General Pharmaceutical Council

10 Year Workforce Plan - call for evidence document

Department of Health and Social Care

Date of consultation – 7 November 2025

Introduction

As the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in Great Britain, our role is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmacy services. We have a statutory role in relation to system regulation (as we regulate registered pharmacies) as well as the professional regulation of individual pharmacists and pharmacy technicians. Our main work includes:

• setting standards for the education and training of pharmacists, pharmacy technicians and pharmacy support staff, and approving and accrediting their qualifications and training
• maintaining a register of pharmacists, pharmacy technicians and pharmacies
• setting the standards that pharmacy professionals must meet throughout their careers
• investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public or to uphold public confidence in pharmacy
• setting standards for registered pharmacies which require them to provide a safe and effective service to patients
• inspecting registered pharmacies to check if they are meeting our standards for pharmacy premises

The General Pharmaceutical Council (GPhC) is committed to maintaining high standards of safety and quality in pharmacy. Our **strategy for 2025-2030** sets out 3 aims:

- Empower pharmacists and pharmacy technicians to provide trusted, safe and effective Pharmacy Care
- Protect patients and the public by working with healthcare regulators and other organisations
- Build a skilled, agile and inclusive organisation to regulate effectively and efficiently

The 10-year Health Plan for England, along with national health strategies in Scotland and Wales, are reshaping how health and pharmacy services are delivered and will influence how we regulate. We will continue to collaborate closely with other healthcare regulators, professional leadership bodies,

education and training providers and others to use the powers available to us to achieve our mission of putting safe and effective pharmacy at the heart of healthier communities.

Question/theme 1

Demographic questions

About you

In what capacity are you responding to this survey?

- An individual sharing my personal views and experiences
- An individual sharing my professional views
- **On behalf of an organisation**

Questions for organisations

What is the name of the organisation you are submitting evidence for? **GPhC**

What type of organisation are you responding on behalf of? Select all that apply.

- Business
- Not for profit organisation
- Academic institution
- Public sector body
- **Other, please specify - Private Sector Pharmacy and Pharmacy Professional Regulation**

Where does your organisation operate or provide services? Select all that apply.

- **England**
- **Wales**
- **Scotland**
- Northern Ireland
- The whole of the UK
- Outside of the UK

You will be asked to confirm that you have received clearance from the relevant senior director or equivalent to submit evidence on behalf of your organisation.

Section 1: the 3 shifts

The NHS must change. Our 10 Year Health Plan makes clear our ambition to move from a centralised system to one where patients have greater control over their care and frontline staff are empowered to shape and improve services. We know that those working closest to patients understand best how local services can be delivered.

We want to hear from organisations, clinicians, staff groups and partners who are already driving change at a local level.

We are seeking evidence on how the 3 shifts are being implemented locally, and the impact on your workforce. Where possible, please support your submission with data and measurable outcomes, so we can learn from what is working well and apply those lessons across the NHS.

In this section, please submit evidence of:

- where you have delivered or observed new digital initiatives that improved patient care
- where you have already seen or begun to deliver a shift from hospital-based care to community care
- where you have already seen or begun to deliver preventative care services
- which professions, roles and skills were critical to successful implementation for each example
- any barriers to ensuring the right professions, roles and skills were involved, and how you overcame these barriers

Summary of response:

Technology

In our previous response to the Change NHS call for evidence we recognised the potential positive impact that technology and new digital initiatives could have on those working in pharmacy, providing a 'seamless journey' for patients as well as providing stronger communications between pharmacist and pharmacy technicians and the wider healthcare professional workforce.

We continue to recognise the important role that technology plays in pharmacy practice and, through our standards for the initial education and training of pharmacists, we make sure that all pharmacists joining the register are competent in this area. We also want to make sure that pharmacy technicians are prepared to navigate digital systems confidently and we are **consulting on new initial education and training standards** which include new learning outcomes on digital technology.

Importantly, to ensure pharmacists and pharmacy technicians are familiar with and understand the technology, systems and devices they will be required to use from day one in practice, these must be appropriately integrated into curriculum design.

Our **guidance for registered pharmacies providing pharmacy services at a distance, including on the internet**, which was published earlier this year, helps to further expand and enable pharmacy professionals to provide key health services in safe, further reaching ways. We have noted an increase in online pharmacy services in recent years, providing alternatives to the traditional 'brick and mortar' pharmacies and allowing individuals greater choice in where and how they access healthcare. However, we recognise that such services can present challenges and risk, which our patient voice forum highlighted in our previous response to the **NHS 10-year plan public survey**.

We welcome the new Regulatory Innovation Office's early focus on digital and AI in healthcare and continue to explore how we as a regulator can help promote and support the safe and effective use of such technological advances.

Preventative care services

Similarly, we previously recognised the important role community pharmacy has and could further play in the delivery of early preventative care services. We have knowledge of how community pharmacies are well placed to support public health awareness campaigns and educate patients on wellbeing and

healthy lifestyle options, as well as their role in prescribing, and where appropriate, de-prescribing of medicines to help aid patient empowerment.

Part of our work, as we look forward, is considering the expanded scope of practice for pharmacists and pharmacy technicians and how they continue to practice safely in expanded roles post-registration. We are aware that the consultation discusses the possible impact that community pharmacy will have in the clinical management of patients with long-term health conditions. Whilst expanded pharmacy roles could raise capacity considerations; we also recognise the opportunities that come from these wider clinical roles.

2026 will see most newly registered pharmacists qualify as independent prescribers, increasing the number of healthcare professionals who can offer early intervention through informed prescribing, which helps support the ambition of a community-based shift in patient care. The challenge will be to ensure the consistent, wide-spread availability of pharmacy prescribing services. We know from our own patient engagement work that the public are confident in the ability of pharmacists to prescribe but will only use pharmacy as their first port of call for prescribing-based advice if they can be sure that a prescriber will be available to give advice and prescribe.

Challenges

We are aware that digital integration and interoperability across healthcare is still not where it currently needs to be. This is especially so in private healthcare services, creating a challenge in integrating private care with NHS services.

We are also aware of the resource challenge in creating and integrating any new type of technology, as well as making sure that the public feel confident in using such platforms.

As stated previously, some of the biggest challenges facing the pharmacy workforce are workplace pressures, a reliance on locum staff to supplement the workforce and varying public knowledge of the services being offered by their local pharmacy. Whilst future pharmacists joining the register as independent prescribers will increase prescribing capacity in community pharmacy, we are not able to further comment on how some of these barriers are overcome as they fall outside of our regulatory responsibility to advise on.

As we have noted above, early access to technology by trainee pharmacists and pharmacy technicians is key.

Section 2: modelling assumptions

The workforce we build today will determine whether we can deliver the ambitions of the 10 Year Health Plan. That means challenging old assumptions, testing new ideas and being honest about what the future demands.

Big changes are coming. Artificial intelligence, breakthroughs in genomics and an ageing population will transform the way care is delivered. We need to capitalise on these shifts now or the NHS risks being left behind.

We need the insight of those who see, every day, what really works for staff and citizens - be that in the NHS, in other sectors or in other healthcare systems around the world. Your evidence will help us build a workforce that is ready, resilient and capable of delivering world-class care.

In this section, please submit evidence of:

- specific assumptions you use in workforce modelling - for example, how service redesign such as new community services or digital models of care might affect the numbers, deployment and/or skill mix of staff
- how that impacts on workforce supply and demand, including career and training pathways

Please provide clear examples and, where possible, support them with data.

Summary of response:

Whilst, as the regulator, we are unable to draw specific assumptions about workforce models and impacts, we can provide some general observations. As technology expands, there will be the need for pharmacists and pharmacy technicians to develop and maintain their digital skills during both initial education and training and as part of ongoing post registration practice. We are reflecting this in the standards we set as a regulator.

There will also be a need to keep resource and capacity considerations under continual review and recognise the potential lag time between the implementation of new models of care and technological advances and delivery of expected results.

Section 3: productivity gains from wider 10 Year Health Plan implementation

In his independent investigation of the NHS in England, Lord Darzi said:

Falling productivity doesn't reduce the workload for staff. Rather, it crushes their enjoyment of work. Instead of putting their time and talents into achieving better outcomes, clinicians' efforts are wasted on solving process problems, such as ringing around wards desperately trying to find available beds.

To deliver transformational change we must improve productivity. This does not mean asking staff to work harder, it means changing the way we deploy staff in response to other developments, making it easier for them to do their jobs and bringing back their enjoyment of work.

In this section, please provide evidence of:

- the top digital initiatives you have delivered - in the NHS, other sectors or internationally - that have successfully increased workforce productivity or reduced demand
- actions taken to identify and address gaps in training (pre or post-registration) that support delivery of the 3 shifts
- policies or initiatives that have enabled the NHS to play a bigger role in local communities (for example, widening access, creating opportunities or supporting underserved groups)
- where you have managed changing expectations and increased patient participation in their care through digital tools and, where applicable, you have adjusted workforce planning to reflect this (for example, increased training to deliver new approaches to diabetes management to reflect new digital tools)

Please provide specific examples, supported by data where available.

Summary of response:

Current and forthcoming standards

We have produced new standards for Chief Pharmacists and will be looking to consult on further standards for Superintendent Pharmacists and Responsible Pharmacists as well as rules for Responsible Pharmacists. These standards help empower individuals undertaking these leadership roles as well as set our clear expectations as to what is expected of registrants in these roles.

As detailed above, we have completed the implementation of our new initial education and training standards for pharmacists. These standards introduced a number of important changes to make sure pharmacists are equipped for their future roles, including producing newly qualified pharmacists from 2026 onwards who are proficient prescribers that are confident and capable of, operating in multi-professional teams. The standards also emphasise the application of science in clinical practice and include a greater focus on professional judgement, management of risk, and diagnostic and consultation skills to ensure the safe and effective use of medicines and the delivery of compassionate, empathetic care.

A challenge in achieving the shift from hospital to community care will be the extent to which universities and training providers take into account the desired shift when redesigning their curriculums.

We are also consulting on new initial education and training standards for pharmacy technicians, seeking to prepare well-rounded pharmacy technicians to enter the profession who can confidently work as part of multidisciplinary teams across various pharmacy settings, demonstrate initiative and independence in delivering healthcare and pharmacy services to patients and the public, and deliver effective person-centred care and clinical practice.

Of particular significance is a proposal to raise the qualification level for pharmacy technicians which should produce more confident practitioners who are able to work with increasing autonomy.

This helps align our work with the wider shifting plans of the NHS and its workforce in both and pre and post registration periods.

Post Registration assurance

Along with the development of new standards for initial education and training of pharmacists and pharmacy technicians, we are also considering the post-registration assurance of practice. We are continuing to engage with a range of stakeholders to look at how we, as the regulatory body, along with professional bodies, commissioners of services, employers, education and training bodies and others involved with pharmacy all contribute towards effective assurance of post-registration practice. We have developed and are about to publish resources in relation to this, including a document setting out the layers of regulation and assurance in pharmacy and a position statement on scope of practice.

Revalidation evaluation

We conducted an evaluation of our revalidation framework last year with an external research agency. Through a combination of qualitative and quantitative data, including a month-long registrant survey and smaller focus groups, the external research agency provided recommendations for possible improvements to the current framework.

Work has begun on an initial discovery period with changes being made where appropriate. We intend to ensure a robust revalidation framework that encourages pharmacists and pharmacy technicians to

continually develop their knowledge and skills and demonstrate how they are providing safe and effective care in a rapidly changing health and care landscape. We will also consider how we can meaningfully integrate equality, diversity and inclusion and wellbeing considerations into our process to further expand our registrant's engagement in these areas.

These outcomes provide harmonisation with the wider overarching framework set out in the NHS 10-year health plan. Whilst we do not specifically look to include reference to the three areas of change, we recognise that our framework is adaptable for our registrants working in those areas and geographic locations to provide a focus on how they are helping to fulfil the NHS England wider plans through their revalidation records.

Observation of NHS initiatives

Whilst, as a regulator, we have not developed specific policies or initiatives regarding the NHS role in creating stronger local community healthcare, we have witnessed the positive impact that those working in community pharmacy have had towards this goal.

The launch of Pharmacy First England, at the start of this year, helped raise awareness of the vital work and services carried out by community pharmacists to treat a range of conditions, as well as offer wider health and wellbeing advice.

As detailed above, the changes to our initial education and training for pharmacists will result in a significant number of prescribing ready pharmacists qualifying and joining the register in 2026 which will support initiatives for stronger local communities of care.

Our current consultation on draft standards for the initial education and training of pharmacy technicians and other key policy work mentioned above continues to consider various NHS and wider health initiatives across Great Britain.

These include the NHS 10-Year Health Plan for England, A Healthier Wales, and Scotland's Population Health Framework and Health and Social Care Renewal Framework, the introduction of Patient Group Directions, the formalisation and consolidation of Integrated Care Systems (ICSs) and the recent government consultation on pharmacy supervision. We recently published our **thematic review of DHSC's hub and spoke dispensing model**, which provides insights as to what worked well and what areas required improvement, as well as key recommendations that pharmacies should consider when establishing such a model.

Our forthcoming standards and rules for Responsible Pharmacists and standards for Superintendent Pharmacists has considered such initiatives in their conception and we will continue to engage with NHS representative bodies and individuals working within NHS organisations to make sure our work is supportive of wider health goals.

Public and Patient Forum

Previously we responded to the 10-year plan public survey with evidence provided by attendees of our public and patient forum. Patient and Public Voice is a feedback forum that enables the GPhC to listen to the experiences, needs and views of members so that we can better understand the issues that matter to them.

Whilst we cannot specifically comment on changing patient participation in their care through digital tools, we can share insights from the group's previous response.

Members of the forum expressed mixed views regarding the use of the NHS app, some found it timesaving, whilst others had communication issues at times with it telling them that prescriptions were ready when they weren't. Some people also expressed confusion about the range of different apps and told us it was challenging at times to control their prescriptions.

Whilst forum members appreciated that the technology was easy to use for many, they also shared that there is further risk of digital exclusion for some, which would increase health inequalities due to existing digital poverty and literacy. They mentioned that alternative access to services should always be available to provide an equitable service overall.

Section 4: culture and values

The 10 Year Health Plan made it clear that great culture and great leadership go hand in hand with better quality care. When staff feel valued and supported, patients see the benefits.

We are committed to empowering leaders and managers at every level of the NHS to do better - to focus relentlessly on access, experience and outcomes for patients and communities. We know the best ideas often come from those already driving change on the ground.

We want your evidence and experiences on what works in building a positive culture where leadership is strong, the quality of care is high, and staff are supported to thrive - and what must change to make that the norm everywhere.

In this section, please provide evidence of:

- policy interventions that have directly improved workforce outcomes and patient outcomes (for example, retention, staff wellbeing, reducing sickness absence, as well as better quality care)
- approaches that have successfully embedded strong core values into everyday leadership, decision making and service delivery
- systems or practices that ensure leaders at all levels actively listen to staff feedback - particularly from underrepresented groups - and act on it

Please provide specific examples, supported by data where available.

Summary of response:

Standards for pharmacy professionals

Whilst we cannot comment by way of direct evidence regarding systems and practices to improve leadership, core values and workforce outcomes, we would like to draw DHSC's attention to our existing and forthcoming standards for pharmacy professionals.

Our existing standards for pharmacy professionals, standards for pharmacy premises, standards for Chief Pharmacists and guidance seek to ensure a safe and effective pharmacy team. All contain direct and indirect references to embedding core values, leadership, staffing policies and responding to feedback. We will make sure that the same values are featured within our forthcoming Responsible Pharmacist and Superintendent Pharmacist standards.

Our initial education and training standards for both pharmacists and pharmacy technicians also embed requirements regarding leadership, decision making and delivery and improvement of services. They

provide prospective pharmacists and pharmacy technicians with the knowledge, skills, understanding and behaviours necessary to build and maintain a positive culture and values from the outset. Principles of equality, diversity and inclusion, as well as leadership already form an essential part of the initial education and training standards for pharmacists, and we are now consulting on embedding these in the standards for the initial education and training of pharmacy technicians.

When looking at a specific example regarding active listening to feedback, we have requested that Chief Pharmacists put feedback systems in place to help with the development of pharmacy services. We also have a collection of positive examples of culture and feedback being established that can be found at our **inspection knowledge hub for the pharmacy team**.

Section 5: any additional comments

Please include any other comments, information or evidence you would like to share as part of this call for evidence that you think would help deliver the ambitions of the 10 Year Health Plan. (Optional, maximum 250 words.)

Summary of response:

If you would like to discuss the points raised in this response, or any other aspect of the GPhC's work, please do not hesitate to contact us.

Lynsey Cleland

Chief Standards Officer

7 November 2025