a period of learning in practice specifically related to prescribing of at least 90 hours of supervised practice. This will consolidate students' learning and allow them to achieve independent prescribing annotation once they have completed their programme.
- The skills and attributes required by a prescriber are part of the learning outcomes in both domains.

The learning outcomes are set within the GB context, and this must be reflected in their delivery. Internationally-qualified pharmacists will have completed a pharmacy degree, but they may not be familiar with GB-specific practice. Programme providers should therefore ensure that the GB context is made explicit and emphasised consistently throughout the programme.

Note: The numbering of learning outcomes is mainly but not completely continuous – this is to align numbering across standards. In this set of outcomes some that are present in the GPhC's 2021 are not present here because they will have been covered in primary pharmacy qualifications awarded internationally.

Domain: Person-centred care and collaboration

In order to pass, students must be able to demonstrate the following:

Learning outcome		Outcome level
1.	Demonstrate empathy and keep the person at the centre of their approach to care at all times	Does
2.	Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing	Does
3.	Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person	Does
4.	Understand the variety of settings and adapt their communication accordingly	Does
5.	Proactively support people to make safe and effective use of their medicines and devices	Does
6.	Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences	Does
7.	Obtain informed consent before providing care and pharmacy services	Does
8.	Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background	Does
9.	Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care	Does
10.	Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate programme of action	Does

11.	Take into consideration factors that affect people's behaviours in relation to health and wellbeing	Does
12.	Take an all-inclusive approach to ensure the most appropriate programme of action based on clinical, legal and professional considerations	Does
13.	Recognise the psychological, physiological and physical impact of prescribing decisions on people	Does
14.	Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care.	Does

Domain: Professional practice

In order to pass, students must be able to demonstrate the following:

Learning outcome		**Outcome level**
15.	Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times	Does
16.	Apply professional judgement in all circumstances, taking legal and ethical reasoning into account	Does
17.	Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to	Does
18.	Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate	Does
19.	Take responsibility for all aspects of health and safety and take actions when necessary	Does
20.	Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so	Does
23.	Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents	Does
24.	Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles	Does

26.	Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them	Shows how
27.	Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices	Does
28.	Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate programme of action for the person	Does
29.	Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice	Does
30.	Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person	Does
31.	Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services	Does
32.	Accurately perform calculations	Does
33.	Effectively promote healthy lifestyles using evidence-based techniques	Does
34.	Apply the principles of effective monitoring and management to improve health outcomes	Does
35.	Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance[2]	Does
36.	Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing	Does
37.	Prescribe effectively within the relevant systems and frameworks for medicines use	Does
38.	Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people	Does

[2] Monitoring the effects of medicines after they have been licensed for use, especially to identify previously unreported adverse reactions.

39.	Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data	Does
40.	Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person	Does
41.	Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities	Does
42.	Proactively participate in the promotion and protection of public health in their practice, including considerations of wider sustainability practices	Does
43.	Identify misuse of medicines and implement effective strategies to deal with this	Does
44.	Respond appropriately to medical emergencies, including the provision of first aid	Does

Domain: Leadership and management

In order to pass, students must be able to demonstrate the following:

Learning outcome		**Outcome level**
45.	Demonstrate effective leadership and management skills as part of the multi-disciplinary team	Does
48.	Actively take part in the management of risks and consider the impacts on people	Does
49.	Use tools and techniques to avoid medication errors associated with prescribing, supply and administration	Does
50.	Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again	Does
52.	Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change	Does

Domain: Education and research

Although there is only one learning outcome under this heading, education and research are infused throughout the set as a whole. Using evidence to make decisions, critically evaluating evidence, keeping abreast of developments in pharmacy, technology and related fields are all central to the work of a pharmacist and are relevant to this domain.

In order to pass, students must be able to demonstrate the following:

Learning outcome		Outcome level
53.	Reflect upon, identify, and proactively address their learning needs	Does

Part 2: Standards for the education and training of internationally-qualified pharmacists

Introduction

Part 2 comprises the standards that universities delivering the programme must meet and the criteria that are linked to them.

Programmes will be delivered by universities in collaboration with practice partners.

Standard 1: Selection and admission[3]

Standard

Students must be selected for and admitted onto the programme on the basis that they are being prepared to practise as pharmacists in Great Britain.

Precondition

Individuals wishing to apply to undertake the programme must first apply to the GPhC for their eligibility status and primary pharmacy qualification (PPQ) to be verified. Their PPQ is the qualification that licences them to practise in their country of establishment.

Verification includes an applicant's current registration status or their eligibility to register in their country of establishment. It includes fitness to practice checks, including evidence of good standing from an applicant's regulator, and other checks, such as police checks, applicable to the applicant's country of establishment.

[3] Note that immigration and visa matters are not within the remit of the GPhC and the GPhC cannot offer advice on them.

Applicants may not be accepted onto the programme if they have not been verified.

Once the GPhC has confirmed that an applicant is eligible to apply to the programme, selection and admission decisions are a matter for the provider.

The GPhC's verification is of a qualification, including the date of the award, but not an applicant's subsequent experience. Programme providers may wish to explore that as part of the application process.

Criteria to meet this standard

1.1 The principles of equality, diversity and fairness must be built into selection processes. Selection processes must give all applicants an opportunity to demonstrate their ability and suitability, taking into account their academic and practice background.

1.2 Providers must identify and reduce discrimination in selection and admission processes and demonstrate how they are doing so. Demonstrating that will include, as a minimum, an annual analysis of applicant and admissions profiles by protected characteristics. Documented action must be taken if that analysis shows that the admissions process may be disadvantaging students.

1.3 Accurate admissions information must be provided to potential applicants and selection processes must give applicants the guidance they need to make an informed application.

1.4 Selection criteria must be appropriate to the programme and the professional nature of the education and training and be made explicit. They must include:

- a meeting academic entry requirements
- b meeting professional entry requirements – that is, suitability to practise as a pharmacist in Great Britain[4]
- c meeting numeracy requirements
- d meeting the English language requirements specified by GPhC
- e taking account of good-character checks
- f taking account of health checks
- g recognising prior learning, where that is appropriate

1.5 All admissions and selection processes must include an interactive component, to assess applicants' values and professional suitability.

1.6 Providers may recognise applicants' prior learning and experience as part of the application process for their programme. This may result in a reduction in required university study and/or learning in practice.

1.7 Irrespective of any reduction granted through recognition of prior learning and experience, all learning outcomes must be met prior to completion of the programme.

1.8 Acceptable evidence to meet criterion 1.6 includes:

either

- a a qualification based on national pharmacist education standards and learning outcomes which has been verified by the GPhC as having equivalency to its requirements. (Verifications will be made available to all programme providers)

[4] As set out in ***Standards for pharmacy professionals,* (2017)**

or

b where, alongside an international pharmacist qualification validated by the GPhC (see the Precondition above), an applicant has a minimum of two years' full-time experience of working in a GB pharmacy setting in a patient-facing role. Equivalent part-time experience is acceptable.

1.9 Where 1.8b applies, providers must ensure that:

a Employment has been in a recognised pharmacy support staff role and applicants must have taken and passed GPhC-accredited or GPhC-recognised support staff programmes relevant to their role.
b Relevant support staff roles and qualifications are patient-facing, including medicine counter assistants, pharmacy support staff diplomas, pharmacy healthcare assistants, pharmacy services assistant (apprenticeship) and Scottish Pharmacy Services SVQs.
c Evidence of employment and GPhC-accredited or GPhC-recognised education and training is obtained and verified.
d Applicants working as pharmacy technicians in GB, and being registered as such with the GPhC, may be considered for equivalency. The role must be patient-facing. Working as a pharmacy technician outside of GB is not acceptable because it lacks the GB context, which is the essence of 1.8b.
e Unpaid or unverifiable work is not accepted.
f Working in a pharmacy technician role in GB but not being registered with the GPhC will not be accepted, because it is illegal.

1.10 Decisions about any reduction in programme requirements through recognition of prior learning and experience must be made by the provider.

1.11 In respect of 1.10, providers must ensure that decisions are fair, consistent, transparent, and clearly documented.

Standard 2: Equality, diversity and fairness

Standard

Programmes must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all students are met

Criteria to meet this standard

2.1 Systems and policies must promote the principles and legal requirements of equality, diversity and fairness.

2.2 Systems and policies must be in place to allow everyone involved to understand the diversity of the student body and the implications that has for delivery.

2.3 Providers must demonstrate how student support has been tailored to the needs of internationally-qualified pharmacists.

2.4 Providers must demonstrate how they analyse the needs and performance of their students and how their findings have influenced programme design and delivery.

2.5 Everyone involved in programme delivery must be trained to apply the principles and legal requirements of equality, diversity and fairness in their role.

2.6 Providers must ensure students understand their legal responsibilities under equality and human rights legislation and proactively seek to learn about and understand communities and cultures.

Standard 3: Resources and capacity

Standard

Resources and capacity must be sufficient to deliver the learning outcomes in these standards.

Criteria to meet this standard

3.1 There must be robust and transparent systems for securing an appropriate level of resource to deliver a sustainable programme that meets the requirement of these standards.

3.2 Staffing resource must be sufficient for the delivery of all parts of the programme, including delivery of learning in practice activities.

3.3 The staff complement must include:

- a Appropriate leadership and management
- b Suitably qualified and experienced staff
- c GB Pharmacists, including pharmacist independent prescribers

3.4 Programmes must be delivered in premises that are fit for purpose in all university and practice settings.

Standard 4: Managing, developing and evaluating the programme

Standard

The quality of the programme must be managed, developed and evaluated in a systematic way

Criteria to meet this standard

4.1 There must be systems and policies in place to manage the delivery of the programme, including learning in practice activities.

4.2 There must be agreements in place between everyone involved in the delivery of the programme that specify the management, responsibilities and lines of accountability of each organisation, including those that contribute to periods of learning in practice.

4.3 The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering the programme.

4.4 Feedback from students must be built into the monitoring, review and evaluation processes.

4.5 Systems and policies must be used in such a way that the programme is evaluated on the basis of evidence and that there is continuous improvement in its delivery.

4.6 Programmes must be revised when there are significant changes in practice, to make sure provision is relevant and current.

Standard 5: Curriculum design and delivery

Standard

The curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards.

The design and delivery of programmes must ensure that students practise safely and effectively.

The design and delivery of programmes must take into account the needs and circumstances of adult learners.

Criteria to meet this standard

5.1 There must be a curriculum and a teaching and learning strategy for the programme, which set out how students will achieve the learning outcomes in part 1, including the learning in practice plan.

5.2 The component parts of the programme must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached.

5.3 Everyone involved must work together to deliver the programme, including the periods of learning in practice.

5.4 There must be systems in place for everyone involved to communicate regularly on the progress of students, including the periods of learning in practice.

5.5 The learning outcomes must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally.

5.6 Students must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated) to enable them to develop the skills and the level of competence to achieve the relevant learning outcomes in part 1 of these standards. This experience must be progressive and increasing in complexity as the programme progresses

5.7 Academic regulations must be appropriate for a programme that is academic, practical and professional.

5.8 As a general principle, all assessments must be passed. This means that condonation[5], compensation[6], trailing[7], extended re-sit opportunities and other remedial measures should be extremely limited and justifiable, if they are permitted at all.

5.9 Academic regulations may be more stringent than for other programmes. This may include higher-than-usual pass marks for assessments that demonstrate the knowledge and skills essential to safe and effective pharmacy practice.

5.10 Providers must have procedures to deal with concerns – including fitness to practise procedures – and must tell the GPhC about any hearing outcomes (apart from warnings or when no action was taken) imposed on students.

5.11 Students must not be awarded an accredited programme if there are any outstanding fitness to practise concerns about them.

5.12 In the event of programme closure or withdrawal, providers must have a documented process in place to manage the programme closure or withdrawal.

5.13 Providers must raise relevant issues proactively with the GPhC in a timely manner and be open and honest about matters affecting an accredited programme. Under the *Pharmacy Order* 2010 providers must assist the GPhC in its work by providing information upon request.

Standard 6: Assessment

Standard

Providers must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards.

Assessment strategies must be authentic and test a student's actual skills, knowledge, understanding and behaviours.

The assessment strategy must ensure that a student's practice is safe.

Criteria to meet this standard

6.1 Providers must have an assessment plan for the programme which:

a is coherent

b is fit for purpose

c makes sure that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment

[5] When a 'pass' is awarded even though the standard for a pass has not been reached, usually when the margin of failure is small.
[6] Allowing failure by a small margin in a limited number of assessments on the basis of a satisfactory overall performance.
[7] Being able to start the next year of study when one or more assessments from the previous year have not yet been passed.

d takes account of the impact of the use of artificial intelligence on the authenticity and validity of assessments

6.2 Assessment plans for the programme must assess the outcomes in part 1 of these standards. The methods of assessment used must be:

a appropriate to the learning outcomes

b in line with current and best practice, and

c routinely monitored, quality assured and developed

6.3 Assessments must be fair, authentic and carried out against clear criteria. What is expected of a student must be made clear in every assessment, including any learning in practice assessments.

6.4 To ensure the integrity of pass thresholds, standards setting methods must be used and applied appropriately. Providers must be specific which standards setting methods are used, and when, where and why they are used.

6.5 To ensure the integrity of assessments, when, how, why and by whom AI can be used must be clear. For further information see *The Use of Artificial Intelligence in Pharmacy Education and Training* (GPhC, 2026)

6.6 Patient safety must come first at all times, and everyone involved must assess whether a student pharmacist is practising safely.

6.7 Pass criteria for all assessments must embed safe and effective practice.

6.8 Providers are responsible for overall decisions about assessment, taking into account the assessment responsibilities of Designate Supervisors and Designated Prescribing Practitioners in Standard 9.

6.9 Providers must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of Learning in Practice against each of the relevant learning outcomes.

6.10 Providers must support students to improve their performance by providing regular and timely feedback and by encouraging students to reflect on their practice.

6.11 Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and supervisors.

6.12 Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment, including during periods of learning in practice.

6.13 Programmes must have external examiners, who will report every year on the extent to which assessment processes:

a are rigorous

b are set at the correct standard

c ensure equity of treatment for students, and

d have been conducted fairly

6.14 The responsibilities of the external examiners must be clearly documented.

6.13 Assessment regulations must be appropriate for a programme that leads to professional registration. They must prioritise professionalism, patient safety, and safe and effective practice.

Standard 7: Support and development for students and everyone involved in the delivery of the programme

Standard

Students must be supported in all learning and training environments to develop as learners and professionals during their programme

Everyone involved in the delivery of the programme should be supported to develop in their professional role

Criteria for meeting this standard

Support for students

7.1 There must be a range of systems in place during the programme to identify the support needed by students, and to support them to achieve the outcomes in part 1 of these standards. They must be based on a student's prior achievement and be tailored to them. Systems must include:

- a induction
- b effective supervision
- c an appropriate and realistic workload
- d personal, study skills and academic support
- e time to learn
- f access to resources, and
- g remediation, if needed

7.2 Students must have support available to them covering academic, general welfare and career advice.

7.3 Students must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance.

7.4 There must be clear procedures for students to raise concerns.

7.5 Any concerns must be dealt with promptly, with documented action taken where appropriate.

Support for everyone involved in the delivery of the programme

7.6 There must be a range of systems in place to support everyone involved in the delivery of the programme to develop in their professional role.

7.7 Training must be provided for everyone involved in the delivery of the programme.

7.8 Everyone involved in the delivery of the programme must have:

- a effective supervision
- b an appropriate and realistic workload
- c mentoring

d time to learn

e continuing professional development opportunities, and

f peer support

7.9 There must be clear procedures for everyone involved to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate. Serious concerns about the programme and the impact on students must be actively raised with the GPhC.

Standard 8: Learning in practice

Standard

The learning in practice component of the programme must provide a coherent learning experience that allows students to demonstrate their skills and knowledge in a practice setting.

Criteria for meeting this standard

8.1 The learning in practice element of the programme will be a minimum duration of 20 weeks. Reduced learning in practice time, to a minimum of 10 weeks, may be agreed by the provider for a student on a case-by-case basis, where there is appropriate, verifiable, prior GB pharmacy experience (see Standard 1).

8.2 A minimum of 90-hours of the learning in practice element specified in 8.1 must be orientated to prescribing and undertaken in a clinical setting with direct access to patients.

8.3 Learning in practice must provide students with practical experience in GB working with patients, carers and other healthcare professionals. Students must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated, where justifiable pedagogically) to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in part 1 of these standards.

8.4 The requirement in 8.2 must be undertaken by all students regardless of prior learning and experience and the duration of the learning in practice.

8.5 Learning in practice must be integrated with the academic component of the programme.

8.6 The structure and design of learning in practice is the responsibility of the programme provider.

8.7 Learning in practice can include simulation, where it is justifiable and based on clear pedagogical principles.

8.8 Learning in practice must be organised and quality-assured by the programme provider and delivered through supervisors and sites approved by the provider. The programme provider is responsible for identifying, approving, and contracting with practice partners to ensure that all learning in practice meets these standards and learning outcomes.

8.9 The learning in practice experience must be defined in a learning in practice plan, which must describe the outcomes to be achieved, how, when and where they are assessed and by whom.

Standard 9: Learning in practice supervision

Standard

Students must be supervised by a designated supervisor and a designated prescribing practitioner during their learning in practice, who will support them and assess them against the learning outcomes.

Criteria to meet this standard

9.1 There must be clear processes in place for providers to oversee students' supervision arrangements, liaise with supervisors and to monitor students' progress against the learning outcomes.

9.2 Each student must have a Designated Supervisor who, working with everyone involved, is responsible for co-ordinating their supervision, overseeing their progress and reporting to the provider on their assessment of the student against the learning outcomes.

9.3 The Designated Supervisor must be a pharmacist.

9.4 Each student must have a Designated Prescribing Practitioner (DPP) who will supervise them during the 90 hours of practice dedicated to prescribing and assess them against the relevant learning outcomes.

9.5 The Designated Supervisor and the Designated Prescribing Practitioner may be the same person.

9.6 The Designated Prescribing practitioner must:

a be a registered healthcare professional in Great Britain with independent prescribing rights

b have active prescribing competence applicable to the areas in which they will be supervising

c have appropriate patient-facing clinical and diagnostic skills

d have supported or supervised other healthcare professionals, and

e have the ability to assess patient-facing clinical and diagnostic skills

9.7 Providers must have appropriate mechanisms for ensuring that Designated Supervisors and Designated Prescribing Practitioners supervisors are fit to act as supervisors and meet the requirements of their role.

9.8 All supervisors involved in carrying out assessments of students during their learning in practice must be provided with training and be competent to carry out the role of assessment.

9.9 A student may be supervised by a variety of healthcare professional during their learning in practice, but may only have one Designated Supervisor and one Designated Prescribing Practitioner, who will take responsibility for ensuring that delegated supervision is appropriate. There must be agreed systems for supervision in all practice environments to make sure safe, person-centred care is delivered at all times.

9.10 The Designated Prescribing Practitioner is responsible for signing off the prescribing component of learning in practice and reporting their decision to the Designated Supervisor

9.11 The Designated Supervisor is responsible for signing off the period(s) in practice in total, including the prescribing component

9.12 Where the Designated Supervisor and the Designated Prescribing Practitioner are the same person, a second assessor must be used to verify the DS/DPP's prescribing competence decisions. The second assessor will be appointed by the provider.

9.13 During learning in practice, students must only carry out tasks at which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised.

References

Legislation, standards and guidance

The Pharmacy Order (Department of Health, 2010)

The Use of Artificial Intelligence in Pharmacy Education and Training (GPhC, 2026)

Standards for Pharmacy Professionals (GPhC, 2017)

Standards for the education and training of pharmacist independent prescribers (GPhC, 2019)

Standards for the initial education and training of pharmacists (GPhC, 2021)

Useful organisations

General Pharmaceutical Council (GPhC)
http://www.pharmacyregulation.org/

British Pharmaceutical Students' Association (BPSA)
http://www.bpsa.co.uk/

Royal Pharmaceutical Society (RPS)
http://www.rpharms.org/

General Pharmaceutical Council
pharmacyregulation.org
info@pharmacyregulation.org

General Pharmaceutical Council

Equality Screening and Impact Assessment (ESIA)

Reviewing the route to registration for Non- EEA internationally-qualified pharmacists

ESIA completed by	Kelly Veasey, *Senior Policy Officer (Education)*	03 March 2026
ESIA reviewed by	Damian Day, *Head of Education*	03 March 2026
ESIA approved by	Lynsey Cleland, *Chief Standards Officer*	04 March 2026

1. Aims and purpose of the review

This impact assessment analyses the equality and diversity implications of reviewing the route to registration for non-EEA internationally-qualified pharmacists in order to give effect to the **Public Sector Equality Duty under section *149 of the Equality Act 2010***. Public bodies must actively promote equality and prevent discrimination. This requires the GPhC (us) to have due regard to the following:

A. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

B. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

C. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Who we are and what we do

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacies in Great Britain (GB). Our role is to protect the public and provide assurance that people will receive safe and effective care when using pharmacy services. The GPhC sets the standards that pharmacists, pharmacy technicians and pharmacies must meet to enter and remain on the register and acts to protect the public and uphold confidence in pharmacy where concerns arise. Through this work, the GPhC promotes professionalism, supports continuous improvement and assures the quality and safety of pharmacy services.

The GPhC also sets the standards for pharmacy education and training and accredits courses in England, Scotland and Wales. It jointly accredits education and training programmes in Northern Ireland with the Pharmaceutical Society NI ('the Society'), and both organisations share the same education standards. With the agreement of the Society, these standards and learning outcomes apply across the United Kingdom (UK).

Purpose of the review

The pharmacy education landscape has evolved considerably since the 2011 standards for the education and training of non-EEA pharmacists were introduced, particularly with independent prescribing (IP) becoming a core expectation under the 2021 initial education and training standards. From 2026, newly qualified GB pharmacists will join the register having completed training aligned to these updated requirements. Reviewing the non-EEA route now provides an opportunity to align with the 2021 standards, ensuring all pharmacists meet the same contemporary expectations regardless of where they trained.

A proactive approach to analysing the equality, diversity and inclusion impact of the proposed standards is essential. Considering potential trends affecting individuals who share protected characteristics helps maintain public confidence in our role as a regulator and ensures consistency with Convention rights.

We drew on the expertise of key stakeholders, including Chief Pharmaceutical Officers (CPOs), Statutory Education Bodies (SEBs), Overseas Pharmacist Assessment Programme (OSPAP) providers, the Pharmacy Schools' Council and, the UK Black Pharmacist Association (UKBPA) the British Pharmaceutical Students' Association (BPSA), to ensure the route to registration for non-EEA pharmacists is responsive to current education and training needs and aligned with the future direction of the profession.

Preliminary mapping of international curricula against the 2021 standards helped identify areas of alignment and where additional orientation to GB practice may be required. We also reviewed relevant legislation and global pharmacy standards to understand how education and professional expectations are structured internationally.

Context: Regulatory and legislative enablers and pharmacy reforms

Across the UK, pharmacy policy has increasingly focused on expanding the clinical contribution of pharmacists and strengthening their role within multidisciplinary teams. National strategies—including NHS England's *Primary Care Recovery Plan*, Scotland's *Achieving Excellence in Pharmaceutical Care*, Wales's *Pharmacy: Delivering a Healthier Wales*, and Northern Ireland's *Pharmacy Workforce Review*—all emphasise person-centred care, clinical assessment, medicines optimisation and stronger integration across the health system.

The GPhC's *Vision 2030* aligns with this direction, setting out an ambition for safe, effective and person-centred pharmacy care at the heart of healthier communities, with initial education and training standards forming a key foundation for this shift.

The current GB standards reflect this evolution. The learning outcomes used in pharmacist training are organised into four domains: person-centred care and collaboration; professional practice; leadership and management; and education and research. These domains describe the capabilities required for contemporary GB practice and provide a framework for ensuring that pharmacists are equipped for increasingly clinical, multidisciplinary roles.

The proposed pathway aligns with these domains but does not replicate the full set of learning outcomes used in the integrated MPharm and Foundation Training Programme. Instead, it applies the learning outcomes required for practice in GB in a proportionate way that complements the prior knowledge and experience of applicants trained outside GB. This reflects that many have substantial experience working directly with patients, managing medicines and contributing to multidisciplinary care in the countries where they have trained and practised.

A key area of alignment is the expectation that pharmacists registered with the GPhC will be independent prescribers. Prescribing capability is now embedded within initial education and training for pharmacists, supported by structured development of consultation skills, clinical reasoning and clinical decision-making. For those trained in systems where prescribing is not part of pharmacists' initial scope, this represents an expansion of professional responsibility rather than a starting point. The proposed pathway is therefore designed to build on existing patient-facing experience while supporting the development of prescribing-specific competencies in a coherent and supervised way.

The learning outcomes also place greater emphasis on applying scientific knowledge in practice, requiring pharmacists to integrate therapeutics, diagnostics and risk management into real-world clinical decision-making. This reflects the evolution of practice towards more clinically applied roles. Many applicants from outside GB (and NI) may have trained in systems with different balances between scientific and clinical content, making this a key area where structured adaptation supports safe and confident practice.

Expectations around communication and collaboration have also evolved. Pharmacists are expected to contribute effectively to multidisciplinary teams, engage in shared decision-making and tailor information to diverse patient needs. While some overseas-trained pharmacists bring experience of communicating with patients and colleagues some do not to the same extent and consultation models, cultural expectations and team structures vary across health systems. The pathway therefore supports familiarity with GB-specific approaches to person-centred care and collaborative practice.

A major structural feature of the GB model is that approximately 50% of training is delivered through Learning in Practice (LiP). This supervised, workplace-based learning supports progressive development of clinical skills, professional judgement and contextual understanding. For those entering from other health systems, LiP provides a structured mechanism for adapting to GB clinical environments, governance structures, documentation practices and multidisciplinary working, while recognising and building on their existing experience.

The pathway also functions as an inclusive curriculum, bringing together learners from a wide range of cultural, social and professional backgrounds. Protected characteristics are understood and experienced

differently across countries, and rights embedded in GB (and NI) equality law, such as sexual orientation, gender reassignment, disability or freedom of religious expression, may not be recognised or protected in the same way elsewhere. The programme therefore introduces learners to the cultural diversity of the UK and the values that underpin healthcare delivery, including dignity, respect, non-discrimination and person-centred care. Learners will encounter ethical and professional expectations that may be new to them, such as supplying emergency hormonal contraception, supporting patients with gender identity needs, or navigating conversations about assisted dying within the legal and ethical boundaries of practice. Cultural norms may also influence communication, for example where gender or age dynamics affect how comfortable a practitioner feels advising certain patient groups. Through supervised practice and reflective learning, the pathway supports learners to develop culturally sensitive, inclusive and professionally accountable approaches to care.

Overall, the pathway is designed to align with the capabilities required for contemporary GB practice while acknowledging that international applicants enter with prior knowledge, skills and professional identity.

People joining the register from overseas continue to make a significant contribution to the GB workforce, with 3,756 non-EEA registrants in 2025 compared with 3,329 in 2024. At a time of sustained demand particularly in community pharmacy, where real-terms funding pressures coincide with expanding clinical responsibilities, including independent prescribing—the length and structure of the current two-year route may act as a barrier to recruitment. A one-year structured and proportionate pathway supports workforce sustainability while maintaining public protection and reflects wider trends towards recognising prior learning and experience. From an equality perspective, relying solely on an exam-based route risks disadvantaging candidates who are unfamiliar with GB-specific systems and practice contexts. All candidates will still be required to pass the GPhC Common Registration Assessment (CRA), ensuring a consistent threshold for safe practice.

2. Research and engagement with our stakeholders

This section provides an overview of the main research and engagement activities with our stakeholders between 2023 to 2025.

Date	Activity	Summary
June 2023	Reviewing key legislation • Professional Qualifications Act *(2022, s 1 & 2)*	A review of the *Pharmacy Order*, the *Northern Ireland Pharmacy Order*, the Global Pharmacy Standards, and the Professional Qualifications Act ensured that any proposed changes to the route to

	• Review of the Global Pharmacy Standards • The Pharmacy Order *(2010)* • The Northern Ireland Pharmacy Order *(1976)*	registration for non-EEA internationally qualified pharmacists are fully aligned with statutory duties and are fair, transparent and non-discriminatory. A full list of documents is provided in a separate table to reflect the breadth of the review [see, for example, table 1 in appendix].
September 2023	Horizon Scanning: Reorientation Training review.	The purpose of was identify the routes to registration and requirements for overseas' qualified professionals that other regulators have in place. This helped to inform ways in which education and training requirements for overseas' qualified pharmacists to register in GB could be shaped.
June 2023 – October 2023	Mapping exercise: Reviewing other international pharmacy regulators	The exercise was undertaken to compare the learning outcomes and training processes of other international pharmacy regulators with the *standards for the initial education and training of pharmacists* (2021). This was helpful in understanding the extent to which international programmes align with contemporary expectations of pharmacy practice, including clinical competence, prescribing readiness and digital capability. Identifying areas of similarity and difference provided an evidence base for determining whether the current route to registration remains

		proportionate, and where adjustments may be needed to ensure public protection while avoiding unnecessary barriers for applicants.
January 2025	International plenary meeting	The plenary meeting brought together key stakeholders to share insights on the current OSPAP route, enabling a clearer understanding of operational pressures, workforce implications and potential risks associated with change. It provided valuable evidence on feasibility, capacity, training quality and equity considerations, helping to identify possible unintended consequences and ensuring that any proposed revisions to the route to registration are informed, balanced and grounded.
February 2025	UK Black Pharmacists' Association (UKBPA)	A meeting was held with the UKBPA to outline the key differences between the current two-year route and the proposed one-year. The UKBPA emphasised the need to take the needs of adult learners into account when designing new courses.
October – November 2025	Meetings with OSPAP providers	Meetings were held with the four OSPAP providers on an individual basis. The meetings offered an opportunity to share the proposal of having a single route with integrated independent prescribing and raise any considerations ahead

		of the planned council workshop (as held in December 2025).
December 2025	Council workshop	The workshop provided an opportunity to test early thinking with Council members and gather initial views on a proposed revised route to registration for internationally qualified pharmacists. It enabled constructive discussion on the direction of travel, highlighted areas requiring further development, and helped build consensus on the next steps. The session also ensured that the emerging proposals are shaped by Council insight from the outset, supporting informed decision-making as the work progressed.
February 2026	Standards and learning outcome session on internationally qualified pharmacists (internal)	The internal sense-checking meetings brought together colleagues from education policy, quality assurance and pharmacist registrants to review the draft standards and learning outcomes. This early engagement was valuable in testing the clarity, feasibility and coherence of the proposals, and in identifying any quality-assurance implications before they progressed to the task-and-finish and oversight groups.
February 2026	Task and finish group (oversight and subgroups).	The Task and Finish Group provided expert oversight on the development of the new

		education and training standards for internationally qualified pharmacists, ensuring the work was robust, evidence-based and ready for Council scrutiny ahead of public consultation. Bringing together employers, registrants, training providers and SEBs, the group reviewed the draft standards and learning outcomes in depth, testing their clarity, feasibility and alignment with sector needs. Their input was instrumental in refining and finalising the draft materials to ensure they were coherent, proportionate and reflective of contemporary practice before being presented to Council.

Across the phase of evidence gathering and engagement, several clear themes emerged that have shaped the development of the revised route to registration for non-EEA internationally qualified pharmacists. The legislative and global standards review established the regulatory parameters within which any revised route must operate, confirming that international pathways must be fair, transparent and proportionate, and that any additional requirements must be directly linked to public protection. They also confirm the regulator's duty to set and maintain education, training and registration standards that reflect contemporary practice across GB [see table 1 for details].

The international mapping exercise provided a clear understanding of how overseas pharmacy programmes compare with the expectations set out in the 2021 GB standards. It showed that international curricula generally cover many of the broad themes found in GB education, including communication, professionalism, core pharmacy practice, medicines safety, scientific principles and elements of public health. These shared foundations mean that most applicants arrive with a baseline understanding of pharmacy practice in their country of registration and the science underpinning medicines.

However, the mapping also identified differences in areas that are central to contemporary GB practice. International programmes are designed for their own healthcare systems, so they do not typically embed person-centred care to the depth expected in GB, particularly around shared decision making, informed consent, safeguarding and recognising the wider psychological and social impact of clinical

decisions. Structured training in clinical assessment, diagnostic skills and autonomous decision making was also limited, and prescribing-related competencies showed the greatest divergence, as most programmes do not include the legal, ethical, governance or practical components required for independent prescribing in GB. Further differences were evident in relation to the UK healthcare context, including the structure of the NHS, clinical governance, risk management and quality improvement, as well as the application of science to clinical decision making and medicines optimisation, which are framed differently across international systems.

Alongside this, a structured programme of engagement was undertaken, including a plenary meeting, individual discussions with OSPAP providers, internal standards and learning outcomes workshops, Council oversight sessions and expert panel review. These activities brought together employers, registrants, HEIs, SEBs, placement providers, practising pharmacists and internal policy, quality assurance (QA) and registration specialists.

Across these discussions, several consistent themes emerged. Stakeholders strongly supported aligning the international route with the 2021 standards, particularly the integration of IP, which was seen as essential to avoid creating a two-tier register and to ensure equity with GB-trained graduates. At the same time, HEIs and placement providers highlighted the operational realities of delivering a more intensive programme, including capacity constraints, funding disparities, placement availability and the need for a sustainable supervision model. These concerns did not reflect opposition to the direction of travel but emphasised the importance of realistic expectations, adequate resourcing and a phased approach to implementation.

Recognition of prior learning and experience (RPEL) was another recurring theme. Providers acknowledged its value in supporting a more flexible and proportionate route but stressed the need for clear criteria, consistent regulatory expectations and robust quality assurance to avoid variability between institutions. Visa considerations were also raised, particularly in relation to programme length and eligibility for international applicants.

Internal review sessions, alongside the wider stakeholder engagement, reinforced these themes and directly informed refinements to the draft standards and learning outcomes. The groups emphasised the need for clearer supervision expectations, explicit criteria for relevant work experience, and stronger equality and fairness provisions, as well as reinstating leadership, management, education and research within the learning outcomes to ensure coherence with wider professional frameworks. The central role of IP was repeatedly highlighted, with agreement that it should be meaningfully embedded throughout the learning outcomes rather than treated as a standalone component. Discussions also considered how emerging areas such as artificial intelligence (AI) and environmental sustainability should be reflected, concluding that these are best captured within the standards and programme content rather than through additional learning outcomes.

General Pharmaceutical Council

3. Screening for relevance to equality

While there is support for aligning the standards with the evolving needs of the profession, it is important that any revisions are implemented inclusively and do not inadvertently disadvantage any group of learners.

Inequality can affect learner populations across a range of demographics and can lead to disparities in meeting the standards and academic benchmarks. Taking into account possible inequities and taking steps to mitigate them can help all learners achieve the GPhC learning outcomes regardless of their background and promote inclusivity and greater future success. For this reason, a full impact assessment is required.

Below is a list of the proposed changes for review gather through our engagement with key stakeholders. These changes will be assessed in relation to the protected characteristics and examined in greater detail and can be found in **section four** of this ESIA.

Table 1: Relevance to equality issues

Issue	Yes/No	Comments
Age	☒ ☐	See below for discussion
Disability	☒ ☐	See below for discussion
Sex	☒ ☐	See below for discussion
Gender reassignment	☒ ☐	See below for discussion
Marriage or Civil Partnership	☒ ☐	See below for discussion
Pregnancy or maternity	☒ ☐	See below for discussion
Race	☒ ☐	See below for discussion
Religion or belief	☒ ☐	See below for discussion
Sexual orientation	☒ ☐	See below for discussion
Welsh Language Scheme	☐ ☒	N/A, Welsh Standards available (on request)
Other identified groups or issues	☒ ☐	See below for discussion

General Pharmaceutical Council

4. Decision on impact

Based on the answers above, does this policy/proposal require a full impact assessment?

Yes ☒ **No** ☐ *This section brings the Equality Screening to an end. If a full Equality Impact Assessment in required, please move onto PART 2.*

Table 2: Screening record

ESIA completed by	Kelly Veasey, Senior *Policy Officer (Education)*	03 March 2026
ESIA reviewed by	Damian Day, Head of Education	03 March 2026
ESIA approved by	Lynsey Cleland, *Chief Standards Officer*	04 March 2026

5. Full Equality Impact Assessment

Explain the potential impact (whether intended or unintended, positive, neutral or negative) of the proposal on individual groups on the basis of each protected characteristic (listed below in alphabetical order) or other issue.

Part two of this ESIA assesses the potential impact of the proposal whether intended or unintended, and whether positive, neutral or negative on individual groups on the basis of each protected characteristic.

While each characteristic is considered separately for clarity, it is important to recognise that these groups are not homogeneous, and experiences of education, training and professional transition are rarely shaped by a single characteristic in isolation. Individuals are affected by the interaction of multiple aspects of their identity, including ethnicity, disability, gender, age, sexual orientation and socio-economic background. These factors can combine to influence how barriers or opportunities are experienced, and the analysis in this ESIA reflects this intersectional reality.

International applicants to the GPhC represent a diverse group in terms of nationality, age, gender and personal circumstances. In 2025, most applications for registration came from India, Nigeria and Egypt, with the majority of applicants aged between 35 and 54 and a higher proportion identifying as female. A small number disclosed a disability or a sexual orientation other than heterosexual, and the largest recorded religious groups were Christian and Hindu. Data from OSPAP providers show a similarly diverse profile, with most students aged 25–44, a majority identifying as female, and Christian, Hindu and Muslim being the most commonly recorded religions. Some students disclosed a disability, and a minority reported a sexual orientation other than heterosexual. Including this context ensures that the

ESIA reflects the characteristics of those most likely to be affected by the proposed changes and supports a fair and proportionate assessment of potential impacts.

A breakdown of the impact and prevalent themes that relate directly to each relevant equality area are outlined below.

*For further guidance, please **refer to the ESIA toolkit** to help you complete each section.*

Age

Consider the impact on people of different ages such as young or old. Older people can sometimes have difficulty with mobility, using and accessing IT, digital communications, etc.

Internationally qualified pharmacists entering the Non-EEA, GB registration pathway typically do so as adult or mid-career learners, and their engagement with training is shaped by the well-documented characteristics of mature learners. Our data shows that most international applicants fall within the 35–54 age range, which aligns with wider evidence on adult and mid-career participation.

Research shows that adult learners often have established employment, housing and family commitments, are geographically rooted, and may live at a distance from university campuses (OfS, 2021; Stone & O'Shea, 2019). These factors influence how they access and experience professional education. The design of the proposed model, particularly its substantial use of LiP within pharmacies across a wide geographical footprint, aligns well with the needs of this demographic by reducing reliance on campus-based attendance and enabling participation without relocation. This broader context is important for understanding the age-related impacts explored in the sections that follow.

For experienced professionals, re-entering education and training can also involve a shift in professional identity. Studies on role transition (Cruess et al., 2019; Trede & McEwen, 2022) show that established practitioners may need to adjust to reduced autonomy, new supervisory relationships and assessment practices that differ from those in their previous clinical environments. These age-related factors often intersect with the additional demands of adapting to a new health system, unfamiliar regulatory requirements and, in some cases, studying in a second language. Evidence from the Migration Observatory and OECD (2021) migration research suggests that these combined pressures can make transitions more complex, particularly where clinical practices or cultural norms differ from those in their country of initial training.

Learners who are closer to formal education or early in their professional journey may face different challenges. Research on early-career professionals (Kyndt et al., 2016; Eraut & Hirsh, 2018) indicates that individuals with limited practice experience may require more support in developing clinical decision-making skills, building confidence in practice and understanding workplace expectations within a new healthcare setting.

Financial pressures can also shape learner experience, particularly for mature learners who may be balancing study with employment, caring responsibilities or the costs associated with relocation.

Evidence from the OfS and wider adult learning research links financial strain to reduced wellbeing and risk of learners withdrawing from their programme, which is relevant given the demographic profile of many international applicants. By enabling pharmacists to enter the workforce sooner, the proposed integrated route may help reduce these pressures and support more stable participation in training [see other identified groups or issues for further discussion].

Flexible learning models

Mature learners often face distinct structural barriers when entering or re-entering professional training, including higher opportunity costs, reduced financial flexibility and greater family or employment commitments. Research in healthcare and adult education shows that older learners are more likely to combine study with paid work, have dependants, and experience greater financial pressure during periods of reduced income (OfS, 2021; Schuller & Watson, 2009). Studies also indicate that mature entrants frequently bring substantial professional and patient-facing experience, which can enhance confidence and engagement when programmes recognise and build on prior learning (HEE, 2020). A streamlined route to GB registration therefore offers particular benefits for this group by reducing the time spent out of full professional earnings and providing a clearer, more feasible pathway for those with established careers, financial commitments or caring responsibilities.

Digital technologies

Pharmacy practice is undergoing rapid digital transformation, with pharmacists increasingly expected to use electronic prescribing systems, digital records and data-driven tools.

National digital inclusion research shows that adults in the 35–44 age group, a substantial proportion of internationally qualified applicants, can experience emerging digital skills gaps as technology evolves. For internationally qualified pharmacists, these challenges may be shaped further by differences in digital infrastructure and clinical systems in their country of initial training or work experience. Embedding structured digital literacy development within the proposed route therefore provides an important opportunity to ensure all learners are equipped to use the digital tools central to contemporary pharmacy practice, supporting safe, efficient care and enabling pharmacists to meet the evolving technological demands of the profession.

Action to mitigate potential negative impact (where this has been identified):

Our Council will consider this ESIA when deciding what action to take, alongside the impacts raised by respondents during the consultation.

Through our research and engagement to date, we have already taken steps to mitigate some of the potential impacts identified. For example, the proposed standards have been developed in alignment with the 2021 Standards, ensuring that expectations around digital capability, technology-enabled practice and person-centred care are consistent across routes. We have also asked education providers to consider RPEL their programme design, which may help reduce duplication, support flexibility and enable internationally qualified pharmacists to build on their existing knowledge and experience.

Lead: Kelly Veasey

Completion by: 03/03/2026

Disability

Consider social and attitudinal barriers, as well as physical and mental disabilities. Is there a need to provide reasonable adjustments? Please note not all disabilities are visible.

Although the number of disclosed disabilities in the available data is small, research shows that disabled learners often choose not to disclose due to concerns about stigma, uncertainty about processes or previous negative experiences (OfS, 2022; Disabled Students UK, 2023). This means that the need for accessible design is often greater than disclosure rates suggest. These issues are particularly relevant for programmes involving supervised practice, where placement accessibility, travel requirements and supervisors' understanding of reasonable adjustments can all affect learners' ability to participate on an equal basis.

Learning Environments and Digital Technologies

Research on digital accessibility shows that when learning environments are not designed inclusively, for example, when materials are incompatible with assistive technologies or platforms are difficult to navigate—learners may experience increased cognitive load, reduced engagement and difficulty demonstrating competence (QAA, 2018; Jisc, 2020). These issues are directly relevant to pharmacy education, where learners must engage with structured teaching, supervised practice and digital systems that underpin contemporary clinical care. Providers therefore need to ensure that digital learning platforms, electronic prescribing systems, shared care records and assessment tools are accessible, and that reasonable adjustments are available where required to support disabled learners.

Flexible learning models

Flexible learning approaches, such as blended delivery, online teaching or block attendance, can reduce barriers for disabled learners, particularly those managing mobility difficulties, fluctuating health conditions or higher travel costs. Evidence from disability and adult learning research shows that predictable structures and reduced mandatory travel can help learners with long-term conditions maintain energy, concentration and engagement (Thomas, 2020; OfS, 2022).

Some providers within the GPhC oversight group noted that elements of flexible delivery may be workable within their existing models and could support participation across both academic components and LiP. While this is not a required approach, it highlights that flexibility in programme design can play an important role in enabling disabled learners to participate on an equal basis, particularly where travel demands or rigid scheduling may otherwise create barriers.

Action to mitigate potential negative impact (where this has been identified):

Our Council will consider this ESIA alongside consultation feedback when determining next steps. Engagement with stakeholders has already informed several mitigations. On digital technologies, we have strengthened the wording to ensure all trainees can develop confidence with the systems used in

GB practice, recognising that internationally qualified pharmacists may have trained in settings with different levels of digital integration. We have also explored how elements of flexible programme delivery could help reduce barriers for trainees with work, caring or travel constraints. Some providers indicated that approaches such as blended learning, block teaching and practice-based training outside the immediate university area are feasible and may help trainees remain within established support networks. The proposed standards embed equality, diversity and fairness by requiring accessible digital systems, appropriate supervision, reasonable adjustments and monitoring of progress by protected characteristics.

Lead: Kelly Veasey

Completion by: 03/03/2026

Sex

Consider the impact on men and women, for example working arrangements (part time/full time), shifts, caring responsibilities, etc.

Access to education and training can be shaped by employment patterns and caring responsibilities, which individuals experience differently depending on their circumstances. Research shows that people working shifts or in irregular employment often struggle to balance study with work demands, and these pressures can be intensified when combined with caring roles (Arlinghaus et al., 2019). The extent to which these factors affect participation varies and is influenced by socioeconomic circumstances, the availability of support networks and the nature of the caring role, whether for young children, older relatives or others requiring ongoing support [some of which are explored further in the pregnancy and maternity section](Javornik, 2023).

Our wider international registrant data shows a gender imbalance, with more female than male registrants, and a diverse age profile, with the largest groups aged 25–34 and 35–44. This reflects a mix of early-career professionals and mature learners, many of whom are likely to be balancing study with employment, caring responsibilities or the process of settling into life in the UK.

Research across higher education indicates that learners in this age range particularly those combining study with paid work and caring roles may find additional time, travel or fixed attendance requirements more difficult to manage (Moreau & Kerner, 2015; O'Shea, 2014). Studies focusing on mature and international learners similarly highlight that balancing study with employment or family life can affect engagement and progression, especially when adapting to new systems and expectations in a different country (Stevenson & Clegg, 2013; Stone & O'Shea, 2019).

Men with caring responsibilities may face comparable pressures, though they represent a smaller proportion of the international cohort. Women, who globally undertake a disproportionate share of unpaid care, may be particularly affected by increased time or travel requirements, especially where childcare or family support networks are limited following migration (UN Women, 2020). For learners also managing the practicalities of migration, re-establishing employment or building support networks, these pressures can be more pronounced (UKCISA, 2021). Financial constraints, limited childcare and

reduced social support can further intensify the impact of increased time, travel or cost requirements (HEPI, 2022; Advance HE, 2021).

In addition, some learners may come from cultural or professional contexts where cross-gender communication is less common or shaped by gendered norms. This can influence confidence during supervised practice, particularly in situations where a woman is expected to advise older male patients or colleagues, or where men are required to engage in patient-centred discussions that differ from gender expectations in their previous practice settings. These dynamics are directly relevant to the GB learning outcomes on person-centred care and communication, which require pharmacists to engage confidently and equitably with all patients regardless of sex. These factors may interact differently for men and women, shaping their capacity to engage consistently with structured learning or placement-based requirements.

Action to mitigate potential negative impact (where this has been identified):

Our Council will consider this ESIA alongside consultation feedback when determining next steps. Engagement with stakeholders has already helped us anticipate and mitigate some of the potential impacts identified.

Through our task-and-finish and oversight groups, we have explored how programme design can support trainees with differing personal and family responsibilities. The delivery model allows for a degree of flexibility, with scope for face-to-face, remote or blended learning where providers judge this appropriate. This may help trainees who are balancing study with employment, caring responsibilities or the process of settling into a new community.

More broadly, the proposed standards embed principles of equality, diversity and fairness throughout education and training. Providers must ensure that learning, teaching and assessment are inclusive, and that staff are trained and kept up to date on relevant legislation and good practice. Systems must be in place to understand the diversity of the trainee cohort and to monitor progress by protected characteristics, helping to identify any disparities in attainment and inform appropriate action. Providers must also offer reasonable adjustments and special considerations where needed.

Lead: Kelly Veasey

Completion by: 03/03/2026

Gender reassignment

Consider the impact on transgender people including discrimination, bullying and harassment, as well as privacy of data to avoid disclosure of gender history. Also consider the impact on those who are considering or undergoing transitioning.

Learners who have undergone, are undergoing or plan to undergo gender reassignment may face challenges that differ from those experienced by other learners or pharmacy professionals. These may include physical effects linked to medical treatment, alongside social and emotional pressures.

Sector research shows that concerns about discrimination, misgendering and a lack of understanding from peers or staff can affect transgender students' sense of belonging and engagement (Stonewall, 2023). UCAS data provides further insight into the scale of these challenges: transgender applicants are more likely to report disabilities (47%) and mental health conditions (22%) than their non-LGBTQ+ peers, and around 17% report negative experiences linked to bullying or exclusion (UCAS, 2023). These experiences can contribute to increased stress, isolation and, in some cases, delays in academic progression. UCAS also notes that outcomes tend to improve once students are enrolled, particularly where institutions provide clear policies, accessible support and inclusive learning environments. These are reflected in the standards.

For international transgender learners, these challenges may be compounded by navigating unfamiliar systems, limited access to established support networks and uncertainty about how their gender identity will be received in a new cultural context. International research highlights that LGBTQ+ learners who move across borders may face additional barriers related to healthcare access, documentation and social isolation (UNESCO, 2021). For those also managing financial pressures or reduced access to support, these intersecting factors can have a greater impact on engagement and progression.

Action to mitigate potential negative impact (where this has been identified):

Our Council will consider this ESIA alongside consultation feedback when determining next steps. Engagement with stakeholders has already helped us anticipate and mitigate some of the potential impacts identified for transgender learners.

Through our task-and-finish and oversight groups, we have explored how programme design can support trainees with differing personal circumstances and support needs. The delivery model allows for a degree of flexibility, with scope for face-to-face, remote or blended learning where providers judge this appropriate

More broadly, the proposed standards embed principles of equality, diversity and fairness throughout education and training. Providers must ensure that learning, teaching and assessment are inclusive, and that staff are trained and kept up to date on relevant legislation and good practice. Systems must be in place to understand the diversity of the trainee cohort and to monitor progress by protected characteristics, helping to identify any disparities in attainment and inform appropriate action. Providers must also offer reasonable adjustments and special considerations where needed.

Lead: Kelly Veasey

Completion by: 03/03/2026

Marriage or Civil Partnership

Consider the impact on married couples or people in a civil partnership, of all ages, sexes and gender identities and expressions. Remember that civil partners must be treated as a married couple.

While marriage or civil partnership status alone is unlikely to create disadvantage, its interaction with caring responsibilities, cultural norms and migration-related pressures may influence how different learners experience the proposed non-EEA education and training pathway. Recognising these intersecting factors is therefore important when assessing the potential impact on internationally qualified pharmacists.

Under the Equality Act 2010 (and equivalent protections in NI), individuals must not be treated less favourably in employment because of their marital or civil partnership status. This protection applies to learners who hold employee status, ensuring they are treated fairly regardless of their relationship status.

ONS data shows that adults in their 30s are the most likely to be married or in a civil partnership across England, Wales, Scotland and Northern Ireland (ONS, 2023; NRoS, 2022; NISRA, 2022). Given that many internationally qualified pharmacists fall within the 25–44 age range, it is reasonable to expect that a significant proportion will be married or in a civil partnership.

Marital or partnership status may interact with other characteristics particularly sex and caring responsibilities. Research indicates that individuals in long-term relationships, especially those with dependent children or caring roles, may find fixed attendance, travel requirements or extended time commitments more difficult to manage (Brooks et al., 2024). These pressures may be more pronounced for international learners who are also navigating migration, settlement and the process of establishing support networks in a new country.

Additional considerations may arise for learners with spouses or dependants living abroad, including emotional strain, financial pressure and transnational caregiving responsibilities. Visa conditions, cultural expectations around family roles and limited local support can further shape how learners balance study, work and domestic responsibilities.

Action to mitigate potential negative impact (where this has been identified):

Our Council will consider this ESIA alongside consultation feedback when determining next steps. Engagement with stakeholders has already helped us anticipate and mitigate some of the potential impacts identified.

The delivery model allows for a degree of flexibility, with scope for face-to-face, remote or blended learning where providers judge this appropriate. This flexibility can support learners with family or partnership-related responsibilities by helping them balance personal commitments alongside their education and training.

More broadly, the standards embed principles of equality, diversity and fairness throughout education and training. Providers must ensure that staff involved in learning, teaching and assessment are trained and kept up to date on relevant legislation and inclusive practices. Systems must be in place to understand and monitor trainee diversity and to analyse progress annually by protected characteristics, helping to identify any disparities in attainment and inform appropriate action. Providers must also offer reasonable adjustments and special considerations where needed.

Lead: Kelly Veasey

Completion by: 03/03/2026

Pregnancy/maternity

Consider the impact on pregnant people, and those breastfeeding/chestfeeding, and on maternity leave.

Pregnancy and maternity are protected characteristics under the Equality Act 2010. Learners who are pregnant or new parents have the right not to be treated unfavourably and must be supported to take pregnancy- or maternity-related leave where needed. For internationally qualified pharmacists, pregnancy or early parenthood may coincide with relocating to a new country, establishing support networks and navigating unfamiliar healthcare and childcare systems. Research shows that migrant pregnant women may face additional barriers linked to unfamiliar services, limited social networks and financial pressures, which can affect engagement with education and training (Vazquez Corona et al., 2024; O'Callaghan & Garrett, 2025).

Studies of women in higher education also highlight that caregiving responsibilities and health-related stressors can influence retention and progression (Zimmerman Nilsson et al., 2025). Financial barriers and limited access to childcare can further shape participation, particularly where study or LiP schedules do not align with available support (Chao et al., 2023; EHRC, 2014). A shorter overall programme duration may lessen time-related pressures for some learners, including those managing pregnancy or early parenthood.

Flexible learning models

Caring responsibilities are a well-documented barrier to participation and progression in education and training. Research shows that flexibility in programme design is one of the most effective mitigations. Studies of students with childcare and adult-care duties highlight that rigid timetables, long travel requirements and unpredictable scheduling significantly reduce engagement, particularly for those combining study with paid work or managing family arrangements, such as maternity and paternity leave (OfS, 2021; Stone & O'Shea, 2019). Evidence from healthcare education further shows that learners with caring responsibilities are more likely to experience time poverty, higher stress levels and reduced access to informal academic support, all of which can affect attainment and continuation (HEE, 2020). For internationally qualified pharmacists, these pressures may be intensified by limited local support networks, the high cost or limited availability of childcare, and in some cases transnational caregiving roles. Flexible learning models, such as blended delivery, remote access to taught

components, predictable scheduling and reduced mandatory travel have been shown to improve retention and participation for caregiving learners by enabling greater control over time, reducing logistical burdens and supporting more sustainable engagement with both academic and practice-based components.

Action to mitigate potential negative impact (where this has been identified):

Our Council will consider this ESIA alongside consultation feedback when determining next steps. Engagement with stakeholders has already helped us anticipate and mitigate some of the potential impacts identified.

The delivery model allows for a degree of flexibility, with scope for face-to-face, remote or blended learning where providers judge this appropriate. This flexibility can support learners who are pregnant or new parents, particularly those balancing study with childcare or other family responsibilities.

More broadly, the standards embed principles of equality, diversity and fairness throughout education and training. Providers must ensure that staff involved in learning, teaching and assessment are trained and kept up to date on relevant legislation and inclusive practice. Systems must be in place to monitor trainee diversity and analyse progress annually by protected characteristics, helping to identify any disparities in attainment and inform appropriate action. Providers must also offer reasonable adjustments and special considerations, where needed.

Lead: Kelly Veasey

Completion by: 03/03/2026

Race

Consider the impact of people of different ethnic groups and nationalities, gypsies and travellers, migrant and refugees. Consider also language barriers and remember that British nationals from black and ethnic minority groups may also experience disadvantage.

Research consistently shows that learners from racialised backgrounds may encounter systemic inequalities, discrimination or subtle forms of bias, which can affect their sense of belonging, confidence and engagement (Sue et al., 2019; Lee & Rice, 2020). International student literature also highlights that navigating unfamiliar academic cultures, communication norms and expectations can compound these experiences, particularly where learners feel under-represented or lack access to culturally responsive support (Heng, 2018; Marginson, 2022). Learners from minority ethnic backgrounds may also encounter accent-related bias or assumptions about competence in clinical settings, which can affect confidence during supervised practice and interactions with patients or colleagues. These dynamics are relevant to GB expectations of person-centred care, shared decision-making and professional communication.

Economic factors can intersect with race and migration status. Studies indicate that international learners are more likely to experience financial pressures, limited access to informal networks and reduced familiarity with local systems of support (OECD, 2021; Shapiro & Tuckwell, 2023). These

pressures can affect engagement with education and training, particularly where additional costs such as childcare, transport, digital access or study materials are involved (UNESCO, 2022).

Digital technologies

Digital technologies can help reduce some disparities by expanding access to high-quality learning resources and enabling more personalised learning (Gandolfi et al., 2021; Gottschalk & Weise, 2023). However, international evidence also highlights the persistence of a digital divide, where learners from under-resourced communities or lower-income backgrounds may have limited access to reliable internet, up-to-date devices or digital literacy support (Tudor, 2023; World Bank, 2022). Ensuring greater equal access to digital tools within the programme can help mitigate these barriers and prepare learners for the increasingly digital nature of contemporary pharmacy practice. This is particularly important for learners adapting from health systems with different digital infrastructures where unfamiliarity with GB prescribing systems, shared care records or digital workflows may intersect with racial or cultural background.

Equality, diversity and fairness considerations

The proposed standards require education providers and employers to ensure that selection and admissions processes are fair, transparent and compliant with equality legislation. Consistent application of criteria across all applicants, alongside regular analysis of admissions and progression data by ethnicity, can help identify and address disparities (Advance HE, 2023).

The standards also strengthen expectations around data collection and analysis. Providers must collect, monitor and review admissions, progression and attainment data by protected characteristics, including ethnicity, and use this to identify disparities and inform targeted action. Clear requirements for transparent reporting and demonstrable follow-up can help build confidence among racialised learners, supporting greater engagement with feedback processes and more inclusive decision-making.

Action to mitigate potential negative impact (where this has been identified):

Our Council will consider this ESIA alongside consultation feedback when determining next steps. Engagement with stakeholders has already helped us anticipate and mitigate some of the potential impacts identified.

The delivery model allows for a degree of flexibility, with scope for face-to-face, remote or blended learning where providers judge this appropriate. Providers are also required to ensure that all staff involved in education and training operate on the principles of equality, diversity and fairness.

The standards require providers to run fair, transparent and consistently applied admissions and selection processes. Strengthened requirements around data collection mean that providers must monitor and analyse admissions, progression and attainment data by protected characteristics, including ethnicity, and use this to identify disparities and inform targeted action. Visible reporting of findings and the actions taken can help build trust and encourage engagement, addressing concerns about data misuse or unfulfilled commitments to change.

Ensuring equitable access to digital tools and learning technologies is also an important mitigation. By providing reliable access to digital platforms and offering digital-literacy support, where needed.

Lead: Kelly Veasey

Completion by: 03/03/2026

Religion or belief

Consider the impact on people with different religions or philosophical beliefs, or none. This includes festivals, prayer times, dress codes, dietary requirements, culture and heritage, etc.

Religion and belief are protected characteristics under the Equality Act 2010, and learners with employee status are protected against discrimination in relation to working hours, dress, dietary requirements, prayer practices and observance of religious festivals. While religion or belief is not expected to create significant disadvantage within the proposed non-EEA education and training pathway, it remains an important consideration in ensuring fair access and inclusive practice.

The UK has a diverse religious landscape, and our own registrant data reflects this, with Christian, Hindu and Muslim learners among the largest groups. Internationally qualified pharmacists may experience this diversity differently depending on their background and their familiarity with UK education and workplace expectations.

Learners relocating from different cultural or religious contexts may face challenges related to belonging, cultural adjustment and access to appropriate religious facilities or practices (Heng, 2018; Marginson, 2022). These can include uncertainty about requesting religious accommodations or navigating environments where their religious identity is less visible or less understood. Some international students may also hesitate to disclose religious needs, which can affect their engagement and wellbeing (Lee & Rice, 2020). Differences in legal, ethical and cultural norms around areas such as contraception, emergency hormonal contraception, abortion, end-of-life care or gender-affirming treatment may also create uncertainty when learners first encounter GB expectations of person-centred care, patient autonomy and the legal duties of pharmacists. Learners may require structured support to navigate situations where personal beliefs and professional obligations intersect, particularly in supervised practice settings.

The proposed standards reinforce the importance of equality, diversity and fairness across all aspects of education and training. Strengthened requirements around data collection and monitoring mean that providers must understand the diversity of their learner cohort, including religion and belief, and use this information to identify barriers and inform appropriate action.

Action to mitigate potential negative impact (where this has been identified):

Our Council will consider this ESIA alongside consultation feedback when determining next steps. Engagement with stakeholders has already helped us anticipate and mitigate some of the potential impacts identified.

The proposed standards include a range of measures that help minimise potential barriers related to religion and belief and support equitable participation. The delivery model allows for flexibility in how learning is delivered, which can help accommodate religious practices or observance where needed.

Providers must also ensure that all staff involved in teaching, learning and assessment receive up-to-date training on equality, diversity and inclusion, including awareness of religious diversity, cultural sensitivity and the legal protections afforded under the Equality Act 2010. Strengthened requirements around understanding the diversity of the trainee cohort mean that providers are expected to recognise and respond appropriately to religious needs within programme design and delivery. Visible reporting of findings and actions taken can build trust, particularly for international learners who may come from contexts where religious discrimination is more prevalent or where institutions are less transparent.

Lead: Kelly Veasey

Completion by: 03/03/2026

Sexual orientation

Consider the impact on bisexual, gay, heterosexual, lesbian people, and others.

International research shows that LGBTQI+ learners can face distinctive challenges in education and training. Studies consistently report higher levels of anxiety, depression and minority stress among LGBTQI+ students compared with their heterosexual peers, reflecting the additional pressures associated with stigma, concealment and discrimination (UNESCO, 2022; Stonewall, 2023). These challenges may be amplified for international learners who are adjusting to new cultural expectations, unfamiliar institutional systems and uncertainty about how their identity will be received (Lee & Rice, 2020; Marginson, 2022). Learners arriving from countries where LGBTQI+ identities are less visible, socially stigmatised or legally restricted may require time to build confidence in disclosing their identity or accessing support within GB education and workplace settings.

Some LGBTQI+ learners may also be cautious about disclosing their identity in new educational or workplace settings, particularly if they have previously experienced stigma or discrimination. This can influence confidence, help-seeking behaviours and engagement with both academic and practice-based learning environments. Concerns about how colleagues, supervisors or patients may respond can shape how learners navigate professional interactions, especially in early stages of supervised practice.

International students frequently arrive without established social networks, and LGBTQI+ learners may experience additional isolation if they are estranged from family or lack access to culturally familiar LGBTQI+ communities (OECD, 2021). Experiences of homophobia, biphobia, transphobia or marginalisation can further undermine wellbeing and progression (UCAS, 2023). Within healthcare education specifically, concerns about disclosure, professionalism or patient interactions may also shape how LGBTQI+ learners navigate training and placement environments.

Action to mitigate potential negative impact (where this has been identified):

Our Council will consider this ESIA alongside consultation feedback when determining next steps. Engagement with stakeholders has already helped us anticipate and mitigate some of the potential impacts identified.

The proposed standards include measures that help minimise potential barriers related to sexual orientation. Providers must ensure that teaching, learning and assessment environments are inclusive and free from discrimination, with staff trained in equality, diversity and inclusion.

Fair and transparent admissions and selection processes must be applied consistently across all applicants. Regular monitoring of admissions, progression and attainment data by protected characteristic enables providers to identify disparities affecting LGBTQI+ learners and take targeted action where needed. Visible reporting of findings and follow-up actions can help build trust and encourage engagement.

Lead: Kelly Veasey

Completion by: 03/03/2026

Welsh language.

Consider the linguistic requirements set out in the Welsh language scheme. Contact the Director of Wales for further advice and support.

The proposed changes to revised route for international pharmacists do not raise any new issues or impacts in relation to the Welsh language scheme. Our current scheme sets out how we support and facilitate the needs of those who prefer to communicate in Welsh. The *ReciteMe* tool on the GPhC enables Welsh speaking users to view all our webpage content in Welsh. Welsh translated copies of the standards and associated guidance can be requested. Further details can be found on the GPhC **website.**

Action to mitigate potential negative impact (where this has been identified):

We do not anticipate any negative impact to the Welsh language. However, our council will consider this ESIA when deciding what action to take. We will also consider the impacts raised by our respondents during the consultation.

Lead: Kelly Veasey
Completion by: 03/03/2026

Other identified groups or issues

Consider the impact on any other relevant group, e.g., carers, people from different socio-economic backgrounds, and other groups that are likely to experience disadvantage. Consider also how the policy/proposal will be communicated, adopted and implemented.

Intersectionality highlights that different aspects of individuals' characteristics are not independent of each other. Instead, they interact to create unique identities and experiences, which cannot be understood by analysing each characteristic dimension separately or in isolation from their social and historical contexts. This section focuses on the multifaceted factors, such as socio-economic status, geographical location and access to resources which may interplay with the nine protected characteristics under the Equality Act 2010. By researching and including these broader influences, our review can be both comprehensive and nuanced.

Inclusion of IP

A positive impact identified through this assessment is the inclusion of IP. Embedding prescribing capabilities at the point of GB registration ensures that all pharmacists enter the profession with a consistent scope of practice. This prevents the emergence of a two-tier register in which some pharmacists qualify with prescribing rights while others do not, supporting fairness, clarity and equity across the workforce.

For the majority of internationally qualified pharmacists, regulated prescribing rights are not part of their initial training or registration, even though they will typically have substantial experience working directly with patients. Incorporating prescribing into the GB registration process therefore offers a clear benefit, enabling these learners to develop prescribing capabilities as part of their route to registration rather than through additional post-registration training.

Aligning the international pathway to the 2021 standards for pharmacists also strengthens professional coherence. It ensures that internationally qualified pharmacists are equipped to contribute fully to evolving models of care, including multidisciplinary working, advanced clinical roles and service transformation.

From an equality perspective, removing structural differences between qualification routes helps prevent disparities in career progression, access to roles and professional status, and ensures all registrants meet the same expectations and are prepared to deliver safe, patient-centred care.

Shortening the programme

A further positive impact is the proposed reduction in programme length by one year. This supports greater equity by ensuring that internationally qualified pharmacists are not required to undertake a disproportionately longer route to registration compared with other UK-regulated healthcare professions. Earlier entry into paid employment reduces the financial pressures associated with prolonged periods of low or no income, which research shows disproportionately affect mature learners, carers and those from lower-income backgrounds (SMC, 2021; OECD, 2021).

Earlier access to a full pharmacist salary is particularly important for individuals who have already absorbed the costs of relocation, visas, English-language requirements and, in some cases, periods of working below their level of qualification. For many internationally qualified pharmacists, these financial pressures are compounded by the need to balance employment, family responsibilities and the practicalities of resettlement.

The reduced programme length also interacts positively with visa requirements. While immigration processes fall outside the scope of the proposed standards, the duration of training influences how long learners must remain on a student or training visa before moving into stable employment. A shorter pathway may therefore lessen the overall visa burden, including fees, maintenance requirements and time spent without earnings.

The shorter programme also brings wider system benefits. By enabling internationally qualified pharmacists to join the register more quickly, it supports workforce capacity, aligns with other UK-regulated healthcare professions and improves the feasibility of the pathway for those managing significant socioeconomic responsibilities.

The commuting student and rural locations

Evidence from healthcare education consistently shows that the organisation of placements can significantly influence access, progression and overall learner experience. Rigid, campus-based allocation models can disadvantage learners who are already living and working in established communities, as well as those in rural or remote areas where travel distances and costs are higher (HEE; OfS, 2021). For internationally qualified pharmacists some of whom are likely to be employed in pharmacy support roles or settled in specific regions, the ability to undertake placements locally is often essential.

These issues closely mirror the experiences of commuting students. Many internationally qualified pharmacists are already embedded in their local communities, with established housing, employment and family responsibilities. Research on commuter learners shows that longer and more costly travel, reduced access to informal academic support and the need to balance work, caring and study commitments can create distinct barriers to engagement and progression (OfS; Thomas & Jones, 2017). These pressures can be more pronounced for professionals managing visa conditions, childcare responsibilities or the practicalities of resettlement.

Availability of suitably trained supervisors can also vary regionally, and limited local capacity may disproportionately affect trainees who cannot relocate or travel long distances, including those with caring responsibilities, established employment, disabilities or rural residence.

Family and Caring Responsibilities

Family and caring responsibilities can significantly affect a learner's ability to access and progress through the proposed programme. While these issues intersect with protected characteristics such as sex, disability and age, they also present distinct pressures. International learners often relocate without established social or family support networks, intensifying the challenge of balancing study, work and caring commitments (Marginson, 2022). Some may also be supporting dependants abroad or managing transnational caregiving roles shaped by migration (Baldassar, 2016).

Caring responsibilities can limit learners' capacity to engage with scheduled teaching, placements and assessments, particularly where flexibility is limited or where childcare and adult-care services are costly or difficult to access. International learners may face additional financial pressures linked to visa requirements, accommodation costs and the need to demonstrate maintenance funds, which can compound the strain of caring responsibilities (OECD, 2021). These pressures may be especially acute for single parents, those supporting family members with disabilities, or learners from lower-income backgrounds (Heng, 2018).

The proposed model may help mitigate some of these challenges by enabling learners to enter paid employment sooner and reducing the period during which they must balance intensive study with caring

duties. Earlier access to a salary can be particularly beneficial for those facing higher living costs, limited access to public funds or fewer informal support networks.

Lead: Kelly Veasey

Completion by: 03/03/2026

6. Monitoring and review

a) How will the implementation of the proposal be monitored and by whom?

The implementation of this proposal will be monitored by the GPhC through qualitative and quantitative methods, to ensure alignment with equality objectives. Data will be collected regularly through annual surveys. This data will be supplemented with feedback to be captured on the impacts of the proposals.

b) How will the results of monitoring be used to further develop this proposal and its practices?

Insights on the proposals gained from the results of monitoring will be used to inform any future reviews of the standards for non-EEA pharmacists. If any major disparities are identified, the GPhC may propose corrective actions such as targeted interventions. This will ensure the proposal remains inclusive.

c) What is the timetable for monitoring, including key dates?

To monitor the impacts of our proposals, we will need to await both implementation and the successful completion of at least one cohort of students. New standards will likely be published in the early part of 2027 and providers to be accredited from 2028 and so we expect the first cohort of students to have completed their studies on the standards approximately in 2029.

7. Summary of the equality impact assessment

This section sets out what action will be taken as a result of the assessment.

No equality impact identified: no change to the policy/proposal ☐

Equality and/or Welsh Language impact identified: continue the policy/proposal ☒

Equality impacts have been identified. However, the policy is a justified and a proportionate means of achieving a legitimate aim.

Equality and/or Welsh language impact identified: adjust the proposal and continue ☐

Equality impacts have been identified. However, action can be taken to reduce or mitigate any negative impacts.

Equality and/or Welsh language impact identified: stop and remove the policy/proposal ☐

The policy, or certain proposals within it, have significant equality implications. It is likely to be challenged as the impact is likely to be negative or disproportionate on different groups of people and cannot be mitigated or justified.

The reasons for this decision are:

Whilst impacts of the proposals have been identified, these are mainly positive, and action can be taken to mitigate any negative impacts. The proposed standards are necessary to align the profession with the industry.

Table 3: Full Equality Impact Assessment record

ESIA completed by	Kelly Veasey, Senior *Policy Officer (Education)*	03 March 2026
ESIA reviewed by	Damian Day, *Head of Education*	03 March 2026
ESIA approved by	Lynsey Cleland, *Chief Standards Officer*	04 March 2026

References

Advance HE, 2021. *Equality in Higher Education: Student Statistical Report 2021.* York: Advance HE.

Arlinghaus, A., Bohle, P., Iskra-Golec, I., Jansen, N., Jay, S., & Rotenberg, L., 2019. Working Time Society consensus statements: Evidence-based effects of shift work and non-standard working hours on workers, family and community. *Industrial Health*, *57*(2), 184–200.

Baldassar, L. (2016) 'Transnational families and the provision of care: the role of migration and mobility in caregiving', *Journal of Ethnic and Migration Studies*, 42(14), pp. 2371–2388.

Brooks, R., Yeadon-Lee, T. & Gill, S.S., 2024. Maintaining the gap: women's early career experiences of entry into the UK graduate labour market. *Journal of Education and Work*, 37(1–4), pp.17–31.

Chao, R., Stewart, K. & Waldfogel, J., 2023. *Childcare policy in the UK: challenges and opportunities*. London: Institute for Fiscal Studies.

Company Chemists' Association's, 2023. The future of community pharmacy moving from theory to reality. Available from: **https://thecca.org.uk/** [Accessed January 2026].

Cruess, R.L., Cruess, S.R. and Steinert, Y., 2019. Supporting the development of a professional identity: General principles. *Medical Teacher*, 41(6), pp. 641–649.

Department of Health (DoH), 2020a. *Transforming medication safety in Northern Ireland.* Available from: **https://www.health-ni.gov.uk/publications/transforming-medication-safety-northern-ireland** [Accessed January 2026].

Department of Health (DoH), 2020b. *Pharmacy Workforce Review.* Available from: **https://www.health-ni.gov.uk/publications/pharmacy-workforce-review-2020** [Accessed January 2026].

Department of Health (DoH), 2022. *Digital Strategy Health and Social Care Northern Ireland 2022-2030.* Available from: **https://www.health-ni.gov.uk/publications/digital-strategy-health-and-social-care-northern-ireland-2022-2030** [Accessed January 2026].

Digital Health and Care Scotland, 2024. *Digital and Data Capability Framework.* Available from: **https://www.digihealthcare.scot/new-digital-and-data-capability-framework-launched/** [Accessed January 2026].

Disabled Students UK, 2023. *DSUK Annual Report 2023.* London: Disabled Students UK.

Equality Act, 2010. *Public Sector Equality Duty under section 149.* Available from: **https://www.legislation.gov.uk/ukpga/2010/15/section/149**. [Accessed January 2026].

Equality and Human Rights Commission, 2014. *Evaluation of the impact of pregnancy and maternity-related discrimination*. London: EHRC.

Eraut, M. and Hirsh, W., 2018 The significance of workplace learning for individuals, groups and organisations*. Oxford Review of Education*, 44(2), pp. 241–258.

European Commission Subgroup on Equality Data (2022) *Improving the collection and use of equality data*. Brussels: European Commission.

General Pharmaceutical Council (GPhC) 2021. *2021 standards for the initial education and training of pharmacists.* Available from: **https://www.pharmacyregulation.org/students-and-trainees/education-and-training-providers/standards-education-and-training-pharmacists** [Accessed January 2026].

General Pharmaceutical Council (GPhC), 2011. *Standards for the education and training of non-EEA pharmacists.* Available from: **https://www.pharmacyregulation.org/students-and-trainees/education-and-training-providers/standards-education-and-training-pharmacists** [Accessed January 2026].

General Pharmaceutical Council (GPhC), 2020. *Our Vision 2030.* Available from: **https://www.pharmacyregulation.org/about-us/our-organisation/vision-and-strategy** [Accessed January 2026].

General Pharmaceutical Council (GPhC), 2024. *Carbon net zero action plan for sustainable pharmacy regulation.* General Pharmaceutical Council: London.

Gilmour, L. & Smith, J. (2023) *LGBTQ+ migrants and identity negotiation in higher education*. London: Routledge.

Gov, UK, 1976. *Pharmacy (Northern Ireland) Order 1976.* Available from: **https://www.legislation.gov.uk/nisi/1976/1213/contents** [Accessed January 2026].

Gov, UK, 2010. *The Pharmacy Order 2010 No. 231.* Available from: **https://www.legislation.gov.uk/ukdsi/2010/9780111487358/contents** [Accessed January 2026].

Gov, UK, 2022. *Professional Qualifications Act 2022 (UK, c.16), ss.1–2.* Available from: **https://www.legislation.gov.uk/ukpga/2022/20** [Accessed January 2026].

GOV, UK., 2014. *Government Digital Inclusion Strategy*. GOV.UK: London.

Health Education Improvement Wales (HEIW), 2026. *Digital capability framework.* Available from: **https://heiw.nhs.wales/digital-and-data/digital-capability-framework/** [Accessed January 2026].

Heng, T. , 2018. 'Different is not deficient: contradictions and complexities in international students' experiences', *Journal of International Students*, 8(2), pp. 1160–1178.

Higher Education Policy Institute (HEPI), 2022. *The Student Academic Experience Survey 2022.* Oxford: Higher Education Policy Institute.

Javornik, J., 2023. *Childcare systems and parental employment: comparative perspectives*. Oxford: Oxford University Press.

Javornik, J., 2023. The gendered effects of UK childcare policies. *Centre for Employment Relations, Innovation and Change.* Leeds University Business School: Leeds.

Jisc, 2020. *Digital Experience Insights Survey 2020: UK Higher Education Findings.* Bristol: Jisc.

Kyndt, E., Govaerts, N., Verbeek, E. and Dochy, F., 2016. Development and validation of a questionnaire on informal workplace learning outcomes: A study among employees in higher education*. Vocations and Learning*, 9(1), pp. 65–85.

Lall, M. & Yang, H., 2025. *Migration, maternal health and policy: a global scoping review*. Geneva: World Health Organization.

Lee, J. J. & Rice, C. (2020) 'Welcome? International students navigating discrimination and cultural adjustment', *International Education Review*, 66(1), pp. 1–18.

Lee, J. J. & Rice, C., 2020. 'Welcome? International students navigating discrimination and cultural adjustment', *International Education Review*, 66(1), pp. 1–18.

Marginson, S. (2022) *The global student: mobility, identity and inequality*. London: Bloomsbury.

Marginson, S., 2022. *The global student: mobility, identity and inequality*. London: Bloomsbury.

Marmot, M. 2010. *Fair society, healthy lives: The Marmot Review*. London: Institute of Health Equity.

Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J., 2020. *Health equity in England: The Marmot Review 10 years on*. London: Institute of Health Equity.

Migration Observatory, 2021. *Migrants in the UK Labour Market: An Overview.* University of Oxford.

Moreau, M-P. and Kerner, C. (2015) *Care in Academia: An Exploration of Student Parents in UK Higher Education.* London: Nuffield Foundation.

National Association of Pharmacy Regulatory Authorities (NAPRA) 2024, *International pharmacy graduates: registration pathways.* Available from: **https://www.napra.ca** [Accessed January 2026].

National Pharmacy Association 2021, *Pharmacy's role in the future NHS*. Available from : **https://www.npa.co.uk** [Accessed January 2026].

National Pharmacy Association 2022, *Community pharmacy workforce survey and policy recommendations*. Available from: **https://www.npa.co.uk** [Accessed January 2026].

National Pharmacy Association 2023, *A new deal for community pharmacy*. Available from: **https://www.npa.co.uk** [Accessed January 2026].

National Records of Scotland (NRoS)**,** 2023. *Marriages in Scotland, 2022*. Edinburgh: National Records of Scotland.

NHS Inform, 2026. *NHS Pharmacy First Scotland.* Available from: **https://www.nhsinform.scot/care-support-and-rights/nhs-services/pharmacy/nhs-pharmacy-first-scotland/** [Accessed January 2026].

NHS Race and Health Observatory, 2021. *Ethnic inequalities in healthcare: A rapid evidence review*. London: NHS Race and Health Observatory.

NHS Race and Health Observatory, 2022. *Review of ethnic inequalities in health and care*. London: NHS Race and Health Observatory.

NHS Scotland, 2017. *Achieving excellence in pharmaceutical care a strategy for Scotland.* NHS: Scotland.

NHS Wales, 2026. *Common Ailments Service (CAS)* available from: **https://www.wmic.wales.nhs.uk/common-ailments-service/** [Accessed January 2026].

NHS, 2019. *NHS Long term Plan.* NHS: London.

NHSE, 2024. *Delivery plan for recovering access to primary care: update and actions for 2024/25.* NHSE: London.

NHSE, 2026. *NHS Digital Academy*. Available from: **https://digital-transformation.hee.nhs.uk/** [Accessed January 2026].

NHSE, 2026. *Pharmacy First.* NHSE: London.

Northern Ireland Statistics and Research Agency (NISRA)**,** 2023. *Marriages and Civil Partnerships Statistics, 2022*. Belfast: NISRA.

O'Callaghan, M. & Garrett, P., 2025. *Migrant women's experiences of pregnancy and maternity care: a qualitative synthesis*. Dublin: University College Dublin Press.

O'Shea, S., 2014. 'Transitions and turning points: Exploring how first-in-family female students navigate study and life responsibilities', *International Journal of Qualitative Studies in Education*, 27(2), pp. 135–158.

OECD (2021) *The resilience of students with an immigrant background*. Paris: OECD Publishing.

Office for National Statistics (ONS), 2023. *Religion by housing, health, employment and education, England and Wales: Census 2021*. Available from: **https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religionbyhousinghealthemploymentandeducationenglandandwales/census2021** [Accessed 19 February 2026].

Office for National Statistics, 2023. *Religion, England and Wales: Census 2021*. Newport: ONS.

Office for Students (OfS), 2020. *Supporting mature students in higher education.* Bristol: OfS.

Office for Students (OfS), 2022. *Beyond the bare minimum: Are universities and colleges doing enough for disabled students?* Bristol: Office for Students.

Organisation for Economic Co-operation and Development (OECD), 2021. *OECD Skills Outlook, 2021 Learning for Life.* Paris: OECD Publishing.

Pharmacists' Defence Association 2021, *Pharmacists and patient-facing clinical roles: workforce considerations*. Available from: **https://www.the-pda.org** [Accessed January 2026].

Pharmacists' Defence Association 2022, *Policy statement: The evolving role of pharmacists in clinical care*. Available from: **https://www.the-pda.org** [Accessed January 2026].

Pharmacists' Defence Association 2023, *PDA Roadmap: Developing the pharmacist workforce*. Available from: **https://www.the-pda.org** [Accessed January 2026].

Pharmacy Board of Australia (PBoA), 2024, *Registration standard: requirements for internationally qualified pharmacists*. Available from: **https://www.pharmacyboard.gov.au** [Accessed January 2026].

Pharmacy Council of New Zealand (PCoNZ) 2024, *Registration pathways for overseas-trained pharmacists*. Available from: **www.pharmacycouncil.org** [Accessed January 2026].

Pharmacy Examining Board of Canada (PEBC), 2024, *Licensure process for international pharmacy graduates*. Available from: **https://www.pebc.ca** [Accessed January 2026].

Royal Pharmaceutical Society (RPS), 2022. *Pharmacy 2030: a professional vision.* Available from: **https://www.rpharms.com/pharmacy2030** [Accessed January 2026].

Royal Pharmaceutical Society (RPS), 2025. *Pharmacy: Delivering a Healthier Wales – 2025 Goals.* Available from: **https://www.rpharms.com/wales/pharmacy-delivering-a-healthier-wales** [Accessed January 2026].

Royal Pharmaceutical Society (RPS), 2025. *RPS Greener Pharmacy Guides and Toolkit.* RPS: London.

Sangave, N.A., 2022. Artificial Intelligence Applications in education and Pharmacy Practice, *Pharmacy Times.* Available from: **https://www.pharmacytimes.com/view/artificial-intelligence-applications-in-education-and-pharmacy-practice** [Accessed January 2026].

Sharma, R. (2021) *Sexuality, migration and higher education: global perspectives*. New York: Springer.

Stevenson, J. and Clegg, S.,2013. 'International students' experiences of transition and settlement', *Teaching in Higher Education*, 18(7), pp. 717–730.

Stone, C. and O'Shea, S., 2019. Older students in higher education: Barriers and opportunities, *Studies in Higher Education*, 44(12), pp. 2290–2302.

Stonewall (2023) *LGBTQ+ in Britain: Higher Education*. London: Stonewall.

Thomas, L. 2020. *Understanding and Overcoming Barriers to Student Engagement in Higher Education: A Review of the Evidence.* London: Department for Education.

Trede, F. and McEwen, C., 2022. Developing professional identity in higher education: A scoping review. *Higher Education Research & Development*, 41(5), pp. 1430–1446.

UCAS (2023) *Next Steps: Supporting LGBTQ+ applicants in higher education*. Cheltenham: UCAS.

UKCISA, 2021. *International Student Experience Report.* London: UK Council for International Student Affairs.

UN Network on Migration & World Health Organization, 2025.*Ensuring equitable access to maternal health services for migrant women*. Geneva: UNNM/WHO.

UNESCO (2022) *Out in the Open: Education sector responses to violence based on sexual orientation and gender identity*. Paris: UNESCO.

Universities UK, 2019. *The future of lifelong learning.* London: Universities UK.

UN Women, 2020. *Progress of the world's women 2019–2020: Families in a changing world*. New York: UN Women.

Vazquez Corona, M., Ahmed, S. & Lee, J., 2024. *Barriers to maternity care for migrant women: an international review*. New York: Springer.

Zimmerman Nilsson, M., Torres, L. & Chen, Y., 2025. *Immigrant women in higher education: challenges, resilience and pathways to success*. London: Routledge.

General Pharmaceutical Council

Delivering Year 2 of the 2025–30 Strategy: 2026/27 Delivery Plan and Budget

Meeting paper for Council 26 March 2026

Purpose

To seek Council approval of the 2026/27 Delivery Plan and supporting budget for Year 2 of the 2025-30 Strategy, including the key areas of delivery we will focus on this year and how we will measure progress.

Recommendations

That Council is asked to:

- **Approve** the key deliverables for 2026/27 as set out in the Delivery Plan
- **Agree** top level KPIs
- **Approve** the 2026/27 budget that supports delivery
- **Note** that we will carry out a formal six-month review to assess progress, capacity and priorities,

1. Delivery in 2026/27

1.1 The Delivery Plan explains our key organisational priorities for year 2 of the 2025–30 Strategy. It identifies our key deliverables across both core regulatory duties and areas targeted for improved performance and or where we need to respond to emerging risk. The plan also identifies the core top level KPI's that we are committed to delivering and will be publicly accountable for.

1.2 Following the first year of the 2025-30 strategic plan, the focus in the second year is now on embedding delivery, strengthening performance in key areas, and demonstrating progress against the strategy.

1.3 We are planning delivery based on our current capacity and the work we already know we need to deliver, recognising that we are operating in a changing and uncertain environment. As part of this, we will undertake a formal six-month review to assess progress, capacity and priorities. This will provide an opportunity for the incoming Chief Executive to consider whether any changes in focus are needed.

1.4 The Plan reflects current organisational capacity and known commitments, including planned reviews and organisational changes. It also recognises that additional regulatory work may arise during the year where scale and impact are not yet fully known.

1.5 Within the year, prioritisation will be essential. If demand increases beyond what we have assumed, activity may need to be re-sequenced to maintain focus on the most critical areas. We will keep this under review and advise Council where priorities need to change.

2. Budget, affordability and fees

2.1 The 2026/27 budget has been developed to support delivery of the Plan

2.2 It includes income of £33.2m and expenditure of £34.5m, resulting in an operating deficit of £0.6m in 2026/27. This reflects both the increasing scale and complexity of regulatory activity, and targeted investment in key deliverables where we need to strengthen performance and capability. While manageable in the short term, this position is not sustainable over time. Without action, the deficit would increase to around £1.0m and continue across future years.

2.3 The proposed 6% fee increase from September 2026, reflected in the budget, is part of addressing this position. Alongside this, we will continue to deliver efficiencies through the cost improvement plan.

3. Performance, assurance and risk

3.1 The Delivery Plan provides a clear basis for assessing delivery in 2026/27, with defined priorities, strategic metrics and top level KPIs that provide the basis for accountability.

3.2 Progress against the delivery plan will be reported to Council on a quarterly basis via the Board Assurance Framework (BAF). The BAF will incorporate a broader set of indicators and change milestones, which brings together performance, risk and delivery confidence to support an overall assessment of progress and trajectory.

3.3 Risks are considered alongside this, with the most significant relating to increasing demand, finite capacity and financial sustainability. These pressures are closely linked and may require adjustment during the year. They are actively managed through operational and strategic risk processes and are reflected in the Board Assurance Framework. Delivery of the Plan, alongside the agreed fee increase and ongoing efficiency activity, forms an important part of mitigating these risks.

4. Equality, diversity and inclusion implications

4.1 Equality, diversity and inclusion is embedded in how we regulate and how we operate. In 2026/27, this includes ensuring regulatory processes operate fairly, strengthening how equality is reflected in standards and guidance, and improving how impacts are understood and monitored.

4.2 Key areas of delivery arising from a recent council race equity workshop have been included in the delivery plan as part of wider EDI commitments. There are two potential further actions arising from the workshop relating to developing information sharing agreements with partner organisation and consideration of a thematic review of EDI in community pharmacy, that require further work to assess scope and resourcing. These actions will be considered as part of the six-month review.

5. Recommendations

5.1 That Council is asked to:

- **Approve** the key deliverables for 2026/27 as set out in the Delivery Plan
- **Agree** top level KPIs
- **Approve** the 2026/27 budget that supports delivery
- **Note** that we will carry out a formal six-month review to assess progress, capacity and priorities,

Jonathan Bennetts
Chief Operating Officer
General Pharmaceutical Council

18 March 2026

General Pharmaceutical Council

Delivering Year 2 of the 2025–30 Strategy: 2026/27 Annual Plan and Budget

Contents

2026–27 Delivery Plan and Budget (Year 2 of the 2025–30 Strategy)

Purpose

This paper presents the proposed 2026–27 Delivery Plan and budget, setting out how we will deliver Year 2 of the 2025–30 Strategy. It summarises the key areas of delivery across our three Strategic Aims. The detailed budget breakdown is at Appendix A**.**

The world we are operating in: Delivery in 2026–27

Pharmacy practice is evolving rapidly. Pharmacist prescribing is expanding, pharmacy technicians are taking on broader responsibilities, and more services are being delivered through online pharmacies. These developments are improving access to care but are also increasing the scale and complexity of pharmacy regulation.

Demand across regulatory functions rose significantly during 2025–26 and is expected to continue in 2026–27. In response, our focus is on meeting increased demand while strengthening how regulation operates in practice. We will do this by improving the performance of our fitness to practise work, continuing to develop our risk-based inspection model, strengthening standards and guidance, and ensuring we are equipped to respond to emerging risks.

Key priorities in 2026–27

In 2026–27, we will focus on the areas where we need to strengthen delivery, improve performance and respond to emerging risks:

- Publishing updated standards for superintendent pharmacists and new registrants, and strengthening guidance to support safe and effective practice
- Review our regulatory approach to assuring education and training standards across pharmacy education and training.
- Continuing to develop and refine our risk-based inspection model, building on efficiencies delivered last year in how we conduct and report on inspections
- Improving the performance of our fitness to practise work, including reducing aged cases and strengthening processes to progress towards meeting the Professional Standards Authority's Standard 15 for timeliness
- Address priority regulatory gaps identified in the 2025–26 pharmacy business regulatory gaps review
- Working with universities to take action on the MPharm awarding gap
- Delivering targeted public campaigns to raise awareness of the safe use of pharmacy services, including online medicines
- Improving IT systems and progressing the technology roadmap to support more efficient and effective regulation
- Strengthening organisational capability and equality, diversity and inclusion, including through workforce data, development and inclusive leadership and driving forward agreed action from the Councils recent racism equity workshop.

Budget

The proposed 2026–27 budget supports delivery of these priorities while maintaining core regulatory activity. It enables the organisation to meet rising demand across its statutory functions while investing in areas where performance and capability will have the greatest impact. The budget reflects current capacity and assumptions about delivery within existing resources. It includes provision for targeted investment and contingencies, while recognising that some future pressures are not yet fully reflected.

Equality, diversity and inclusion

In 2026–27 we will strengthen equality, diversity and inclusion across regulatory decision-making, standards development and organisational practice. This includes ensuring regulatory processes operate fairly for all registrants, that standards and guidance support inclusive practice, and strengthening how we use data and insight to understand and monitor equality impacts.

Strategic Aim 1

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

What is changing: Pharmacy professionals are taking on expanded clinical roles. Pharmacist prescribing is increasing, pharmacy technicians are taking on wider responsibilities, and more services are being delivered through digital and online pharmacy models.

What we will strengthen in 2026–27: We will strengthen regulatory standards, education routes and enforcement processes so these developments continue to support safe and effective patient care, including ensuring new registrants are supported to practice safely as prescribing responsibilities expand.

Equality, diversity and inclusion

We will ensure our standards, education assurance and regulatory processes promote fairness across the pharmacy workforce.

Regulatory delivery in 2026–27

We will continue to deliver our statutory regulatory functions at scale:

- Maintain the accreditation cycle for pharmacist, pharmacy technician and pharmacy support staff training courses.
- Deliver two Common Registration Assessment sittings for 5,000 trainee pharmacists.
- Maintain the statutory register of over 65,000 pharmacists, 27,000 pharmacy technicians and 13,000 pharmacies
- Maintain and update professional standards and guidance through a rolling review cycle, ensuring expectations support inclusive practice and address discrimination
- Review approximately 2,000 revalidation submissions
- Provide advice, support and signposting with around 26,000 calls and 26,000 emails each year.
- Undertake approximately 2,000 pharmacy inspections
- Consider approximately 10,000 concerns and reach final resolution in approximately 500 cases

Targeted improvements in 2026–27

We will deliver targeted improvements to strengthen our regulatory approach

- Develop new education routes and standards, including for internationally trained pharmacists and publication of the Initial Education and Training Standards for Pharmacy Technicians (IETPT)
- Review our regulatory approach to assuring education and training standards across pharmacy education and training.
- Publish new superintendent and responsible pharmacist standards and consult on revised standards for pharmacy professionals and pharmacies, including to support safe prescribing practice from registration.
- Refresh our Communication and Engagement Plan, including strengthening our work on equality, diversity and inclusion
- Progress registration modernisation through myGPhC, improving registration processes and strengthening premises data to support risk-based inspection
- Continue to develop and refine our risk-based inspection model, including how we target, conduct and report on inspections
- Strengthen post-registration assurance through improvements to our revalidation model.
- Increase enforcement capacity to progress fitness to practise concerns to hearing, improving timeliness and consistency

- Improve the performance of our fitness to practise processes, including reducing aged cases and strengthening case progression
- Develop and pilot an alternative pharmacy complaints handling service to support local resolution for appropriate fitness to practise concerns
- Launch an annual survey of pharmacists and pharmacy technicians to strengthen insight.

How we will measure progress

The high-level strategic metrics and key performance indicators for this aim are set out below.

Strategic metrics

- All pharmacists and pharmacy technicians meeting revalidation requirements
- All registered pharmacies meeting all our standards on inspection

KPIs

- Complete 2,000 pharmacy inspections
- Review 2.5% of revalidation submissions to assure ongoing competence
- Triage of concerns within five weeks (average)
- Fewer than 100 fitness to practise cases open longer than two years

Strategic Aim 2

Protect patients and the public by working with other people and organisations

What is changing: Pharmacy regulation increasingly operates within a wider healthcare system involving multiple regulators, healthcare organisations and professional bodies.

What we will strengthen in 2026–27: We will strengthen collaboration, intelligence sharing and engagement with patients, the public and system partners to ensure emerging risks are identified and addressed early, including working with partners to identify and address regulatory gaps and ensure our powers are used to full effect.

Equality, diversity and inclusion

We will work with partners to better understand and address the awarding gap in pharmacy education and training, including through shared data, evidence-based action and ongoing monitoring.

Regulatory engagement and collaboration in 2026–27

We will continue to deliver our regulatory engagement and collaboration.

- Work with partner regulators and professional bodies to identify and address regulatory gaps
- Engage with UK and devolved governments, NHS partners, regulators and professional bodies across Great Britain, including organisations like the Medicines and Healthcare products Regulatory Agency.
- Engage with patients, the public and the pharmacy sector to understand emerging risks and inform regulatory priorities.
- Provide regulatory advice and input to consultations, policy development and legislation affecting pharmacy practice.

Targeted improvements in 2026–27

We will deliver targeted improvements to strengthen engagement and collaboration.

- Review our use of regulatory powers to ensure they are used to full effect and address any regulatory gaps
- Address priority regulatory gaps identified in the 2025–26 pharmacy business regulatory gaps review
- Deliver targeted patient and public campaigns on online medicine safety and what to expect when using pharmacy services.
- Strengthen horizon scanning and analysis of emerging issues in pharmacy practice.
- Convene an anti-racism roundtable bringing together relevant bodies with the aim of agreed shared principles and actions.
- Work with universities to implement evidence-based actions and introduce a monitoring framework to address the MPharm awarding gap.

How we will measure progress

The high-level strategic metrics and key performance indicators for this aim are set out below.

Strategic metrics

- Number of PSA Standards of Good Regulation met.
- Elimination of the MPharm degree awarding gap and the registration assessment attainment gap by 2030

KPI and narrative insight

- Maintaining 17 PSA Standards of Good Regulation in 26/27
- Effectiveness of collaboration with partner organisations on regulatory issues
- Use of stakeholder insight to inform regulatory priorities and decisions
- Awarding gap action plans in place across all universities and a monitoring framework agreed

Strategic Aim 3

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

What is changing - Delivering effective regulation requires skilled people, strong governance and reliable technology and data.

What we will strengthen in 2026–27 - We will strengthen organisational capability, technology and financial management to support effective and efficient regulation.

Equality, diversity and inclusion

We will strengthen equality, diversity and inclusion across the organisation, including through workforce data, pay gap reporting and inclusive leadership.

Organisational delivery in 2026–27

We will deliver core organisational services to support effective and efficient regulation

- Deliver people services, including wellbeing support and the staff survey
- Deliver equality, diversity and inclusion activity, including organisational inclusion initiatives
- Maintain effective information governance, including data protection
- Maintain secure and reliable IT systems, including public-facing services and cyber security
- Provide data, research and analysis to support regulatory insight and decision-making
- Deliver financial planning and oversight, including budgeting, forecasting and reporting
- Support delivery through planning and Project Management Office (PMO) oversight

Targeted improvements in 2026–27

We will deliver targeted improvements to strengthen organisational capability, technology and financial management.

- Modernise people policies and embed the new performance and development review framework
- Strengthen equality, diversity and inclusion through workforce pay gap reporting, Disability Confident accreditation, updated EDI training and development of the EDI Strategy 2027–32.
- Deliver priority phases of the technology roadmap, including improvements to myGPhC and introducing paperless Direct Debit payments for registrants.
- Review IT architecture and applications to ensure the IT function is set-up to support effective delivery across the organisation.
- Deliver the next phase of the data reporting project to strengthen use of regulatory data.
- Pilot priority AI use cases to support regulatory insight and operational efficiency, including in revalidation, with governance in place to evaluate impact and inform future adoption.
- Deliver the Finance Improvement Plan and fee strategy, including cost savings and strengthened financial insight and cost control.

How we will measure progress

The high-level strategic metrics and key performance indicators for this aim are set out below.

Strategic metrics

- GPhC staff survey feedback demonstrating that our culture is in line with our values and with the ambitions set out in this strategic plan
- Delivering a balanced budget over the course of the five-year strategic plan and successfully implementing our cost efficiency

KPIs

- Staff engagement score maintained or improved
- Reduce both gender and ethnicity pay gaps (%)
- Forecast year-end variance to budget within 2.5%
- Achieving cumulative £1.1m in cost savings
- Core regulatory systems availability maintained at ≥98%

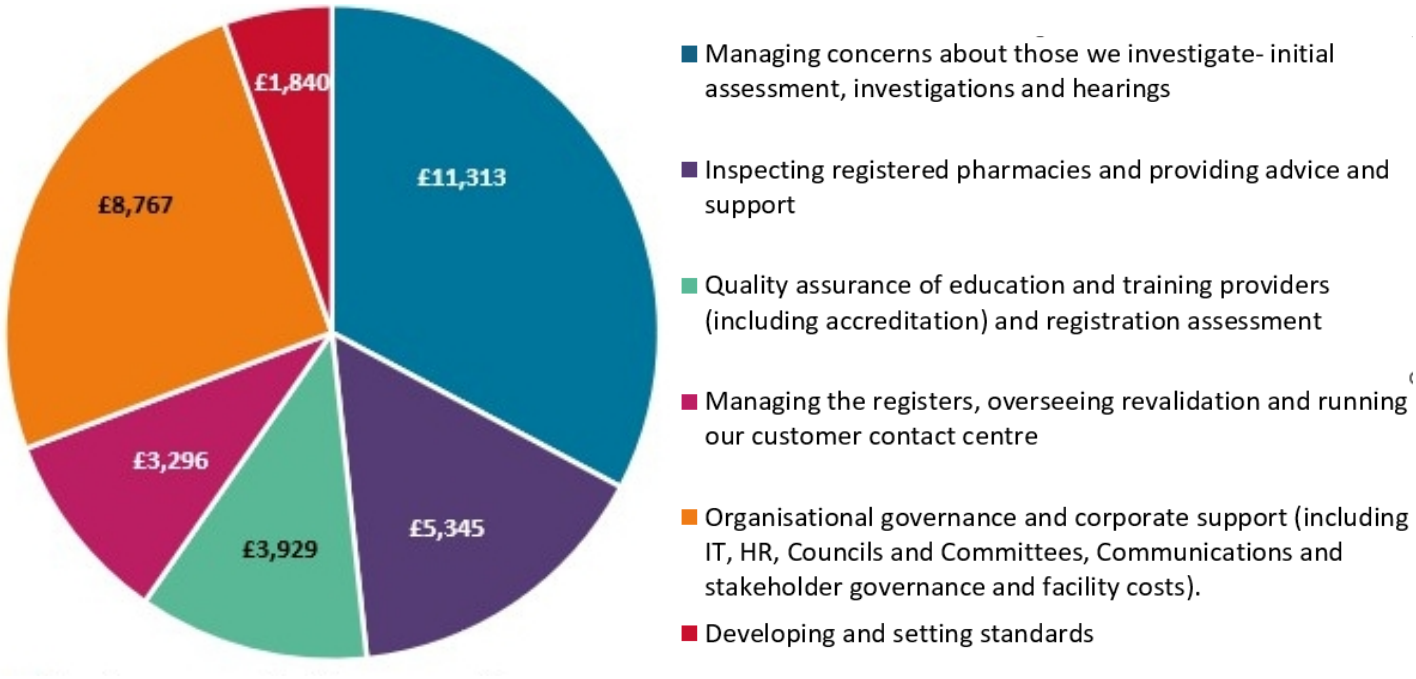
Budget supporting delivery

Delivering Year 2 of our strategy requires maintaining core regulatory activity while investing in the systems, processes and capability needed for modern, effective regulation. The 2026–27 budget supports this by ensuring the organisation can continue to carry out its statutory regulatory functions at scale while investing in priority improvements identified in the Delivery Plan.

Most expenditure supports core regulatory activity. This includes managing the register of pharmacists, pharmacy technicians and pharmacies, inspecting pharmacy premises, investigating concerns and progressing fitness to practise cases. Alongside this, the budget includes targeted investment in areas identified in the Delivery Plan to strengthen regulatory processes, systems and organisational capability.

Our expenditure and what we do

The chart below shows how we will spend our £34.5m budget in 2026–27 across our regulatory activities.



The largest areas of expenditure reflect the core work required to regulate pharmacy effectively. Most spending supports fitness to practise processes, pharmacy inspections, managing the register and assuring education and training.

Where we are investing to strengthen regulation

The 2026–27 budget reflects the increasing scale and complexity of pharmacy regulation and the growing demand for our regulatory work as pharmacists, pharmacy technicians and pharmacies take on wider roles and deliver more services across the healthcare system.

Expenditure is rising in areas directly linked to regulatory demand, including enforcement activity, inspection, regulatory hearings, registration and legal costs. The budget also includes investment in the concerns diversion service to support a more proportionate and efficient approach to managing lower-level concerns.

Investment also continues in technology, data and organisational capability to support modern, efficient regulation. Alongside this investment, we will continue to improve efficiency and value for money through delivery of the cost improvement programme.

The detailed budget breakdown supporting this section is provided in Appendix A.

Budget 2026/27

Executive Summary

The 2026/27 budget supports the delivery of the priorities set out in the Delivery Plan while maintaining financial resilience in a fast-changing regulatory and healthcare environment. It reflects the transition into the second year of the 2025–30 Strategy.

Overall Financial position

The proposed budget expects income of around £33.2m and expenditure of around £34.5m, resulting in an operating deficit of £0.6m after interest and tax in 2026/27. While short-term deficits can be managed, sustained operating deficits would not be sustainable over the medium term and would lead to a gradual erosion of reserves.

Financial Strategy

Demand for regulatory activity has grown significantly as pharmacists, pharmacy technicians and pharmacies take on wider roles and deliver new services. This has increased both the volume and complexity of the work required to regulate the sector effectively.

Subject to Council decision at the March Council meeting a proposed 6% fee increase has been incorporated in the budget effective from September 2026 to address the immediate deficit created by these pressures. Without this adjustment, the deficit for 2026/27 would have risen to £1.0m, with continued deficits projected across the remainder of the planning period. The increase forms part of a wider financial strategy in which future rises are expected to be more modest, based on normalised inflation assumed around 2.5% per year. Under this approach, the financial position is expected to stabilise, with small surpluses emerging and reserves gradually returning to the target range. This provides a more secure financial footing overall, although it limits flexibility to deliver additional commitments over the longer term.

Cost improvement Plan

Alongside the fee strategy, the organisation continues to pursue efficiencies through the cost improvement plan. Following more than £700k of structural savings delivered in 2025/26, a further £400k savings target has been set for 2026/27. Ongoing work to optimise resourcing, streamline processes and improve value for money remains essential to maintaining financial sustainability

Reserves, Risks and Emerging Pressures

Reserves remain stable and within the adjusted policy range. However, without the agreed fee increases, reserves would come under increasing pressure as deficits persist. Some Delivery Plan initiatives are still being developed and not yet fully costed. The budget therefore includes provision for contingency and anticipated investment, while delivery will need to be managed within available resources if costs increase or demand is higher than anticipated.

Budget 2026/27

1. Context

The proposed 2026/27 budget has been developed alongside the Delivery Plan to support delivery of the organisation's strategic priorities while maintaining core regulatory activity. It reflects the second year of the 2025–30 Strategy and includes a planned operating deficit of £0.6m, an improvement on earlier projections of widening deficits and an early indication of the impact of the financial strategy.

The pharmacy and healthcare landscape continues to evolve rapidly, with new services, technological change and rising regulatory expectations increasing demand for regulatory work. At the same time, inflationary pressures and wider economic conditions continue to influence the organisation's cost base. The budget therefore focuses on strengthening regulatory capacity, managing costs effectively and maintaining financial sustainability while delivering the strategy.

2. Budget Summary

Table 1 shows the projected financial position under the current fee structure. A full breakdown of the budget is provided in Annex A.1.

Table 1. Budget projection summary

	2025/26 Forecast £m	**2026/27 Forecast £m**	**2027/28 Forecast £m**	**2028/29 Forecast £m**	**2029/30 Forecast £m**
Income	30.9	33.2	35.5	37.3	38.9
Expenditure	31.3	34.5	35.4	36.7	38.1
Interest & Tax	0.8	0.7	0.7	0.7	0.7
Operating Surplus/(Deficit)	0.4	**(0.6)**	**0.8**	**1.3**	**1.5**

Under these assumptions, the organisation would expect to return an operating deficit of £0.6m in 2026/27, compared with the £0.4m expected surplus position for 2025/26. While short-term deficits can be managed, sustained operating deficits would not be financially sustainable over the medium term and would lead to a gradual erosion of reserves.

Assuming the 2026 increase is agreed, Income is expected to increase by £2.3m in 2026/27. This reflects the remaining impact of the 2025 fee increase, which is recognised in 2026/27 due to the timing of the fee increase and payments, the initial impact of the 2026 increase, alongside continued growth in registrant numbers, particularly for individual registrants.

Expenditure is expected to increase to £34.5m 2026/27, with a rise in employee costs due to more of the establishment roles being filled, professional services around key deliverables such as the registration assessment, increased associates' costs with the growing amount of regulatory activity and the continuation of the planned investment in enforcement activity to reduce the aged caseload.

3. Income and fees

Annual income for 2026/27 is expected to reach £33.2m, an increase of £2.3m (7.4%) compared with 2025/26. This reflects the timing of recent fee increase and anticipated growth in registrant numbers.

These trends will continue to be monitored closely to ensure forecasts remain robust.

Table 2: Income forecast

Income type 26/27	Amount (£000s)
Pharmacist income	21,184
Pharmacies income	5,857
Pharmacy technician income	4,111
Pre-registration income	1,589
Accreditation income	338
Other income	141
Total income	**33,220**

Table 3: Year on Year (YoY)% growth

	22/23	23/24	24/25	25/26	26/27	27/28	28/29
Pharmacists	2.5%	2.7%	2.1%	2.2%	2.4%	2.8%	2.4%
Pharmacy tech	1.5%	2.9%	3.3%	3.1%	3.0%	3.0%	3.0%
Premises	(0.3%)	(3.7%)	(0.7%)	0.4%	0.0%	0.0%	0.0%
Total	1.9%	1.9%	2.1%	2.2%	2.3%	2.5%	2.3%

We anticipate a small £0.1m increase in income from chargeable accreditation events with continuation of events around support staff and university courses.

The second year of the planned 6% fee increase, to be applied from September 2026, is subject to Council approval and is assumed in developing this budget. Fees must be set at a level that enables the organisation to deliver its regulatory duties effectively and meet its statutory obligations for public and patient safety.

4. Expenditure

Expenditure for 2026/27 is budgeted at £34.5m (see Annex A.3 for a detailed breakdown). The vast majority of this spend is committed to the delivery and support of core regulatory functions, and the remainder is directed toward change and improvement activities that enable us to modernise, strengthen capability and respond to emerging demands.

Key areas where we anticipate changes in expenditure are set out below.

4.1 Employee Costs

The budgeted headcount establishment is expected to increase by around 4% in 2026/27, reflecting the reorganisation of key functions and the development and transition of skills needed to support delivery. This growth is accompanied by a continual review of roles to ensure alignment with the cost improvement plan and to maximise the effectiveness of existing capacity.

The increase in establishment headcount is intended to strengthen organisational resilience, enabling core delivery duties to be maintained at a time of rising regulatory demand and increasing complexity in the external environment.

Table 4: Headcount comparison

Measure	Forecast 2025/26	Budget 2026/27
Establishment Headcount	318	331
Average Headcount	294	323

Income	£30.9m	£33.2m
Expenditure	£31.3m	£33.5m
Surplus/Deficit (After interest and tax)	£0.4m	(£0.6m)
Employee costs	£19.5m	£20.8m
Employee Costs as % of annual expenditure	62%	60%

As part of our budget setting, we include a vacancy-saving provision to reflect that roles will not be filled at all times. Following the changes implemented in 2025/26 and the progress made across key workstreams, we have seen more active and timely filling of roles. For 2026/27, we have therefore set a 2.5% vacancy provision, recognising the improved recruitment position while still allowing for a realistic level of turnover. This provision also reflects the need to manage periods of sickness and other forms of leave within existing resources.

For 2026/27, the budget includes an assumption of 2.5% provision for pay and reward changes, subject to agreement by the People and Culture Committee.

4.2 Enforcement activity

We are now in the second year of the two-year cost plan designed to expand our resources and strengthen our processes to reduce the aged caseload and manage the increasing complexity of new cases.

Much of the foundational work began in 2025/26, and due to the phasing of this programme, a significantly higher volume of activity is expected in 2026/27. The focus is on improving the timeliness and consistency of fitness to practise decision-making, progressing concerns and reducing the number of older cases. Delivering these improvements requires targeted investment in enforcement capacity and supporting functions.

£0.3m is also being invested in developing and piloting an alternative pharmacy complaint handling service to manage the rapidly expanding number of complaints received by the organisation at a much earlier stage and allowing resources to focus on key regulatory activities. Legal costs are expected to increase by £0.2m in 2026/27 due to the higher volume and the need for additional external advocacy to progress complex matters

4.3 Committee and associate costs

Costs are expected to increase by £0.2m in 2026/27, reflecting a higher number of hearing days as we continue to progress older cases and manage a growing volume of complex matters. This requires additional committee and associate capacity to support hearings, case management and related regulatory processes.

Costs will also increase by £0.1m due to a higher volume of accreditation activity planned for 2026/27, aligned with university cycles and the continued development of accreditation activity for support staff courses.

4.4 Registration assessment

There has been a £0.3m increase in the cost of facilitating the registration assessment. A new contract was tendered during the year, reflecting the delayed impact of inflationary increases. This is combined with the growing number of candidates expected to sit the assessment and the need to accommodate a higher volume of adjustments.

4.5 Professional Services

Professional services cover the cost of external expertise and specialist support the organisation requires. This includes things like consultancy for non-recurring or project-specific work, audit and assurance activity, and professional subscriptions such as legal services.

As outlined in the strategic plan, new areas of work will also begin during the year, including development of an alternative pharmacy complaints handling service, planned audits, further work on understanding differential attainment in the registration assessment.

4.6 IT Costs

A small rise in IT costs £0.1m is expected, as this area remains particularly exposed to supplier price increases and higher licensing and development support requirements linked to system changes. However, IT expenditure is a key focus of the 2026/27 cost improvement plan, and we anticipate that savings will be identified as part of this work

The IT roadmap for the coming year includes several major programmes of work. These include transitioning to a new network supplier, upgrading network infrastructure, strengthening cyber security and data protection measures, and improving digital services such as MyGPhC and online payments. Investment will also continue in the organisation's data and reporting capabilities and the transition to a modern CRM platform.

4.7 Other costs

The remaining categories show minimal variance when compared with the 2025/26 expected forecast position. However, this does not reflect the significant work undertaken to avoid cost increases and to manage higher volumes within existing expenditure envelopes.

4.8 Depreciation

Depreciation costs are also expected to increase by £0.5m. This reflects a shift after several years of limited capital investment, with new systems and infrastructure now moving into delivery and becoming operational. Cost is expected to substantially increase over the coming years as we complete projects aligned to the IT roadmap.

Table 5: Cost impact of the existing and proposed capital projects

	Cost £000's	To FY2026 £000's	2026/27 £000's	2027/28 £000's	2028/29 £000's
Tangible fixed assets (currently being depreciated)	6,387	4,681	621	544	541
Development projects (currently being depreciated)	535	267	191	47	30
Projects as per IT roadmap	3,764	4	620	1,339	1,802
Total depreciation			**1,433**	**1,929**	**2,373**

5. Cost Improvement Plan (CIP)

Reducing costs remains a key element of the GPhC financial strategy. As part of the 2025–30 financial strategy, a minimum savings target of £1.5m was set across the plan period. In the first year of the plan, over £700k in structural efficiencies were identified, exceeding the annual target of £400k. These permanent reductions were achieved through a review of roles and headcount managed through natural turnover, renegotiation of contracts to secure better value for money, and process improvements that created greater efficiency across the organisation.

For 2026/27, a further savings target of £400k has been set. With many opportunities already realised and regulatory demand continuing to grow, identifying additional structural savings will become increasingly challenging. Progress against the cost improvement plan will continue to be monitored by the Finance and Planning Committee.

6. Reserves, Cash and Investments

6.1 Reserves

Our reserves policy is to maintain a level of general reserves equivalent to 4–6 months of operating expenditure. By the end of 2025/26, we expect reserves to be around 4.6 months of operating expenditure (see Annex A.4 for further detail).

Reserves are a key measure of our financial sustainability and provide essential protection against a range of risks and challenges. They enable us to:

- Fund future spending needs, including capital investment aligned to our IT and infrastructure plans
- Respond flexibly and at pace to opportunities, challenges or emerging initiatives
- Manage working capital to support business continuity
- Absorb unexpected events that may increase expenditure or reduce income, including timing delays in the recognition of fee changes

The reserves strategy includes a temporary lowering of the minimum reserves level to no lower than two months at any point, with an average target of 3 months. As we work towards eliminating deficits and moving towards a more financially sound position.

With the implementation of the financial strategy, reserves are expected to remain within the adjusted policy range over the plan and return to just above the minimum required level by 2029/30.

The baseline financial projection showed sustained deficits and full depletion of reserves over the medium term. However, by progressing the initial phases of the financial strategy, we have reduced the scale of the deficits and strengthened the reserves position, placing us on a more stable footing. This improvement is positive but not sufficient on its own; continued delivery of the next phases of the strategy will be essential to ensure our financial resilience in a period of fast-paced sector growth and rising demand.

6.2 Cash & Investments

With the application of the 2025 fee increase the cash balance is expected to increase over the 2026/27 financial year in comparison to the prior year. This in turn will also see a direct increase deferred income liability. The balance will reduce over the year due to the phasing of receipts against spending; however, the pattern will remain consistent with previous trends. The GPhC expects to maintain an appropriate level of cash and the balance is not expected to fall below £19m. (please see Annex A.5)

The GPhC started £15m investment portfolio over 5 years comprised of corporate bonds, sovereign bonds, and equities through our investment partner. The objective being to maximise the effectiveness of funding over the longer term. The fixed portion of the investment has provided stable returns to date; however, the value of the market investments has been less predictable but has seen a fair performance recently after the initial peaks and lows.

To date we have recognised a net gain on the investment of £1.4m, due to the limited nature of this income. This amount has been assigned to a designated reserve and has been allocated to fund one off improvement projects which include the development of the data lake to maximise our data insights work and to help manage the operational aspects of the change in worker status for associates.

Entering into the 2025-2030 the aim is to reduce down the balance of the investment fund to £10m to further diversify our capital at a time or decreasing interest rates and volatile capital market. This will be a phased approach as the bonds mature.

The net impact of any changes will be reflected in the GPhC's year-end financial position and are managed through the GPhC reserves. The performance will be closely monitored and subject to review via the finance and planning committee. Any extremes will be proactively managed.

7. Assumptions, risks and uncertainties

The budget has been developed using a set of key assumptions about activity levels, income and cost, including delivery within current capacity, fee income and provision for contingency and anticipated investment.

It is also subject to a number of risks and uncertainties, particularly in the context of rising demand, cost pressures and wider changes across the pharmacy and healthcare landscape. The key assumptions and risks are set out below

Table 6 - Summary of the key underlying assumptions for the 2026/27 budget

	Assumptions
Included	Planned work can be completed with current capacity
Included	6% Fee increase from September 2026
Included	2.5% pay provision
Included	2.5% vacancy saving
Included	Provisional fee increases at 2.5% for September 2027-2029
Included	300k in general contingency including investment following education and IT application reviews
Included	£250k contingency for unforeseen events
Included	£400k in structural cost reduction target
Not Included	Funding for any developments that might be needed in business regulation
Not Included	New CEO in post and may require funding for initiatives they want to take forward
Not Included	Further/faster growth in regulatory activity

Table 7 - Risk and opportunities

Risks and opportunities	Likelihood	Impact	Total risk
Unexpected increases in volume of operational activities such as in fitness to practice	4	4	High
Unplanned or unexpected activities driving increased costs including restructure activities	3	4	High
Reserves maintaining appropriate level of reserves	2	4	Medium
Inflation leading to increased costs being passed on from suppliers	4	3	High
Delays to capital projects: reducing risk for the current year by pushing costs further down the line to a different period (though it could be more expensive to complete if costs go up)	4	2	Medium
Wider government decisions on healthcare may generate cost risk	3	4	High
Responding to wider pharmacy issues (Pharmacy ownership, weight management etc)	4	4	High
Investment: unpredictable and volatile market leading to lower returns	4	3	High

These assumptions and risks will be actively monitored and managed throughout the year.

Vanessa Clarke, Principal Finance Officer
General Pharmaceutical Council

ANNEX

A1. Income and Expenditure

	2025/26 Budget £000's	2025/26 Reforecast 3 £000's	2026/2076 Budget £000's	2027/2028 Projection £000's	2028/2029 Projection £000's	2026/27 Variance £000's	2026/27 Variance %
Income							
Pharmacist income	19,296	19,806	21,184	22,899	24,178	1,379	7.0%
Premises income	5,449	5,588	5,857	6,161	6,327	269	4.8%
Pharmacy technician income	3,756	3,846	4,111	4,416	4,738	265	6.9%
Pre-registration income	1,209	1,312	1,589	1,665	1,706	276	21.0%
Other income	483	373	479	389	353	106	28.6%
Total income	**30,192**	**30,925**	**33,220**	**35,531**	**37,303**	**2,295**	**7.4%**
Expenditure							
Total employee costs: Payroll	19,599	19,538	20,813	21,236	21,761	(1,275)	(6.5%)
Total employee costs: Other	942	953	836	934	814	116	12.2%
Total employee costs	**20,541**	**20,491**	**21,649**	**22,170**	**22,576**	(1,158)	(5.7%)
Total committee and associate costs	2,824	2,595	3,091	2,909	2,811	(495)	(19.1%)
Total professional services	1,159	893	1,429	1,379	1,394	(536)	(60.0%)
Registration assessment facilitation	957	880	1,181	1,181	1,181	(302)	(34.3%)
Total legal costs	1,312	836	1,026	976	976	(190)	(22.8%)
Total IT costs	2,288	2,215	2,320	2,417	2,520	(105)	(4.7%)
Total event costs	119	58	107	111	112	(49)	(85.4%)
Total office costs	134	123	91	93	95	32	25.8%
Total property cost	408	383	385	410	415	(1)	(0.4%)
Total building cost	1,521	1,380	1,455	1,481	1,508	(74)	(5.4%)
Total financial cost	210	192	180	204	198	12	6.4%
Total depreciation	1,115	956	1,433	1,929	2,373	(478)	(50.0%)
Total other costs	62	40	32	33	34	7	18.2%
PSA levy costs	255	255	261	270	278	(5)	(2.1%)
Efficiency savings	393	-	(400)	(400)	-	400	-
Contingency			250	250	250	(250)	-
Total expenditure	**33,298**	**31,296**	**34,489**	**35,414**	**36,721**	**(2,943)**	**(9.4%)**
Interest and tax	875	778	720	720	720	(58)	(7.4%)
Net operating surplus/(deficit) after interest and tax	**(2,231)**	**406**	**(550)**	**837**	**1,301**	**(956)**	**(235.3%)**
Change in Market Value on Investments		-	-	-	-		
Surplus / Deficit for the Period	**(2,231)**	**406**	**(550)**	**837**	**1,301**		

Average Registrant numbers					
- Pharmacist	66,680	67,205	68,827	70,762	72,435
- Premises	13,207	13,268	13,268	13,268	13,268
- Pharmacy Technicians	27,682	27,774	28,610	29,472	30,359

A2. Income breakdown

	2025/26 Budget £000's	2025/26 Reforecast £000's	2026/27 Budget £000's	2026/27 Variance £000's	2026/27 Variance %
Pharmacist Income					
Practising Registrant Fees	18,267	18,507	19,873	1,366	7.4%
Application & Upgrade Fees	349	368	387	19	5.2%
Independent Prescriber Fees	259	305	316	11	3.5%
Registrant Administration Fee	45	46	48	2	3.5%
Scrutiny Fee - Pharmacist	-	-	-		
Pharmacist Restoration Fee	84	96	104	8	8.7%
Adjudicating Committee Fee	291	483	456	(27)	(5.6%)
Total Pharmacist Income	**19,296**	**19,806**	**21,184**	**1,379**	**7.0%**
Premises Income					
Premises Retention Fee	5,177	5,297	5,562	265	5.0%
Premises Registration Fee	169	213	213	0	0.0%
Premises Administration Fee	61	55	61	6	11.0%
Premises Restoration Fee	39	25	21	(4)	(15.7%)
Premises Internet Logo Fee	3	- 2	-	2	(100.0%)
Total Premises Income	**5,449**	**5,588**	**5,857**	**269**	**4.8%**
Pharmacy Technician Income					
Practising Pharmacy Technician	178	232	216	(17)	(7.1%)
Application Fees	3,548	3,588	3,862	275	7.7%
Scrutiny Fee Technician	-	-	-		
Pharmacy Technician Restoration Fee	30	26	33	6	24.0%
Total Technician Income	**3,756**	**3,846**	**4,111**	**265**	**6.9%**
Pre-Registration Income					
Pre-Registration Training Fee	425	484	520	37	7.6%
Pre-Registration Exam Fee	784	828	1,068	240	28.9%
Total Pre-Registration Income	**1,209**	**1,312**	**1,589**	**276**	**21.0%**
Total Fee Income	**29,709**	**30,552**	**32,740**	**2,188**	**7.2%**
Room Hire Income	-	-	-		
Data Subscription Income	36	34	36	2	6.8%
Prison Visits	14	18	16	(2)	(11.6%)
Accreditation Income	382	223	338	115	51.6%
Grants	-	-	-		
Other Income	50	98	89	(9)	(9.1%)
Total Other Income	**483**	**373**	**479**	**106**	**28.6%**
Total Income	**30,192**	**30,925**	**33,220**	**2,295**	**7.4%**

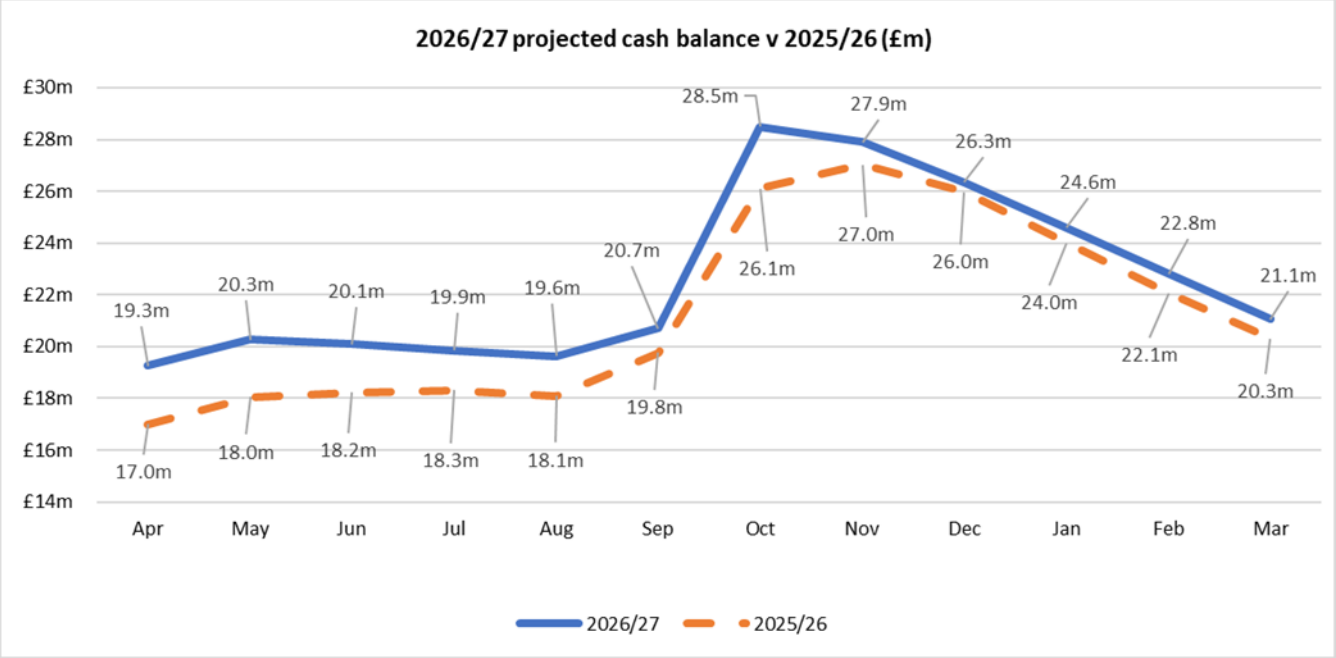
A3. Expenditure by department

	2025/26 Budget £000's	2025/26 Reforecast 3 £000's	2026/27 Budget £000's	2026/27 Variance £000's	2026/27 Variance %
Governance	466	452	353	(98)	(21.8%)
Chief Executive & Registrar Executive Lead	1,071	1,092	1,084	(8)	(0.7%)
Council	383	549	380	(170)	(30.9%)
Chief Executive Officer	**1,921**	**2,093**	**1,817**	**(276)**	**(13.2%)**
Professionals Regulation	2,370	2,311	3,060	749	32.4%
Hearings Management & Committee Costs	2,125	2,161	2,419	258	11.9%
Initial Assessment	1,253	966	1,114	147	15.3%
Professional Regulation Team Legal	1,402	1,309	1,466	157	12.0%
Chief Enforcement Officer Executive Lead	999	677	1,185	508	75.1%
Chief Enforcement Officer	**8,150**	**7,424**	**9,244**	**1,820**	**24.5%**
Associates & Partners	287	329	332	2	0.7%
Application Development & Support	943	902	1,114	212	23.5%
Associate COF -Technology Department Head	147	320	389	69	21.6%
Infrastructure Development	847	820	1,092	272	33.2%
IT Service Delivery	1,882	1,834	1,849	15	0.8%
Facilities	2,618	2,452	2,493	42	1.7%
Business Planning	631	596	507	(89)	(14.9%)
Human Resources	1,629	1,834	1,625	(209)	(11.4%)
Chief Operating Officer Executive Lead	199	198	204	6	2.8%
Registration and Customer Services	2,205	1,865	2,111	246	13.2%
Assurance and Information Governance	390	311	370	59	18.9%
Finance and Procurement	1,411	1,379	1,401	22	1.6%
Chief Operating Officer	**13,190**	**12,841**	**13,487**	**646**	**5.0%**
Clinical Advisors & Inspectors	413	382	396	13	3.5%
Data and Research	749	565	649	85	15.0%
Inspection	3,667	3,494	3,617	124	3.5%
Chief Pharmacy Officer Executive Lead	377	329	440	110	33.5%
Chief Pharmacy Officer	**5,206**	**4,770**	**5,102**	**332**	**7.0%**
Chief Standards Officer Executive Lead	417	446	531	86	19.2%
Communications	990	891	1,061	170	19.1%
Policy and Standards	405	309	341	32	10.3%
Quality Assurance of Registration Exam	1,971	1,753	2,158	405	23.1%
Education Policy	277	275	288	13	4.6%
Quality Assurance of Accreditation	812	628	868	240	38.3%
Chief Standards Officer	**4,872**	**4,301**	**5,246**	**945**	**22.0%**
Efficiency savings	(40)	(133)	(407)	**(274)**	**206.1%**
Total Expenditure	**33,298**	**31,296**	**34,489**	**3,193**	**10.2%**

A4. Balance sheet

	Actual		Projected			
	Mar-24 £000's	Mar-25 £000's	Mar-26 £000's	Mar-27 £000's	Mar-28 £000's	Mar-29 £000's
Fixed assets						
Tangible assets	6,073	5,459	4,681	4,788	4,177	3,570
Intangible assets	432	370	311	1,634	1,804	1,371
Fixed assets	6,505	5,829	4,992	6,422	5,981	4,941
Investments	16,897	15,018	15,495	15,495	15,495	15,495
	23,402	**20,847**	**20,488**	**21,918**	**21,476**	**20,437**
Current assets						
Debtors	2,476	3,024	2,814	2,814	2,814	2,814
Bank and cash	16,146	18,150	20,013	17,837	18,919	21,064
	18,622	**21,174**	**22,827**	**20,651**	**21,733**	**23,877**
Creditors: amounts falling due within one year	(18,592)	(20,480)	(20,736)	(20,736)	(20,736)	(20,736)
Net current assets	**30**	**694**	**2,091**	**(85)**	**997**	**3,142**
Total assets less current liabilities	23,432	21,541	22,579	21,832	22,473	23,578
Creditors: amounts falling due after more than one year	(1,908)	(1,734)	(1,685)	(1,488)	(1,292)	(1,096)
Provision for liabilities	(393)	(234)	(161)	(161)	(161)	(161)
Total net assets	**21,131**	**19,573**	**20,733**	**20,184**	**21,020**	**22,322**
Funds employed						
Accumulated surplus						
-General Reserve	11,129	13,744	11,961	9,981	11,259	13,600
-Designated Reserve	2,000	2,000	2,000	2,000	2,000	2,000
-Accomodation (net)			477	477	477	477
-Investment	1,497	1,800	1,303	1,303	1,303	1,303
-Fixed Asset Reserve	6,505	5,829	4,992	6,422	5,981	4,941
Total funds employed	**21,131**	**19,573**	**20,733**	**20,184**	**21,020**	**22,322**
Monthly Operating Expenditure	**2,407**	**2,558**	**2,608**	**2,874**	**2,951**	**3,060**
Months of operating	**4.6**	**5.4**	**4.6**	**3.5**	**3.8**	**4.4**
Expenditure	28,888	30,700	31,296	34,489	35,414	36,721

A5. Cash balance



Excludes investment with Goldman Sachs