

Council meeting – May 2026

Thursday, 14 May 2026 (Online)

- Public meeting: 16.00-17.00

Public meeting

Time	Mins	Standing Items	
16.00	5	Welcome and declarations of interest	Gisela Abbam
		Minutes of the March meeting	Gisela Abbam
		- Minutes of the public Council meeting on 26 March 2026 - Action arising	
		<i>For approval</i>	
16.05	10	Strategic Communications and Engagement - Chair and Executive update	Gisela Abbam Kathie Cashell
		Substantive items for decision and discussion	
		Regulatory:	
		Items for reporting	
16.15	20	Council Update - Enforcement	Dionne Spence
		<i>For discussion and noting</i>	
		Governance, finance and organisational management	
16.35	15	Committee Minutes (Public)	Gisela Abbam
		- Audit and Risk - 19 March - Finance and Planning – 5 May - Quality and Performance Assurance – 7 May - People and Culture – 12 May	
		<i>For noting</i>	
16.50	5	Any other business	
16.55		Meeting close	

Minutes of the Public Council meeting on 26 March 2026

To be confirmed on 16 July 2026

Minutes of the public items

Present:

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

Apologies: Gareth Powell

In attendance:

Kathie Cashell	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. Welcome and introductory remarks

- 1.1 The Chair welcomed attendees and apologised for the late start. Kathie Cashell (KC) was welcomed to her first meeting as CEO.

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 meeting on 19 February 2026 (26.03.C.04)

- 3.1 The minutes of the public session held on 19 February were **approved** as a true and accurate record of the meeting.
- 3.2 There were no matters arising.

4. Strategic Outcome Measures and Performance Reporting and Assurance Framework (26.03.C.05)

- 4.1 KC introduced the item, noting that she is now in her fourth week as CEO. She explained that this was a shorter report than usual due to the timing of recent meetings. KC has been undertaking a series of introductory engagements, including meetings with several MPs with support from GA, and will continue this programme of stakeholder introductions.
- 4.2 KC highlighted two key areas of activity. First, the inaugural meeting of the steering group established to examine the attainment gap and consider what actions can be taken to close it, ensuring all students have equitable opportunities. Second, KC reported on the recent Patient and Public Voice Forum, where participants shared their expectations of the GPhC, reflected on the value of the services they receive, and commented on how well informed they feel. This engagement reinforces the organisation's commitment to actively listening to external stakeholders and incorporating their perspectives into its work.

5. Consultation on the education and training standards for internationally qualified pharmacists

- 5.1 Lynsey Cleland (LC) presented the item, noting that the proposals reflect previous Council workshop discussions and were now submitted for consideration and approval.
- 5.2 LC emphasised the regulator's responsibility to ensure a fair and proportionate route to registration for those seeking to practise safely in the UK. The proposed approach is based on parameters previously agreed by Council and replaces long-standing arrangements.
- 5.3 LC confirmed that the standards have been mapped against the 2021 requirements and tailored to the learning needs of pharmacists entering UK practice. Subject to approval, the GPhC will launch a 12-week consultation.
- 5.4 In discussion, SU sought further clarification on the Equality Impact Assessment and how the consultation reflects its findings. LC advised that there are a number of important considerations, including recognising that internationally qualified pharmacists do not all follow the same route when seeking registration, and that a tailored approach is therefore required. Internationally qualified candidates are adult learners, and it will be important to

focus on the support mechanisms that need to be put in place. Damina Day added that, in recognition of this, there will be greater emphasis on remote learning and on a training offer that takes account of individuals' family and caring responsibilities outside the learning environment.

- 5.5 With regard to cost considerations, it was recognised that while the proposals for consultation would reduce the overall length of training to one year—enabling internationally qualified pharmacists to register and practise in Great Britain more quickly—there remains a need to consider the viability of the proposed changes and the level of fees for prospective candidates. This is a key area on which views have been, and will continue to be, sought.
- 5.6 With regard to recognition of prior learning and experience, LC advised that this should be assessed at an individual level by training providers, in line with established university procedures. However, LC noted that the GPhC has undertaken mapping of education and training requirements for pharmacists in other countries, which can be shared with universities. LC also confirmed that alternative routes to registration for internationally qualified pharmacists have been explored, and that a question on this will be included in the consultation document.
- 5.7 AJ welcomed the proposals and stressed the importance of maintaining equitable access to placements. LC explained that international students would not enter the existing foundation training placement system; instead, universities would manage placement sourcing, helping ensure locations are accessible to learners.
- 5.8 **Decision: Council approved the proposals to:**
- 5.9 Replace the current two-year OSPAP postgraduate diploma and foundation training year with a **single integrated one-year postgraduate diploma** focused on pharmacy practice in Great Britain.
- 5.10 **Align standards** for internationally qualified pharmacists with the 2021 initial education and training standards, including independent prescribing, with appropriate orientation for those trained outside Great Britain.
- 5.11 **Enable recognition of relevant prior learning and experience**, supported by mapped standards and university-level assessment frameworks.

6. 2026 Fee Discussion (26.02.C.06)

- 6.1 Jonathan Bennetts (JB) introduced the item and sought Council's approval for a 6% fee increase. He acknowledged that the proposal comes at a difficult time for registrants, who continue to face financial pressures, but noted that rising regulatory demand and increased inspection activity mean that efficiencies alone are no longer sufficient. The GPhC is working to support registrants, including by providing guidance to claim tax relief on fees, and intends to adopt a more incremental approach to future fee changes.
- 6.2 KC emphasised that although the decision is unwelcome, the reasons are clear given the changing pharmaceutical landscape and the need to ensure the organisation remains equipped to meet increasing demands. RO and YA highlighted the extensive discussions held and the importance of organisational sustainability, noting the significant efficiency work already undertaken.

- 6.3 AW stressed the need to demonstrate clearly how feedback has shaped the final proposal. GA and KC agreed, noting that transparent communication is essential and that stakeholder input has influenced both the timing and scope of the final recommendations.
- 6.4 AJ supported the increase reluctantly, recognising likely criticism but emphasising that the organisation must continue to respond effectively to sector pressures and deliver ongoing improvement programmes.
- 6.5 Decision: Council approved a 6% fee increase with effect from September 2026.**
- 6.6 RG confirmed that a communications plan would follow, including direct emails to registrants, website updates, and guidance on claiming tax relief.

7. 2026-27 Delivery Plan and Budget

- 7.1 KC introduced the 2026–27 Delivery Plan and Budget, outlining the planned programme of work, the significant improvement activity underway, and the focus on delivering efficiencies while managing increasing operational demand. She noted the intention to undertake a detailed six-month review to ensure priorities remain appropriately aligned with available resources.
- 7.2 JB confirmed that approval was being sought for both the plan and the review point. He noted that further clarity on expectations for fitness to practise performance (“what good looks like”) would be developed and incorporated.
- 7.3 GA welcomed the clarity of the metrics and deliverables and thanked the team for their work.
- 7.4 Decision: Council approved the 2026–27 Delivery Plan and noted the review point.**
- 7.5 JB explained that the proposed budget reflects the cost of delivering the plan and assumes that the approved fee increase takes effect next year. The budget includes assumptions relating to cost improvements, pay, vacancy savings, and provision for developing areas of work such as education.
- 7.6 TJ thanked JB for the presentation and asked about the potential impact of global inflationary pressures on the deficit budget, particularly in relation to resourcing improvements in fitness to practise.
- 7.7 JB noted that inflation would need ongoing monitoring. He explained that staff costs make up most of the expenditure, with pay reviews scheduled for May, while building costs are fixed. Inflation is affecting some contracted services, including IT and procurement, though recent contract negotiations have mitigated some exposure.
- 7.8 DS confirmed that work is nearing completion on defining and communicating expectations of good performance in fitness to practise, including hearings capacity and addressing legacy cases, and that this would be reflected more explicitly in the Delivery Plan.
- 7.9 Decision: Council approved the 2026–27 Budget.**
- 7.10 GA thanked all those involved in developing the plan and budget. JB expressed his thanks to the finance and planning team, and KC added her appreciation for the work undertaken.

8. Any other business

8.1 None

Council Action Log and Forward

Look – May 2026

	Open and on track
	Overdue
	Rescheduled
	Complete

Status	Minutes	Action	Lead	Update	Due date
Open	Mar-26	Develop clear public facing KPIs to demonstrate progress in fitness to practice	DS		July 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
July 2026 Online	- Risk & Assurance: Board Assurance Framework report Q4 - Regulation: Revised IET Standards for Pharmacy Technicians (TBC) - Governance: Annual Report and Account (ARA) 2025/26 - Committee Annual Reports - Regulation: Registrant survey final report - Regulation: Education function review - Regulation: RP standards and rule and SI standards consultation feedback analysis	Provides an overview of key strategic risks, the effectiveness of controls, and the level of assurance to support informed decision-making and governance. To agree the revised IET Standards for Pharmacy Technicians Approval the Annual Report and Accounts To review the work and performance of Council's committees Provides the final findings and analysis from the registrant survey. To present review findings To discuss
Sept 2026 Online	- Finance & Planning: Six month review of delivery plan - Regulation: PSA annual performance report 2025-2026	To review progress of the 2026-27 delivery plan and actions required delivery of PSA annual review

Meeting	Agenda items	Purpose
Oct 2026 In person	Governance: Review of Governance processes	Review of current governance processes, identifying areas for improvement to strengthen effectiveness, clarity and compliance
	Risk & Assurance: 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.
	Devolved Nations update	
	Regulation: Route to registration for internationally qualified pharmacist	To present feedback on consultation and seek approval for the revised requirements prior to approval in October
	Regulation: Findings from student/trainee surveys	For discussion
	Regulation: RP standards and rules and SI standards if further stakeholder engagement is required	For agreement
	Regulation: Route to registration for internationally qualified pharmacists	For agreement
	Regulation: 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
	Governance: Scheme of Delegation	To consider and, if necessary, approve changes to the Scheme of Delegation
	Reporting on investment portfolio performance to support Board Assurance Framework (BAF)	Provides granular analysis of investment portfolio performance to inform financial risk assessment within the BAF
Dec 2026 In person	Governance: Assurance and Appointments Committee annual report	Annual report of the A&A committee

Meeting	Agenda items	Purpose
	• Risk & Assurance: 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.
	• Finance & Planning: Investment Review	Provides an overview of investment performance and any recommended adjustments.
	• Finance & Planning: Standing financial instructions	
	• Strategic risk register review	Reviews strategic risks, scores, controls, and proposed changes to the risk register.
	• Fees consultation	To consider proposals for fees
	• 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

Strategic communications and engagement: Chair and Executive update

Meeting paper for Council on 14 May 2026

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting on 26 March 2026. The paper also includes an overview of key developments in pharmacy and healthcare regulation in this period.

Recommendations

Council is asked to note and discuss the update.

1. Introduction

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

2. Strategic engagement: December-February 2025

Parliamentarians and other policy-makers

- 2.1 Our Lead Clinical Advisor, Neha Ramaiya, gave evidence to the House of Commons Health and Social Care Committee inquiry on Food and Weight Management on Wednesday 25 March.
- 2.2 Neha gave evidence alongside representatives from the Medicines and Healthcare Products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE), on themes including the role of the regulators in supporting and enabling the safe and effective prescribing and supply of weight management medicines from legitimate pharmacies and clinics, as well as how to tackle the illegal supply of GLP-1s from fake pharmacies and other sources operating illegally.

Pharmacy and other key stakeholders

- 2.3 The Chair, Gisela Abbam and Chief Executive, Kathie Cashell have attended a number of key meetings with pharmacy and regulatory leaders as well as other key stakeholders since the end of March 2026.
- 2.4 As part of her introductory meetings, the Chief Executive has met with the Chief Executives of the Professional Standards Authority, Royal College of Pharmacy, Independent Pharmacies Association (IPA), the Company Chemists Association (CCA), the National Pharmacy Association (NPA), the Pharmacists Defence Association (PDA) and Pharmacist Support. Kathie has also met with the Deputy Director at the Department of Health and Social Care responsible for pharmacy.
- 2.5 On 15 April, the Chair attended the historic Launch Event for the Royal College of Pharmacy at their building at East Smithfield, London.
- 2.6 The Chair attended the Black Health Inequalities Summit on 20 April where the Chair was able to report on current GPhC workstreams aimed at tackling discrimination
- 2.7 The Chief Executive attended the regular catch up of Chief Executives of the health and social care regulators on 24 April.
- 2.8 The Chair and Chief Executive had their periodic meeting with the Chair and Chief Executive of the General Medical Council during this period.
- 2.9 The Chief Executive attended an NHS Roundtable focused on key risks facing the NHS. including workforce and capacity pressures.
- 2.10 The Chair and Chief Executive attended the Global Healthcare Regulators Meeting on Women's Health held at the Houses of Parliament, organised by the Dove Foundation for Global Change, where the Chair convened a panel including the Chief Executive and representatives from other health and social care regulators.
- 2.11 The Chair and Chief Executive also attended a pharmacy inspection with one of the GPhC inspectors.
- 2.12 The Chief Standards Officer attended the UK Chief Pharmaceutical Officers' meeting and has held meetings with colleagues from DHSC, NHS England, APTUK, RPS (now the Royal College of Pharmacy), CCA and the GMC.
- 2.13 The Chief Pharmacy Officer has also participated in various meetings and events with key stakeholders, including the RPS (now the Royal College of Pharmacy), Centre for Pharmacy Postgraduate Education (CPPE) and NHS England.

Scotland

- 2.14 Our Director for Scotland, Siobhan McGuinness, attended the Scottish Sharing Health and Care Intelligence Network to discuss emerging issues and developments in health and care in Scotland. Weight management medications were discussed and Siobhan will lead further discussion on this in June with the network.
- 2.15 Siobhan led workshops and lectures with pharmacy students in RGU about professionalism and the role of the GPhC. Both Schools of Pharmacy in Scotland have had sessions with Siobhan this academic term and plans are underway for next academic term.

- 2.16 Public Service Delivery Scotland (PSD Scotland) formed at the beginning of April and has brought together NHS Education for Scotland (NES) and National Services Scotland (NSS) into a single organisation that is designed to speed up modernisation across Scotland's health, care, and wider public services. Siobhan has continued engagement throughout this change, and the SEB function has now moved into PSD Scotland.
- 2.17 Siobhan attended the PSD Scotland conference held online which had several pharmacy-specific education discussions in addition to wider multidisciplinary team sessions and speakers including the Chair and CEO of PSD Scotland.
- 2.18 Siobhan has continued to hold regular meetings with key stakeholders in Scotland, including the Chief Pharmaceutical Officer, Community Pharmacy Scotland, PSD Scotland, Healthcare Improvement Scotland (HIS), the PDA, and RCPHarm Scotland.

Wales

- 2.19 Our Director for Wales, Liam Anstey, has continued to meet regularly with stakeholders in Wales.
- 2.20 Since the last Council meeting Liam has held meetings with the Royal College of Pharmacy Wales, where he discussed potential future joint working, Community Pharmacy Wales and HEIW.
- 2.21 Liam also participated in meetings about the Welsh Government review of pharmacy in General Practice, and met with his counterpart at the General Dental Council.

Engagement with pharmacists, pharmacy technicians and pharmacy owners

- 2.22 **Consultation launch:** On 28 April, we launched **our consultation on proposed changes to the education and training route for internationally qualified pharmacists** who want to register in Great Britain.
- 2.23 We sent targeted emails to pharmacists, pharmacy technicians, international pharmacists who had applied for the current OSPAP route and key stakeholders asking them to respond to the consultation, and have seen a strong initial response to the consultation, with 300 responses in the first 24 hours alone.
- 2.24 We are holding and participating in several events to promote the consultation and discuss the proposals with all key audiences over the coming months, including a focus group with patients and members of the public and a webinar.
- 2.25 **Themed review on weight management:** On 24 April, we **published a new review** highlighting the need for stronger governance, enhanced clinical safeguards and greater transparency in the provision of weight management medicines and services, to ensure care is safe, reliable and person-centred. This has been widely shared with pharmacy owners, pharmacists, pharmacy technicians and other key stakeholders, and has received media coverage across the trade press. The findings of the review are also being highlighted at the Clinical Pharmacy Congress, where a poster will be on display.
- 2.26 **The use of Artificial Intelligence in pharmacy:** On 20 April, we published a **new position statement on the use of Artificial Intelligence (AI) in pharmacy**, alongside supporting advice on the use of AI in education and training, and in revalidation.

- 2.27 2026–27 delivery plan: year 2 of the 2025–30 strategic plan:** we published our 2026-27 delivery plan on our website and highlighted it via social media. The delivery plan summarises the key areas of delivery across our three strategic aims.

Media engagement

- 2.28 We have worked closely with a range of national and trade media titles since March to respond effectively to queries and to share our key messages.
- 2.29 We worked with BBC Morning Live, the BBC1 morning programme, which featured a piece highlighting the risks of fake pharmacies in a slot on Monday 27 April 2026. The GPhC was mentioned and the GPhC's website shown on the screen, demonstrating how to look up legitimate pharmacies. The piece, and other media coverage, reported on the findings from a survey by the National Pharmacy Association that 1 in 10 pharmacies had had their websites and social media cloned by scammers. An article explaining how to spot fake pharmacies, including how to check a pharmacy's registration on the GPhC's online register, was also included on the [**BBC news website**](#). The Chair and Chief Executive are writing to the Pharmacy Minister to seek a meeting to discuss the GPhC's concerns relating to fake pharmacies, ahead of our parliamentary event on this issue on 22 June 2026.
- 2.30 We provided a statement and an extensive briefing to Which? magazine to inform an investigation they have carried out into the provision of weight management medicines by online pharmacies for their June edition, which is expected to be published in mid-May.
- 2.31 Our Chief Pharmacy Officer, Roz Gittins, participated in an interview with the ITV Tonight programme about the misuse of some pharmacy medicines, with the programme expected to be broadcast in late May.

3. Forums and engagement events

- 3.1 On 8 April 2026, both the Chair and Chief Executive attended the BPSA conference in Nottingham. We hosted a listening event, gave a presentation about the GPhC and had a stand. We engaged with around 100 students. Key topics raised included variable experiences of placements, working conditions in pharmacies and preparedness for independent prescribing.
- 3.2 On 13 and 16 April 2026, we hosted focus groups seeking feedback on our materials to help trainees prepare for the Common Registration Assessment.
- 3.3 On 15 April 2026, we held a virtual listening event attended by the Chief Executive and Chief Standards Officer. Topics raised by participants included workforce wellbeing, standards and professionalism, experiences of inspections and pharmacy technician education and training.
- 3.4 On 30 April 2026, the Chief Executive spoke at The Dove Foundation for Global Change - Global Healthcare Regulators meeting on Women's Health.
- 3.5 On 6 May 2026, we held a focus group with patients and the public on our consultation on internationally-qualified pharmacists' education and training.
- 3.6 Our Pharmacy Technician forum met on 6 May 2026. Feedback from this meeting will be shared in the next update paper
- 3.7 On 8 May 2026, the Chief Executive spoke at the Clinical Pharmacy Congress, covering her reflections since joining the regulator, updates on key areas of current GPhC work, and an

outline of future priorities. GPhC colleagues presented sessions on sustainability and on the significant changes taking place across pharmacy practice and how these shifts may affect workforce wellbeing and service delivery. Colleagues presented posters on our thematic reviews of weight-management medicines and medical cannabis.

4. Working in collaboration

- 4.1 **Royal College of Pharmacy:** The Royal College of Pharmacy officially launched on 15 April 2026. We welcomed the launch with a statement from our Chair and Chief Executive and our Chair attended the Royal College's official launch event. We also published a joint statement from the Chief Executives of the Royal College of Pharmacy and the General Pharmaceutical Council, setting out our shared intention to work collaboratively and constructively together to the benefit of patients and professionals.
- 4.2 **British Pharmaceutical Students Association (BPSA):** On 29 April 2026, we participated in a joint webinar with BPSA, presenting on the Common Registration Assessment, with over 500 students and trainees attending.
- 4.3 **Food Standards Agency:** We shared a survey on behalf of the Food Standards Agency on CBD products with Superintendent Pharmacists in England and Wales, as part of our ongoing collaboration with them on this issue.

5. Future engagement

- 5.1 Our upcoming activities include:
 - i. Our Pharmacist Forum will meet on 19 May 2026.
 - ii. On 20 May 2026, the Chief Pharmacy Officer will speak at an Adfam online forum on misuse of prescription medicines. Adfam is the leading families and addiction charity in England.
 - iii. On 21 May 2026, the Chief Executive will attend The King's Fund's annual reception 2026.
 - iv. On 23 May 2026, the Chief Standards Office will give a recorded presentation at the Catalyst conference on our consultation on internationally-qualified pharmacists' education and training. This is the UK's first dedicated conference focused exclusively on workforce integration for overseas-trained pharmacists.
 - v. On 2 June 2026, we will host a focus group on revalidation with patients and members of the public.
 - vi. On 10 June 2026 we will host a regional roundtables event in London from 18:30-20:30.
 - vii. On 17 June 2026 we will hold a webinar on our consultation on internationally-qualified pharmacists' education and training.
 - viii. On 22 June 2026 we will be holding a parliamentary roundtable in the House of Commons on tackling fake online pharmacies. This roundtable will be hosted by Sadik Al-Hassan MP, Chair of the All Party Parliamentary Group (APPG) on pharmacy, and involve speakers from the MHRA, Patients Association and other organisations.

- ix. On 25 June 2026 we will participate in an APTUK Pride event
- x. On 10 July 2026, the Chief Standards Officer will speak at the Great North Pharmacy Research Conference on 'AI & digital, a regulators perspective'.

6. Key developments in pharmacy and healthcare regulation

DHSC consultation on reforming the General Medical Council legislative framework

- 6.1 The Department for Health and Social Care **recently launched a consultation seeking views on the draft General Medical Council Order 2026**, which will reform how the General Medical Council (GMC) regulates medical practitioners, physician associates and anaesthesia associates across the UK. This consultation provides a first step to modernising the legislative frameworks of each of the healthcare professional regulators, with the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC)'s legislation to be modernised once the work to modernise the GMC's legislation is completed.
- 6.2 The consultation also seeks views on implementing Leng Review recommendations 1 and 9 relating to proposed changes to professional titles to improve clarity for patients, and regulatory reform recommendations made by Lord Mann in his rapid review into antisemitism and other forms of racism in healthcare.

Assisted dying draft legislation across Great Britain

- 6.3 **England and Wales:** The Terminally Ill Adults (End of Life) Bill (England and Wales) has fallen, as it did not complete its passage through the House of Lords by the end of the parliamentary session. Supporters of the bill have indicated that they will try to bring the bill back in the next parliamentary session.
- 6.4 **Scotland:** The Scottish Parliament voted against the Assisted Dying for Terminally Ill Adults (Scotland) Bill in March, with 69 MSPs voting against and 57 voting for.
- 6.5 **Jersey and Isle of Man:** The parliaments in the Isle of Man and Jersey have both passed legislation legalising assisted dying, and this legislation is awaiting Royal Assent. The UK Government has written to the Manx government to say that changes will have to be made to the Isle of Man's Assisted Dying Bill before it can be given Royal Assent to include certain safeguards.

7. Recommendations

Council is asked to note and discuss the update.

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

General Pharmaceutical Council

07/05/2026

Council update - Enforcement

Meeting paper for Council 14 May 2026

Public

Purpose

To summarise and provide further updates to the review provided to Council in December 2025 in respect of our progress towards achieving Standard 15 of the PSA's Standards of Good Regulation

To provide Council with our projection of when we are likely to meet the Standard

Recommendations

Council is asked to note the contents of this paper

1. Introduction

- 1.1 The Professional Standards Authority (PSA) conducts an annual performance assessment of the healthcare regulators' effectiveness in protecting the public and promoting confidence in the profession. Five of the 18 Standards of Good Regulation apply directly to the end-to-end Fitness to Practise (FtP) function and for the past six reporting years, we have not met the standard for the timely progression of cases.
- 1.2 PSA Standard 15 states that:-

"the regulators process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision makers."
- 1.3 The GPhC last met all PSA standards in 2017/18. Since then, Fitness to Practise (FtP) performance has deteriorated, driven by rising concern volumes, reduced budgets and capacity, increased case complexity and operational changes accelerated by the pandemic. Strategic adjustments, including to our structure and operating processes and policies, have been required to strengthen triage decision making, manage demand, and ensure regulatory focus remains on risk-based priorities and reducing a longstanding legacy aged caseload.
- 1.4 The PSA reporting period is between July to June and although meaningful and sustained progress

has been made over the past two years, legacy cases continue to dominate performance metrics and will continue to impact negatively on the Council's ability to demonstrate our meeting of PSA Standard 15 in the current review period and possibly the next.

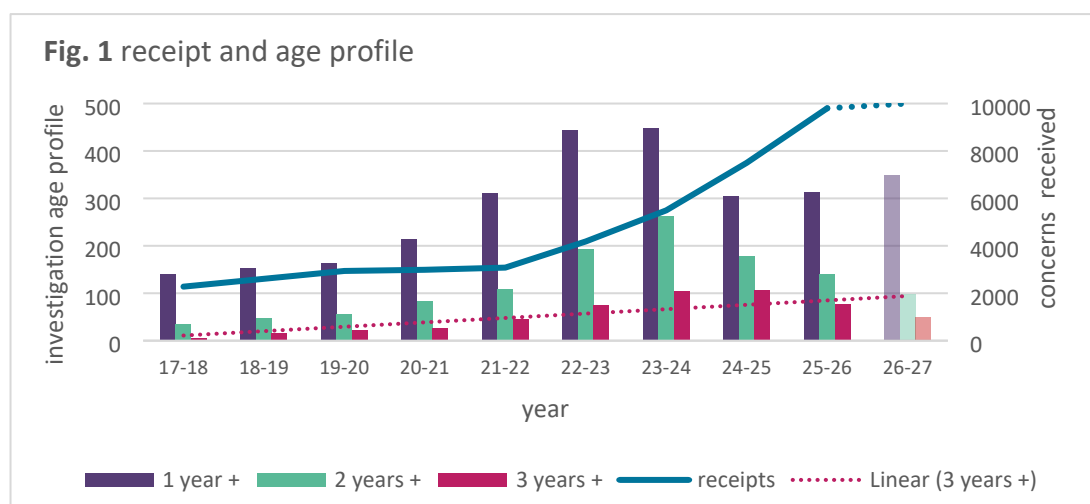
Issues of Variance

1.5 There are many variances within each regulator's legislation which can impact on their achievement of the PSA standards. Significantly for the GPhC:

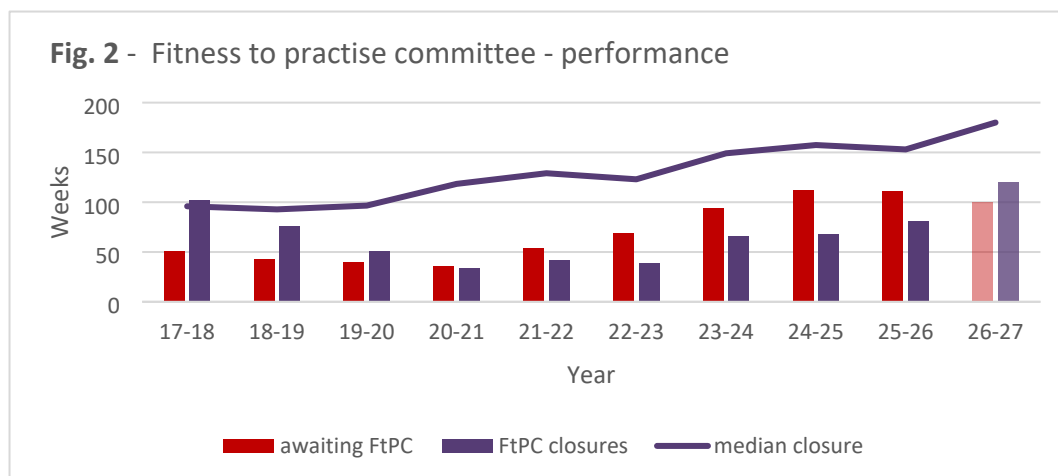
- The GPhC have the statutory power to resolve an investigation before the matter is referred to the investigating committee (IC) and although this supports a proportionate and timely resolution to an investigation, it is not considered a *final* resolution by the PSA Standards, thus does not contribute to our median final resolution rate. The vast majority of our investigations are concluded here, with the same resource, effort and investment of those that are progressed further.
- The GPhC's Committee Rules place statutory limitations on the number and composition of our IC and fitness to practise committees (FtPC) which in turn has a direct impact on our ability to schedule more hearings. With increased workloads and significantly larger, longer and more complex cases, we have not been able to get ahead of the curve in respect the backlogs that started to develop at pace in 2020. We are making the case for legislative change on this point and in the interim are working with our Appointments Committee to over-recruit into reserve positions to mitigate this risk.
- For our size we are the only healthcare regulator not to have an alternative complaint resolution service dedicated to resolving low level or customer service complaints. This results in a large portion of our limited resources being taken up with non-regulatory matters.
- Further, the GPhC is the only healthcare regulator with the statutory duty to inspect premises. Due to our limited financial envelope and need to conduct more routine inspections, there has been a lower-than-average proportionate financial investment in fitness to practise when compared to other regulators of any size. We are exploring potential solutions to the latter of these issues within our current delivery plan.

Legacy Performance

1.6 The table at Fig. 1 below provides a high-level overview of the relationship between incoming concerns and the age profile of our live investigations since 2017 and 2026.



- 1.7 When we last met Standard 15 in 2017-2018, the Council were receiving less than 2,300 concerns per year, opening between 40 - 60 per cent of them. Many were promptly closed during investigation with a median of 20 weeks, or at IC with a median of 42 weeks. The average hearing length was 1-3 days (now closer to seven), and the closure median was almost 96 weeks (now closer to 150 weeks). Even at that time, the PSA reported that this was the highest of all regulators.
- 1.8 Despite this, from 2018 onwards, FtP headcount was reduced, panel firm spending halved, and as seen in Fig 2, below, our hearing days - and consequentially, FtPC closures - dropped by more than 50 per cent. At the same time, concern volumes rose sharply and the pace in which aged cases were resolved slowed down significantly. The onset of the Covid pandemic in 2020 further intensified pressures. Cases became more complex - particularly with the expansion of online and clinical pharmacy services, however, our hearings capacity remained restricted.



- 1.9 Since 2024, we have secured some significant gains, improving the median time taken to resolve a case at investigation by almost five months, increasing the number of hearings resolved at the fitness to practise committee by 30 per cent and reducing the number of cases open for longer than two years old by over 45 per cent.
- 1.10 At the end of March 2026, we had 111 cases in the post investigation stage, awaiting a final FtP hearing, just under 20 per cent of our caseload, and double what it was four years ago. This is testament to the work the team have done to progress these concerns through investigations.
- 1.11 However, almost three quarters of these cases are already over two years old, half are over three years old and a third exceed four years. There are statutory limitations on how quickly we can schedule a case once referred and served on the parties, and until these reach a final resolution, our closure median at FtPC will continue to rise, masking the underlying positive progress in resolving investigations more broadly.
- 1.12 Recovering the PSA standard against this backdrop is not feasible within the current PSA reporting cycle and will be incredibly challenging, although not impossible, for the following year based on our reporting timeline. As we have previously explained - and which has been acknowledged by the PSA - as we progress more of these aged cases to a final resolution at a higher rate, there will be a natural but detrimental impact on our median timeliness, which is shown in the limited improvement in this area to date.

- 1.13 Increasing our hearings capacity by 50 per cent this year, will enable us to resolve the majority of those very aged cases awaiting a hearing by the end of March 2027 - three quarters of the way into the next PSA reporting year. The PSA do not set a specific measure for regulators to meet this standard but clearly, given the landscape as set out above, this puts us at a disadvantage of demonstrating sustained improvement in the last three months of the PSA's reporting cycle. What it will do however, is place us in the best position possible for a new year, closing most of our existing caseload and staying ahead of the 50-60 cases that we expect to be referred over the following 12 months.
- 1.14 Our chair has written to the Minister for Health and the PSA to update them on this position, and we will keep stakeholders informed of the continued progress we are making in reducing the time it takes to resolve our investigations.

Conclusion

- 1.15 The GPhC has historically delivered strong performance with comparatively low investment, but the large backlogs that developed and grew, year on year from 2020 onwards, continue to mask the pace of recent improvements.
- 1.16 Under the current PSA methodology for assessing Standard 15 - which separates the relatively small number of closures that go to the FtPC, over the much higher proportion of closures at investigation - it is not possible for the GPhC to demonstrate that they will meet the Standard in the reporting cycle ending June 2026 (reported September 2026) in spite of the sustained progress and substantial improvements in the timeliness of our investigations.
- 1.17 Although we are confident that we will achieve significant gains this year, there remains a risk, that with the majority of our very aged cases being progressed to a final resolution during 2026-2027 - and due to the timing of their reporting - we may not be able to demonstrate it in readiness for our review in June 2027.

2 Next steps

Our Recovery

- 2.1 Our core focus over the next year is to progress our legacy aged caseload to a final resolution and we have an ambitious programme of initiatives in place to achieve this.
- 2.2 In our delivery plan we have committed to;
- consider up to 10,000 concerns in an average of less than 5 weeks
 - reduce our open caseload to less than 1,000
 - reduce concerns that have been open for more than two years by over 30 per cent
 - resolve all cases older than 4 years from date of concern - save where we may have to await the outcome of a third-party investigation
 - complete the majority of our investigations within 40 weeks
 - increase the number of FtPC hearings by 50 per cent
 - ensure that at least 85 per cent of scheduled hearings conclude at their first listing
- 2.3 To support this, a budgetary increase to enable a portfolio restructure for 2026-2027 was approved in January and recruitment is now almost complete.

- 2.4 We are continuing to strip out inefficiencies in our processes, minimising extended case handling and introducing end-to-end case ownership, with a clear and managed focus on risk and proportionality. Senior managers are leading regular case reviews and new objectives, with clear key performance indicators have been set with expectation of at least a quarterly review of individual performance against them.
- 2.5 We have split our legal team into advisory and advocacy and introduced an investigation pod structure, with small team of case officers, managers lawyers and paralegals working within small hubs to enhance team collaboration and oversight, and have increased our independent decision-making function to increase the pace of post investigation reviews and closures / referrals.
- 2.6 We have made a policy decision to allow committee members to apply to transfer onto the alternative committee lists at the end of their terms, mitigating the substantial loss of experienced members at the same time.
- 2.7 We are working closely with the Appointments and Assurance Committee (AAC) to over-recruit into our reserve committee pools and will seek standardised chair approval to use these as full members to enable the significant increase in hearing days.
- 2.8 We are aiming to simplify our fee's structure and committee expectations to ensure Chairs can focus on hearing management rather than providing legal advice and / or drafting determinations. A paper has been considered by the People and Culture Committee in respect of this.
- 2.9 As per the delivery plan, we are developing the project and tender documentation for a feasibility pilot for an alternative pharmacy complaints handling service to divert or reduce incoming concerns which we hope to start piloting this year.
- 2.10 With our colleagues in data and research, we are currently developing a more robust forecasting model to provide a forward-looking view of how the FtP caseload is likely to evolve over time and the implications this has may have on our timeliness. The model is designed to show how changes in case volumes, productivity, and hearing schedules affect caseload at different stages of the process, and how this impacts the age of cases closed through a hearing.
- 2.11 It incorporates detailed short-term operational forecasts, including when specific cases are expected to be heard and concluded, alongside longer-term scenario analysis. Through regular collaborative review, assumptions can be refreshed to reflect known changes and planned activity, helping to ensure the model remains relevant and meaningful.
- 2.12 Overall, the model will support strategic decision-making by enabling the organisation to understand the impact of different assumptions, such as changes in hearing capacity or team resourcing, and strengthens oversight of performance and organisational resilience. Once there is assurance in the robustness of the model, there is potential to explore how it could be used alongside financial information to support more integrated planning and value-for-money discussions.

3 Risk

- 3.1 A risk assessment has been undertaken with no risks identified that are not being currently managed within Council's stated risk appetite. Additional resource has been approved and arrangements made for implementation. We will ensure Council are kept up to date with our progress and that any change to our position with regards managing this risk are brought to Council's attention if appropriate

4 Resource implications

- 4.1 Given the longstanding and sustained impact of under-resourcing over the last eight years, we required a sustained period of increased resource to support the improvement of our performance to within Council's stated risk appetite.
- 1.1 Additional resources have been agreed for 2026 – 2028 which will enable a significant and pre-emptive increase in our ability to schedule up to 120 hearings during 2026-2027 (an increase of 50 per cent on 2025-2026) which is being supported by an increase of up to 12 staff across the wider portfolio.

5 Equality and diversity implications

- 5.1 This is an update paper for Council which does not require a decision and therefore an Equality Impact Assessment is not required.

6 Communications

- 6.1 The Chair of Council wrote to ministers in April 2026 with an update on our progress.

7 Monitoring and review

- 7.1 Our performance will continue to remain under high scrutiny through;
- Monthly Chief Officer and portfolio senior leadership team oversight
 - Audit and risk committee, Finance and planning committee and Council oversight
 - Assurance and Appointments Committee oversight at determination review group
 - Quarterly, CEO led Standards Board for GPhC wide operational check and challenge. This has moved back to monthly from April 2026
- 7.2 This month, a paper has been referred to the People and Culture Committee (12 May) to consider a revised fee's schedule for our committees, designed to streamline and simplify our fee structure and bring our processes more in line with our inter-regulatory family. There is an overall cost increase to this approach, but it should support our broader strategy to reduce part heard hearings.
- 7.3 A paper / response has also been referred to the Finance and Planning Committee (5 May) and Chair of Audit and Risk, to provide an overview of the efficiency of our hearings our scheduling function and respective costs.

8 Recommendations

- 8.1 Council is asked to note the contents of this paper which reflects on and provides an update on actions following the detailed review undertaken at the confidential council session on 19 December 2025.
- 8.2 Council are asked to note that based on our current projections – including the age profile and progression of our existing caseload the Executive’s conservative projection that the latest we expect to meet PSA Standard 15 - based on the performance measures in place when we last met it - will be during our reporting year 2027-2028

Dionne Spence, Chief Enforcement Officer, and Deputy Registrar

21 April 2026

Audit and Risk Committee

By Teams

Thursday, 19 March 2026

Attendees

Neil Buckley - Chair	Lynsey Cleland - Chief Standards Officer and Deputy Registrar
Sue Gallone - External Committee member	Roz Gittins - Chief Pharmacy Officer and Deputy Registrar
Ann Jacklin - Committee member	Dionne Spence - Chief Enforcement Officer and Deputy Registrar
Raliat Onatade - Committee member	Rob Jones – Head of Assurance - Lead staff member
Nick Atkinson - Internal Auditor	Paul Cummins - Chief of Staff
Ezenwa Osuji - External Auditor	Frances Brown – Senior Council Secretary
Gisela Abbam – Chair of Council (observing)	Jane Daniels – Committee Secretary
Kathie Cashell - Chief Executive and Registrar	
Jonathan Bennetts – Chief Operating Officer and Deputy Registrar	

Public Meeting Minutes

- 1. Item 3 - Attendance and Introductory remarks/Declarations of Interest**
 - 1.1 Members were welcomed to the meeting including, Gisela Abbam as an observer, and Kathie Cashell and Frances Brown who were attending their first meeting.
- 2. Item 4 - Minutes of the last meeting (26.03.ARC.01/02)**
 - 2.1 The minutes of the last meeting held on 19 December 2025 were approved.
- 3. Item 5 - Action Log and matters arising (P) (26.03.ARC.03)**
 - 3.1 Action 39: Information on lone workers would be circulated after the forthcoming Council meeting.
 - 3.2 An additional action, noting that the topic of Jhoots and processes implemented by the GPhC to prevent a similar issue occurring, would be added to the action log. An item would be brought to the June meeting with focus on how the GPhC picked up key concerns out of the number of issues raised. If there was not time available on the June agenda, slides previously developed to

update Council would be circulated for information and to bridge the gap until the September meeting.

4. Item 8 – External Audit Planning Report (P) (26.03.ARC.05)

- 4.1 Ezenwa Osuji, deputising for Richard Weaver, introduced the External Audit Planning Report. Two significant risks had been identified relating to IT. Although their inclusion was mandatory, there was confidence that the risks were not likely to materialise.
- 4.2 The materiality threshold had been increased by 0.5%, reflecting confidence in the prior year's sampling and in the policies and controls in place. Additional reporting and disclosure requirements had also been incorporated into the plan.
- 4.3 Audit and planning work had been moved to the end of April to support improved audit efficiency. The Executive confirmed they were comfortable with the revised timetable. Income recognition over time was already being captured, meaning no significant changes to reported income were anticipated as a result of new reporting requirements.

5. Item 10 - IT Roadmap/Prioritisation (P) (26.03.ARC.07)

- 5.1 Luke Surry introduced the item and provided an update on the current status of key technology areas. The Committee asked what measures were being taken to support delivery of the programme's aims, including staff training. It was noted that the roadmap included a section on staff experience, focusing on upskilling staff in the Microsoft suite without overwhelming them. Guidance had been published to help staff make effective use of available tools and understand where to seek support.
- 5.2 Further work, funded by Microsoft, was underway to explore forthcoming capabilities associated with Copilot and how these could be used to enhance efficiency. Certain teams had specific learning needs; the Data Team was highlighted as an example where tailored training had already been implemented.
- 5.3 The Committee discussed how best to articulate benefit realisation, to demonstrate clearly to Council when the roadmap would begin delivering tangible improvements, what problems would be resolved, and what benefits would be achieved.
- 5.4 Stuart Heaney provided an update on progress against the five-year technology roadmap, highlighting areas that were completed or on track. Data and reporting remained amber, with work ongoing to progress these areas. Education had been identified as a key next focus.
- 5.5 The Committee sought assurance that IT changes over the next five years would be deployed strategically, in the correct sequence, and with appropriate prioritisation. The team was seeking to balance essential, non-negotiable technology changes with the GPhC's wider strategic objectives. For example, the strategic priority of improving the financial sustainability of pharmacies had been factored into planned changes to myGPhC. Education, previously less prominent, was now reflected within the roadmap.
- 5.6 The timing of case management changes had been considered at Executive level, with a view to aligning technology updates with the organisation's delivery plan.
- 5.7 The Committee noted that, although AI was referenced in the roadmap, its potential to transform the GPhC's work, particularly in relation to finances, cost efficiency, and wider strategic ambition, was not yet clearly articulated. It was suggested that a Council workshop be held to outline the organisation's approach to AI and how it could contribute to the broader

transformation programme. More generally, the Committee requested greater assurance around alignment between the technology roadmap and the delivery plan.

- 5.8 The team confirmed that alignment work was underway and could be brought forward before September. The Executive would also consider how best to present the organisation's AI approach and the role of AI within the transformation programme and would bring this back to the Committee in due course.

6. Item 11 - Associates and Partners (P) (26.03.ARC.08)

- 6.1 Gary Sharp introduced the item. The Committee sought clarification on contingency arrangements relating to the pension fund for Associates and Partners (As&Ps). It was confirmed that provision had been included within the budget and that the methodology had been thoroughly reviewed.
- 6.2 It had been decided that individuals who had previously been As&Ps would be informed that the GPhC may have a responsibility towards them under auto-enrolment regulations, and that a calculation of potential liability had been completed. This approach was aligned with the conclusions reached by other regulators. The Committee requested assurance that the GPhC was advising these individuals to seek independent advice on the implications for them, should they wish to pursue this further. A series of meetings had already been held with affected individuals, and the GPhC had participated in meetings with fellow regulators on the matter.
- 6.3 A current provision in the accounts relating to unclaimed holiday entitlement would now be released. A further provision relating to pensions would also be released if not claimed. It was agreed that a time limit should be introduced, and legal advice would be sought on establishing a one-year deadline. The Committee noted that the GPhC was in a strong position overall regarding this issue.
- 6.4 The Committee also considered the impact of IR35, noting that exposure for the GPhC was expected to be low given the small number of individuals affected.
- 6.5 **ACTIONS:**
- **A briefing on the As&Ps project to be brought to the May Council meeting.**
 - **An update on applying a time limit to claims relating to pension provisions to be brought back to the Committee in June.**
 - **A review of the GPhC's policy on employing As&Ps to be conducted, including a discussion on whether to continue allowing engagement of individuals who may fall within IR35.**

7. Item 12 - PSA standards – quality and risk mapping (P) (26.03.ARC.10)

- 7.1 Rob Jones updated the Committee on the work undertaken to risk-rate the PSA standards, noting that a methodology had now been established. The Committee welcomed the approach as a way of gaining early assurance on issues that might prevent the GPhC from meeting the standards. As part of this work, the team had broken down what "good" looked like from the GPhC's own perspective, looking more broadly than the PSA's assessment criteria.
- 7.2 It was suggested that this approach could become a means of quality assuring the GPhC's ongoing maintenance of PSA standards. The Committee noted that the document also provided helpful information about prioritisation and competing demands on resources.
- 7.3 The Committee discussed how the pilot would be evaluated to determine when it should transition into business-as-usual and how resources would be allocated thereafter. Members

also asked how any required changes to the way teams worked would be implemented. If actions were identified, their priority would need to be assessed and scheduled accordingly. The Executive would need to agree an appropriate and proportionate action plan. It was emphasised that part of the rationale for running a pilot was to understand the implications of this work and how resulting actions could be implemented sustainably. Although the first review had not generated resource implications, this might not always be the case.

- 7.4 The Committee discussed how this approach would be embedded as part of the GPhC's regular use of data and insight. Members queried how it would fit within the overall assurance framework and how it could provide a regularised view of the organisation's position against the standards at any given time.
- 7.5 It was noted that the intention should not be to "chase" the standards, as achieving excellence was broader than simply meeting PSA requirements. The work had already helped to identify priorities, and the PSA's assessment often reflected what had happened historically rather than the current picture.
- 7.6 The Committee asked whether a framework could be produced each year to help teams understand whether they were on track. It was noted that the PSA had only previously developed such frameworks in specific areas, such as EDI, and otherwise tended to highlight examples of good practice rather than prescribe ongoing metrics. The Committee discussed whether breaking down the standards and mapping them to existing internal frameworks would support greater assurance. It was recognised that some standards could be maintained through existing activity, while in other areas there was greater risk of slippage, and that retention of standards across the full set of eighteen could vary.
- 7.7 Further discussion would be required to consider how the GPhC could gain assurance across all 18 PSA standards in a systematic and sustainable way.
- 7.8 **ACTION: A further update would be brought back in September**

8. Item 15 - Any other business

- 8.1 None raised.