

Council meeting – July 2026

Thursday, 16 July 2026 at GPhC, Level 14, 1 Cabot Square, London, E14 4QJ

Public business

Time	Mins	Standing Items	
14.00	10	Declarations of interest – public items	Gisela Abbam
		Minutes of the May meeting	26.07.C.06
		- Minutes of the public session on 14 May 2026	Gisela Abbam
		<i>For approval</i>	
		Actions and Forward Plan	26.07.C.07
		<i>For noting</i>	Gisela Abbam
14.10	10	Strategic Communications and Engagement - Chair and Executive update	26.07.C.08
		<i>For noting</i>	Kathie Cashell
		Substantive items for decision and discussion	
		Governance, finance and organisational management	
14.20	15	Annual Report and Accounts 2025-26	26.07.C.09
		- Annual report and accounts - Report of the External Auditors - Letter of Representation	Jonathan Bennetts/Lynsey Cleland
		<i>For discussion and approval</i>	Vanessa Clarke
			Rachael Gould
14.35	20	Initial Education and Training Standards for Pharmacy Technicians	26.07.C.10
		<i>For decision</i>	Lynsey Cleland
		Items for reporting	
		Regulatory functions	
14.55	20	Standards and Rules for Responsible Pharmacists and Standards for Superintendent Pharmacists consultation feedback analysis	26.07.C.11
		<i>For discussion and noting</i>	Lynsey Cleland

15.15	20	Board Assurance Framework report	26.07.C.12
		• Q1 (Apr-May 2026) • Q4 Year-end report	Jonathan Bennetts
		<i>For discussion and noting</i>	Emily Wilding
15.35	10	Committee Minutes	26.07.C.13
		- Finance and Planning 5 May 2026	Yousaf Ahmed
		- Quality and Performance Assurance 7 May 2026	Ade Williams
		- Audit and Risk Committee 4 June 2026	Neil Buckley
15.45	15	Any other business	
16.00		Meeting close	

Minutes of the Public Council meeting on 14 May 2026

To be confirmed on 16 July 2026

Minutes of the confidential items

Present:

Gisela Abbam (Chair)	Rose Marie Parr Selina Ullah
Yousaf Ahmad	Ade Williams
Neil Buckley	
Anita Charlesworth	
Dianne Ford	
Ann Jacklin	
Tim Jaggard	
Gareth Powell	

Apologies: Penny Mee-Bishop, Raliat Onatade

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
Gary Sharpe	Associate Chief Operating Officer – People and Culture
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 members to the meeting. Apologies were received from Penny Mee-Bishop and Raliat Onatade

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

- 3.1 The minutes of the confidential session held on 26 March 2026 were approved as a true and accurate record of the meeting. No matters arising

4. Strategic Communications and Engagement – Chair and Executive Update

- 4.1 Kathie Cashell (KC) introduced the paper, reflecting on the strong level of stakeholder engagement and its importance as an organisational priority. KC thanked external stakeholders who have engaged in her initial months. Council members were welcomed, including a new member, and those undertaking the Board effectiveness review.
- 4.2 Council noted the value of the update, including engagement across the UK nations. It was also noted that regulator forums provide useful opportunities for horizon scanning and shared learning on common challenges.
- 4.3 The report was noted.

Governance, finance and organisational management

5. Council update: Enforcement

- 5.1 Dionne Spence (DS) introduced the paper, providing an update on performance against standards. Council was advised that standards have not been met since 2017, primarily due to increased volumes, case complexity, and the pandemic. Recovery plans are in place, with a target to return to compliance by 2027/28.
- 5.2 Council was informed of the focus on reducing backlog, improving timeliness and increasing capacity to strengthen system resilience.
- 5.3 Members acknowledged the significant rise in concerns and the pressure on the system and welcomed the clearer articulation of planned improvements and commitments. The importance of tracking delivery against these commitments and demonstrating progress against PSA Standard 15 was emphasised.
- 5.4 Council discussed wider system issues, including the high volume of concerns received relative to other regulators and opportunities to improve complaint handling. Members were advised that longer-term work is underway in this area, alongside development of a supporting business case.
- 5.5 Council received an update on operational improvements, including streamlining processes, enhancing case scheduling, and improving forecasting through data-driven modelling. It was confirmed that quarterly updates on progress will be provided.

- 5.6 The use of AI was discussed. Council were advised that a cautious approach was being taken, particularly in relation to decision-making, reflecting risks around bias and governance. Opportunities for AI to support operational efficiency (e.g. transcription) were highlighted, alongside the need for further organisational readiness.
- 5.7 Council recognised the scale and complexity of the challenge, and the continued focus of the team in driving improvement. Council was advised that quarterly updates will be provided on progress against the recovery plan, including the delivery of improvements and trajectory towards compliance.

6. Committee minutes (public)

- 6.1 The Chair invited Neil Buckley (NB) to provide highlights, noting that minutes for most recent committee meetings were not yet available due to the proximity to this meeting. Updates would otherwise be taken at a future meeting when draft minutes are available.
- 6.2 NB reported on the Audit and Risk Committee discussion, highlighting that further consideration has been given to the use of AI with the IT team. Council was advised that there is an opportunity to better articulate the potential benefits of AI for GPhC, and that this will be brought back to Council as part of benefits realisation work.

7. Any other business

- 7.1 None.

Council Action Log and Forward Look – July 2026

Status	Minutes	Action	Lead	Update	Due date
Complete	Mar-26	Develop clear public facing KPIs to demonstrate progress in fitness to practice	DS		July 2026
Open	May-26	Council agreed that firm proposals on the future of the advisory groups and wider stakeholder collaboration on assurance of practice should be developed and return to Council in October.	LC	On track	Oct-26
Open	May-26	To review the risk register as part of the development of the new integrated delivery plan. Report back in October.	JB	On track	Oct-26
Open	May-26	A paper will be brought to Council in December setting out a strategic framework for the future Associates & Partners workforce.	JB	On track	Dec-26

Open and on track	Rescheduled	Overdue	Complete

Council forward look

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

Topic	16/07/2026 (in person)		17/09/2026 (online)	15/10/2026 (in person)		10/12/2026 (in person)	
	Public	Private	Private	Public	Private	Public	Private
Standing item: Declarations of Interest	✓	✓	✓	✓	✓	✓	✓
Standing Item: Minutes of previous meetings and actions	✓	✓	✓	✓	✓	✓	✓
Standing Item: Forward plan		✓			✓		✓
Strategic communications and engagement report	✓			✓		✓	
CEO Report	✓		✓	✓		✓	
Annual EDI Report				✓			
Six-month review of delivery plan			✓	✓			
Quarterly Performance Report (BAF)	✓			✓			
Annual Report and Accounts 2025-26	✓						
Committee Annual Reports to Council		✓					
RP standards and Rules and SP standards (final for approval)				✓			
RP standards and rule and SI standards consultation feedback analysis	✓						
Revised IET standards for Pharmacy Technicians	✓						
Education Function Review (confidential)	✓						

Topic	16/07/2026 (in person)		17/09/2026 (online)	15/10/2026 (in person)		10/12/2026 (in person)	
	Public	Private	Private	Public	Private	Public	Private
Route to Registration for Internationally qualified Pharmacists (Consultation analysis)				✓			
PSA Performance Review 2025-2026				✓			
Enforcement: FtP Progress Update						✓	
Route to registration for internationally qualified Pharmacists (Approval of Standards)						✓	
Registrant survey final report				✓			
Assurance and Appointments Committee annual report to Council				✓			
Review of Board of Assessors governance arrangements				✓			
Pharmacy Regulatory Effectiveness Programme (PREP)					✓		
Fees Strategy & Charging						✓	
Strategic Risk Review Register							✓
Key considerations and developments in Scotland & Wales						✓	
Standing Financial Instructions							✓
Inspection Strategy						✓	

Strategic communications and engagement: Chair and Executive update

Meeting paper for Council on 16 July 2026

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting on 14 May 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: May-July 2026

Parliamentarians and other policy-makers

- 2.1 **Roundtable on tackling fake online pharmacies:** On 22 June 2026, we convened a roundtable in the House of Commons on tackling fake online pharmacies in the UK, which was chaired by Sadik Al-Hassan MP, Chair of the All-Party Parliamentary Group on Pharmacy.
- 2.2 The roundtable was convened with the aim to bring Parliamentarians, regulators and other key decision-makers together to discuss the scale and impact of fake online pharmacies on patient safety, to share the actions already being taken, and to identify further collaborative steps needed to ensure patients have safe access to medicines and treatment online.
- 2.3 We are preparing a report from the roundtable discussion which will be shared with parliamentarians and key stakeholders.
- 2.4 **Meeting with Minister of State for Care:** On 9 July 2026, our Chair, Gisela Abbam, and Chief Executive, Kathie Cashell, met with Stephen Kinnock MP, the Minister of State for Care. The following issues were discussed at the meeting:

- (a) Strengthening the regulation of pharmacy businesses
 - (b) New standards for the initial education and training of pharmacy technicians
 - (c) Unlicensed cannabis-based products for medicinal use
- 2.5 The Chair has written to the new Secretary of State for Health and Social Care, James Murray MP and the new Parliamentary Under Secretary of State for Health Innovation and Safety, Preet Kaur Gill MP in the UK Government, as well as the new Cabinet Secretary for Health and Care in Scotland, Angela Constance MSP, and the new Cabinet Minister for Health and Care in Wales, Mabon ap Gwynfor MS, to congratulate them on their appointments and offer meetings to discuss how the GPhC can support their priorities.

Pharmacy and other key stakeholders

- 2.6 The Chair, Gisela Abbam OBE 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 May 2026.
- 2.7 The Chair attended the Chairs of the Healthcare Regulators meeting organised by the Professional Standards Authority on 14 May.
- 2.8 The Chief Executive had two meetings with Peter Lilford, Deputy Director, Pharmacy, Eye Care and Controlled Drugs at the Department of Health and Social Care as part of their regular catch up.
- 2.9 On 8 June the Chief Executive met the Chief Executive of the Commonwealth Pharmacy Association, Victoria Rutter.
- 2.10 The Chair and Chief Executive attended the National Pharmacy Association (NPA) Women in Community Pharmacy held at the House of Lords on 9 June.
- 2.11 The Chief Standards Officer attended the final meeting of the UK Pharmacy Professional Leadership Advisory Board on 9th June 2026. At the meeting, the Board endorsed 'A New Future for Pharmacy Professional Leadership in the UK: A Concordat for Delivery' and agreed to hand over to the new Co-Creation Liaison Group.
- 2.12 The Chair and Chief Executive met with the Chair, Esther Sadler-Williams and Chief Executive, Danielle Hunt of Pharmacist Support on 10 June to discuss ongoing and future collaboration.
- 2.13 On 12 June, the Chair and Chief Executive met with the Chair, Dr Anne Wright CBE and Chief Executive, Leonie Milliner of the General Optical Council
- 2.14 The Chief Executive met with the Chief Executive of the Pharmaceutical Society of Northern Ireland, Canice Ward on the 12 June.
- 2.15 The Chief Executive and Chief of Staff, Paul Cummins attended the Lecture by Dr Angela Herbert MBE: Embedding Racial Equity Across Blue Light and Associated Services at Greenwich University.
- 2.16 The Chief Executive attended the Steering Group meeting the Chief Executives of the Health and Social Care Regulators on 25 June.
- 2.17 The Chair attended the GMC's reception on Supporting the UK's medical workforce in the Houses of Parliament on 30 June.

- 2.18 The Chief Executive and Chief Standards Officer, Lynsey Cleland met with representatives from the Australian Pharmacy Council on 1 July.
- 2.19 The Chief Pharmacy Officer attended the Company Chemists' Association Conference 2026 and the Royal College of Pharmacy Midlands Conference 2026. The Chief Pharmacy Officer also met with colleagues at the PDA, NHS England, and the Royal College of Pharmacy.
- 2.20 Our Chief Standards Officer has been carrying out extensive engagement with a wide range of key stakeholders to discuss the issues that have been raised about the intention to increase the level of training for pharmacy technicians from RQF Level 3 (SCQF 6) to 4 (SCQF 7), during the consultation on the updated standards for the initial education and training of pharmacy technicians. An implementation advisory group has been formed to explore how the standards can be implemented and how the concerns raised can be mitigated. This advisory group includes community pharmacy representative bodies from across Great Britain. The implementation advisory group has met on 2 April and 18 June and is due to meet again in September.

Scotland

- 2.21 Our Director for Scotland, Siobhan McGuinness, accepted an invitation to attend Lindsay and Gilmour pharmacy in Elm Row in Edinburgh as part of the 200th anniversary celebrations since the pharmacy in Elm Row was founded. The Chair of Lindsay and Gilmour, Nigel Cumming, along with the CPhO, Alison Strath, spoke at the event about how community pharmacy remains at the heart of the community.
- 2.22 The Scottish National Pharmacy Workforce Forum met in May to discuss progress with each of the commissioned pieces of work and explore any risks associated. The Forum meet quarterly and are taking forward commissioned priority work across all areas of the pharmacy workforce.
- 2.23 Siobhan attended the Pharmacy Technicians Education & Training (PTET) Strategic Group in Scotland in May where discussions focused on both initial education and the consultation held by the GPhC, and continuing to consider post-registration pathways.
- 2.24 The Scottish Sharing Health and Care Intelligence Network met in June to discuss emerging issues and developments in health and care in Scotland. The weight management thematic review published earlier this year was discussed in detail by Siobhan and our clinical fellow. The group found the report and discussion to be beneficial as most organisations have seen some impact of the increased use of weight management medications, in particular the GLP-1 medicines.
- 2.25 Siobhan led a session for foundation trainees in Scotland who are nearing completion and getting ready to join the register. She discussed professionalism, the newly published guidance for newly qualified pharmacist prescribers and the next steps for registering and beyond.
- 2.26 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

- 2.27 Since the last Council meeting Liam Anstey, our Director for Wales has held meetings with various stakeholders throughout Wales.

- 2.28 Liam met with the Chair of Community Wales to discuss issues impacting community pharmacy in Wales.
- 2.29 Liam also met with the Royal College of Pharmacy to discuss the Welsh Clinical Fellow programme and agreed to speak to the new Wales Advisory Council. This is part of regular bilateral meetings between the GPhC and the Royal College of Pharmacy in Wales.
- 2.30 Liam also met with the Directors of Pharmacy in Wales and agreed to speak with pharmacists and pharmacy technicians within the managed sector in Wales about the work of the GPhC. In addition to this agreement Liam continues to hold regular meetings with the Directors of Pharmacy to discuss issues of mutual concern.
- 2.31 Liam also met with Andrew Evans, the Welsh CPhO to discuss pharmacy technician education and training as well as with Elen Jones and Laura Doyle of HEIW.
- 2.32 Liam attended the HEIW Education Strategy workshop, and the Welsh Pharmaceutical Committee meeting where he held discussions with various committee members.
- 2.33 As part of engagement with the new Senedd Liam has held meetings with new MS' and their staff.

Engagement with pharmacists, pharmacy technicians and pharmacy owners

- 2.34 **Annual registrant perceptions survey:** On 14 May 2026, we launched our first annual registrant perceptions survey. We promoted the survey to pharmacists and pharmacy technicians through direct emails (including an initial email and two reminders), media coverage and social media activity, and also asked key stakeholders to share it via their networks.
- 2.35 **New advice published for newly qualified prescribing pharmacists:** On 10 June 2026, we published new advice designed to support newly-qualified prescribing pharmacists to prescribe safely and confidently, while working within the limits of their competence as they begin their careers. There is also guidance for employers and managers on creating supportive environments for newly qualified prescribers. We have shared this new advice with key stakeholders through a range of channels, and will continue to share it as newly-qualified prescribing pharmacists join the register later this year.
- 2.36 **Premises renewal activities move from myGPhCpharmacy into myGPhC:** The myGPhCpharmacy platform was retired on Thursday 18 June 2026, and all premises renewal activities have been moved into myGPhC. myGPhC was offline from 18-24 June while the technical switchover took place.
- 2.37 Ahead of the switchover, we posted regular updates on our website homepage sharing key information with pharmacy owners, superintendent pharmacists, pharmacists and pharmacy technicians. We also contacted industry bodies including the National Pharmacy Association (NPA), Company Chemists' Association (CCA) and Independent Pharmacies Association (IPA), and held an online meeting with NPA members, so these organisations could cascade information about the switchover to their members.
- 2.38 We also emailed all superintendents, sole traders or partner (s) who are registrants to let them know about the changes, and contacted all pharmacists and pharmacy technicians who were due to renew their registration while the switchover takes place, to let them know that

the system would be temporarily unavailable. These messages were also shared via our social media channels and on the relevant renewal and revalidation pages on our website.

- 2.39 **New national pharmacy technician fellow:** We announced through a press release, **news item** and social media posts that the GPhC and the Office of the Chief Pharmaceutical Officer (CPHO) NHS England (NHSE) have appointed Becky Jarvis as their new national pharmacy technician fellow, following the success of the inaugural joint programme last year.

Engagement with patients and the public

- 2.40 In late June, we launched **our new social media campaign** targeted at patients and the public. The campaign raises awareness of the risks of using fake online pharmacies and explains how to check if an online pharmacy is on the GPhC register.
- 2.41 The **campaign includes videos** featuring our Director for Scotland and one of our Clinical Advisor and Inspectors, as well as content that is being shared via Instagram, Facebook, Reddit and other social media channels, both through paid-for advertising and through the content being organically shared by the GPhC, as well as other organisations and individuals.
- 2.42 As part of the campaign, we are contacting a wide range of organisations to ask them to share our content, including local councils, public health bodies, police forces, trading standards, charities and online pharmacies.

Media engagement

- 2.43 We have worked closely with a range of national and trade media titles since May to respond effectively to queries and to share our key messages.
- 2.44 We announced on 13 June that our Chair, Gisela Abbam, **was awarded an OBE for services to the Pharmacy Professions and Health in the King's Birthday Honours**, via a press release to the media, online statement and social media posts.
- 2.45 Our Chief Executive, Kathie Cashell, did her first major interview since joining the organisation with the Pharmaceutical Journal. **In the interview**, Kathie discussed her background, her motivations for taking on the role and her aspirations for the GPhC.
- 2.46 Our Chief Pharmacy Officer, Roz Gittins, took part in an interview with the ITV Tonight programme about the misuse of some pharmacy medicines, which was broadcast during the programme. We also **issued a statement** in response to the programme and its findings.
- 2.47 On 23 June, we **issued a press release highlighting key themes from the roundtable** we convened on the growing threat of fake online pharmacies and unregulated medicines, and our new social media campaign urging the public to always check the pharmacy register. We have been proactively contacting national, consumer and trade media to ask them to report on our campaign and encourage their readers to check the pharmacy register, and have already seen some media coverage. We were disappointed that the BBC ran a story on oral weight management medicines on 6 July - 'what you need to know' but did not include reference to the importance of checking our register. Despite our efforts in following up with the journalist and news desk, we were unable to get that information added to the story. The Chief Executive is writing to the BBC and other national media outlets to ask that they consider highlighting this risk in any future coverage of medications or pharmacy issues.

- 2.48 During this period, we also issued a press release to **announce the appointment of six new Council members.**

3. Forums and engagement events

- 3.1 Our Pharmacy Technician Forum met on 6 May 2026. Participants discussed the use of AI in pharmacy and a desire to see more advice and guidance on this complex and rapidly changing topic. Participants also shared their views on our consultation on internationally-qualified pharmacists' education and training.
- 3.2 Our Pharmacist Forum met on 19 May. Participants welcomed the publication of the GPhC's Anti-Racism Statement and statement on discrimination. Participants shared experiences and highlighted a gap between policy and lived experience. Participants agreed that meaningful progress requires system-wide cultural change, improved data, and collaboration across the sector, alongside sustained education and engagement. Participants also shared their views on our consultation on internationally-qualified pharmacists' education and training.
- 3.3 On 20 May, the Chief Pharmacy Officer spoke at an Adfam online forum for practitioners and professionals supporting family members of people who are struggling with misuse of prescription medicines. Adfam is the leading charity in England supporting people affected by someone else's drinking, drug use or gambling.
- 3.4 On 22 May, the Chief Standards Officer spoke on the consultation on international routes to registration at the Catalyst conference, the UK's first conference focused exclusively on workforce integration for overseas-trained pharmacists.
- 3.5 On 2 June, we held a public focus group on revalidation. Participants shared their views on what they expect pharmacists and pharmacy technicians to do to show they continue to be able to provide safe and effective care, and how this provides reassurance for patients and the public. Feedback from this focus group will be used in the development of updated and additional resources on revalidation and updates to the revalidation framework.
- 3.6 On 9 June, the Chair and Chief Executive attended the NPA Women in community pharmacy reception.
- 3.7 Our Initial Education and Training of Pharmacists (IETP) advisory group met on 10 June and our Initial Education and Training of Pharmacy Technicians (IETPT) advisory group met on the 18 June.
- 3.8 On 10 June, we hosted a regional roundtable event in London. Topics raised by participants included regulation needing to keep pace with rapid change and innovation in pharmacy practice, the availability of courses for current pharmacists wanting to become independent prescribers, and a need for further clarity on how healthcare regulators work together to avoid gaps or repeating regulatory work.
- 3.9 On 17 June, we held a webinar on our consultation on internationally-qualified pharmacists' education and training.
- 3.10 On 6 July, we hosted a roundtable with MPharm providers on our work on the awarding gap.
- 3.11 On 10 July, the Chief Standards Officer spoke at the Great North Pharmacy Research Conference on 'AI & digital, a regulators perspective'.

- 3.12 On 14 July, the CEnO chaired a joint session of the equality, diversity and inclusion forum and HR Directors forum on behalf of the Association of Chief Executives with a focus on mental health in the workplace.

4. Working in collaboration

- 4.1 On 18 June 2026, **we issued a joint statement** with the Advertising Standards Authority (ASA) and Medicine and Healthcare products Regulatory Agency (MHRA), warning online pharmacies and other businesses about promoting newly licensed prescription-only medicines (POMs) and unlicensed medicines for weight-management. This was in response to concerns identified about advertising of oral GLP-1s and other weight management medicines.
- 4.2 On 25 June, we participated in an APTUK Pride event, which included an introduction to the GPhC, our Standards and wider EDI work.
- 4.3 On 8 July, we participated in a joint webinar with the ASA and MHRA on rules around advertising services that include weight-management prescription-only medicines.

5. Future engagement

- 5.1 Our upcoming activities include:
- i. On 2 September 2026, we will host a roundtable to launch a new Pharmacy Alliance to tackle racism and other forms of discrimination.
 - ii. Our Patient and Public Voice Forum will meet on 23 September 2026.
 - iii. On 18-19 September 2026, we will participate in the APTUK annual conference where the Chief Executive will speak and we will have an exhibition stand.
 - iv. On 20 September 2026, we will speak at the Avicenna conference (details tbc)
 - v. On 24 September 2026, we will participate in a workshop on GLP-1s and eating disorders run by eating disorders charity Beat.
 - vi. On 25 September 2026, the Chief Executive will deliver a keynote address at the Westminster Health Forum policy conference: Next steps for pharmacy in healthcare delivery in England
 - vii. On 12 October 2026, the Chief Executive will speak at The Pharmacy Show.
 - viii. Our Student Voice Forum will meet on 7 October and our Pre-registration Trainee Pharmacy Technician Forum will meet on 22 October.
 - ix. Our Pharmacy Technician Forum and Pharmacist Forums will both meet in November (dates tbc).

6. Key developments in pharmacy and healthcare regulation

Community Pharmacy Contractual Framework for England for 2026-27 agreed

- 6.1 The Government **announced on 29 May that an agreement had been reached** between the Department of Health and Social Care (DHSC), NHS England and Community Pharmacy England (CPE) on the Community Pharmacy Contractual Framework (CPCF) for the financial year 2026 to 2027.
- 6.2 Total funding for the CPCF will be £3.636 billion in 2026 to 2027, representing an increase of £340 million compared to 2025 to 2026. This includes the integration of the Pharmacy First budget into the CPCF budget, guaranteeing this funding stream to the pharmacy sector for the future.
- 6.3 From autumn 2026, a national NHS independent prescribing offer will be introduced as an extension of Pharmacy First and the pharmacy contraception service. This will include:
- (a) prescribing within existing Pharmacy First clinical pathways and the pharmacy contraception service
 - (b) up to 5 new prescribing-only pathways subject to assessment by a clinical reference group
 - (c) appropriate circumstances for prescription management.
- 6.4 Community Pharmacy England and the government have also committed to work jointly on a programme of reform that recognises the significant challenges facing the sector and to ensure there is a pharmacy network that is fit for the future.

Mann review report published

- 6.5 Lord John Mann, the government independent advisor on antisemitism, was commissioned by the Secretary of State of Health and Social Care and the Prime Minister in October 2025 to lead a review into how the NHS and its regulatory system recognises, reports, and tackles antisemitism and other forms of racism, following multiple cases of antisemitism.
- 6.6 **Lord Mann's review report** was published on 4 June and sets out a comprehensive set of recommendations to:
- i. strengthen accountability
 - ii. improve reporting and investigation processes
 - iii. embed an anti-racist culture across the health system to ensure that patients and staff are better protected from discrimination and abuse
- 6.7 We **issued a statement in response**, welcoming the report, highlighting our work in this area, and committing to reviewing and implementing the recommendations for health professional regulators.

Council is asked to note and discuss the update.

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

General Pharmaceutical Council

08/07/2026

Review of the annual report and accounts 2025/26

Meeting paper for Council on 16 July 2026

Public

Purpose

To approve the statutory annual report and accounts for 2025/26.

Recommendations

The Council is asked to:

1. approve the combined annual accounts, annual report and fitness to practise report for 2025/26 (**Appendix 1**);
2. note the report of the external auditors (**Appendix 2**); and
3. authorise the Chair of Council to sign the letter of representation as required by the external auditors (**Appendix 3**)

1. Introduction

1.1 The Pharmacy Order 2010 requires the GPhC to publish annual reports and accounts, and to provide these to the Privy Council Office for laying before each House of Parliament and the Scottish Parliament. In summary, the GPhC must submit to the Privy Council Office each year:

- annual accounts, with the external auditors' report;
- an annual report, including how we adhere to good practice on equality and diversity;
- an annual statistical fitness to practise report, with the Council's observations; and
- a strategic plan

1.2 The GPhC must submit copies of the combined report and accounts to the Privy Council Office so that it can be laid in both the Scottish Parliament and as soon as possible after this in the Houses of Parliament, when they return to sit on 15 September 2026. A copy of the report is provided to the Senedd.

1.3 We also use the annual report document to meet additional statutory reporting duties:

- **The Small Business, Enterprise and Employment Act** created a power for the Secretary of State to require ‘prescribed persons’ to produce an annual report on protected (‘whistleblowing’) disclosures made to them by workers. As a prescribed person we have to report in writing every financial year on protected disclosures made to us.
 - As a registered data controller under the **Data Protection Act 2018** (DPA), we collect, store and use personal data. Under **the Freedom of Information Act 2000** (Fol), anyone can ask to see GPhC records. We provide an annual report of our work to demonstrate that we comply with relevant data protection legislation, and provide statistics of the information access requests we received under these acts.
 - As part of reporting duties under the Welsh language standards.
- 1.5 Sign off by the Council is the last stage in a thorough assurance process of the annual report. The information is collated and comments are invited from the Executive team, Audit and Risk Committee and Council members at the draft stage. These are addressed and incorporated wherever possible. The full draft of the report is then externally proofread.
- 1.6 As the complete document comprises several different reports, to meet the separate statutory duties listed above, it can feel quite repetitious when read cover to cover. Most readers will access the material online, which gives them the opportunity to search the document and access specific information, or navigate to specific sections.

2. Annual accounts

- 2.1 The annual accounts were independently audited by HaysMac LLP. The financial reporting framework that has been applied in their preparation is the United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standard and applicable laws) including Financial Reporting standard 102. The organisation has early adopted amendments to FRS 102 issued in March 2024, effective for accounting periods beginning on or after 1 January 2026.
- 2.2 A copy of the external auditor’s report is at **Appendix 2**.
- 2.3 In preparing the annual accounts the GPhC has given due consideration to its going concern status. The GPhC has reviewed its current level of reserves alongside the projected levels of working capital, income and expenditure and concluded there is sufficient level of resources and liquidity to meet its current requirements. Regular reviews of GPhC’s income and expenditure and overall financial position have been undertaken at the Finance and Planning Committee and there is a high degree of confidence in the GPhC’s going concern status.

3. Equality and diversity implications

- 3.1 The annual report sets out the actions we have taken to ensure that we are compliant with legislative requirements on equality as well as our commitment to equality, diversity and inclusion more widely, and provide a comprehensive update to our EDI activity during the first year of our EDI strategy.
- 3.2 The annual report is produced bilingually in both English and Welsh, in accordance with the requirements of the Welsh Language Act 1993.

4. Communications

- 4.1 We will publish the combined report on our website and send a link to it to the key organisations covering our major stakeholders including pharmacy and patient representative organisations across Great Britain.
- 4.2 We will provide copies of the report, including a link to the online version, to the Senedd in Wales. And we will also submit a copy to the Professional Standards Authority.

5. Resource implications

- 5.1 Publication of and communication about the annual report, fitness to practise report and accounts are covered by existing budgets.

6. Risk implications

- 6.1 The GPhC is required by statute to submit the required reports to the Privy Council Office for laying before each House of Parliament and the Scottish Parliament. We would be in breach of our statutory duty if we failed to do so.

7. Monitoring and review

The process for producing the annual report is reviewed annually to ensure that its content meets the relevant guidance, including financial reporting standards and the Information Commissioner's guidance.

Recommendations

The Council is asked to:

- 1. approve the combined annual accounts, annual report and fitness to practise report for 2025/26 (**Appendix 1**);
- 2. note the report of the external auditors (**Appendix 2**); and
- 3. authorise the Chair of Council to sign the letter of representation as required by the external auditors (**Appendix 3**)

Kathie Cashell, Chief Executive and Registrar

General Pharmaceutical Council

16 July 2026

Annual report

Annual fitness to practise report
Annual accounts 2025/26



General Pharmaceutical Council

Annual report

Annual fitness to practise report

Annual accounts 2025/26

Annual report and annual fitness to practise report presented to Parliament and the Scottish Parliament under Paragraph 8 of Schedule 1 to the Pharmacy Order 2010. Annual accounts presented to Parliament and the Scottish Parliament under Paragraph 7 of Schedule 1 to the Pharmacy Order 2010.

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Foreword

From our chair, Gisela Abbam, and our chief executive, Kathie Cashell

This year has been one of significant activity and change for the organisation, as we continued to respond to growing demand and increasing complexity as pharmacy evolves at pace, reshaping how care is delivered.

Across the year, our focus has remained firmly on protecting patients and the public, while empowering pharmacists and pharmacy technicians to use their skills and expertise to the fullest extent. We have continued to deliver our statutory responsibilities, strengthened our regulatory approach where risks have emerged, and taken important steps to ensure our organisation remains resilient, well governed and fit for the future.

We made significant progress in delivering our strategic plan for 2025–2030 this year, continuing to show a clear direction in how we will uphold safety, quality and public trust in pharmacy over the next four years. While the plan looks ahead, this report reflects the solid foundations already laid and the progress made in the first year of delivering those ambitions.

We have strengthened our work with other regulators and partners to respond to emerging risks and support patient safety to protect patients and the public. This has included joint work on medicines safety and online prescribing with organisations such as the MHRA, Advertising Standards Authority and Food Standards Agency, alongside targeted communications to support pharmacy teams to respond to emerging risks.

This year we have worked to empower pharmacists and pharmacy technicians to provide safe and effective care by continuing to support implementation of the standards for the initial education and training of pharmacists, and progressed work to update the standards for pharmacy technicians. We have strengthened how we quality assure education and training, including introducing student surveys and making better use of data and insight to inform our approach, and we have maintained strong performance in registration and assessment.

To build a skilled, agile and inclusive organisation, we have strengthened how we work to support the safe and effective delivery of our regulatory responsibilities. This includes embedding our organisational values more consistently in how we lead, manage performance and make decisions, and developing our systems and tools to better support our regulatory work.

Throughout the year we have listened carefully to feedback from patients and the public, pharmacists, pharmacy technicians, employers and partners across the health and care system. Their insight has helped shape our work, informed our decisions and strengthened our approach. We are grateful to all those who have engaged with us and supported our work.

This annual report sets out what we have delivered over the year, the impact of our work, and how we have continued to adapt as pharmacy practice evolves. It also reflects the commitment and professionalism of our staff and Council members, as well as those working across pharmacy, whose contributions underpin everything we do.

Finally, we would like to thank our former Chief Executive, Duncan Rudkin, and Interim Chief Executive, Chris Askew OBE. Duncan made a significant contribution to the GPhC through his leadership of the organisation since its establishment in 2010, while Chris guided us through the transition period before a permanent appointment was made in March 2026.

The work this year will provide us with a solid foundation on which to implement our delivery plan for 2026/27.

Gisela Abbam, Chair

About us

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.

We set standards for pharmacy professionals and pharmacies to enter and remain on our register.

We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.

We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register. Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Our Council and our staff

Two Council members finished their terms of office on 31 March 2025. We would like to thank Elizabeth Mailey and Jayne Salt for their significant contributions during their term on the Council.

Tim Jaggard and Dr Raliat Onatade joined the Council on 1 April 2025.

Our new chief executive and registrar, Kathie Cashell, joined us on 3 March 2026, after a handover with Chris Askew, who held the position on an interim basis after our previous permanent chief executive, Duncan Rudkin, left the organisation in December 2025.

Our year at a glance

Our work to help ensure safe and effective pharmacy care at the heart of healthier communities, in numbers

Figure 1: our year in numbers

The register as at 31 March 2026



1,973 pharmacy inspections, including:
801 focused inspections,
434 full inspections and
306 follow-up inspections



32 enforcement notices served against pharmacies, made up of:
22 conditions and
10 improvement notices



Over **5.4m** visits to the main GPhC website and over
6,600 visits to our inspections website



9,928 concerns received about pharmacy professionals, including
2,275 through our contact centre



Took part in **96** engagement events across Great Britain and received around **2,500** written responses to **3** consultations



Responded to over **25,300** calls and **22,900** emails from registrants and the public

The register as at 31 March 2026

Figure 2: The register as at 31 March 2026



All members of the public can check whether a pharmacist, pharmacy technician or pharmacy is registered in Great Britain, by looking at the register on our website. You can also see any decisions we have made about whether pharmacy professionals are safe to practise pharmacy, and which pharmacists are also 'supplementary prescribers' or 'independent prescribers'.

To be able to practise in Great Britain, pharmacists and pharmacy technicians must satisfy us that they meet the standards for pharmacy professionals. Only then can they join the register. Similarly, anyone wanting to register a pharmacy or renew that registration must also meet our standards.

When a pharmacist or pharmacy technician renews their registration with us each year, they must make a declaration confirming that they meet all our standards.

Anyone who is not registered with us, but practises as a pharmacist or pharmacy technician, is breaking the law and can be prosecuted. You can search the online register for details of pharmacists, pharmacy technicians and pharmacies.

Fees for registration

Following a consultation which closed in April 2025, our Council agreed an increase of 6% in all fees for pharmacies, pharmacists, pharmacy technicians and foundation trainees – including the fees for registration and renewal – from September 2025.

The Council agreed a further increase was necessary at its meeting in March 2026. As our workload and costs have continued to significantly increase, renewal fees will increase by 6% from September 2026.

Our work in 2025/26

This year marked the launch of our new strategic plan for 2025–2030, which sets out how we will uphold safety, quality and public trust in pharmacy over the next five years. The strategy builds on the progress we have already made and reflects the changing context in which pharmacy professionals, services and patients operate.

While launching the new strategy was a significant milestone, we also maintained a strong focus on delivering our core regulatory responsibilities. Our work during the year can be grouped under the three strategic aims that underpin the plan:

Strategic aim 1: Empowering pharmacists and pharmacy technicians to provide safe and effective care

We continued to strengthen education, training and professional assurance, supporting implementation of pharmacist education standards, progressing work on pharmacy technician education, expanding the revalidation framework, and taking forward work to strengthen pharmacy governance including on rules and standards for Responsible Pharmacists and Superintendent Pharmacists.

Strategic aim 2: Protecting patients and the public

We increased regulatory activity to respond to emerging risks, delivering a significantly higher level of fitness to practise resolutions and inspections, carrying out themed reviews, responding to a sharp rise in concerns, and working closely with partner regulators on issues such as online supply of weight-management medicines and services.

Strategic aim 3: Building a skilled, agile and inclusive organisation

We strengthened organisational capability and resilience, including governance, systems, workforce development and financial sustainability, to ensure we are well positioned to meet current and future regulatory demands.

Together, this work reflects our continued commitment to protecting patients and the public, while supporting the safe and effective delivery of pharmacy care in an evolving healthcare landscape.

Empowering pharmacists and pharmacy technicians to provide safe and effective care

Education

We continued to support implementation of the standards for the initial education and training of pharmacists, while progressing work to update the standards for pharmacy technicians.

Initial education and training of pharmacists

All MPharm degrees and foundation training programmes have now been accredited and are being delivered to the 2021 **standards for the initial education and training of pharmacists**. We started accreditation (and reaccreditation) of these programmes in 2021 and completed this work in 2025.

A four-year MPharm degree followed by a year of foundation training and sitting the Common Registration Assessment is the main route to registration as a pharmacist.

From 2026, for the first time, all pharmacists trained to our 2021 standards will be able to be annotated as independent prescribers when they first register with us.

We also prepared proposals to review the route to registration for internationally qualified pharmacists, and are consulting on these in 2026/27.

Foundation training

For the first time, national foundation training programmes for pharmacists have been introduced. They are delivered by national statutory education bodies and accredited by the GPhC. The first cohort of trainees from the programmes will join the register from August 2026.

The initial education and training of pharmacy technicians

We consulted on draft standards for the initial education and training of pharmacy technicians. Pharmacy technicians play a vital role in providing safe and effective pharmacy services and it remains essential that their education and training is up-to-date and reflects changes in pharmacy practice.

This consultation sought to gather views on proposed draft standards which bring about important changes to pharmacy technician initial education and training, including the level of study, entry requirements, educational supervision requirements, and the learning outcomes.

The consultation analysis report is due to be available later in 2026.

Quality assurance

We strengthened our quality assurance of education and training through the introduction of student surveys and more effective use of data and insight. Alongside this, we continued to approve and quality assure education and training programmes across Great Britain, helping to ensure new registrants meet our standards.

New pharmacy technician fellowship with NHS England

A new national pharmacy technician fellow for England, Olivia Musson, was appointed in 2025. This new fellowship post, co-hosted by the GPhC and NHS England, offered a one-year, fixed-term opportunity to work across the Office of the Chief Pharmaceutical Officer (NHS England) and the GPhC. The role was to support our work on empowering the pharmacy technician profession, including in the ongoing work to develop new standards for the initial education and training of pharmacy technicians. Following the success of this post, we will be welcoming a new pharmacy technician fellow in 2026.

This post sits alongside that of the Scottish Clinical Leadership Fellowship. Niketa Platt was appointed to that role in December 2025, and is working with GPhC teams looking at differential attainment as her main project.

The Scottish Pharmacy Clinical Leadership Fellowship scheme (SPCLF) aims to support future pharmacy leaders and take forward strategic objectives to improve the pharmaceutical care of patients in Scotland.

Revalidation

As part of our ongoing review of the revalidation framework, we expanded the standards that registrants can use for reflection.

Each year, pharmacists and pharmacy technicians renewing their registration must submit one reflective account, one peer discussion record and four continuing professional development (CPD) records.

From 1 January 2026, registrants can select any of the nine standards for pharmacy professionals for their revalidation reflective account. This change allows greater flexibility and better reflects the range of professional roles and settings in which pharmacy professionals work, including as independent prescribers, in different clinical areas.

This work is part of the first phase of a longer, multi-year project looking at revalidation. This first phase, which will continue into 2026/27, aims to:

- contribute towards assurance of practice for pharmacist prescribers through revalidation
- update and strengthen the current revalidation framework and provide additional and updated examples of good practice for registrants
- make sure that revalidation provides assurance that registrants remain fit to practice
- make sure that revalidation continues to reassure the public that their confidence in pharmacy and pharmacy professionals is well placed
- improve communications around revalidation with registrants

Strengthening pharmacy governance

We progressed work to strengthen pharmacy governance, including consulting on draft rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists.

This work supports the implementation of new legislation introduced across Great Britain, aimed at enabling pharmacists to deliver more patient-facing clinical services and allowing pharmacy technicians to make fuller use of their skills and expertise.

We are working to strengthen pharmacy governance to provide clarity around how pharmacies are organised and managed, to help us to make sure patients and the public continue to receive safe and effective pharmacy care.

The consultation closed on 26 March, and we are now analysing the feedback we received.

Protecting patients and the public

Inspections

Inspection activity increased by more than 35% in 2025/26 compared with 2023/24, and by more than 85% compared with the year before that. There were almost 2,000 inspections delivered and more than 5,500 regulatory contacts which included inspectors providing support and guidance outside of formal inspections.

We continued to roll out a more targeted, risk-based approach to inspections. This has enabled inspectors to focus on higher-risk areas and increase overall regulatory engagement, combining inspections with other forms of contact.

We also carried out two themed reviews: **one focusing on pharmacies supplying cannabis-based products for medicinal use**, and **another on hub-and-spoke dispensing**. These reviews highlighted areas of good practice alongside opportunities for improvement, particularly in governance, risk management and standard operating procedures, in line with our strategic aim to empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care.

The purpose of themed reviews is to support learning and improvement across the sector, helping organisations and professionals meet our standards consistently and improve patient safety.

Concerns

We saw a significant rise in both the number and complexity of concerns raised, with more than 9,500 concerns received during the year – a 35% increase on 2024/25 and 77% increase on 2023/24.

To help address this, we introduced new acceptance criteria, providing clearer guidance on the types of concerns we can consider and how they are assessed, with the aim of reducing the number of avoidable concerns received. The updated criteria clarify which concerns may lead to a fitness to practise investigation, inspection or enforcement action and which concerns should be directed elsewhere.

We also strengthened our triage function, seconding an inspector into the team and increasing our capacity. This helped us to reduce the number of older, unresolved cases and improve the time it takes us to complete our newer investigations. While we have made progress, improving timeliness across the end-to-end process remains a priority, particularly the final resolution of our very aged legacy caseload.

We continued to take proportionate enforcement action where standards were not met, progressing investigations and hearings and strengthening consistency in decision-making.

You can find out more about our work in this area in the fitness to practise section of this report.

Work on weight-management medicines and services

Concerns about the prescribing and supply of weight-management medicines and services, particularly online, received significant public and media attention during the year.

We focused on raising public awareness, issuing communications to encourage people to check that online medicines are supplied by pharmacies registered with us. We also promoted our guide to help people stay safe when using online pharmacy services.

We worked closely with partner regulators, including the MHRA and the Advertising Standards Authority, and issued joint enforcement notices, including one to address unsafe social media advertising by registered pharmacies.

In addition, we gave evidence to parliamentary and regional committees on the subject of weight-management medicines and services, and held a joint webinar for the sector, supporting a coordinated and informed regulatory response.

In August 2025, our Chief Standards Officer and Chief Enforcement Officer wrote to pharmacists, pharmacy technicians and pharmacy owners in response to recent concerns about inappropriate marketing messages and advice relating to medicines used for weight-management.

Our Chief Pharmacy Officer took part in an interview with ITV News in November 2025 and emphasised that we are already taking action to improve patient safety and would investigate concerns raised by ITV News. We also issued a statement emphasising these messages, which was covered by the pharmacy trade media.

We have also participated in external events and worked with a range of healthcare and regulatory organisations through webinars, campaigns and speaking engagements to help promote messaging about providing weight-management medicines and services safely.

You can **[find out more about our work in this area in a December 2025 update to our Council.](#)**

Identifying emerging issues

This year we have been sending out targeted communications to support pharmacy teams to respond to emerging issues. Examples include giving advice on the dispensing and supplying of some medicines where extra safeguards need to be put in place, antibiotic stewardship and checking addresses when supplying medicines at a distance. These communications aim to make pharmacies, pharmacists and pharmacy technicians aware of issues that have been highlighted by our concerns team.

We also continued joint working with regulators and governments across Great Britain to strengthen intelligence-sharing and risk identification.

Building a skilled, agile and inclusive organisation

Over the course of the year, we focused on strengthening the organisation, so it is well placed to respond to increasing demand, rising complexity and a rapidly changing regulatory and healthcare environment.

Our governing Council took the decision to implement an increase in fees from September 2026, after a fee increase of the same amount the previous year. This action was taken to ensure the organisation can continue to deliver its statutory responsibilities effectively and sustainably, in the context of a significantly increasing workload.

We recognise the financial pressures facing pharmacists, pharmacy technicians and pharmacy businesses, and the Council did not take this decision lightly. In previous years fees for pharmacists and pharmacy technicians had been deliberately kept well below the rate of inflation and fees had been frozen over several years. However, as the workload, scale and cost of regulation have increased significantly, this position was no longer sustainable. The agreed increases will help ensure we remain financially resilient and able to regulate effectively in a fast-changing environment.

Alongside this, we strengthened how we work as an organisation. We continued to embed our organisational values more consistently into leadership, decision-making and performance management, supporting a culture that promotes professionalism, accountability and inclusion. We invested in staff wellbeing, learning and development, and inclusion initiatives, helping to support a stable workforce with high retention and low turnover.

We also continued to develop our systems and tools to better support regulatory delivery. This included improving our digital services and investing in tools that support inspections and other regulatory activity. For example, we updated our inspection decision-making framework to support more consistent, proportionate decisions, including clearer examples of good practice and areas for improvement, particularly in relation to supply of medicines at a distance.

During the year, we strengthened how we plan, manage and monitor work across the organisation. We introduced a more consistent approach to programme and project management, with clearer oversight of progress, risks and issues, enabling more effective delivery and decision-making.

We also formalised our commitment to supporting the wellbeing of registrants by signing a memorandum of understanding with Pharmacist Support. While the two organisations have distinct roles, working together helps support the wellbeing of pharmacy students, trainees and professionals, which in turn can influence the quality and safety of care provided to patients.

Governance arrangements were further strengthened, including welcoming a new Chair to the Assurance and Appointments Committee. The committee plays an important role in supporting confidence in the independence and effectiveness of statutory decision-making, and in providing assurance to the Council.

Our financial position improved during the year. The cost improvement programme exceeded its target, and reserves returned to the agreed range, providing increased financial stability. This more resilient financial footing supports delivery of our strategy and enables us to continue responding to emerging risks, pressures and opportunities across pharmacy and pharmaceutical care.

Delivering our equality, diversity and inclusion strategy

During 2025/26, we continued to deliver our equality, diversity and inclusion (EDI) strategy, working across all areas of the organisation and beyond the GPhC to promote fairness, challenge discrimination and improve equity of outcomes.

Our approach recognises that EDI is essential to effective regulation. By understanding how different groups experience pharmacy education, training and regulation, we can better protect patients and the public, maintain confidence in pharmacy, and support a diverse and inclusive profession.

Below, we highlight some of our key EDI activity from the year.

Collaborating beyond the GPhC to tackle inequality and improve outcomes

We continued to prioritise collaboration with education providers, regulators and external partners to address systemic inequality and share learning.

A key focus this year was our Awarding Gap Project, which aims to address persistent differences in education and training outcomes between pharmacy students and trainees from different racial and ethnic backgrounds. This work is grounded in the principle that differential attainment is a systemic education issue, rather than a deficit in individuals. During the year, we progressed this programme of work and established an Awarding Gap Steering Group, bringing external expertise to act as a critical friend and help shape, challenge and strengthen our approach.

We also contributed to Inclusive Pharmacy Practice (IPP) Week 2025, taking part in a session on closing the gaps in differential attainment and degree awarding in November 2025. This supported wider sector discussion on inequality in education outcomes and the role of regulators in driving change.

We continued to work with other healthcare regulators through the EDI Healthcare Regulators network, sharing insights and learning to strengthen inclusive regulatory practice across the health system. Our work was recognised externally by the Professional Standards Authority (PSA), which cited the GPhC's EDI activity as an example of good practice in its assessment against Standard 3 (Equality, Diversity and Inclusion).

During the year, we also engaged with the government-commissioned rapid review led by Lord John Mann into how healthcare regulators tackle antisemitism and other forms of racism. This engagement supported sector-wide learning and reflection on how regulators can better identify, address and respond to discrimination.

Holding ourselves to the same high standards we expect of others

Alongside our external regulatory role, we continued to focus on embedding EDI into the way we work as an organisation.

We achieved Disability Confident Level 2 status, building on our Level 1 commitment and demonstrating that our recruitment and employment practices actively support disabled colleagues and applicants. To support this, we introduced a new workplace adjustment policy, alongside practical manager guidance to help ensure requests for adjustments are handled consistently, fairly and with confidence.

We strengthened learning and engagement across the organisation by co-delivering an inter-regulatory LGBTQIA+ History Month event, working with other regulators to broaden reach and share perspectives on inclusion. Internally, we marked a range of key inclusion dates, including Pride, International Women's Day, Black History Month, and the International Day of Persons with Disabilities, using events and communications to support reflection, learning and connection across teams.

We continued our work to better understand and address barriers to raising fitness to practise concerns, progressing analysis of the issues people face and developing an action plan to respond to the findings. This work supports our commitment to fairness, accessibility and trust in our regulatory processes.

To strengthen equality considerations in decision-making, we delivered training on Equality Screening and Impact Assessments (ESIAs), supporting colleagues to better identify and address equality impacts in policy development and operational activity. We also continued our programme of EDI training for new starters and committee members, helping to embed inclusive practice from the outset and ensure that EDI considerations are understood across governance and decision-making roles.

This activity reflects our ongoing commitment to embedding equality, diversity and inclusion across our regulatory work and organisational culture, and to continuing to learn, improve and work in partnership with others.

Welsh language annual monitoring report 2025/26

We recognise the cultural and linguistic needs of Welsh-speaking people. We are committed to implementing the Welsh language standards.

The Welsh language standards promote and facilitate the Welsh language, and ensure that the Welsh language is not treated less favourably than the English language in Wales.

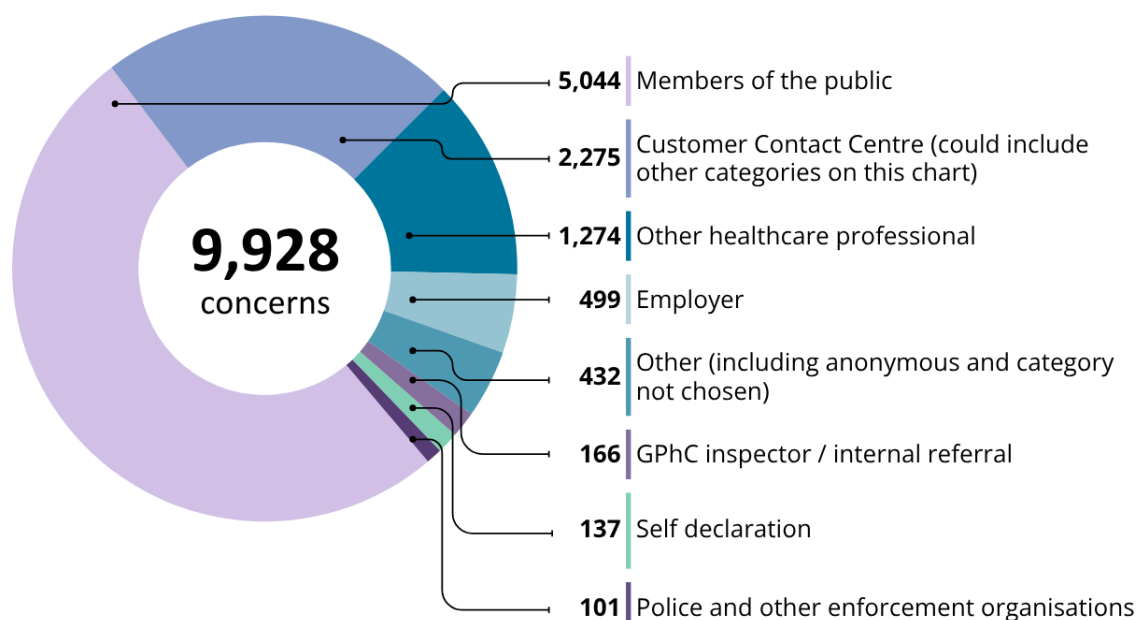
As part of our obligations under standard 66, during the period from the compliance date until the end of the financial year, we recorded the following:

- we received no complaints during the year which related to compliance with the standards with which we are under a duty to comply (on the basis of the records we kept in accordance with standard 60)
- we have three employees who have Welsh language skills at the end of the 2025/26 year (on the basis of the records we kept in accordance with standard 62)
- of the new and vacant posts we advertised (on the basis of the records we kept in accordance with standard 63):
 - Welsh language skills were essential for 0 posts
 - Welsh language skills needed to be learned when appointed in 0 posts
 - Welsh language skills were desirable for 0 posts
 - Welsh language skills were not necessary for 52 posts

Annual fitness to practise report

How concerns came to us in 2025/26

Figure 3: how concerns come to us



What is 'fitness to practise'?

Fitness to practise is when someone has the skills, knowledge, character and health to do their job safely and effectively. A pharmacy professional may not be fit to practise for a number of reasons, for example if:

- their behaviour is putting patients at risk
- they are practising in an unsafe way, or
- their health may be affecting their ability to make safe judgements about their patients

Dealing effectively with fitness to practise concerns is at the heart of our commitment to protecting patients and the public, and maintaining public confidence in pharmacists and pharmacy technicians.

If you are concerned that a pharmacist or pharmacy technician registered with us is not fit to practise, you can report your concern to us.

You can find out more about how we deal with fitness to practise concerns on our website.

How we deal with concerns

A concern is information that we receive about an issue with a pharmacy professional or with how a pharmacy is operating. When we receive a concern, we carry out an initial assessment to establish whether at its most serious, the allegation could meet our criteria for further investigation. The vast majority of concerns we receive are from members of the public and are about pharmacists.

Currently, over 90 per cent of the concerns we receive are closed at this early stage either because it is not within our powers to deal with them, or because we do not consider that they are serious enough to call into question someone's fitness to practise. We may refer the matter to the inspection team for consideration of premises- and systems-related issues and may provide a reminder to a pharmacy professional about the importance of upholding appropriate standards in future. We may also signpost the person raising a concern to other organisations which may be able to help.

If we decide to take a concern further, we will start an investigation. Following an investigation, we may:

- take no further action
- send a letter to the professional that includes guidance about their future practice
- enter into a voluntary agreement with the professional to manage the concern
- recommend that the evidence is considered by an investigating committee, or
- refer it directly to the fitness to practise committee

Only the most serious concerns are referred to the investigating committee or reach the fitness to practise committee. The investigating committee (IC), which meets in private, can decide to:

- take no action
- agree 'undertakings' with a professional (undertakings are promises by the professional on things they will or will not do in the future, and may include restrictions on their practice or behaviour, or a commitment to undergo supervision or retraining)
- send a letter of advice
- issue a warning, or
- refer the case to the fitness to practise committee for a hearing

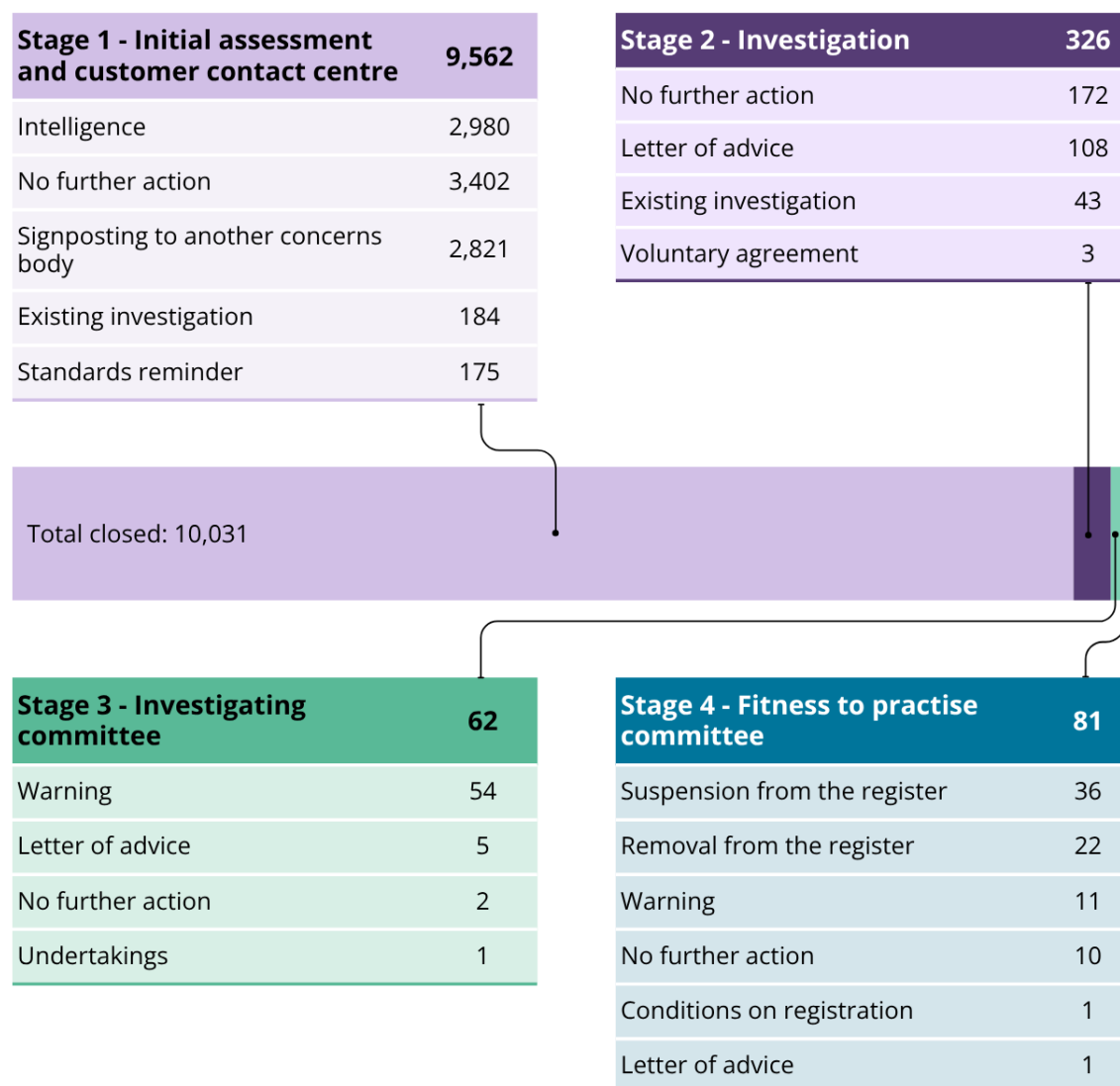
The fitness to practise committee (FtPC) is a panel made up of three members, which operates independently of the GPhC. The FtPC holds hearings in public and decides on the facts and whether a pharmacy professional remains fit to practise. If the committee finds that they are not currently fit to practise, it can:

- issue a warning
- agree undertakings
- set conditions that place restrictions for a period of up to three years on how the professional can practise
- suspend them from the register for a period of up to 12 months, or
- remove them from the register

Sometimes we receive a concern where a pharmacy professional's behaviour or practice presents a serious continuing risk to patient safety, or where they have a health condition which means that they are a risk to themselves or the public. In these cases, we can apply to the fitness to practise committee for an 'interim order'. Interim orders allow for a pharmacy professional's registration to be suspended, or made subject to conditions, while we carry out our investigation.

Outcome of cases closed in 2025/26

Figure 4: outcomes of cases closed in 2025/26



Dealing with concerns in 2025/26

The number of concerns we received

This year, we received 9,928 concerns through our triage team or our customer service team, reflecting an almost 30% increase on the 7,378 we received the previous reporting year, the earliest we started collating the combined data.

Headlines

- We reduced the number of open concerns over two years old by just under 20% and those over three years old by 28%
- Of the concerns that are referred to our triage team, 95% are closed following an initial assessment
- 330 cases were closed following the initial investigation this year, an increase of 12% on 2024/25 (excluding those closed that year through our merging project)
- We resolved slightly fewer concerns at the investigating committee stage, 107 against 116 the previous year, a decrease of 8%
- We resolved 17% more concerns at the FtPC stage, up from 69 in 2024/25 to 82 in 2025/26
- 71% of final determinations by the FtPC resulted in the registrant being suspended or removed from the register this year, up from 60% in 2024/25

Triage outcomes

We have two routes for people raising concerns with us:

- an online concerns form which comes straight into our triage team
- a phone call or email received through our customer service team

The majority of the concerns we receive continue to be from members of the public.

Of the 7,653 concerns received into triage, 95% were closed at this stage. This is an increase from 93% in 2024/25 and 91% in 2023/24 and reflects our continued approach to ensuring that only the most serious concerns progress to a formal investigation.

We triaged 2,980 concerns (41%) to our inspectorate as intelligence, enabling risk-based decisions to be taken about the nature and timing of inspection work, and improving general knowledge about pharmacy practice. Although a slight reduction in the proportion referred to inspectors against the 2024/25 reporting year (43%), this has led to a review of this process and in Quarter 4 we seconded an inspector into our triage function to support the assessment of risk and knowledge build at the point of entry.

During 2025/26 we closed 2,252 concerns with no further action against 2,182 in 2024/25, an increase of just over 6%. 175 concerns were closed with a reminder to the pharmacist or pharmacy technician about the importance of upholding our standards.

Of the concerns received by our triage team, 68% were resolved within six weeks, and 91% within eight weeks. Delays are usually as a result of waiting for information from third parties.

We opened 474 concerns and referred them for further investigation, a slight increase on 454 the previous year, and 369 in 2023/24.

Investigation outcomes

Following our investigation, we concluded 326 concerns, an increase of just under 13% on the substantive closures from 2024/25 when we undertook our project to merge multiple cases that were opened against the same registrant and related to similar allegations.

Of the concerns we investigated, we closed 172 cases with no further action – a slight decrease from the 177 closed the previous year. 108 cases were concluded with guidance being offered to the registrant, a small increase on the 101 cases closed with guidance in 2024/25.

We reduced our median time for resolving concerns at this stage to just under 42 weeks in 2025/26 – a reduction of almost 19 weeks since 2024/25.

We referred 94 concerns to the Investigating Committee in 2025/26, a reduction of just over 20% from our peak in 2024/25, but also reduced the median time taken by just over 20 weeks to a four-year low of 74 weeks.

Across both statutory committees, we referred 156 concerns to the investigating committee or fitness to practise committee in 2025/26 – an increase of 29 per cent on 2024/25 when we referred 121 concerns. This reflects our commitment to progressing more of our aged concerns through to resolution.

Investigating Committee outcomes

The Investigating Committee concluded 17 per cent more cases than in 2024/25, up from 53 to 62.

The number of warnings increased from 44 to 54, and continuing the trend over recent years, warnings remain the largest portion of investigating committee outcomes (87 per cent, up from 83 per cent the year before).

The committee issued advice to five registrants compared with eight in the previous year. Undertakings were issued in one case, while there were no undertakings the previous year. Two cases were concluded with no further action, up from one the previous year.

The Investigating Committee considered a total of 126 concerns during 2025/26, similar to the 130 considered in 2024/25. Of these, 45 (42%) were referred to the Fitness to Practise Committee, slightly fewer than the 48% referred in 2024/25.

There was a slight reduction in the median time for cases to resolve or be referred at the IC stage (down by just over three weeks), but at just under two years, this remains far higher than we would like. We expect this to come down further this year as a result of newer investigations being carried out more quickly.

Fitness to Practise Committee outcomes

Similar to last year, the majority of outcomes issued by the fitness to practise committee were suspensions, although the proportion increased by 12 per cent, from 32% last year to 44% this year. The fitness to practise committee removed 22 registrants from our register during 2025/26, a marginal increase on the 19 removed during the previous year, but matching the proportion of the overall number at just over 17%.

Fewer cases were resolved with conditions of practice – from four in 2024/25 to one in 2025/26 – and the proportion of hearings concluding with advice, a warning or no further action all remained broadly similar to those in the previous year.

Our median timeline for closures at FtPC remains very high at just under three years, which continues to reflect our drive to progress our very aged cases through to resolution. We expect this to continue for most of 2026/27 but we should see it start to reduce in Quarter 4 of 2026/27.

We scheduled over 50% more sittings days during 2025/26 allowing us to list 110 hearings before the fitness to practise committee and resolving 81, up 17% on the 69 for the previous year. We are further increasing our number of hearings capacity by another 50% during 2026/27 to conclude the majority of our aged caseload and clear our legacy backlog.

Our reporting requirements

Under the Pharmacy Order 2010 there are certain items we report as part of demonstrating our accountability to parliament. We have to publish annual reports and accounts, and provide them to the Privy Council Office for laying in the UK and Scottish Parliaments. We have to publish:

- an annual report on how we have carried out our work, including our arrangements for making sure we follow good practice in relation to equality and diversity
- a statistical report which shows the efficiency and effectiveness of our arrangements to protect members of the public from pharmacy professionals whose fitness to practise is impaired – our annual fitness to practise report. The report includes a description of the arrangements and the Council's comments on the report
- yearly accounts, in a form set by the Privy Council
- our external auditor's report on our accounts

This report is published to meet these requirements, as well as other annual reporting requirements set out in legislation, which apply to us.

The Privy Council has issued an 'accounts determination', setting out what we must include when preparing our yearly accounts. The accounts determination is in appendix 1 to our financial statements. Our accounts have been produced in line with this determination.

As a body funded by registrants' fees and independent of government, we are not covered by the treasury guidance on managing public money. But we want to follow best practice, both in being transparent and in communicating with members of the public, who are our main stakeholders. We have therefore aimed to keep our reporting as clear and straightforward as possible, with the least amount of duplication.

We have provided a governance statement. This covers our systems to support the Council's strategy and objectives, while safeguarding the organisation's assets. The statement also includes the chief executive's review of the effectiveness of our systems of internal control.

How we govern ourselves

The Council is the GPhC's governing body and is appointed by the Privy Council. It sets the strategic direction and objectives for the organisation, in line with its statutory objectives. It monitors the organisation's performance, and that of the executive team. It also safeguards the organisation's assets and makes sure its financial affairs are run properly.

The GPhC's council has 14 members: seven lay members and seven registrant members. There is at least one member who lives or works in each of England, Scotland and Wales.

This was the fourth year in office of our Chair, Gisela Abbam, who started her first term on 14 March 2022. Gisela was appointed to a second term which began on 1 April 2025.

Council members' pay, attendance and expenses: April 2025 to March 2026

This table records Council members' attendance at regular formal meetings only. In 2025/26 we held a mixture of in-person and online meetings.

Council members also took part in other meetings and events. This included working on other groups and working with stakeholders by attending engagement events.

Table 1: Council members' pay and attendance April 2025 to March 2026

Name	Registrant or lay member	Pay £	Council meetings attended	Council workshops attended	Committee meetings attended
Gisela Abbam ¹	Lay	60,000	6 out of 6	6 out of 6	FPC* 3 out of 4; PCC**** 2 out of 3
Yousaf Ahmad ⁹	Pharmacist	17,500	5 out of 6	6 out of 7	FPC 4 out of 4
Neil Buckley ⁵	Lay	17,500	5 out of 6	6 out of 7	ARC*** 5 out of 5
Dianne Ford ⁴	Lay	17,500	6 out of 6	7 out of 7	QPAC** 3 out of 3
Ann Jacklin ³	Pharmacist	17,500	6 out of 6	7 out of 7	ARC 4 out of 5; QPAC 3 out of 3
Tim Jaggard	Lay		6 out of 6	7 out of 7	FPC 3 out of 4
Rima Makarem ⁶	Lay	17,500	5 out of 6	5 out of 7	QPAC 3 out of 3
Penny Mee Bishop ¹⁰	Pharmacy technician	16,458	5 out of 6	7 out of 7	QPAC 0 out of 3; PCC 3 out of 3
Raliat Onatade	Pharmacist		6 out of 6	7 out of 7	QPAC 1 out of 1
Rose Marie Parr ⁷	Pharmacist	17,500	5 out of 6	6 out of 7	FPC 4 out of 4
Gareth Powell	Lay	15,000	5 out of 6	4 out of 7	FPC 4 out of 4
Aamer Safdar ²	Pharmacist	17,500	3 out of 6	4 out of 7	PCC 2 out of 3
Selina Ullah ⁸	Lay	16,041	3 out of 6	5 out of 7	PCC 1 out of 2
Ade Williams	Pharmacist	15,000	5 out of 6	5 out of 7	QPAC 1 out of 1; PCC*** 3 out of 3

Notes to the Council members' pay and attendance table

- *FPC Finance and Planning Committee
- **QPAC Quality and Performance Assurance Committee
- ***ARC Audit and Risk Committee
- ****PCC People and Culture Committee

- 1 Chair of Council and member of the Finance and Planning Committee and People and Culture Committee
- 2 Includes £2,500 for co-chairing the advisory group on Post-registration Assurance of Pharmacy Practice
- 3 Includes £2,500 for chairing the advisory group on Post-registration Assurance of Pharmacy Practice
- 4 Includes £2,500 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists
- 5 Includes £2,500 for chairing the Audit and Risk Committee
- 6 Includes £2,500 for chairing the Quality and Performance Assurance Committee
- 7 Includes £2,500 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists
- 8 Includes £1,040 for chairing the People and Culture Committee until September 2025
- 9 Includes £2,500 for chairing the Finance and Planning Committee
- 10 Includes £1,458 for chairing the People and Culture Committee since September 2025

Council members' expenses: April 2025 to March 2026

In 2025/26 we held a mixture of in-person and online Council and committee meetings. We also held an awayday.

Table 2: Council members' expenses April 2025 to March 2026

Council member	Travel	Accommodation	Subsistence	Total expenses
Gisela Abbam	£534.11	£146.20	-	£680.31
Yousaf Ahmad	-	-	-	-
Neil Buckley	£650.20	-	-	£650.20
Dianne Ford	£2,116.71	£689.84	£33.65	£2,840.20
Ann Jacklin	-	-	-	-
Tim Jaggard	£82.40	-	-	£82.40
Rima Makarem	£393.75	-	-	£393.75
Penny Mee-Bishop	£888.99	-	-	£888.99
Raliant Onatade	-	-	-	-
Rose Marie Parr	£2,839.14	-	-	£2,839.14
Gareth Powell	£1,300.76	-	£11.60	£1,312.36
Aamer Safdar	-	-	-	-
Selina Ullah	£479.33	£215.99	£38.06	£733.38
Adeyemi Williams	-	-	-	-

Non-statutory committees

The GPhC has five non-statutory committees: Audit and Risk; Assurance and Appointments; Finance and Planning; Quality and Performance Assurance; and People and Culture. There are also advisory groups on the initial education and training of pharmacists and the post-registration assurance of pharmacy practice.

Audit and Risk Committee

The Audit and Risk Committee supports the Council by reviewing the GPhC's internal and external audit arrangements. It also reviews the arrangements for managing risks, providing assurance to the Council that risks are being identified and managed. This includes advising the Council on the assurance provided in respect of risk and internal controls.

The committee is made up of three Council members, including its Chair, Neil Buckley. It also has an independent member, Sue Gallone, who has served as the independent member since 2025.

The Audit and Risk Committee met five times during the year, on 5 June, 21 August, 17 September and 18 December 2025, and 19 March 2026.

The committee's minutes are reviewed by the Council after each meeting and the committee presents a full report to the Council once a year. You can see these reports on the GPhC website.

Finance and Planning Committee

The Finance and Planning Committee has oversight of strategic and financial planning. It also supports the Council by overseeing and monitoring the development and implementation of the GPhC's investment strategy and policy.

The committee is made up of five Council members, including its Chair, Yousaf Ahmad. It also has an independent member who supports the committee's investment role. Andrew McLaren took on this role in 2019 and completed his term in September 2025. Donall Curtin took over in November 2025.

The Finance and Planning Committee met four times during the year, on 30 April, 10 September and 3 December 2025, and 4 February 2026. The committee's minutes are reviewed by the Council after each meeting and the committee presents a full report to the Council once a year. You can see these reports on the GPhC website.

Quality and Performance Assurance Committee

The Quality and Performance Assurance Committee oversees and monitors the measurement and management of quality and performance across the range of the GPhC's functions, so that the Council can carry out its oversight responsibilities.

The committee is made up of seven Council members, including its Chair, Rima Makarem. This was Rima's last year as chair.

The Quality and Performance Assurance Committee met three times during the year, in May and September 2025, and January 2026.

The committee's minutes are reviewed by the Council after each meeting and the committee presents a full report to the Council once a year. You can see these reports on the GPhC website.

People and Culture Committee

The People and Culture Committee approves or rejects the pay framework for GPhC employees and the packages of the Chief Executive and chief officers. It advises the Council on the remuneration policy for Council members and on the expenses policy for Council members, staff and associates. It also considers a wider range of workforce issues including organisational development, workplace culture, health and wellbeing and employer aspects of equality, diversity and inclusion including gender and ethnicity pay gaps.

The committee is made up of five Council members, including its Chair. Selina Ullah was Chair until September 2025 when Penny Mee-Bishop took over the role. It also had two independent members, Rob Goward and Janet Rubin, who had been members of the committee since 2016. Their terms were completed at the end of September 2025. Kieron Galloway was appointed as the external member of the committee from 1 January 2026.

The People and Culture Committee has met three times during the year, in May and 22 September 2025, and January 2026.

The committee's minutes are reviewed by the Council after each meeting and the committee presents a full report to the Council once a year. You can see these reports on the GPhC website.

Assurance and Appointments Committee

The Assurance and Appointments Committee is responsible for recruiting and appointing statutory committee members. It also oversees arrangements for their training and performance review. The committee reports to the Council, but no Council members serve on it. The committee has an independent Chair, Elisabeth Davies. This is an important part of making sure there is a proper separation of tasks between the Council and the statutory committees.

The Assurance and Appointments Committee is made up of five members including its Chair. It met four times in the year, in March, June, September and December in 2025, and in March in 2026.

The committee reports every year to the Council. You can see these reports on the GPhC website.

Advisory group on the initial education and training of pharmacists

This group has been a formal advisory group to the Council since September 2020. Key organisations sit on the group, providing assurance to the Council on the implementation of the standards which were published in 2021.

The group is co-chaired by one registrant member of Council, Rose Marie Parr, and one lay member, Dianne Ford. Rose Marie has been on the group since it started work, while Dianne joined this year.

The group met four times in the year, in June, September and December in 2025, and in March in 2026.

Advisory group on post-registration assurance of practice

This group was started to allow the Councils of the GPhC and the Pharmaceutical Society of Northern Ireland (PSNI) to decide whether they are satisfied that the necessary quality control, quality management and quality assurance mechanisms exist for registered pharmacists and pharmacy technicians and whether any additional assurance is required.

The purpose of these mechanisms is to protect the public and give them assurance that they will receive safe and effective care when using pharmacies. This work is linked to that of the advisory group on initial education and training.

The group is co-chaired by two GPhC Council members, Aamer Safdar and Ann Jacklin. It met in May, July, September and November in 2025, and in February and March in 2026.

Chief executive and registrar and chief officers

The GPhC's staff is headed by the Chief Executive and Registrar. All senior leaders and chief officers are involved in aspects of strategy, policy, operations and regulatory development. This helps the different parts of the GPhC work together better and improves our regulatory effectiveness.

There are four chief officers, all of whom are also Deputy Registrars, with the following areas of responsibility:

- **Chief Enforcement Officer – Dionne Spence**

Overseeing all enforcement activity, including Fitness to Practise processes and enforcement action against registered pharmacies and education providers.

- **Chief Operating Officer – Jonathan Bennetts**

Responsible for ensuring the efficiency, sustainability and compliance of our operations, finance and risk management.

- **Chief Pharmacy Officer – Roz Gittins**

Responsible for providing executive leadership on pharmacy insight and inspection and representing the organisation's position on professional pharmacy practice issues.

- **Chief Standards Officer – Lynsey Cleland**

Responsible for the development and evaluation of regulatory approaches and policy, including professional standards; the quality assurance of pharmacy education and training; and communications and public affairs. Lynsey took up the post in June 2025.

You can find more information about our structure on our website.

Accounting requirements

The GPhC is an independent statutory body accountable to Parliament and the Scottish Parliament. Under the Pharmacy Order 2010, the GPhC must prepare yearly accounts in a form set by the Privy Council. We must prepare accounts for each year in line with UK accounting principles and the disclosure requirements set out in the UK Generally Accepted Accounting Principles (GAAP).

The accounts must be prepared so that they give a true and fair view of the state of affairs in the organisation, and of its income, spending, recognised gains and losses and cash flows for the financial year.

Number and types of corporate complaints

We received 21 complaints about our service in 2025/26. Some complaints were about more than one issue so we have set them out in the table according to the main theme of the complaint. We report detailed information about complaints to the executive team quarterly and to the Council.

Corporate complaints received in 2025/26

Table 1: Complaints received in 2025/26

Issue	Received	Partially upheld	Upheld
Conduct and behaviour	0	0	0
Data and information use	0	0	0
GPhC processes and procedures	5	2	1
Outcome of a decision	16	2	0
Other	0	0	0
Total	21	4	1

Four complaints were partially upheld and one was upheld. We look to learn from all complaints, whether they are upheld or not, and we share any learning with the relevant teams. We also share learning with the Executive Team through regular performance monitoring.

How we meet freedom of information and data protection legislation

Under the Freedom of Information Act 2000 (FoI), anyone can ask to see GPhC records. You can [find out how to do this on our website](#).

Our publication scheme follows the 'model publication scheme', revised and approved by the Information Commissioner in 2014 for all healthcare regulators. This commits us to publishing information routinely.

As a registered data controller under the Data Protection Act 2018 (DPA), we collect, store and use personal data. We use this data for updating the register, dealing with concerns, compiling statistics and keeping our stakeholders up to date with information about the GPhC, for example. We share personal data with other organisations in the public interest and to support our statutory role and responsibilities. You can find out more about [how we use and protect personal data and the organisations we work with](#) on our website.

During the year we continued to update our policies and procedures to keep to data protection legislation. Our employees took part in annual training on data protection and information security.

We reported two personal data incidents to the Information Commissioner's Office (ICO). The ICO confirmed that it would not be taking further action in relation to either incident. We have reviewed all reported incidents to identify lessons learned and opportunities to strengthen our processes to prevent recurrence. We also delivered targeted training to teams that handle high volumes of sensitive personal data as part of their roles.

In 2025/26, we received 206 requests under the Freedom of Information Act and data protection legislation (compared with 199 in 2023/24 and 235 in 2024/25). We responded to 98% of requests within the statutory timeframe.

We also received 12 requests relating to other individual rights under data protection law, including requests for erasure (compared with 7 in 2023/24 and 10 in 2024/25).

Table 2: Number and type of information requests

Information request type	Number received in 2025/26
FoI	105
DPA*	28
Subject access**	34

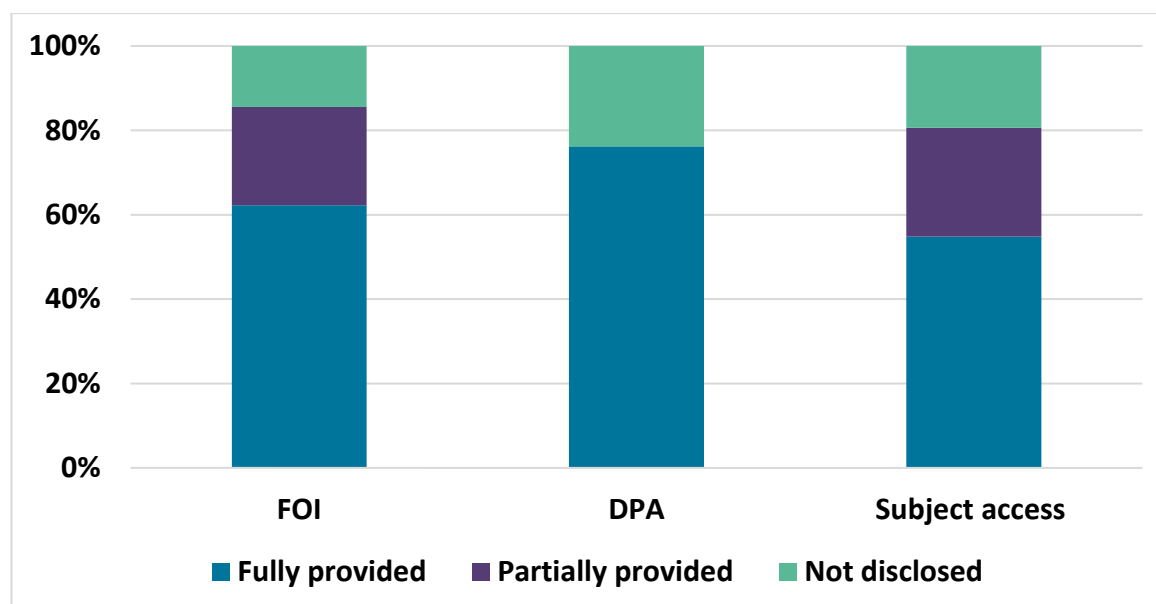
*DPA requests are when a third-party organisation makes a request for the personal data of an individual and we consider disclosure under the provisions of the Data Protection Act.

**Subject access requests are when someone asks us to disclose to them the information that we hold about them. We aim to be as transparent as possible but may not be able to provide all the information they ask for. For example, we may 'redact' (edit or remove) information that contains the personal data of other people.

In 19 cases, we did not hold the information requested. One case was closed after the requester either withdrew their request or did not respond when we sought confirmation of identity or further clarification. Where the requested information was held, we disclosed it either in full or in part in 83% of cases.

During 2025/26, we received seven requests for a review of a disclosure decision. Of these, one review became the subject of a complaint to the Information Commissioner's Office (compared with five in 2022/23, one of which resulted in a complaint to the ICO. The ICO did not uphold that complaint).

Disclosure rates 2025/26



Whistleblowing disclosures to us as a ‘prescribed person’

The Small Business, Enterprise and Employment Act requires ‘prescribed persons’ to report annually on protected disclosures (‘whistleblowing’) made to them by workers. The aim is to increase transparency in the way that these disclosures are dealt with and to increase the confidence of the people raising concerns that their disclosures are being taken seriously.

The GPhC is a ‘prescribed person’ under the Act, which means that we must report in writing every year on the protected disclosures made to us. This is the report for 1 April 2025 to 31 March 2026. It does not cover concerns raised internally within the GPhC.

Our role as a prescribed person is to provide workers with a place to make their disclosure to an independent body when:

- the worker does not feel able to make a disclosure direct to their employer, and
- we may be in a position to take regulatory action on the disclosure.

If we cannot take regulatory action because the disclosure is outside our scope, we will refer it to an appropriate organisation.

Between 1 April 2025 and 31 March 2026 we received 66 qualifying disclosures of information. We concluded our enquiries on 59 of these disclosures, with a further 7 still under review.

The action we took included a full investigation through our fitness to practise processes and follow-up action through our inspection network. The former can result in any of the available fitness to practise outcomes, while the latter can include guidance, follow-up visits or an unannounced inspection.

47 cases were concluded by sharing information with inspection colleagues for follow-up action. Five concerns were signposted to another organisation and two were concluded with guidance. The remaining five concerns were concluded with no further action.

Six concerns from the previous reporting period were concluded with no further action. One was concluded by sharing information with inspection colleagues for follow-up action and another was concluded with guidance. One concern was concluded by warning at an Investigating Committee, while two remain under investigation.

Governance statement 2025/26

Scope of responsibility

As chief executive and registrar, I am accountable to the Council for maintaining a sound system of internal control that supports the Council's strategy and objectives, while safeguarding the GPhC's assets. I am also responsible for making sure that GPhC business is carried out in line with the law and proper standards. In carrying out this overall responsibility, I am responsible for putting in place proper arrangements for the governance of the GPhC's affairs and for making sure it carries out its work effectively. This includes arrangements for risk management.

My role as Chief Executive Officer commenced in March 2026, therefore I was only in post for a short time during the period of the governance statement. In signing the governance statement, I have sought assurance over the contents from the Chief Operating Officer who has been in post for the full period covered by the governance statement and as such is also countersigning it.

The purpose of the governance framework

Governance is about the GPhC making sure it is doing the right things, in the right way, for the right people, and in a timely, inclusive, open, honest and accountable way.

The governance framework is made up of:

- the systems, processes, culture and values by which the GPhC is directed and controlled, and
- the GPhC's activities, through which it engages with registrants, the public and other stakeholders

The framework allows the GPhC to monitor the achievement of its objectives and to consider whether those objectives have been met in an effective and efficient way. The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to deliver policies, aims and objectives. Therefore, it can only provide reasonable (and not absolute) assurance of effectiveness.

The system of internal control is based on an ongoing process designed to:

- identify and prioritise these risks
- evaluate the likelihood and possible impact of the risks being realised, and
- manage them effectively, efficiently and economically

The governance framework has been in place at the GPhC for the year ended 31 March 2026 and up to the date the annual report and statement of accounts is approved.

The governance framework

At the end of 2019, we agreed a ten-year vision for 'safe and effective pharmacy care at the heart of healthier communities'. We are in the process of agreeing our five-year strategy for delivering the second phase of this plan.

We have reconsidered how we monitor our progress against our objectives and have developed a new Board Assurance Framework. This gives our Council oversight of our progress in terms of:

- our business plan
- budgetary control

- our key performance indicators, and
- how we manage risk

You can find more information about our governance framework, including our organisational structure and the workings of our committees, in the GPhC committees section of this annual report.

Review of effectiveness

As chief executive and registrar, I am responsible for reviewing the effectiveness of the GPhC's governance framework, including the system of internal control. The review of effectiveness is supported by:

- the work of the executive managers within the GPhC, who are responsible for developing and maintaining the governance environment
- the head of internal audit's annual report, and
- comments received from the external auditors and other review agencies

The Council appointed RSM as our internal auditors in March 2024. Our external auditors, HaysMac, were appointed by the Council in November 2022.

The internal audit plan for 2025/26 was agreed in March 2025. To ensure the review of effectiveness has a wide enough scope, we have assessed the adequacy and effectiveness of the system of internal control in relation to:

- our main service delivery areas
- the management systems that allow us to deliver them, and
- our core processes

Overall, our internal auditors carried out seven assignments during the year. These were reviewed by the Audit and Risk Committee. One of the assignments was following up previous recommendations and the other six reports and the assurance ratings given were:

- Equality, diversity and inclusion (reasonable assurance)
- Education and accreditation (substantial assurance)
- Data quality – finance systems (reasonable assurance)
- Registration (substantial assurance)
- Incident management and business continuity (reasonable assurance)
- Contract management (reasonable assurance)

The annual internal audit opinion was that there is reasonable assurance, meaning that the organisation has an adequate and effective framework for risk management, governance and internal control. However, the work of the auditors has identified further enhancement to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

Explanation of the ratings

Substantial assurance – The organisation has an adequate and effective framework for risk management, governance and internal control.

Reasonable assurance – The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancement to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

Partial assurance – there are weaknesses in the framework of governance, risk and internal control such that it could become inadequate and ineffective.

Minimal assurance – the organisation does not have an adequate framework of governance, risk management or internal control.

I have been advised on the implications of the result of the review of the effectiveness of the governance framework by the Audit and Risk Committee and advised that generally the arrangements continue to be regarded as fit for purpose within our governance framework. In making this statement, I have noted the internal audit opinion that the General Pharmaceutical Council has reasonable risk management, control and governance processes in place.

While the overall internal audit opinion is that there is reasonable assurance for the areas reviewed during the year, I know that there is some risk that our objectives may not be fully achieved in certain respects and that improvements are needed to address that risk. The areas we have already addressed and those to be specifically addressed with new or additional actions are outlined below.

Significant governance issues

Integrity of the register

In January 2026, a fitness to practise hearing concluded with a determination that the registrant should be suspended, subject to the statutory 28-day appeal period. The appeal period expired in February 2026, at which point the registrant should have been marked as suspended on the register.

The suspension was not applied until a week later. This represents a ‘never event’, relating to a failure to apply a regulatory sanction within statutory timescales. A serious incident review has been undertaken with recommendations to review the process for updating the register following a hearing and the quality assurance in place to ensure that it happens.

Meeting the Professional Standards Authority (PSA) Standards of Good Regulation

The GPhC’s performance is reviewed regularly by the PSA, with the results reported to Parliament. This year’s report covers the period from 1 July 2024 to 30 June 2025.

The report found the GPhC met 17 out of 18 Standards of Good Regulation. The PSA concluded that the GPhC has still not met Standard 15 relating to timeliness of fitness to practise investigations.

In the report, the PSA references the activities the GPhC has introduced to improve timeliness, and notes that these measures will take time to bed in and for improvements to be fully realised.

The PSA’s report also highlights that the GPhC met the Standard for Equality, Diversity and Inclusion (EDI) and references examples of good practice by the GPhC, including the creation of a Council Anti-Racism Champions Working Group. The PSA also suggests an area for improvement in relation to some of the GPhC’s fitness to practise guidance documents.

Changes of pharmacy ownership

In March 2025, a change of ownership of two pharmacies was not reported correctly. Both pharmacies were inspected between May and July 2025, with improvement action plans issued; ownership changes were referenced in reports, but compliance failures were attributed to the former owner, affecting performance data.

The issue was identified in October 2025 following correspondence from the previous owner. Senior leaders escalated the matter and commissioned an internal investigation. It was agreed the register entries were invalid due to failure to notify ownership changes correctly and should be removed, with a short buffer period to protect patients.

Complete documentation was received immediately before removal, allowing rapid restoration under the new owner without pharmacy closure. A similar case was identified and resolved. Process, training, system tracking and guidance improvements have since been implemented to protect the integrity of the register and ensure that legislation around pharmacy ownership is enforced.

Kathie Cashell
Chief Executive
16 July 2026

Jonathan Bennetts
Chief Operating Officer
16 July 2026

Financial statements for the year ended 31 March 2026

Financial review

In 2025/26, the General Pharmaceutical Council (GPhC) delivered an operating deficit of £0.48m, a significant improvement on the £2.2m deficit reported in 2024/25. This reflects continued progress in strengthening the organisation’s financial position during a period of rising demand, rapid sector development and sustained inflationary pressure. The improvement was achieved through a combination of fee changes, tighter cost control and the delivery of targeted efficiency savings, while maintaining appropriate reserve levels and ensuring that regulatory services continued to operate effectively.

Income

The GPhC is primarily funded through annual renewal fees paid by pharmacists, pharmacy technicians and pharmacy owners. These fees are collected in advance and recognised over the relevant period.

Total operating income increased by £2.4m (8.3%) to £30.9m (2024/25: £28.5m). This growth was driven by:

- an increase in the number of registered pharmacists and pharmacy technicians
- higher volumes of applications to join the register, including independent prescribers and overseas registrants
- the first year-on-year rise in registered pharmacy premises in more than five years (up 0.4%)
- the impact of fee increases across all income streams, effective from September 2025

Registrant group	2025/2026 Annual income (£m)	2025/2026 Registrant numbers	2024/2025 Annual income (£m)	2024/2025 Registrant numbers
Pharmacists	19.8	67,321	18.2	65,776
Pharmacy technicians	3.9	28,100	3.5	26,929
Registered pharmacies	5.6	13,271	5.3	13,214

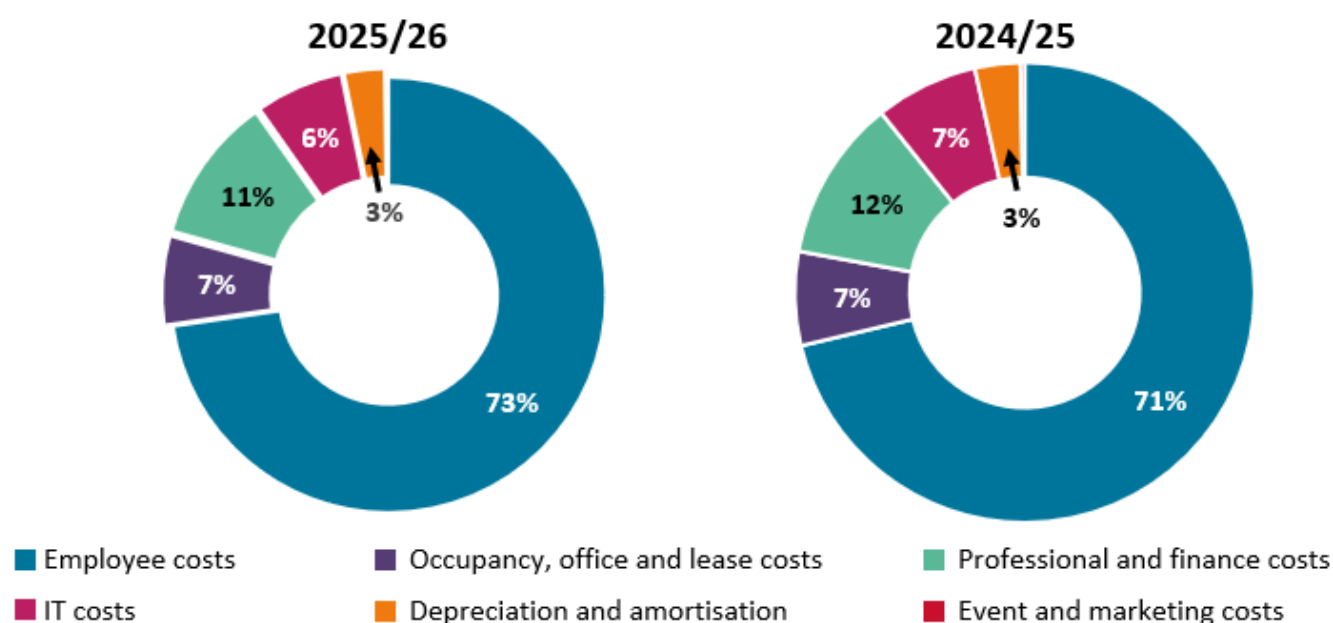
The figures above include annual renewal fees, initial registration, and application fees.

The fee changes were introduced following consultation to ensure the organisation has a sustainable income base to meet its statutory responsibilities. Demand for regulatory services continues to grow, with new clinical services, technological developments and rising expectations of regulatory oversight increasing the scale and complexity of our work. The fee changes help ensure that the GPhC can continue to operate effectively in this rapidly evolving environment.

Expenditure

Total operating expenditure increased by £0.7m to £31.4m (2024/25: £30.7m). However, expected expenditure was significantly reduced by the stronger-than-anticipated performance of the cost improvement plan. Despite rising demand and inflationary pressures, we delivered £0.7m in efficiency savings through contract reviews, workforce optimisation and reduced external support costs. These actions helped limit the scale of the fee increase and demonstrate our commitment to prudent financial management. Further to this, some planned work was delayed, meaning the associated costs will now fall into the next financial year.

Figure 5: expenditure comparison



Employee-related expenditure continues to make up the largest share of the organisation's cost base, reflecting the people-centred nature of our regulatory work. In 2025/26, these costs rose by 5.1% to £19.6m (2024/25: £18.7m), driven primarily by higher employer National Insurance contributions following changes to both the rate and earnings threshold.

Workforce turnover remained stable during 2025/26. Total turnover at 31 March 2026 was 14.0%, including 11.3% voluntary turnover. While reflecting normal workforce movement, the organisation continued to focus on retention, employee engagement and workforce planning to maintain capability and support strategic objectives. Ongoing use of natural attrition as part of workforce optimisation also helped deliver efficiency improvements while minimising compulsory redundancies.

As part of the cost-improvement plan, we undertook a review of roles and responsibilities across the organisation, streamlining functions and redeploying resources where appropriate. Much of this restructuring was achieved through natural attrition, reducing the overall number of posts and creating a more efficient operating model. While this work resulted in some one-off severance and redundancy costs during the year, these changes are expected to deliver sustainable long-term efficiencies. At the same time, we invested selectively to strengthen capacity in priority areas, supporting increased regulatory activity and enabling delivery of the commitments set out in our five-year strategic plan.

Financial costs fell by £0.18m following the introduction of a new framework contract, which removed management fees and secured lower 'per transaction' charges despite rising transaction volumes.

IT expenditure reduced by £0.16m, driven by lower demand for bespoke development work and reduced consumables costs. Further savings were also realised following the transition to the new managed service contract, which required a lower level of external support than originally anticipated.

Occupancy costs reduced by £0.2m to £1.3m (2024/25: £1.5m). This movement primarily reflects the adoption of the revised lease accounting requirements under FRS 102, with certain lease costs now recognised as depreciation and finance costs. This changes the timing and profile of how lease-related costs are recognised over the life of a lease.

Lease interest costs of £0.29m represent the financing element of lease liabilities recognised under the revised accounting requirements. While this changes the presentation of these costs within the financial statements, it does not affect the organisation's underlying cash commitments.

Investment and reserves

Investment funds totalling £14.9m continue to be invested across a diversified portfolio of bonds and equities, which is actively managed in conjunction with the organisation's appointed investment management providers.

Following a previous performance review, the GPhC Council agreed to reduce the size of the investment portfolio to £10m. This reduction will be implemented on a phased basis as existing bond investments mature, avoiding unnecessary early-exit costs. The Council also approved the placement of additional surplus cash balances, held outside of the investment portfolio, into money market deposits. This approach reduces counterparty risk while maintaining liquidity.

As at the end of 2025/26, the market value of the investment portfolio was £14.9m. During the year, £0.7m was realised from maturing bonds and transferred into liquid reserves, increasing the total cash held in money market deposits to £13m.

The GPhC's current reserves policy aims to maintain minimum free reserves equivalent to four to six months of operating expenditure - an essential threshold defined in our five-year plan. This minimum level is monitored closely to ensure it meets both short- and long-term risks and opportunities. As of 31 March 2026, general reserves are £15.8m with the free-reserve element remaining above the minimum threshold of four months.

Forward outlook 2026/27 and beyond

The 2026/27 budget, approved by Council in March 2026, sets out an anticipated operating deficit after interest and tax of £0.6m. The budget is designed to support delivery of the second year of the 2025–30 strategy, ensuring the organisation can progress its strategic priorities while maintaining financial resilience in a rapidly shifting regulatory and healthcare landscape.

The wider pharmacy and healthcare environment continues to change at pace, with new clinical services, technological developments and rising expectations of regulatory oversight increasing the demand for our work. At the same time, inflation and broader economic pressures continue to shape our cost base. Against this backdrop, the 2026/27 budget prioritises strengthening regulatory capacity, careful cost management and sustaining long-term financial stability as we deliver the next phase of the strategy.

Statement of the Council's responsibilities for the preparation of the financial statements

The Council is responsible for preparing the General Pharmaceutical Council's report and the financial statements in accordance with applicable law and regulations.

Under the Pharmacy Order 2010, the GPhC must prepare financial statements for each financial year. Under that law, the Privy Council has directed the GPhC to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standard and applicable laws) including Financial Reporting Standard 102. Council members will not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs and the surplus or deficit of the GPhC for that period. In preparing these financial statements, the Council members must:

- select suitable accounting policies and then apply them consistently
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK accounting standards have been followed, and disclose and explain any material departures from these in the financial statements
- prepare the financial statements on a 'going-concern' basis unless it is inappropriate to assume that the GPhC will continue its activities

Council members are responsible for keeping adequate accounting records. These must be adequate to show and explain the GPhC's transactions, and disclose with reasonable accuracy – at any time – the financial position of the GPhC. They must enable the Council to ensure that the financial statements keep to the Pharmacy Order 2010. Council members are also responsible for safeguarding the assets of the GPhC and therefore for taking reasonable steps to prevent and detect fraud and other irregularities.

By the order of the Council

Gisela Abbam
Chair
16 July 2026

Independent Auditor's Report to the Council members of the General Pharmaceutical Council

Opinion

We have audited the financial statements of the General Pharmaceutical Council for the year ended 31 March 2026 which comprise the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in reserves and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the General Pharmaceutical Council's affairs as at 31st March 2026 and of the surplus for the year then ended; and
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the General Pharmaceutical Council in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the director's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the General Pharmaceutical Council's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Council members with respect to going concern are described in the relevant sections of this report.

Other information

The Council members are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report

thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the strategic report and the Council members' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the Council members' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the General Pharmaceutical Council and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the Council members' report.

We have nothing to report in respect of the following:

- adequate accounting records have not been kept by the General Pharmaceutical Council, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Council members' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit

Responsibilities of Council members

As explained more fully in the Council members' responsibilities statement in the previous section, the Council members are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Council members determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Council members are responsible for assessing the General Pharmaceutical Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council members either intend to liquidate the General Pharmaceutical Council to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below:

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Based on our understanding of the legal and regulatory frameworks within which the General Pharmaceutical Council operates, we identified that the principal risks of non-compliance with laws and regulations related to regulatory requirements of the Pharmacy Order, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the General Data Protection Regulation (GDPR), taxation legislation, and employment legislation.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- evaluating management's controls designed to prevent and detect irregularities;
- identifying and testing accounting journal entries, in particular those journal entries which exhibited the characteristics we had identified as possible indicators of irregularities; and
- challenging assumptions and judgements made by management in their critical accounting estimates
- reviewing minutes of relevant meetings held during the year and post year end

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the Council members, as a body, in accordance with Schedule 1 of the Pharmacy Order 2010. Our audit work has been undertaken so that we might state to the Council members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the General Pharmaceutical Council and the council's members as a body, for our audit work, for this report, or for the opinions we have formed.

[This report has not yet been signed]

HaysMac LLP
Statutory Auditor

10 Queen Street Place
London
EC4R 1AG

[Date]

Statement of comprehensive income for the year ended 31 March 2026

	Note	2026 £000	2025 £000
Income	2	30,910	28,548
Expenditure	3	(31,385)	(30,700)
Operating (deficit)		<u>(475)</u>	<u>(2,152)</u>
Investment income	4	986	1,030
Surplus/(deficit) on ordinary activities		<u>511</u>	<u>(1,122)</u>
Gain/(loss) on investments	10	269	(280)
Taxation	6	(288)	(156)
Total comprehensive income/(loss)		<u>492</u>	<u>(1,558)</u>

The notes on pages 49 to 67 form part of the financial statements

Statement of financial position as at 31 March 2026

	Note	2026 £000	2026 £000	2025 £000	2025 £000
Fixed assets					
Right-of-use asset	7		4,104		-
Tangible assets	8		4,726		5,459
Intangible assets	9		317		370
Investments	10		14,896		15,018
			24,043		20,847
Current assets					
Debtors	11	1,485		3,024	
Bank and cash	12	21,806		18,150	
		23,291		21,174	
Creditors: amounts falling due within one year	13	(22,671)		(20,480)	
Net current assets			620		694
Total assets less current liabilities			24,663		21,541
Creditors: amounts falling due after more than one year	14		(3,647)		(1,734)
Provision for liabilities	15		(220)		(234)
Net assets			20,796		19,573
Funds employed					
Accumulated surplus					
General Reserve			15,753		13,744
Fixed Asset Reserve			5,043		5,829
Total funds employed			20,796		19,573

The financial statements were approved, authorised for issue and signed on behalf of the Council by:

Gisela Abbam, Chair

16 July 2026

The notes on pages 49 to 67 form part of the financial statements.

Statement of cash flows for the year ended 31 March 2026

	Note	2026 £000	2025 £000
Cash flows from operating activities			
Total comprehensive income		492	(1,558)
Adjustments for:			
Investment income	4	(986)	(1,030)
(Loss)/gain on investment	10	(269)	280
Taxation	6	288	156
Depreciation and amortisation	3	951	981
Right-of-use asset depreciation	7	478	-
Provision for associate holiday pay	15	(73)	-
Provision for associate pension	15	51	32
Deferred tax	15	8	(191)
Investment portfolio management fees	10	78	82
Dividends and fixed-interest securities	10	(352)	(344)
FRS 102 transition adjustment		731	-
(Increase)/decrease in trade and other debtors		1,540	(548)
(Decrease)/increase in creditors (except tax)		(767)	1,558
Net cash provided by operating activities		<u>2,170</u>	<u>(582)</u>
Cash flows from investing activities			
Purchases of tangible fixed assets	8	(39)	(179)
Purchases of intangible fixed assets	9	(126)	(126)
Disposal of investments	10	665	1,861
Investment income	4	986	1,030
Net cash provided by investing activities		<u>1,486</u>	<u>2,586</u>
Change in cash and cash equivalents in the reporting period		3,656	2,004
Cash and cash equivalents at the beginning of the period		18,150	16,146
Cash and cash equivalents at the end of the reporting period		<u>21,806</u>	<u>18,150</u>
		£000	£000
Cash in hand		352	270
Notice Deposits (less than 3 months)		21,454	17,880
Total cash and cash equivalents		<u>21,806</u>	<u>18,150</u>

The notes on pages 49 to 67 form part of the financial statements.

Statement of net debt for the year ended 31 March 2026

	As at 1 April 2025	Cash flows	New finance leases*	Interest on finance leases	As at 31 March 2026
	£000	£000	£000	£000	£000
Cash	18,150	3,656	-	-	21,806
Finance lease obligations	-	737	(4,582)	(285)	(4,130)
Total	<u>18,150</u>	<u>4,393</u>	<u>(4,582)</u>	<u>(285)</u>	<u>17,676</u>

* The finance lease liability has been recognised on adoption of the revised FRS 102 standard as detailed in note 1.10 and note 7.

Statement of changes in reserves for the year ended 31 March 2026

	General Reserve	Fixed Asset Reserve	Total
	£000	£000	£000
At 1 April 2025	14,626	6,505	21,131
Total comprehensive income	(577)	(981)	(1,558)
Transfers between reserves	(305)	305	-
At 31 March 2025	13,744	5,829	19,573
FRS 102 transition adjustment	731	-	731
Restated balance at 1 April 2025	14,475	5,829	20,304
Total comprehensive income/(expenditure)	1,443	(951)	492
Transfers between reserves	(165)	165	-
At 31 March 2026	<u>15,753</u>	<u>5,043</u>	<u>20,796</u>

The accumulated fund has been segmented into a General Reserve and a Fixed Asset Reserve. The fixed asset reserve represents functional assets that are used operationally. The general reserve represents the balance of the GPhC's accumulated reserves.

Notes to the financial statements for the year ended 31 March 2026

1.1 Accounting policies

The General Pharmaceutical Council (GPhC) was established by the Pharmacy Order 2010 and is domiciled in the United Kingdom. The principal place of business is 1 Cabot Square, London, E14 4QJ.

1.2 The format of the accounts

The General Pharmaceutical Council is required to prepare annual accounts in a form determined by the Privy Council. The Privy Council is required to lay the certified accounts before each House of Parliament and the Scottish Parliament. The statutory purpose of the GPhC is to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

These financial statements have been prepared in accordance with applicable United Kingdom accounting standards, including FRS 102, The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland, including the amendments issued by the Financial Reporting Council in March 2024, which are effective for accounting periods beginning on or after 1 January 2026 and have been adopted early by the GPhC.

The Council have considered the financial position as at 31 March 2026, and forecasts and budgets for future years. The Council are satisfied that the GPhC is a going concern and the financial statements have therefore been prepared on that basis.

The financial statements are presented in Sterling (£).

1.3 Critical accounting estimates and judgements

To be able to prepare financial statements in accordance with FRS 102, the General Pharmaceutical Council must make certain estimates and judgements that have an impact on the policies and the amounts reported in the annual accounts. The estimates and judgements are based on historical experiences and other factors including expectations of future events that are believed to be reasonable at the time such estimates and judgements are made. Actual experience may vary from these estimates.

The estimates and assumptions which have the most significant risk of causing a material adjustment to the carrying amounts of assets and liabilities are discussed below:

Depreciation and amortisation

The General Pharmaceutical Council accounts for depreciation and amortisation in accordance with FRS 102. The depreciation and amortisation expense is the recognition of the decline in the value of the asset, and allocation of the cost of the asset, over the periods in which the asset will be used. Judgements are made on the estimated useful life of the assets which are regularly reviewed to reflect the changing environment.

Lease incentives

Judgements are made in determining the relevant lease term of 1 Cabot Square and therefore the treatment of lease incentives and rent-free periods.

Lease accounting

In applying the lease accounting requirements of FRS 102, management has exercised judgement in determining the lease term, including whether break clauses, extension options, or termination options are reasonably certain to be exercised. In relation to the lease of 1 Cabot Square, management has assumed that the contractual break clause will not be exercised.

These judgements affect the measurement of the related right-of-use assets and lease liabilities recognised in the financial statements.

1.4 Right-of-use asset

Right-of-use assets are recognised for leases where the GPhC has the right to control the use of an identified asset for a period in exchange for consideration.

On initial application of the amended lease accounting requirements on 1 April 2025, right-of-use assets were recognised at an amount equal to the corresponding lease liability, adjusted for any prepaid or accrued lease payments and existing lease incentives recognised immediately before transition.

After initial recognition, right-of-use assets are measured at cost less accumulated depreciation and any impairment losses.

Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the useful economic life of the underlying asset.

1.5 Tangible fixed assets

Tangible fixed assets include leasehold properties and equipment. All assets in these categories with a value of £1,000 or more have been capitalised (including the cost of implementation). Fixed assets are valued at cost less depreciation. Depreciation is calculated on a straight-line basis.

The principal useful economic lives of assets are as follows:

Short leasehold improvements – term of the lease

Office furniture – five years

Computer software – three years

Computer hardware (excluding PCs and laptops) – three years

PCs and laptops – one to four years

1.6 Intangible fixed assets

Intangible fixed assets comprise internally developed computer software and systems. All assets in this category with a value of £10,000 or more have been capitalised. Amortisation is calculated on a straight-line basis over three years.

1.7 Impairment

At each balance sheet date, the GPhC reviews the carrying amounts of its assets to determine whether there is any indication the assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss. An impairment loss is charged to the statement of comprehensive income immediately.

1.8 Expenditure

Expenditure is accounted for on an accrual basis when either the goods have been received or the service performed. Irrecoverable VAT is included with the item of expense to which it relates.

1.9 Income

Income is recognised when the GPhC satisfies its performance obligations, and the amount can be measured reliably.

Annual fees from pharmacists, pharmacy technicians and registered pharmacy premises are recognised over time, as the related regulatory services are provided throughout the registration period. Income is recognised on a straight-line basis over the period to which the registration relates, commencing from the date the registrant or premises is entered onto the register. Amounts received in advance relating to future periods are included within deferred income.

Application fees, including initial registration, restoration, annotation and upgrade fees, are recognised at the point in time the related application assessment process has been completed, and the performance obligation has been satisfied.

Pre-registration training fees are recognised over time across the training period to which the fee relates, reflecting the continuous delivery of regulatory oversight and associated services.

Registration assessment and examination fees are recognised at the point in time the related assessment sittings are delivered.

Investment income is recognised in the statement of comprehensive income when earned. Income from fixed-interest securities accrues over time, while dividend income is recognised at the point in time when the dividend is declared. Interest receivable on cash deposits is accrued as earned.

All other income is recognised either at the point in time or over time depending on when the related performance obligations are satisfied.

1.10 Leases

At 1 April 2025, being the date of initial application of the amended lease accounting requirements under FRS 102, the GPhC recognised right-of-use assets and corresponding lease liabilities for leases previously classified as operating leases, except where the recognition exemptions for short-term leases or leases of low-value assets apply.

Lease liabilities are measured at the present value of the remaining lease payments, discounted using the GPhC's obtainable borrowing rate, as the interest rate implicit in the lease was not readily determinable.

Right-of-use assets are initially measured at an amount equal to the corresponding lease liability, adjusted for any lease incentives, rent free periods, prepayments, or accrued lease payments recognised immediately before transition.

Right-of-use assets are depreciated on a straight-line basis over the remaining lease term.

Lease payments relating to short-term leases and leases of low-value assets are recognised as expenditure on a straight-line basis over the lease term.

1.11 Pensions

The GPhC has a defined benefit pension scheme and a defined contribution scheme. Contributions to both schemes are charged to the statement of comprehensive income as they fall due.

1.12 Provisions

A provision is recognised when an obligation exists at the reporting date as a result of a past event, it is probable that the GPhC will be required to transfer economic benefits, and the obligation can be reliably measured.

1.13 Management of liquid resources and investments

The GPhC has one main current account from which all day-to-day transactions take place. The balance of this account is kept to a minimum to ensure that surplus funds are placed on short- to medium-term deposits. The policy in managing cash is to maximise returns while minimising risk.

The element of cash and deposits held for long-term return in excess of 12 months is recorded within investments. Investments are included in the financial statements at fair value at the balance sheet date. The movement on the value of the investments in the year has been included in the general reserve.

1.14 Financial instruments

The GPhC only enters into basic financial instrument transactions that result in the recognition of financial assets and liabilities such as trade and other accounts receivable and payable, loans from banks and other third parties, loans to related parties and listed investments. These basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost apart from listed investments which are measured at fair value.

1.15 Deferred taxation

Deferred tax is recognised in respect of all timing differences that have originated but not reversed at the balance sheet date, where transactions or events that result in an obligation to pay more or less tax in the future have occurred at the balance sheet date. Timing differences are differences between the GPhC's taxable profits, and the results as stated in the financial statements.

Deferred tax is measured at the average tax rates that are expected to apply in the periods in which timing differences are expected to reverse, based on tax rates and laws that have been enacted, or substantially enacted, by the balance sheet date. Deferred tax is measured on a non-discounted basis.

2. Income

	2026	2025
	£000	£000
Pharmacists	19,771	18,244
Premises	5,598	5,293
Pharmacy technicians	3,885	3,513
Pre-registration	1,314	1,183
Other income	342	315
Total income	30,910	28,548

3. Expenditure

	2026	2025
	£000	£000
Employee costs: payroll	19,620	18,666
Other employee costs	3,204	3,218
Property costs	402	366
Office costs	124	144
Professional costs	2,938	2,863
Event costs	43	78
Marketing costs	15	14
Depreciation and amortisation	951	981
Financial costs	178	354
Research costs	-	1
IT costs	2,060	2,220
Other costs	295	279
Occupancy costs	1,270	1,516
Lease interest costs	285	0
Total expenditure	31,385	30,700

Employee costs

Employee costs including directors were made up as follows:

	2026	2025
	£000	£000
Wages and salaries	15,730	15,420
Employer's National Insurance	2,130	1,709
Pension costs	1,549	1,459
Termination/redundancy costs	211	78
	<u>19,620</u>	<u>18,666</u>

The average number of staff employed during the year ended 31 March 2026 was 295 (295 at 31 March 2025). Termination and redundancy costs disclosed above relate to six individuals during the year (2025: one individual).

Detailed below is a schedule showing numbers of staff, including directors, who earned above £60,000 (excluding redundancy payments) during the year:

	2026	2025
£60,001 – £70,000	30	25
£70,001 – £80,000	18	13
£80,001 – £90,000	8	14
£90,001 – £100,000	8	4
£100,001 – £110,000	2	1
£110,001 – £120,000	2	1
£120,001 – £130,000	1	1
£130,001 – £140,000	-	1
£140,001 – £150,000	2	3
£150,001 – £160,000	2	-
£160,001 – £170,000	-	-
£170,001 – £180,000	-	-
£180,001 – £190,000	-	-
£190,001 – £200,000	-	-
£200,001 – £210,000	-	1
	<u>73</u>	<u>64</u>

3. Expenditure (continued)

Under FRS 102, key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly. This includes the chief executive and registrar and the chief officers.

Remuneration in respect of key management personnel for the year ended 31 March 2026 was £1,128,378 (£978,079 at 31 March 2025). A breakdown of their salary and benefits is set out below. The remuneration bands disclosed exclude any termination, redundancy or other severance payments made during the year.

Name	Job title	Pay (stated in £10K bandings)	*Benefits in kind (to the nearest £100)
**Kathie Cashell	Chief Executive and Registrar	£10,000 - £20,000	-
***Duncan Rudkin	Chief Executive and Registrar	£150,000 - £160,000	-
****Chris Askew	Interim Chief Executive and Registrar	£80,000 - £90,000	-
Jonathan Bennetts	Chief Operating Officer and Deputy Registrar	£150,000 - £160,000	£400
Dionne Spence	Chief Enforcement Officer and Deputy Registrar	£140,000 - £150,000	-
Lynsey Cleland	Chief Standards Officer and Deputy Registrar	£110,000 - £120,000	-
Roz Gittins	Chief Pharmacist Officer and Deputy Registrar	£140,000 - £150,000	-

*Benefits in kind include private healthcare.

**Kathie Cashell started this role from March 2026.

***Duncan Rudkin left their respective post in December 2025.

****Chris Askew started this role in September 2025 and left their respective post in February 2026.

Expenses for key management personnel are as follows:

Name	Travel	Accommodation	Subsistence	Total
Kathie Cashell	£139	-	-	£139
Duncan Rudkin	£749	£146	-	£895
Chris Askew	-	-	-	-
Jonathan Bennetts	-	-	-	-
Dionne Spence	£293	£283	£49	£625
Lynsey Cleland	£493	£527	£35	£1,055
Roz Gittins	£2,380	£2,018	£431	£4,829

Remuneration of highest-paid director as a multiple of median remuneration	2026	2025
	£	£
Mid-point of band of highest-paid director's total remuneration	180,000	205,000
Median total remuneration	44,223	49,086
Remuneration ratio	1:4	1:4
Council members' pay and expenses	2026	2025
	£000	£000
Total pay of Council members	275	275
Total expenses paid to Council members	10	15
	<u>285</u>	<u>290</u>

4. Investment income

	2026	2025
	£000	£000
Dividends	59	70
Fixed-interest securities	293	273
Interest receivable – cash deposits	634	687
	<u>986</u>	<u>1,030</u>

Investment income relates to interest and dividends earned on the GPhC's managed investment portfolio. At 31 March 2026, £15m remains invested in the managed portfolio.

5. Total comprehensive income

This is stated after charging:

	2026	2025
	£000	£000
Operating lease rentals: motor vehicles	-	4
Operating lease rentals: photocopiers	3	3
Depreciation of right-of-use assets	478	-
Depreciation of tangible fixed assets	772	793
Amortisation of intangible fixed assets	179	188
Auditor's remuneration: audit services – HaysMac	30	28

6. Taxation

	2026	2025
	£000	£000
UK corporation tax at 25% in the year	279	347
Under provision in respect of prior year	-	-
Current tax charge	<u>279</u>	<u>347</u>
Deferred tax (credit)/charge at 25% in the year	9	(191)
	<u>288</u>	<u>156</u>

Corporation tax is only payable on investment income and data subscription income, net of attributable costs, in the year.

7. Right-of-use asset

Property
£000

Cost

Balance at 1 April 2025 (on transition to revised lease accounting)	4,582
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Additions	-
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Balance at 31 March 2026	<u>4,582</u>
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Depreciation

Depreciation charge for the year	(478)
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Balance at 31 March 2026	<u>4,104</u>
--------------------------	--------------

On 1 April 2025, the GPhC adopted the amended lease accounting requirements of FRS 102 Section 20. On transition, the GPhC recognised a right-of-use asset and corresponding lease liability in respect of its property lease, which had previously been classified as an operating lease. Other leases previously classified as operating leases were not recognised on the statement of financial position, as the GPhC elected to apply the recognition exemption available for leases of low-value assets.

8. Tangible fixed assets

	Short leasehold improvements	Office equipment	Total
	£000	£000	£000
Cost			
As at 31 March 2025	11,663	2,728	14,391
Additions	-	39	39
Disposals	-	-	-
As at 31 March 2026	<u>11,663</u>	<u>2,767</u>	<u>14,430</u>
Depreciation			
As at 31 March 2025	6,549	2,383	8,932
Charge for the year	531	241	772
Disposals	-	-	-
As at 31 March 2026	<u>7,080</u>	<u>2,624</u>	<u>9,704</u>
Net book value			
As at 31 March 2026	<u>4,583</u>	<u>144</u>	<u>4,726</u>
As at 31 March 2025	<u>5,114</u>	<u>345</u>	<u>5,459</u>

9. Intangible fixed assets

Computer
software and
systems
development
£000

Cost

Balance at 1 April 2025	1,981
Additions	126

Balance at 31 March 2026	2,107
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Amortisation

Balance at 1 April 2025	(1,611)
Amortisation charge for the year	(179)

Balance at 31 March 2026	317
--------------------------	-----------

10. Investments

	2026	2025
	£000	£000
Market value at 1 April	15,018	16,897
Additions at cost	-	-
Disposals	(665)	(1,861)
Dividends and fixed interest securities	352	344
Investment manager fees charged to fund	(78)	(82)
Gain/(loss) on investments	269	(280)
Market value as at 31 March	<u>14,896</u>	<u>15,018</u>

Portfolio Asset Allocation:

	2026			2025		
Investment location	UK	Overseas	Total	UK	Overseas	Total
	£000	£000	£000	£000	£000	£000
Corporate fixed income	5,707	-	5,707	6,003	-	6,003
Sovereign / agency fixed income	3,849	123	3,972	3,830	125	3,955
Equities	285	4,837	5,122	368	4,613	4,981
Cash	95	-	95	79	-	79
	<u>9,936</u>	<u>4,960</u>	<u>14,896</u>	<u>10,280</u>	<u>4,738</u>	<u>15,018</u>

In 2020/21, the Council invested £15 million of surplus cash with Goldman Sachs following a formal tender process, moving away from traditional cash deposits. During the current financial year, gains realised on maturing investments were transferred into liquid reserves in line with the Council's agreed strategy to gradually reduce the size of the investment portfolio. The portfolio continues to be actively managed in accordance with the approved investment strategy and remains subject to ongoing oversight by the Finance and Planning Committee.

11. Debtors

	2026	2025
	£000	£000
Trade debtors	73	48
Registrant direct debits to be collected	314	177
Other debtors	105	129
Prepayments and accrued income	991	1,516
Debtors (due in more than one year)		
Trade and other debtors	2	1,154
	<u>1,485</u>	<u>3,024</u>

12. Bank and cash

	2026	2025
	£000	£000
Current accounts	352	270
Deposit accounts	21,454	17,880
	<u>21,806</u>	<u>18,150</u>

Money is moved from deposit accounts into the current account as and when needed. This ensures a maximum return is earned from money on deposit. The GPhC maintains at least 6 months of operating expenditure as an operating liquidity reserve to be held in liquid funds for the day-to-day running of the organisation.

13. Creditors: amounts falling due within one year

	2026	2025
	£000	£000
Trade creditors	422	831
Corporation tax	279	348
Other taxation and social security	584	567
Other creditors	18	49
Accruals	1,569	838
Lease incentive liability	-	196
Lease liability	483	-
Deferred income	19,316	17,651
	<u>22,671</u>	<u>20,480</u>

Deferred income is made up of the following:

Deferred income from registrants and premises	19,290	17,631
Other deferred income	26	20
	<u>19,316</u>	<u>17,651</u>

All deferred income from registrants and premises is released to income in the subsequent year.

14. Creditors: amounts falling due after more than one year

	2026	2025
	£000	£000
Lease incentive liability	-	1,734
Lease liability	3,647	-
	<u>3,647</u>	<u>1,734</u>

15. Provisions

	2025 Opening balance	Provided in year	Utilised in year	Released	2026 Closing balance
	£000	£000	£000	£000	£000
Associates' holiday pay	73	-	-	(73)	-
Associates' pension pay	32	51	-	-	83
Deferred tax liability	129	8	-	-	137
	<u>234</u>	<u>59</u>	<u>-</u>	<u>(73)</u>	<u>220</u>

The deferred tax liability comprises potential capital gains tax on investments.

16. Commitments

As at 31 March 2026 the GPhC's future minimum operating lease payments are as follows:

	2026	2025
	£000	£000
Within one year		
Equipment	3	3
	<u>3</u>	<u>3</u>
Between one year and five years		
Equipment	4	7
	<u>4</u>	<u>7</u>
Later than five years		
-	-	-
	<u>-</u>	<u>-</u>

17. Related parties

Remuneration and expenses paid to Council members are shown in note 3 (Council members' pay and expenses).

18. Financial risk management

The GPhC has a formal risk-management framework for which the Council is accountable. The GPhC has exposure to liquidity risk. The objective of the GPhC in managing liquidity risk is to ensure that it can meet its financial obligations as and when they fall due. The GPhC expects to meet its financial obligations through operating cash flows. Given the availability of cash, the GPhC is in a position to meet its commitments and obligations as they come due. Funds are placed with investment-grade institutions.

19. Pensions

NHS Defined Benefit Pension Scheme

The GPhC participates in the NHS Pension Scheme in respect of 113 employees (2024/25: 113 employees). The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. The pension charge for the year includes contributions payable to the NHS Pension Scheme of £831,264 (2024/25: £781,601).

The valuation of the scheme liability as at 31 March 2026 is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers. The scheme regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the scheme actuary and appropriate employee and employer representatives as deemed appropriate.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has laid scheme regulations confirming that the employer contribution rate has increased to 23.7% of pensionable pay from this date. However, the GPhC continues to pay the existing rate of 14.38% as the increase in the rate is currently projected to be met centrally.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Defined contribution scheme

The GPhC also operates a defined contribution scheme. The total contributions paid into this scheme for the year ended 31 March 2026 were £718,624 (2024/25: £675,674) in respect of 221 employees (2024/25: 193 employees).

Employees' enrolment is mandatory, although all staff have the option to opt out. Where an employee chooses to be a member, the GPhC will contribute as follows:

Employee contribution	Employer contribution
5%	5%
6%	12%
7%	14% max

Appendix 1

General Pharmaceutical Council

Accounts Determination given by the Privy Council under the Pharmacy Order 2010

Their Lordships make the following determination in exercise of powers conferred by Schedule 1 (7) of the Pharmacy Order 2010.

This determination has effect from 13 March 2010.

Interpretation

In this determination –

“the accounts” means the statement of accounts which it is the Council’s duty to prepare under section 2 Schedule 1 (7) of the Pharmacy Order 2010.

“the Council” means the General Pharmaceutical Council.

Determination

The Council must prepare the accounts for each calendar year in compliance with the accounting principles and disclosure requirements prescribed in the Generally Accepted Accounting Practice (GAAP).

The first accounts will be prepared for the financial year 2010-2011, and will incorporate any residual accounts declaration from the financial year 2009-2010.

The accounts must be prepared so as to give a true and fair view of the state of affairs as at the end of the calendar year and of the income and expenditure, total recognised gains and losses (or, as appropriate, recognised gains and losses), and cash flows of the Council for the calendar year then ended.

Compliance with the requirements of the GAAP will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view of the state of affairs for the financial year in question.

If there are such exceptional circumstances and compliance with the requirements of the GAAP would give rise to the preparation of accounts which were inconsistent with the requirement for those accounts to give a true and fair view of the state of affairs at the end of that year, the requirements of the GAAP should be departed from only to the extent necessary to give a true and fair view of that state of affairs.

In cases referred to in paragraph 5, informed and unbiased judgement should be used to devise an appropriate alternative treatment which is consistent with both the economic characteristics of the circumstances concerned.

Any material departure from the GAAP should be discussed, in the first instance, with the Privy Council Office in any event.

This determination is to be reproduced as an appendix to the published accounts.

Signed by the authority of the Privy Council

HaysMac LLP
10 Queen Street Place
London
EC4R 1AG

XX XX XXX

Dear Sirs

The financial statements for the year ended 31 March 2026 of the General Pharmaceutical Council have been considered and approved at a duly convened meeting of the Council. The undersigned was authorised to sign the balance sheet and on behalf of the Council, and to give you the following assurances in connection with your audit.

We confirm that the following representations are made to the best of our knowledge and belief, having made appropriate enquiries of Council members and officials of the Council with relevant knowledge and expertise, and, where appropriate, inspection of supporting documentation to sufficiently satisfy ourselves that we can properly make each of the following representations to you:

1. We acknowledge as Council members our responsibilities for preparing financial statements that give a true and fair view, and for making accurate representations to you as auditors.
2. We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the Council have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and Council members' meetings, have been made available to you. We have given you unrestricted access to persons within the Council in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
3. We confirm that the methods, significant assumptions and source data used by us in making accounting estimates and their related disclosures are appropriate to ensure compliance with the recognition, measurement and disclosure requirements of FRS 102.
4. We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with FRS 102.
5. We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.

6. We confirm that we are aware that a related party is a person or organisation which (either directly or indirectly) controls, has joint control, or significantly influences the Council and as a result will include: Council members, Executive Management Team members, other key management, and; close family and business interests of the previous.

7. We confirm that related party forms have been completed by all Council members and by members of the Executive Management Team and have been made available to you as part of the audit.

8. We confirm that the related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions, that we are not aware of any further related parties or transactions, and that all related party transactions have been accounted for and disclosed in accordance with FRS 102.

9. We confirm that the Council has had, at no point in the year, any arrangement, transaction or agreement to provide credit facilities (including advances and credits guaranteed by the Council) for Council members, nor to provide guarantees on behalf of Council members, except as disclosed in the financial statements.

10. We confirm that the Council has not contracted for any capital expenditure other than as disclosed in the financial statements.

11. We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the Council conducts its business and which are central to the Council's ability to conduct its business.

12. We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with the latest copy of our risk assessment.

13. We confirm that we have considered the risk of fraud and disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.

14. We confirm that, having considered our expectations and intentions for the next twelve months and the availability of funding, the Council is a going concern.

15. We confirm that we have assessed the income streams applicable to GPhC's 2026 accounts and can confirm that the benefits of these are accrued by the customer within 12 months rather than the life of the membership.

16. We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that:

- so far as each Council member is aware, there is no relevant audit information of which you as auditors are unaware; and
- each Council member has taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that you are aware of that information.

We confirm that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and expertise (and, where appropriate, of supporting documentation) sufficient to satisfy ourselves that we can properly make these representations to you and that to the best of our knowledge and belief they accurately reflect the representations made to you by the trustees during the course of your audit.

Yours faithfully

Signed on behalf of the Council on 16 July 2026 by

Gisela Abbam
Chair

GENERAL PHARMACEUTICAL COUNCIL

Audit Findings Report

For the Period Ended 31 MARCH 2026



HaysMac[★]

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1. Introduction and Executive Summary

This report summarises our key findings in connection with the audit of the financial statements of the General Pharmaceutical Council for the year ended March 2026.

Our audit approach

Our work was planned and performed in order to issue an audit opinion on the financial statements in accordance with International Standards on Auditing (UK) ("ISAs") and the terms of our letter of engagement. Our audit approach is a risk-based approach founded on us gaining a thorough understanding of the entity and its business in order to allow us to identify the risks of material misstatement within the financial statements. To do this, we consider both the risk inherent in the financial statements themselves and the control environment in which the entity operates. We then use this assessment to develop an effective and efficient approach to the audit.

Limitations

Our audit procedures, which have been designed to enable us to express an opinion on the financial statements, have included an examination of the transactions and the controls thereon.

Our audit included consideration of internal controls relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

We have included in this report only those matters that have come to our attention as a result of our normal audit procedures and, consequently, our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

Overall conclusion and opinion

At the time of issuing this report we anticipate issuing an unqualified opinion on the financial statements subject to receipt of final signed accounts and letter of representation.

2. Significant audit risks, and other focus areas identified during audit planning

We set out below the significant audit risks identified at the planning stage and the conclusions of our audit work:

SIGNIFICANT AUDIT RISK AREA	HOW WE ADDRESSED THIS	COMMENTARY
Presumed risk in revenue recognition We have rebutted the risk of incorrect treatment of income under UK GAAP. This is because the Council's main source of income comes from registrants, this income stream is predictable and not open to judgement. The recognition criteria are also non-controversial, and income is fairly stable from year to year. These points result in the potential for fraud or error in this income stream being low. All other income streams are immaterial.	We have performed specific tests to assess the validity of revenue recognition in the period. This included an analysis of bank statements pre and post year end to ensure that income incurred near year end has been appropriately included or excluded within the accounts. We separately reviewed year end journals to ensure that management did not make any last minute adjustments to year end data to appear more favourable, these were also selected on a risk basis.	Our audit work on revenue did not identify any material issues. We have obtained planned assurance over all material income streams. We have reviewed a memo prepared by management and agree with their conclusion the early adoption of the FRS 102 revised standard has no material impact on GPhC income streams.
Presumed risk of management override The risk of misappropriation of assets and the risks of misrepresentation of financial information	We reviewed all areas requiring judgement or estimates to assess the appropriateness of the judgements and estimates made by management. We have analysed the journals made in the year and determined the risk criteria for identifying higher risk journals. Subsequently significant, unusual or unexpected journal postings have been investigated and verified.	We have completed our planned audit work. Our work did not reveal any evidence of management override of controls We noted the payroll provider MHR iTrent and as part of our work we have performed an assessment of controls processes surrounding the payroll process, we did not find any weaknesses in controls. Key journals in year related to the capitalisation of new office and website costs. Our testing found managements assessment of capitalised items to be materially correct. Our review of repairs and maintenance nominal ledger codes didn't reveal any material items that were not capitalised.

3. Accounting and Audit Matters

3.1 Qualitative aspects of accounting practices and financial reporting

i. Key accounting estimates

Accounting estimates are defined by ISA 540 as monetary amounts for which the measurement, in accordance with the requirements of UK GAAP, is subject to estimation uncertainty.

SIGNIFICANT ACCOUNTING ESTIMATE & DETAIL	COMMENTARY
Treatment of lease capital contribution	30 December 2022 GPhC entered into a rental agreement for the premises at Level 14 Cabot Square. The lease previously met the operating lease criteria in FRS 102 (January 2022). As part the adoption of the revised FRS 102 standards, a right of use asset and corresponding lease liability have been recognised within the accounts this recognised the lease as a finance lease. Previous disclosures that were required for operating leases have been removed from the accounts. GPhC received an Initial rent-free period of 18 months If the break clause is not exercised in year 6, a further rent-free period in year 7 of 18 months will apply. GPhC intend to occupy the entire term and not to exercise the break clause. The impact of the break clause and the subsequent rent-free period has thus been recognised in the accounts via spreading the incentive over the life of the lease, the impact being the reduction of the right of use asset and the corresponding liability. On 1 April 2025, the company have the option to borrow money from a reputable high-street lender at a rate of 6.5% per annum. This has been used as the discount rate for the lease which results in an estimated finance cost for the year of £24.8k. The lease liability at year end is £4.5m. We are satisfied with the lease workings and their adherence to the revised standard.
Pension provision	GPhC hold £83k accrual in their accounts for associates pension pay in response to a court ruling which established the precedent for calculating the potential payments should a panel member seek to claim pay compensation. As was highlighted in 2024, accounting standards (IAS 37) state that a provision within the accounts should be recognised when the following criteria are met: 1. There is a present obligation from a past event 2. The amount can be reliably estimated; and

3. The event will result in a probably outflow of economic benefits.

IAS 37.17 brings out that a past event is an obligating event where “the settlement of the obligation can be enforced by law”. This means that it does not require a panel member to have made a claim against GPhC in order for there to be an obligating event.

We challenged point three above on the basis that to date there were no claims made to GPhC despite that fact that panelist would have been aware of the fact that claims can be made for a long period of time, this compounded with the fact that there are some tax drawbacks to making a claim made us question whether it was ‘probable’ that an outflow of economic benefits would occur. We also noted that unlike some similar regulatory bodies, GPhC has not opted to perform a pro-active payout to those that are eligible.

Management responded that the provision had been included as they were in expectation of claims given an increased level of claim activity in other similar organisations therefore, we are content given the provision is not material.

We have confirmed that the provision is complete via sampling an associate from hearings (per papers on GPhC’s website) and confirming that the associate is appropriately included in the provision.

ii. Key judgements

Accounting judgements are the use of judgements made by management in the course of the preparation of the financial statements which may lead to estimation uncertainty. Management produced a schedule assessing income streams in light of the five-step model mandated by the revised standard. The model is as follows:

1. Identify the contract with the customer.
2. Identify the goods or services promised in the contract.
3. Determine the transaction price.
4. Allocate the transaction price to the promised goods or services based on their relative standalone selling prices.
5. Recognise revenue when, or as, each promised good or service is transferred to the customer.

Management assessed that there were no material changes to their income streams. We have reviewed the assessment and have not found any material errors. The key judgement here is that the initial fee to register a new premises / technician or pharmacist is simply an admin fee and as such should be recognised up-front and not alternatively deferred over the life of the membership.

3.2 Accounting and audit matters

i. Summary of adjusted and unadjusted misstatements

There are two misstatements to report on:

Lease adjustments (adjusted)

Management proactively sought the audit team's review of the lease accounting treatment in advance of the year end. Following discussions during the audit, management were asked to revise the treatment of the capital contribution, which resulted in the adjustment reported. The adjustment was due as a portion of the old accounting treatment for the lease as an operating lease was not reversed out correctly. Performing this correction reduced the lease liability by £245k and expenditure by £245k.

Intangible assets (unadjusted)

Within tangible fixed assets (office equipment) there are items which relate to software packages which should be included within intangible assets. The net impact to net assets if such a transfer is made is nil and would be presentational only. The net book value of the HR and Prophix cloud budgeting system which should be transferred is £73k and is therefore not material to these accounts. No adjustment has therefore been made.

ii. Letter of representation

International Standards on Auditing require us to obtain written representations from the directors when you approve the financial statements. The letter contains only standard matters with an additional item of representation, namely: we have assessed the income streams applicable to GPhC's 2026 accounts and can confirm that the benefits of these are accrued by the customer within 12 months rather than the life of the membership.

iii. Materiality

Materiality was reported in our initial planning letter as 3% of revenue. This was updated with final figures for revenue, this resulted in final materiality settling at £957k.

iv. Disclosures

Remuneration Disclosures

GPhC as an entity is subject to the requirements of FRS 102, this framework in section 33 states that an entity shall disclose key management personnel compensation in total.

We note that GPhC goes above and beyond the required disclosure and discloses the salary bandings of key management. GPhC need to specifically make clear what the contents of this disclosure are, we recommended that an amendment to narrative be made to make clear what the additional disclosures they make actually contain. The accounts have been amended to reflect this.

FRS 102

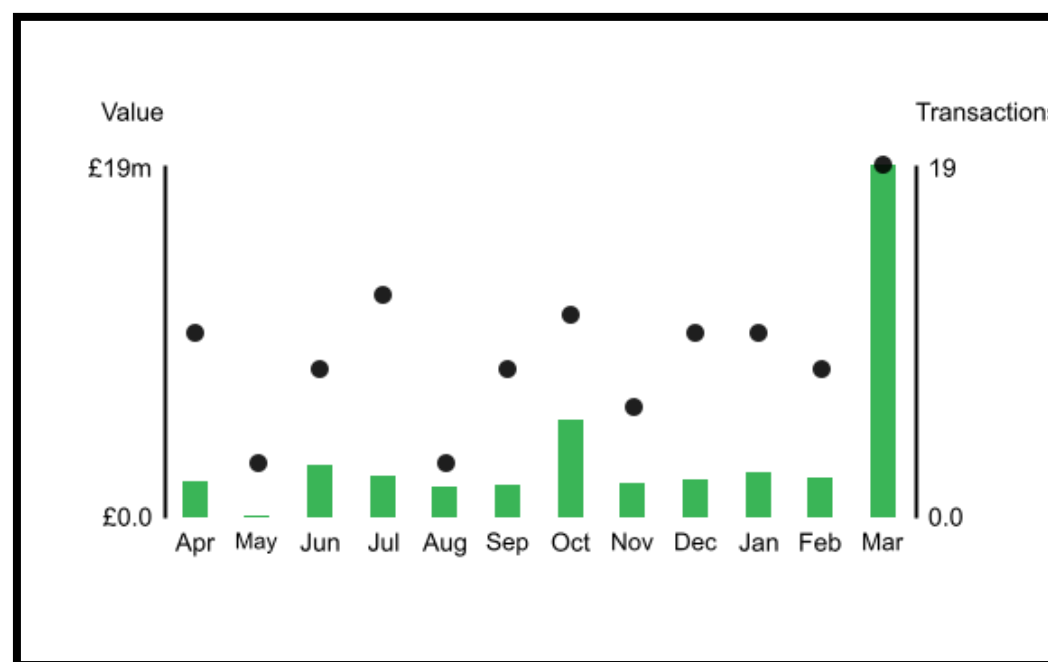
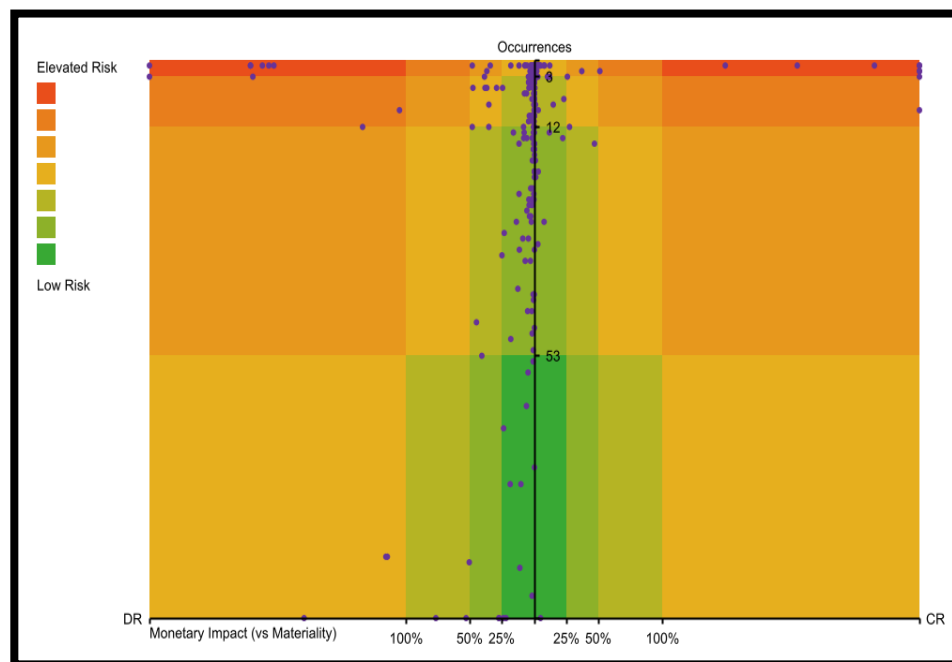
There were various disclosure changes required as part of the new FRS 102 revision that needed to be updated within the accounts and were spotted on our review, the key changes were:

- The inclusion of a statement of net debt;
- The removal of redundant operating lease disclosures;
- The revision of income recognition policies; and
- A provisions breakdown showing what has been utilised in year.

3.3 Data Analytics

As part of our audit, we use a technology solution called Inflo. Inflo is used to collaborate with your teams on information requests, but we also use all of its functionalities to carry out the detailed fieldwork. As part of our work, we 'ingest' your trial balance and nominal ledger so that our system then has access to every entry within your accounting system and we are able to use the functionalist to help us identify the risk profile of each underlying entry.

We then use this data to focus our attention for audit testing. Below is a heatmap of every transaction within your data set. The number of transactions in your accounts for the current year was 12,264. We also set out below some of the findings from our use of the data analytics function together with any recommendations. We hope you find these additional insights useful. If your management team want further access to the functionality of the data analytics function, we can show you how to access this and perform your own system reports to help you better understand the integrity of your own data.



A total of 16 combinations were flagged in the highest risk category, these were transactions occurring fewer than 4 times and having a significant impact on reported profit. There were 24 transactions within these combinations. These related to fee income / pension journals which we have tested in full. We also noted a spike in high value transactions near year end; we thus performed targeted testing in March however did not identify any issues of note.

In addition to the above, our data analytics functionality is used to help us identify other areas for testing. In particular two areas we considered were:

- 1) Keywords – Info's keywords routine identifies transactions where the description fields or general ledger accounts include keywords. These keywords are commonly reverse, update, amend, adjust correct, and other similar words identifying the correction of an error. Within the dataset we identified 137 transactions containing such words, the majority of which were posted in December. There were 137 transactions in total. Representing 1% of all transactions. This is within tolerance and the use of keywords is not characteristic of year end adjustments and so we are content this did not give rise to any increased risk. Year end journals were tested as part of our work and not issues were identified in our sample.

- 2) Seldom used accounts – This routine reviews accounts where transactions impacting the general ledger are entered too less frequently than monthly. There were 100 such transactions across a number of codes. The frequency is less than 1%, but we would recommend a review of these transactions to assess whether these codes are required given their frequency of use. Or if the usage is in line with expectations. Looking through these codes we noted that the salary control and basic salary codes were in the sample which we would expect to see used on a monthly basis. We have not identified any issues with our payroll testing.

4. Detailed control points

During the course of our audit, we identify detailed control points that we feel need to be brought to the attention of the Members and certain recommendations for improvements and/or corrective action. Our audit included consideration of internal controls relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation. The matters and detailed control points that we have identified are graded within the following framework to assist the Members in assessing their impact.

RATING	RATING TYPE	CHARACTERISTICS OF RATING TYPE
Significant	These findings are considered to be significant to the management of risk in the business. The finding represents a serious weakness in systems and controls currently in place or a potentially fundamental control that has been omitted from the risk management systems as currently in operation.	• Key control omitted • Key control not designed or operating effectively, for example as indicated by multiple exceptions found during our review work • Evidence of override of controls in place with significant or potentially fraudulent outcomes • Non-compliance with laws and regulations
Important	Important findings that should be reviewed by management, pending corrective action and or updates to systems and controls.	• Errors and exceptions noted during our testing that had corrected retrospectively during the year by management. • Potential improvement to existing control noted • Possibility for override of controls exists • Our review noted numerous exceptions but not in key controls
Limited	Findings that identify non-compliance with established systems and controls.	• Minor control weakness, for example limited exceptions noted during our review work
Advisory	Items requiring no immediate action but which may be of interest to management or best practice advice.	• Information for department management • Control operating but scope for efficiency and/or effectiveness improvements exist • Control operating but not necessarily in accordance with best practice • Recent or anticipated developments may necessitate new controls.

We wish to bring to your attention the following matters which arise from the current year audit as well as the latest status of outstanding issues arising from previous year audits:

Current year

ISSUE: INTANGIBLE ASSETS RECORDED AS TANGIBLE FIXED ASSET		CONTROL POINT RATING: ADVISORY
Risk	Our comments & proposals	Management response
Within tangible fixed assets (office equipment) there are items which relate to software packages which should be included within intangible assets. This also means that these items have been depreciated in line with tangible fixed assets. Currently the policies are in line and there is no financial impact on the accounts, however this could change.	We recommend that tangible and intangible assets are appropriately classified; any items relating to intangible assets should be moved out of office equipment and into intangible assets. We note that there is currently no financial impact as the depreciation and amortisation policies within intangibles and office equipment are aligned, appropriate classification will help ensure the correct accounting treatment is applied should those policies diverge in future.	Management agrees there is no financial impact on the accounts arising from the classification issue. However, management will review the asset register during the 2026/27 financial year and transfer any incorrectly classified assets with a remaining net book value to the appropriate asset category to ensure correct classification going forward.

ISSUE: STAFF CONTRACT NOT SIGNED		CONTROL POINT RATING: IMPORTANT
RISK	OUR COMMENTS & PROPOSALS	MANAGEMENT RESPONSE
One of the contracts provided has only been signed by the employer and no contract signed by the employee could be found.	Ensure that a copy of the contract signed by both the employer and employee is retained.	Management acknowledges that a signed copy of the employee's original contract of employment could not be located during the audit review. This relates to a longstanding employee who joined the organisation in 2011. Since that time, the employee has changed roles and has been through a job evaluation and organisational restructuring process. As part of these changes, a new contract reflecting the employee's current role and terms and conditions has been issued, signed by both parties, and retained on file. Management considers this to be an historical record-keeping matter rather than a current control deficiency. The organisation is satisfied that a valid, up-to-date, and fully executed contract is now in place and held on the employee's personnel record.

5. Emerging issues

Financial Reporting

Financial reporting framework

UK GAAP Developments – FRS 102

GPhC have early adopted the changes to FRS 102. These changes include significant revisions made to leasing and revenue recognition accounting as a result of the Periodic Review 2024. While we have performed standard testing on the income streams with no issues to note, we are still assessing the overarching policies employed by GPhC.

Each income stream has to be assessed individually and critically to identify the period over which the benefit of the income accrues to the ‘customer’. Any income which implies a right or benefit that occurs over longer than a year would have to be deferred. The key income stream under assessment relates to the admission fee which has currently been accounted for as an administration fee, rather than an item that provides a benefit throughout the life of the membership (with the latter requiring deferral). Management are working on a document to confirm the status of each income stream.

The Changes

These amendments seek to provide greater consistency and convergence, but not total alignment to international accounting standards. Areas and sections that are amended include the following.



UK Corporation Tax

Recent changes to charity tax compliance rules

New charity focused tax legislation has now been enacted as part of Finance Act 2026. These updates follow a limited HMRC consultation during 2023. The changes have effect for Corporation Tax purposes from April 2026. The changes encompass the following:

Tainted donation rules – The new legislation replaces the “purpose test” with an “outcome test”: the tainted donation rules have been widened for donations made on or after 6 April 2026, to potentially deny tax relief in more scenarios. Updated legislation now refers to a donor receiving ‘financial assistance’ from a charity in connection with a donation to be caught by these rules. This is a change from the previous rules which referred to the “main purpose” test instead. The test for donations made before this date are still subject to the previous purpose test.

We understand this is not intended to penalise genuine charitable transactions that might inadvertently benefit the donor in the future, but there have been some concerns that the legislation could do so. Recent updates to the guidance include circumstances where financial assistance is to be ignored, which should help to reduce these concerns.

Approved charitable investments – this removes the automatic entitlement of certain types of investments (e.g. land, listed securities, bank deposits) as ‘approved charitable investments’ and requires these to instead be for the ‘sole purpose’ of benefitting the charity or for that purpose and one or more ancillary or incidental purposes. In addition, the investment must not be made for the avoidance of tax by the charity or anyone else.

Inclusion of legacies within attributable income – this aligns legacy income with the existing tax rules for most other charitable income, including gains, Gift Aid donations, primary purpose trading, rental and investment income, all of which must currently be ‘applied to charitable purposes only’. We are aware concerns had been raised that this would require charities to spend legacies within a set timeframe. However, HMRC guidance specifically states that there is no timeframe in which a legacy donation needs to be expended so long as when it is, it is expended for charitable purposes. As such, this should allay previous fears raised.

Corporation Tax rate changes

In the Autumn 2025 budget the government confirmed that the rates of UK Corporation Tax will remain unchanged, which means that the rate will stay at 25% for companies with profits over £250,000. The 19% small profits rate will be payable by companies with profits of £50,000 or less. Companies with profits between £50,001 and £250,000 will pay tax at the main rate reduced by a marginal relief, providing a gradual increase in the effective Corporation Tax rate.

The penalty for taxpayers submitting a Corporation Tax return late will double for returns for which the filing date is on or after 1 April 2026.

Associated Company rules

From 1 April 2023, new Associated Company rules replace the existing “51% Group Company” rules. The new definition is much wider than the old, which may result in more companies being considered associated with another, than under previous rules. This is important, as the upper and lower profits limits must be divided by the number of Associated Companies.

A company can be associated with another no matter where it is resident in the world for tax purposes, and companies must be counted even if only associated for just one day. Dormant companies and passive holding companies, however, do not generally need to be included.

Cultural Relief Rate Rises

New permanent higher rates of 45% and 40% (touring and non-touring) for exhibitions and performances under the MGETR and Theatre Tax Relief (TTR) were introduced from 1 April 2025. For Orchestra Tax Relief (OTR), the new permanent higher rate is set at 45%.

Finance Act 2022 also introduced a temporary increase in tax credits for expenditure incurred between 27 October 2021 and 31 March 2024 for MGETR, TTR and OTR. The temporary rates will apply where both the production phase for the relevant production and the actual date of expenditure are on or after 27 October 2021. This means productions or exhibitions given the 'green light' before this date will not benefit from the temporarily higher rates.

The temporary rates for MGETR and TTR are set at 50% for touring productions and 45% for non-touring productions, previously 25% and 20% respectively. For OTR, rates are set at 50% from 25%.

Capital allowances

The full expensing rules for companies allow a 100% write off on qualifying expenditure on most plant and machinery (excluding cars) as long as it is unused and not second hand. The rules are effective for expenditure incurred on or after 1 April 2023. Similar rules apply to integral features and long life assets at a rate of 50% (rather than 100%). Full expensing relief is only available to companies within the charge to UK Corporation Tax and not sole traders, partnerships or LLPs.

The Annual Investment Allowance (AIA) remains available to both incorporated and unincorporated businesses. It gives a 100% write-off on certain types of plant and machinery up to certain financial limits per 12-month period. The limit remains at £1 million. AIA is available to all businesses (incorporated or otherwise).

The 100% First Year Allowance (FYA) for qualifying expenditure on zero-emission cars and the 100% FYA for qualifying expenditure on plant or machinery for electric vehicle charge points have been extended to 31 March 2027, as announced in the Autumn 2025 budget.

In the Autumn 2025 budget, the Government announced that it will reduce the main rate Writing Down Allowance (WDA) from 18% to 14% per year from 1 April 2026 for corporation tax purposes and 6 April 2026 for Income Tax purposes. For businesses with chargeable periods which span 1 April (Corporation Tax) or 6 April (Income Tax), a hybrid rate will apply. The WDA on the special rate pool remains at 6% per year.

For expenditure incurred on or after 1 January 2026, the government will introduce a new first year allowance (FYA) of 40% for all businesses on main rate assets, including most expenditure on assets for leasing. Cars, second hand assets and assets for leasing overseas will not be eligible.

Other reminders

Employment Tax

Personal tax thresholds

The government has announced it will extend the freeze to personal tax thresholds (income tax and National Insurance contributions ('NIC')) for three further years, from April 2028 to 2031. The OBR expects this will raise £23 billion in total by 2030/31.

This fiscal drag will bring more employees into higher rate tax bracket. A effective way to lower the taxable income is to maximise pension contributions. Further tax efficient method is to use the salary sacrifice arrangement. However, the Government announced a cap to the amount of pension contributions that can be made via a salary sacrifice arrangement. More detail is provided below. Although we will have to wait until the draft legislation is produced to see if there are any forestalling clauses introduced.

From 2026–27:

- The Lower Earnings Limit (LEL) and Small Profits Threshold (SPT) will rise by 3.8% (Sept 2025 CPI).
 - LEL: £6,708/year (£129/week)
 - SPT: £7,105/year
- Voluntary NICs rates will also increase by 3.8%:
 - Class 2: £3.65/week
 - Class 3: £18.40/week

These changes will be legislated in early 2026 through the usual annual NIC regulations.

Voluntary NICs abroad (from 6 April 2026):

- Access to pay voluntary Class 2 NICs while abroad will end.
- Minimum UK residency/contribution requirement to pay voluntary NICs from overseas will rise to 10 years.

Government will launch a wider review of voluntary NICs with a call for evidence in the new year.

Pension salary exchange

The government announced in the Autumn Budget that from April 2029 only the first £2,000 of pension contributions made by each employee through a salary sacrifice scheme will be exempt from NICs. Currently no cap exists. Employer and employee NICs will be due for pension contributions made through salary sacrifice schemes exceeding that cap. The OBR estimates this will raise £4.7 billion in 2029/30, and £2.6 billion in 2030/31.

The changes will be introduced through primary and secondary legislation in due course and will take effect from 6 April 2029.

Government has not made any changes in tax relief on employees' pension contributions. Furthermore, NIC will not be levied on employer pension contributions, so pension salary exchange can be used to mitigate the increase in employers NIC until 5th of April 2029

Depending on the outcome of the draft legislation, if you do not provide your employer pension in conjunction with a pension salary exchange arrangement, then this will be an ideal time to consider implementing such an arrangement, the benefits of which include:

- Providing pensions in a National Insurance efficient manner.
- Encourage employees to think about their saving for their retirement.
- Increase employee engagement.
- Help employers to maximize their salary budget.

If you already have a pension salary exchange in place, given the Government's recent announcements, now will be an ideal time to see whether it is achieving all your objectives.

Electric cars

The use of a tax and NIC efficient salary can also be used to provide employees with an electric car. The chargeable percentage for electric vehicles will increase by 2% in 2028/29 and 2029/30, rising to 9% in 2029/30. The use of providing an electric vehicle in conjunction with a salary sacrifice will continue to be a viable option for employers who are looking at providing cars to their employees/directors.

Plug in hybrid electric vehicles (PHEVs)

The government will introduce a temporary easement from 1 January 2025 to 5 April 2028 to mitigate increased benefit-in-kind (BIK) tax liabilities for certain plug-in hybrid electric vehicle (PHEV) company cars arising from new EU and UN emission standards. Under the easement, a nominal CO2 emission figure will be used for calculating BIK, instead of the higher figure on the registration document, reducing the employee income tax and employer National Insurance charges. Transitional arrangements for certain PHEVs will apply until 5 April 2031.

Finance Bill 2025–26 will introduce Section 138A to Chapter 6, allowing a PHEV's CO2 emission figure to be deemed 1 for BIK purposes if the vehicle: was :

- first registered on or after 1 January 2025,
- has CO2 emissions of 51 g/km or more,
- is not Euro 6d-ISC-FCM or Euro 6e compliant, and
- has an electric range of at least 1 mile.

Payrolling of Benefits in Kind

The government confirmed that the use of payroll software to report and pay tax on benefits in kind will become mandatory, in phases, from April 2027. This will apply to income tax and Class 1A NICs.

Currently, employment-related loans and accommodation benefits won't be included in mandatory payroll from 2027. Employers can either voluntarily payroll them (using a new registration process expected in November 2026) or continue reporting them through P11D forms.

From 2027, benefits will be taxed through payroll each month. This means employees should no longer get big surprise tax bills or tax code changes later. The additional time will mean:

- Employers have extra time to get ready.
- The delay to 2027 allows payroll systems to be updated and processes to be tested. HMRC will be lenient in the first year (2027–28) if mistakes are not deliberate.
- More guidance is coming.

Draft rules and technical details for payroll software were expected in late 2025 and early 2026.

This move aims to simplify tax administration and eliminate the need for most end-of-year P11D forms.

Increase in National Living Wage

The Government announced increases in the National Minimum Wage and National Living Wage rate increases which will come into effect from 1 April 2026.

Details	NMW rate £	Increase £	Percentage increase %
National Living Wage (21 and over)	£12.71	£0.50	4.10
18–20 year old rate	£10.85	£0.85	8.5
16–17 year old rate	£8.00	£0.45	5.96
Apprentice rate	£8.00	£0.45	5.96
Accommodation offset	£11.10	£0.44	4.1

Employers will need to ensure that their payroll data is fully updated to reflect the increases.

Homeworking expenses

Tax relief for non-reimbursed homeworking expenses will be removed from 6 April 2026. Employers can still reimburse employees for these costs where eligible without deducting Income Tax and National Insurance contributions.

Expanding workplace benefits relief

From April 2026, income tax and NIC exemptions will also cover reimbursements for eye tests, homeworking equipment, and flu vaccinations.

VAT

VAT Registration Threshold

From 1 April 2024, the VAT registration threshold increased from £85,000 to £90,000. The deregistration threshold also increased from £83,000 to £88,000.

VAT on energy saving materials

From 1 February 2024, the zero rate relief in respect of the installation of Energy Saving Materials in buildings used solely for a relevant charitable purpose has been reinstated. This allows qualifying charities to install such materials and benefit from the zero rate as long as the installations are taking place in a property which is to be used otherwise than in the course or furtherance of business.

Late payment and return submission penalties

The penalty regime (that came into effect on 1 January 2023) for the late submission of VAT returns and the late payment of returns allows penalties to be issued if a return is submitted late even if the relevant return shows no VAT was due. In 2025, HMRC increased both the late payment penalties and the rate of late payment interest.

The late payment penalties are as follows:

- 3% of the tax outstanding after 15 days,
- 3% after 30 days, and
- 10% after 31 days

Alongside this, the rate of late payment interest increased from 2.5% above the base rate to 4% above the base rate. As at 28 May 2025 the late payment interest rate is 8.25%.

Considering the above, organisations should ensure they have procedures in place if key personnel are unavailable when a return becomes due for submission to limit the financial impact of not meeting the compliance deadlines.

Fundraising Events

In 2025, HMRC has updated its interpretation of the VAT exemption for fundraising events.

- Multiple Purposes Allowed: Events can now qualify for VAT exemption even if fundraising is just one of several main purposes.
- Promotion Rule Relaxed: Events no longer need to be advertised as “primarily” for fundraising to qualify but still need to be advertised as fundraising events.
- Clearer Event Definition: Only planned, one-off events qualify—not ongoing activities like shops or cafés.

These changes give organisations greater flexibility to run events that serve multiple goals—like education, awareness, and fundraising—while still benefiting from VAT exemption, helping them maximise the value of every pound raised.

Electronic invoicing

It was also announced that from 2029 onwards it will be a requirement to issue VAT invoices electronically but no further details have been announced.

Defined Benefit Pension Schemes

HMRC's previous policy had been to allow employers to recover VAT incurred on the administration of their pension funds but only recover VAT on the asset management costs if they paid and contracted for the investment services. As a result, most businesses with DB schemes put arrangements in place to have the pension trustees supply admin services to the employer or to put the trustees and the employer in a VAT group.

However, even then, HMRC took the view that the investment costs were incurred for the benefit of both the trustees and the employer and so the VAT on the asset management services had to be apportioned between the two – meaning input tax attributable to the trustees was still irrecoverable.

HMRC changed their policy on 18 June 2025 so that all input tax incurred on asset management costs is fully attributable to the employer and recoverable in full subject, of course, to the organisations business/non-business and partial exemption position. In addition, if trustees are supplying fund management services to the employer and charging for those, the trustees will be able to deduct input tax incurred for the purpose of making those services in accordance with their usual VAT recovery position.

The new policy has effect immediately and HMRC will allow claims for previously irrecoverable input tax in the last four years.



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Standards for the Initial Education & Training of Pharmacy Technicians

Council on 16th July 2026

Public Business

Purpose

To consider and agree new *Standards for the Initial Education and Training of Pharmacy Technicians*.

Recommendations

The Council is asked to **AGREE** new *Standards for the Initial Education and Training of Pharmacy Technicians*.

1. Introduction

- 1.1. The GPhC is responsible for protecting the public and providing assurance that people will receive safe and effective care when using pharmacy services. A key part of which includes setting initial education and training standards for pharmacy technicians.
- 1.2. As the role of pharmacy technicians continues to expand, it is essential that their initial education and training evolves accordingly, ensuring they are equipped with the knowledge, skills and professional behaviours required to provide safe and effective care at the point of registration.
- 1.3. The current education and training standards for pharmacy technicians were published in 2017. Since then there has been considerable developments in the healthcare systems across Great Britain, including the formalisation and consolidation of Integrated Care Systems; the introduction of Patient Group Directions (PGDs) to allow pharmacy technicians to administer and supply certain medicines; and legislative changes to enable pharmacy technicians to take responsibility for preparing, dispensing and supplying medicines without the need to be supervised by a pharmacist. National health strategies in England, Wales and Scotland also continue to reshape service delivery and the expectations placed on the pharmacy workforce. Pharmacy technicians now contribute far beyond traditional dispensing roles on which the 2017 standards are based, and they are integral members of multidisciplinary teams, delivering specialised clinical services, supporting public health initiatives, supervising wider pharmacy teams, and contributing to digital, online and homecare service models. This rapid advancement in technology and new models of care requires an education and training framework that prepares them to practise confidently, safely and autonomously.
- 1.4. In 2024/25, we undertook extensive engagement with a wide range of stakeholders to help inform proposals for the next iteration of the initial education and training standards for pharmacy technicians. This included engagement with pharmacy technicians, training providers, employers, professional bodies, NHS representatives, statutory education bodies, government officials and the Chief Pharmaceutical Officers (CPhOs) for Scotland, England and Wales. The CPhOs collectively wrote to us in December 2024 outlining their support for a minimum Level 4 named academic qualification.

- 1.5. Following this engagement, a public consultation was undertaken on the proposed standards and learning outcomes. The proposals sought to ensure education and training remains aligned to the evolving role of the profession and included:
- Increasing the level of study within the Regulated Qualifications Framework (RQF) from Level 3 (Scottish Credit and Qualifications Framework (SCQF) Level 6) to Level 4 (SCQF level 7)¹
 - Introducing final accuracy checking as a core competency for all trainees
 - Retaining the current 2-year duration of education and training
 - Providing greater flexibility in how minimum practice-based supervision requirements are achieved
 - Introducing a minimum RQF Level 2 science qualification (or equivalent) as an entry requirement
 - Requiring pharmacy technician education and training programmes be regulated by the relevant national qualifications regulators
- 1.6. A 12-week public consultation was undertaken between 1st October and 24th December 2025. A total of 880 responses were received, comprising 772 individual responses and 108 organisational responses. The detailed analysis of consultation responses was considered by Council on 26 March 2026 and is included within the supporting paper pack.
- 1.7. Overall, consultation responses demonstrated broad support for the proposed reforms. However, some stakeholders, mainly organisations that represent many community pharmacies across Great Britain, opposed the changes to the level of study and raised potential risks with the implementation of this change directly with us and others.
- 1.8. Having considered the consultation findings, Council reaffirmed its support for raising the level of education and training, recognising that the expanding scope and complexity of the pharmacy technician role requires a corresponding enhancement in initial education. Council acknowledged the concerns raised by some stakeholders and did not therefore agree a timeline for implementation. Council requested that further work be undertaken with relevant stakeholders (including those raising concerns) to develop proposals for a longer or phased implementation of the new standards to mitigate the risks raised. Work to finalise the new standards and develop implementation plans have been progressing on this basis.
- 1.9. Engagement on the concerns raised and consideration of implementation factors across different sectors of practice and the devolved nations has continued. A formal stakeholder advisory group has been formed to oversee and advise on the implementation of the standards once they are finalised and there has been work to refine the new standards and learning outcomes in light of the consultation feedback received.
- 1.10. Council's agreement of the revised standards at Appendix 1 will enable the next stages of the implementation planning to continue, including apprenticeship development, course design and

¹ Level references are to qualifications levels in national frameworks. In England and Wales, the framework is the Regulated Qualifications Framework (RQF) and in Scotland it is the Scottish Credit and Qualifications Framework (SCQF). RQF level 3/SCQF level 6 equal the standard of a vocational A Level/Scottish Higher and RQF level 4/SCQF level 7 equal the first year of a degree.

accreditation. We will continue to work with the stakeholder Advisory Group on the detailed implementation plans and timelines, and keep Council advised on this. The current assumption is that new courses will begin to operate in 2028, but that full implementation across all sectors of practice in England, Scotland and Wales will not be before Autumn 2029.

- 1.11. The following sections set out our response to the consultation feedback, the proposed changes and the planned approach to implementation. The proposed *Standards for the Initial Education and Training of Pharmacy Technicians* are provided in full at Appendix 1 for Council's approval.

2. Response to consultation feedback

2.1 Level of Study

- 2.1.1 Over three-quarters of the consultation respondents (77%) agreed with increasing the minimum level of study to RQF level 4 (SCQF 7) or above, including 44% who strongly agreed. Agreement was broadly consistent with 77% of individual respondents and 75% of organisational respondents agreeing, including leadership organisations, professional bodies and employers of pharmacists and pharmacy technicians.
- 2.1.2 In contrast to this strong support for the proposed changes, some stakeholders, in particular some of the large national community pharmacy representative bodies have opposed the new level of study, querying the case for change and raising concerns about potential recruitment and retention challenges for the community pharmacy technician workforce.
- 2.1.3 The GPhC has a statutory duty to ensure that standards for the initial education and training of pharmacy technicians protect patient safety and maintain public confidence in pharmacy services. Proposed changes to level of study have been prompted by the widening scope of pharmacy technician roles, including the introduction of PGDs to allow pharmacy technicians to administer and supply certain medicines; and forthcoming legislation to enable them to take responsibility for dispensing and supplying medicines without supervision by a pharmacist.
- 2.1.4 Pharmacy technicians trained to the current RQF level 3 (SCQF 6) require a period of post registration practice experience and/or additional post-registration training before being ready for these changing roles. RQF level 4 (SCQF 7) study provides an increased level of autonomy, decision making, leadership and service contribution skills in initial education and training, enabling pharmacy technicians to be ready to take on changing responsibilities at the point of registration.
- 2.1.5 Putting aside concerns about implementation readiness; there is wide support for the proposed new level of study, including from pharmacy technicians, pharmacists and the professional bodies that represent them, and a move to Level 4 has already occurred in Scotland and large parts of Wales.
- 2.1.6 Given the time required to implement education reforms and the increasing expectations placed on pharmacy technicians across Great Britain, **we consider that increasing the qualification level at this stage is both necessary and proportionate.**

2.1.7 However, we recognise the specific concerns some community pharmacy representative bodies have expressed and are committed to working with them to support the implementation of these changes in a fair, consistent and sustainable way. The abolition of NHS England (which currently contributes to the training of approximately 3500 trainee pharmacy technicians in England) also creates uncertainty regarding future leadership, funding, and implementation oversight for any change to the level of minimum qualifications for pharmacy technicians. We are therefore proposing a longer phased implementation of the new standards as detailed in section 4 and have formed an implementation advisory group of key stakeholders from across Great Britain (including community pharmacy representative bodies) to support implementation planning.

2.2 Accuracy Checking

2.2.2 Currently, all pharmacy technician initial education and training programmes include accuracy checking, but final accuracy checking is not mandatory. Given the evolving role of pharmacy technicians and the proposed move to RQF level 4 (SCQF 7) initial education and training, we consider final accuracy checking to be an appropriate responsibility that aligns with the evolving expectations of the role. This proposal ensures newly registered pharmacy technicians are competent to undertake final accuracy checking upon registration without requiring post registration qualifications. Support for final accuracy checking was high, with 76% of all respondents in favour. Agreement was particularly strong among organisational respondents (89%) and remained substantial among individual respondents (75%). **The proposed new standards therefore include final accuracy checking as a core competence.**

2.3 Length of Training

2.3.2 The requirement that training be at least two-years long received mixed views, with a majority (59%) agreeing the current two-year period was appropriate for achieving the proposed learning outcomes. Around one-third (31%) considered two-years to be insufficient, while only a small proportion (3%) deemed it too long. Evidence collected over several years suggests that most trainees require two years to complete, with many, particularly in community settings, requiring longer. **With no compelling case for change, we propose to retain the current two-year requirement.**

2.4 Practice based supervision

2.4.2 Trainees are currently required to complete work-based experience under the supervision of a pharmacist or pharmacy technician for a minimum of 14 hours per week. Most respondents (57%) considered the minimum requirement of 14 hours per week of supervised practice-based learning to be appropriate. Respondents highlighted that consistent, supervised practice-based learning was fundamental to developing professional competence, building confidence, and strengthening good professional judgement. However, many respondents highlighted practical challenges that make a 14-hour minimum difficult to deliver consistently. The main concern was limited supervisory capacity driven by staffing shortages, and service pressures which reduces the availability of protected supervision time.

2.4.3 To address this concern and support flexibility in training delivery, trainees will be permitted to undertake the equivalent number of supervised hours over a longer period, provided the total supervised experience is completed by the end of the training period. The period must be defined, but employers and supervisors should be allowed to determine this in consultation with trainees.

- 2.4.4 **We therefore propose to retain the work-based experience requirement, but with the additional flexibilities outlined above.**

2.5 Entry Requirements

- 2.5.1 In our current standards a science qualification is advised but not required as part of the entry requirements for training. We have proposed that in addition to existing English language and numeracy qualifications, RQF level 2 science (or equivalent) qualification should be a mandatory requirement to enter pharmacy technician training. This would support the baseline scientific competence required of trainees. All existing training providers, except for one, already require a science qualification, and 80% of consultation respondents supported making RQF level 2 science (or equivalent) a mandatory entry requirement.
- 2.5.2 **The proposed new standards include a requirement for at least one science qualification equivalent to at least RQF level 2 (SCQF 5).** To ensure clarity and consistency, information on acceptable qualifications across England, Scotland and Wales will be provided in the guidance being developed to support the implementation of the standards.
- 2.5.3 A standard to allow alternative academic programmes equivalent to the entry levels for English language, numeracy and science has also been included to maximise flexibility. This recognises that some applicants may have other qualifications, but these alternate routes must include an equivalent qualification, as experience alone is insufficient for the level of study.

2.6 Regulated qualification

- 2.6.1 In Great Britain, national qualifications regulators oversee the standard and content of vocational and academic qualifications. These bodies ensure that qualifications are rigorous, consistent and comparable, and that trainees acquire the knowledge and skills required for safe and effective practice. As part of this review, we are proposing that all pharmacy technician initial education and training qualifications be credit-bearing and therefore meet the requirements set by the relevant qualification regulators in each nation. This would allow qualifications to be recognised by other course providers and count towards entry requirements for further study. Current providers of accredited or recognised pharmacy technician qualifications that do not sit inside national qualifications frameworks will have the opportunity to submit new programmes that do.
- 2.6.2 Strong support (89%) was exhibited for pharmacy technician initial education and training programmes to be regulated by the relevant qualifications regulators as well as being accredited or recognised by the GPhC. Opposition was very low, with only 2% of individual respondents and 3% of organisational respondents expressing disagreement. **We therefore propose to proceed with this change.**

2.7 Learning outcomes

- 2.7.1 The purpose of the new learning outcomes is to describe the skills and behaviours necessary to adequately prepare trainees for current and future practise as a pharmacy technician. Both individual and

organisational respondents were satisfied with the learning outcomes, with agreement rates ranging from 75% to 85%.

- 2.7.2 Some respondents identified potential gaps in the learning outcomes relating to non-patient facing roles such as aseptic and technical services. This was also highlighted in our pre-consultation engagement work. It is difficult to set standards for specialist sectors of practice in general initial education and training standards and we consider these would be better addressed as part of post-registration training and development.
- 2.7.3 An expert stakeholder drafting group was formed to consider the detailed consultation feedback in respect of the learning outcomes. The revisions made to the learning outcomes since the consultation were also considered by the GPhC's Initial Education and Training of Pharmacy Technicians Advisory Group. The following keys changes have been made to the learning outcomes:
- Raising several outcome levels from 'Show How' to 'Does' to acknowledge the difference between showing how in a controlled environment, to demonstrating the same competence but in a real-life situation, repeatedly and reliably. This relies on trainees demonstrating a great degree of autonomy and responsibility, which level 4 study requires but level 3 study does not.
 - Including a learning outcome in respect of challenging all forms of discrimination.
 - Ensuring the learning outcomes adequately prepare trainees for the ability to be authorised to supervise the preparing, dispensing and supply of medicines in view of the changes to supervision legislation.
 - Amending the learning outcome on responding appropriately to medical emergencies to reflect that pharmacy technician trainees must be equipped with the necessary knowledge on how to deal with emergencies if they arise but may not be able to demonstrate this in a real-life situation during their training.

2.8 Standards for providers

- 2.8.1 The standards for providers have been strengthened to ensure greater consistency and quality across pharmacy technician initial education and training. Consultation respondents indicated strong support for the proposed standards, with 75% to 83% of respondents stating they were completely or mostly satisfied across all eight standards.
- 2.8.2 Many who provided comments indicated that additional guidance or support from the GPhC would be required to enable effective implementation, with this view particularly evident among organisational respondents. We intend to provide guidance to support the implementation of new standards and will engage with stakeholders on the key areas where this is required.
- 2.8.3 As with the learning outcomes, our expert stakeholder drafting group considered the detailed consultation feedback in respect of the standards for providers, with the revisions made since the consultation exercise also considered by the GPhC's Initial Education and Training of Pharmacy Technicians Advisory Group. In addition to the changes to entry requirements and practice-based supervision detailed above, we have:

- Strengthened the standard on equality, diversity and inclusion to ensure that all forms of discrimination are identified, challenged and acted upon during training.
- Made clear that trainees must be aware what protected learning time will be available to them.
- Strengthened the requirements to support trainees as learners in the workplace.

3. Implementation

- 3.1 It is clear from the consultation report that there is strong support for our proposals. However, we recognise the concerns that have been raised by some community pharmacy respondents about the pace and costs of implementing the change in level of training, as well as considerations around the capacity of NHS England to support this given their forthcoming structural changes. We want to work with stakeholders to address practical implementation issues for the new standards.
- 3.2 We are therefore proposing to separate the decision on agreeing the new standards, including the level of training, from implementation plans.
- 3.3 Implementation of any changes to education and training standards requires a long lead in time to enable new courses to be developed and accredited/recognised and existing course to be taught out, but to finalise these plans we first need agreement on the standards that we will be seeking to implement.
- 3.4 Taking differing national priorities into account, we believe it is likely that a full transition to level 4 training may be realised sooner in Scotland and Wales than in England.
- 3.5 If the standards are agreed by Council at its July 2026 meeting, the earliest we anticipate training courses accredited/recognised against the new standards being operational is Autum 2028. We would normally seek to withdraw accreditation/recognition of existing RQF level 3 (SCQF 6) courses fully at that point. However, taking account of stakeholder feedback (including an impact assessment commissioned by NHS England), we are proposing extending that deadline by at least a year. Therefore, courses accredited/recognised against the new standards will be operational from Autum 2028, but complete implementation of the new standards across Great Britain will **not be before Autumn 2029**.
- 3.6 We believe a 3-year implementation window is a reasonable period for employers and commissioners in England to make the adjustments necessary to move to level 4 fully. However, we will keep the final 'cut-off' date for the existing level 3 courses under careful review as we proceed with the various next steps and keep Council advised on any matters which may significantly impact timelines.

4. Next Steps

- 4.1 Once the new standards are agreed by Council we will:
- Work with stakeholders to develop guidance to support the standards by the end of 2026.
 - Work with Skills England to develop a Level 4 apprenticeship for pharmacy technicians incorporating our standards and learning outcomes. The central funding source for pharmacy technician education and training in England is apprenticeships, so securing one as soon as possible

is essential. We currently anticipate this work will begin in early 2027 and take up to 12 months to complete.

- Work with statutory education bodies and qualifications regulators in Scotland and Wales to ensure that arrangements are in place to support the delivery of RQF level 4 (Wales)/SCQF level 7 (Scotland) courses in those countries.
- Begin a cycle of accreditation and recognition once the new courses and qualifications are developed.
- Continue to work with stakeholders across England, Scotland and Wales on the range of implementation considerations that need to be in place for full implementation of RQF level 4 (SCQF 7) training.

4.2 Alongside this we plan to take forward broader discussions and considerations with stakeholders in relation to the trainee pharmacy technician pipeline, including the transition pathway from pharmacy support staff roles to pharmacy technician training and any gaps in relation to the development of level 3 support staff training.

4.3 Informing and overseeing the implementation process will be a key role of the GPhC's Initial Education and Training of Pharmacy Technicians Advisory Group and will be a focus of the group's future meetings.

5. Equality and diversity implications

5.1 A full Equality Screening Impact Assessment (ESIA) was undertaken to assess the potential impacts of the new standards on individuals who share protected characteristics and other groups who may experience disadvantage and support the (GPhC's) Council in determining whether the proposed standards should be approved or amended prior to implementation. The ESIA can be found in the supporting paper pack

5.2 The ESIA was commenced before the consultation process began, drawing on available evidence and stakeholder feedback to inform consultation proposals, and was further reviewed to reflect consultation respondents' views on the impact of the changes for people sharing protected characteristics and other groups.

5.3 The ESIA considers the potential impact of the proposed standards across all nine protected characteristics. It also examines wider factors that intersect with protected characteristics and may influence equitable access to training. These include socio-economic disadvantage, geographical barriers, caring responsibilities, workforce pressures, apprenticeship pathways, environmental sustainability, differential attainment and pastoral support capacity. Addressing these broader influences will be important to ensuring that learners from all backgrounds can progress successfully through the new training requirements.

5.4 Potential impacts identified in the ESIA relate primarily to potential barriers to access to training for learners with one or more protected characteristic arising from intersecting factors such as socio/economic factors, caregiving responsibilities, work/study pressures and inconsistent availability of reasonable adjustments, rather than to the standards content.

5.5 Mitigations to these barriers include a phased implementation of the new standards, flexible delivery models, pastoral support, strengthened digital inclusion, proportionate environmental sustainability expectations, clear guidance and communication for trainees and training providers, annual monitoring of admissions and progression data, and continued engagement through the stakeholder implementation advisory group. These measures aim to support equitable access, reduce barriers and ensure that the revised standards are implemented sustainably and consistently across the sector.

6. Communications

6.1 Implementing these standards is complex and our communications plan will take account of the needs of multiple audiences. A stakeholder advisory group has been formed to support the implementation of the new standards, including the communication requirements for this.

6.2 Particular attention will be paid to providing clear messages on both the new standards and the implementation timelines to:

- Current trainees;
- Prospective trainees;
- Course providers; and
- Other stakeholders.

6.3 Messages will be tailored to reflect the position in each of the devolved nations of Great Britain.

7. Resource implications

7.1 The GPhC staff resource to develop and implement the new standards for the initial education and training of pharmacy technicians will be managed within existing budgets. The accreditation of new programmes will be planned into the accreditation and recognition work plan and a fees policy for this will be agreed as part of broader work on accreditation and recognition fees.

7.2 The costs of developing and implementing the new programmes is a matter for training providers as is the case with other education and training programmes.

7.3 Some community pharmacy stakeholders have concerns about the cost of implementing these standards, particularly the higher level of study. NHS education and training is supported by each of the NHS bodies in England, Scotland and Wales at nationally agreed rates and employers have access to various methods of funding support, including apprenticeship levies. We acknowledge the concerns that have been raised, but the actual costs of the change cannot be established until the standards are finalised and implementation work, including the development of level 4 apprenticeships, begins. We will continue to collaborate with relevant stakeholders at an individual level and through our Advisory Group to support costings and benefit analysis work and have extended our implementation timelines to enable cost changes to be understood and planned for.

8. Risk implications

8.1 The GPhC needs to ensure fair, proportionate standards for the initial education and training of pharmacy technicians that protect patient safety and maintain public confidence. This includes determining the level of

study required to provide the necessary level of autonomy, decision making, leadership and service contribution skills. There is a risk that the existing 2017 standards are not reflective of developments in pharmacy practice and may not provide the necessary knowledge and skills pharmacy technicians require at the point of registration in the longer term. The proposed changes, including changes to the level of study, are supported by most stakeholders and are designed to mitigate the risks to patient safety and public confidence of not having initial education and training standards that reflect contemporary developments in pharmacy practice across Great Britain.

- 8.2 There is a risk the proposed changes, in particular changes to the level of study, may present financial and practical barriers to pharmacy technicians accessing training, particularly in Community Pharmacy in England. While actions to mitigate those risks will not sit solely with the GPhC, we are working with others on the actions we can take, which will include adopting a phased implementation approach, undertaking ongoing engagement with stakeholders and forming an implementation advisory group to advise on and oversee next steps. We will be actively monitoring this risk as the implementation work progresses.

Recommendations

The Council is asked to **AGREE** new *Standards for the Initial Education and Training of Pharmacy Technicians*.

Lynsey Cleland, Chief Standards Officer & Deputy Registrar and Damian Day, Head of Education
General Pharmaceutical Council

3 July 2026

Appendices

Appendix 1: *Standards for the Initial Education and Training of Pharmacy Technicians* (GPhC, 2026)

Standards for the Initial Education and Training of Pharmacy Technicians

Overview

The General Pharmaceutical Council's Vision 2030 places safe, effective pharmacy care at the centre of healthier communities. To achieve this, the initial education and training (IET) of pharmacy technicians must equip future registrants with the knowledge, skills and behaviours required for modern practice across Great Britain.

Since the publication of the 2017 IET standards, the healthcare landscape has changed significantly and the countries of Great Britain have published new health plans. In these new standards we have taken into account:

- a determination to reduce health inequalities,
- new models of healthcare delivery, including the formalisation and consolidation of Integrated Care Systems (ICSs),
- the centrality of science and technology to the provision of healthcare,
- the introduction of Patient Group Directions (PGDs) to allow pharmacy technicians to administer and supply certain medicines;
- legislative changes that will enable pharmacy technicians to supervise the preparation, sale and supply of medicines; and taken together
- future-proofing the education and training needs of pharmacy technicians into the mid-2030s

National health strategies in England, Wales and Scotland continue to reshape service delivery and the expectations placed on the pharmacy workforce. This means pharmacy technicians now contribute far beyond traditional dispensing roles. They are integral members of multidisciplinary teams, delivering specialised clinical services, supporting public health initiatives, supervising wider pharmacy teams, and contributing to digital, online and homecare service models. Rapid advances in technology and new models of care require an education and training framework that prepares them to practise confidently, safely and autonomously.

Purpose

This set of standards introduces important changes to:

- continue to ensure that through education and training, patient and public safety is placed at the centre of practice, and
- ensure pharmacy technicians remain equipped with the knowledge, skills, understanding and behaviours they need to carry out their roles once they register with the GPhC.

These changes include:

- equipping pharmacy technicians with a well-rounded skills mix to prepare them for varied roles across a range of settings, supporting person-centred care, and multidisciplinary team working,

- embedding the expanded role of pharmacy technicians allowed by legislative changes, including legislation enabling pharmacy technicians to supply and administer medicines under Patient Group, and changes to supervision legislation to enable pharmacy technicians to take responsibility for preparing, dispensing and supplying medicines,
- increasing the level of study for pharmacy technician initial education and training from RQF Level 3 (or SCQF Level 6) to at least RQF Level 4 (or SCQF Level 7) to widen the scope of a pharmacy technician's role,
- replacing Accuracy Checking with Final Accuracy Checking as a core competency,
- preparing trainee pharmacy technicians to use digital systems, including AI, in an informed, safe and ethical way, and
- placing a greater emphasis on equality, diversity and inclusion, to combat all forms of discrimination and to deal with health inequalities

Structure of the standards

The standards for the initial education and training of pharmacy technicians are divided into two parts:

- Part 1: Learning outcomes – includes the knowledge, skills, understanding and professional behaviours each trainee pharmacy technician must demonstrate by the end of their initial education and training.
- Part 2: Standards for education and training providers – sets out the key features of courses and qualifications through which the learning outcomes in part 1 of the standards are delivered. Education and training providers must work collaboratively with employers and supervisors to deliver all aspects of these standards.

Accreditation

Our accreditation requirements for education and training programmes are based on the standards and learning outcomes in this document. To be eligible for registration, programmes must be approved by the GPhC.

Regulation

All initial education and training programmes for pharmacy technicians must be credit bearing and meet the requirements of the respective qualifications regulators in Great Britain. These regulators include Ofqual (England), Qualifications Scotland (Scotland), Qualifications Wales (Wales), and the Office for Students (England). They make sure that qualifications are rigorous, consistent and comparable with each other, as well as the credibility and quality of qualifications.

Part 1: learning outcomes

Domain 1: person-centred care and collaboration

If they are to pass, trainee pharmacy technicians must be able to demonstrate the following learning outcomes by the end of their initial education and training:

Table 1: learning outcomes for domain 1

Learning outcome	Level
1. Demonstrate empathy and keep the person at the centre of their approach to care at all times.	Does
2. Provide clear, accurate and timely information, adapting language and communication methods to make sure patients understand how to use their medicines and medical devices safely and effectively.	Does
3. Support patients in making informed decisions about their care, and evaluate the options to provide current and evidence-based information, advice and support tailored to their needs.	Does
4. Obtain, interpret and use information from relevant and appropriate sources – including patients, carers and other healthcare professionals – to contribute to the healthcare of the patient and improving outcomes.	Does
5. Encourage people to take an active role in their own health, care and wellbeing decisions, empowering and enabling them to make informed choices.	Does
6. Demonstrate professionalism in their dealings with patients, carers, and other healthcare professionals, ensuring safe and effective pharmacy care.	Does
7. Demonstrate effective communication and teamwork in multidisciplinary teams, including pharmacy and other health and care professionals.	Does
8. Effectively promote healthy lifestyles appropriate to the person, using available resources and evidence-based techniques.	Does
9. Understand the impact of environmental sustainability on public health, health inequalities, and provision of healthcare.	Knows
10. Demonstrate an awareness of public health initiatives, including mental health, and recommend recognised health-screening programmes as appropriate.	Does
11. Accurately retrieve, interpret and reconcile information about the patient and their medicines, taking appropriate action as necessary.	Does

12.	Review and optimise a person's medicines to achieve the best possible outcomes considering their needs.	Does
13.	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
14.	Always challenge and act on all forms of discrimination.	Shows How
15.	Gather and interpret relevant information to support clinical decision making, providing appropriate advice or referrals to other healthcare professionals.	Does
16.	Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care.	Does
17.	Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background.	Does

Domain 2: Professional practice

If they are to pass, trainee pharmacy technicians must be able to demonstrate the following learning outcomes by the end of their initial education and training:

Table 2: learning outcomes for domain 2

Learning outcome		Level
18.	Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times, as set out in the GPhC standards.	Does
19.	Apply professional judgement in a person-centred manner, including taking into account the evidence base and relevant ethical and moral considerations.	Does
20.	Assemble, dispense and supply medicines and medical devices safely and accurately, in line with relevant legislation, regulations and standard operating procedures.	Does
21.	Exercise professional judgement in the safe and appropriate use of Patient Group Directions (PGDs) for medicine supply and administration.	Knows How
22.	Make sure medicines and medical devices are stored and handled in line with relevant legislation and guidelines.	Does
23.	Ensure the quality of ingredients and processes to supply safe and effective medicines and medical devices.	<u>Does</u>
24.	Demonstrate effective management of pharmacy stock, through the timely procurement and use of medicines and medical devices.	Does
25.	Understand the legal and ethical implications of dispensing and or preparing medicines remotely, including through hub-and-spoke, aseptic and other distance or online pharmacy service models.	Knows

26.	Work within and keep to local, regional and national guidelines and policies.	Does
27.	Demonstrate person-centred care through the application of the principles of clinical governance.	Does
28.	Act openly and honestly at all times, including when things go wrong.	Does
29.	Accurately perform calculations to ensure safe and effective pharmacy care.	Does
30.	Understand the principles of biology, microbiology, physiology and chemistry to make effective use of medicines for people.	Knows how
31.	Understand the pharmacological principles that apply to the use of medicines in relation to disease processes and the treatment of identified clinical conditions.	Knows how
32.	Have an understanding of pharmacogenomics and how individual genetic profiles may influence disease and the use of medicines.	Knows
33.	Demonstrate effective patient clinical measurement skills which ensure safe and effective medicines use.	Shows How
34.	Assess a person's medication history, checking the current supply if available, and order appropriate medicines and medical devices.	Does
35.	Receive requests for medicines, including prescriptions, and check for their validity and clarity, taking action to deal with any discrepancies safely.	Does
36.	Carry out final accuracy checking of medicines and medical devices dispensed by others to ensure safe and effective pharmacy care.	Does
37.	Identify warning signs of potential inappropriate use of substances and medicines and respond appropriately.	Shows how
38.	Identify adverse drug reactions and interactions and respond appropriately.	Does
39.	Respond appropriately to medical emergencies, including the provision of first aid	Knows how
40.	Apply the principles of information governance and ensure patient confidentiality, including obtaining informed patient consent before providing care and pharmacy services.	Does
41.	Understand how to safeguard people in line with relevant legislation and guidance, including children and adults at risk.	Knows how

42.	Dispose of medicines and waste safely, legally and in an environmentally sustainable manner in line with local practices.	Does
43.	Make use of the skills and knowledge of the multidisciplinary team to prioritise time and resources effectively.	Does

Domain 3: Leadership and management

If they are to pass, trainee pharmacy technicians must be able to demonstrate the following learning outcomes by the end of their initial education and training:

Table 3: learning outcomes for domain 3

Learning outcome	Level
44. Identify when their own performance and that of others is putting people at risk and respond appropriately, including raising concerns even when it is not easy to do so.	Does
45. Recognise and work within the limits of their knowledge and skills, and know when to get support and when to refer to others.	Does
46. Implement change to drive continuous improvements in patient care and service provision.	Shows how
47. Contribute to health and safety in the workplace and take appropriate action when necessary.	Does
48. Apply the principles of governance, including the identification of errors and near misses, and when addressing complaints, responding effectively.	Does
49. Demonstrate supervision of the dispensing process and the sale and supply of medicines.	Shows how
50. Keep abreast of new technologies and effectively use data and digital technologies to improve clinical outcomes and patient safety.	Does

Domain 4: Education and research

If they are to pass, trainee pharmacy technicians must be able to demonstrate the following learning outcomes by the end of their initial education and training:

Table 4: learning outcomes for domain 4

Learning outcome	Level
51. Actively take part in the learning and development of others.	Does
52. Effectively use a variety of methods, including feedback, to regularly monitor and reflect on their own practice, and produce a plan for personal development.	Does
53. Take part in research activities, audit, service evaluation and/or quality improvement, and demonstrate how these are used to improve care and services.	Does

Part 2: standards for the initial education and training of pharmacy technicians

Criteria to meet this standard

Standard 1: Selection and admission

Trainees must be selected for and admitted onto pharmacy technician initial education and training on the basis that they are being prepared to practise as pharmacy technicians.

- 1.1 To enter initial education and training, applicants must have secured a placement as a trainee pharmacy technician in an appropriate pharmacy environment and have a designated educational supervisor¹.
- 1.2 Applicant selection criteria must be explicit, evidenced prior to enrolment, and include:
 - a English language, numeracy and at least one science qualification equivalent to at least Level 2 in the Regulated Qualifications Framework (England and Wales) and/or at least Level 5 in the Scottish Qualifications and Credit Framework (Scotland)
 - b any other academic programme equivalent to the levels described in 1.2a.
- 1.3 Admission requirements must ensure at the point of selection that:
 - a applicants are fit to practise safely and effectively while training under appropriate supervision
 - b the pharmacy environments in which applicants will be training are suitable for learning
 - c applicants' designated educational supervisors are in good standing with their regulator and have the relevant experience, qualifications and capacity to act as supervisors.
- 1.4 Selection criteria and admission requirements must be applied fairly, consistently, in an unbiased way, and in line with relevant equality legislation.
- 1.5 Every year, the provider's admissions profile must be analysed to show data broken down by the protected characteristics defined in the relevant equality and human rights legislation. Documented action must be taken if the analysis shows that the admission and selection processes may be disadvantaging the trainee pharmacy technicians.
- 1.6 Guidance on the types of experience and qualifications that a designated educational supervisor should have in order to supervise a trainee pharmacy technician must be available in the public domain.
- 1.7 Information on the curriculum, including teaching, learning and assessment methods, must be available in the public domain to help potential applicants make an informed decision.
- 1.8 Any decision to reject an application must be accompanied by feedback and information on the appeals process.

¹ A designated educational supervisor (DES) is a registered pharmacist or pharmacy technician who has agreed to supervise the trainee pharmacy technician during the period of initial education and training.

Standard 2: Equality, diversity and inclusion

Pharmacy technician initial education and training must be based on and promote the principles of equality, diversity and inclusion, meet all relevant legal requirements, and be delivered in ways that the diverse needs of all trainees are met.

Criteria to meet this standard

- 2.1 The principles of equality, diversity and inclusion and the relevant equality legislation requirements must be built into, and promoted through, the design and delivery of pharmacy technician initial education and training.
- 2.2 Everyone involved in pharmacy technician initial education and training must be trained to apply and stay up to date with the principles of equality, diversity and inclusion and the relevant equality legislation requirements in their role.
- 2.3 Systems and policies must be in place to allow everyone involved in pharmacy technician initial education and training to understand the diversity of the trainee body and its implications on delivery and support.
- 2.4 Every year, data on the progress of each trainee pharmacy technician year-group must be analysed, broken down by protected characteristics as defined in relevant equality and human rights legislation. Documented action must be taken if the analysis indicates different levels of attainment between trainees sharing one or more protected characteristic.
- 2.5 Reasonable adjustments must be made, and special considerations given, when delivering and assessing IET so that trainee pharmacy technicians with disabilities and other specific needs are not disadvantaged. Teaching, learning and assessment may be modified for this purpose, but the learning outcomes in part 1 of these standards and the level to which they are assessed must not.
- 2.6 The design and delivery of pharmacy technician initial education and training must make sure that trainees understand and stay up to date with their legal responsibilities under the relevant equality and human rights legislation and how these apply to their practice.
- 2.7 The design and delivery of pharmacy technician initial education and training must ensure that all forms of discrimination are identified, challenged and acted upon.

Standard 3: Management, resources and capacity

Pharmacy technician initial education and training must be planned and delivered using transparent processes that clearly specify who is accountable for what and at what stage of the process. Facilities, infrastructure, leadership, staffing and staff support must be adequate to deliver and sustain the initial education and training, and support trainee pharmacy technicians' learning and wellbeing.

Criteria to meet this standard

- 3.1 Pharmacy technician initial education and training must be supported by a defined management plan. This must include:

- a a structured process to make sure every trainee pharmacy technician is based in a suitable learning environment that gives them sufficient capacity, resources and support to experience safe and effective learning under appropriate supervision
 - b a schedule of roles, responsibilities and lines of accountability in every learning environment, including the workplace
 - c defined structures and processes to manage the delivery of initial education and training
 - d processes for identifying and managing risk
- 3.2 Formal agreements must be in place that clearly explain the roles and responsibilities of everyone involved in the initial education and training of pharmacy technicians.
- 3.3 Education and training providers must have robust management systems and processes in place to allow for accurate and timely:
- a collection, analysis and reporting of trainee pharmacy technician data
 - b tracking of the trainee pharmacy technician journey; and
 - c ratification and confirmation of pass awards
- 3.4 Every trainee pharmacy technician must have a documented learning agreement which is formally agreed between the initial education and training provider, trainee pharmacy technician, designated educational supervisor, employer and, if there is one, the placement provider. The agreement must include:
- a an outline of the roles and responsibilities of everyone involved
 - b lines of accountability for everyone involved
 - c how and by whom the learning outcomes will be assessed
 - d how and by whom the trainee pharmacy technician will be supervised
 - e the support that the trainee pharmacy technician can access during their period of initial education and training, including academic support and personal support
 - f the minimum protected learning time that the trainee pharmacy technician must be defined by course providers and/or statutory education bodies
 - g how assurance is obtained that the learning agreement will be implemented in full in all learning environments, including processes for taking remedial action
- 3.5 All learning environments must have:
- a appropriately qualified and experienced staff responsible for facilitating trainee pharmacy technicians' teaching, learning and assessment
 - b sufficient resources, including staff from relevant disciplines, to deliver the initial education and training and to support trainee pharmacy technicians' learning
 - c equipment and facilities that are fit for purpose
 - d access to appropriate learning resources
- 3.6 Every trainee pharmacy technician must be recognised and supported as a learner in the workplace. Systems must be in place for employers to liaise with designated educational supervisors and initial

education and training providers at specified times within a 12-month period, depending on the training context and role, to discuss and document the progress and identified needs of the trainee pharmacy technicians.

Standard 4: Monitoring, review and evaluation

The quality of pharmacy technician initial education and training must be monitored, reviewed and evaluated in a systematic and developmental way.

Criteria to meet this standard

- 4.1 All aspects of pharmacy technician initial education and training, including learning in practice, must be monitored, reviewed and evaluated systematically using appropriate systems. When issues are identified, these must be documented and dealt with within agreed and appropriate timescales.
- 4.2 There must be a quality-management structure in place that sets out the procedures for monitoring and evaluating pharmacy technician initial education and training. This must specify the lines of responsibility and the timings for reporting, reviewing and taking appropriate action.
- 4.3 There must be systems in place to monitor and evaluate the standard of teaching, learning and assessment to make sure that quality, integrity and continuous improvement are maintained across all learning environments, including in practice settings.
- 4.4 The monitoring and reviewing of pharmacy technician initial education and training must take into account changes to pharmacy practice and the wider healthcare system. This is to make sure that education and training provision stays up to date, and includes legal and regulatory changes.
- 4.5 Stakeholder feedback must form part of the IET monitoring, review and evaluation processes. This includes feedback to and from trainee pharmacy technicians, designated educational supervisors, employers and, if this applies, placement providers.

Standard 5: Design and delivery

Pharmacy technician initial education and training must develop trainees' skills, knowledge, understanding, and professional behaviours to the levels required to meet the learning outcomes in part 1 of these standards by using a coherent teaching and learning strategy. The design and delivery of initial education and training must ensure that trainee pharmacy technicians practise safely and effectively.

Criteria to meet this standard

- 5.1 There must be a teaching and learning strategy for the initial education and training. It must be accompanied by a training plan to clearly set out how trainee pharmacy technicians can achieve the learning outcomes in part 1 of these standards.
- 5.2 The learning outcomes in part 1 of these standards must be delivered in environments that foster professional conduct.

- 5.3 Pharmacy technician initial education and training must be designed and delivered using strategies that bring together the knowledge, competence and practical experience needed to meet the learning outcomes in part 1 of these standards.
- 5.4 The GPhC standards for pharmacy professionals must form part of the pharmacy technician initial education and training and be used actively. This is to make sure trainee pharmacy technicians know what will be expected of them once they are registered.
- 5.5 When designing and delivering pharmacy technician initial education and training, education and training providers must take into account stakeholder feedback. This includes feedback from trainee pharmacy technicians, designated educational supervisors, pharmacy professionals, patients and the public, employers and, if this applies, placement providers.
- 5.6 Trainee pharmacy technicians must be appropriately assessed and supervised in all learning environments using formally agreed systems. This is to make sure that safe, person-centred care is delivered at all times.
- 5.7 Trainee pharmacy technicians must only carry out tasks in which they are competent, or are learning under supervision to be competent in, so that patient safety is not compromised.
- 5.8 Regulations set by initial education and training providers must be appropriate for a course of education and training that leads to professional registration. They must prioritise patient safety, safe and effective practice, and clinical skills and knowledge.
- 5.9 Education and training providers must have clear, accessible procedures for raising, managing, and investigating concerns about a trainee pharmacy technician, a designated educational supervisor, or the learning environment.
- 5.10 Initial education and training providers must have documented fitness to practise procedures for trainee pharmacy technicians. Providers must manage and conclude these processes, and outcomes (other than warnings or when no action was taken) must be reported to the GPhC in a timely manner.
- 5.11 Trainee pharmacy technicians who have any outstanding fitness to practise concerns must not be awarded a completion certificate of initial education and training.

Standard 6: Assessment

Pharmacy technician initial education and training must have an assessment strategy that is appropriate for assessing trainees' skills, knowledge, understanding, and professional behaviours to the levels required to meet the learning outcomes in part 1 of these standards. The assessment strategy must be appropriate for assessing whether a trainee pharmacy technician's practice is safe and effective.

Criteria to meet this standard

- 6.1 The pharmacy technician initial education and training must have an assessment strategy which makes sure assessment is robust, reliable and valid in all learning environments, including academic and practice settings.
- 6.2 Assessment regulations set by initial education and training providers must be appropriate for a course of education and training that leads to professional registration. They must prioritise patient safety, safe and effective practice, and clinical skills and knowledge.
- 6.3 The assessment strategy must be closely matched to teaching strategies and the learning outcomes. It must include appropriate and recognised assessment methods to assess pharmacy technician trainees against the learning outcomes in part 1 of these standards.
- 6.4 The assessment strategy must include matching the assessment activities to the learning outcomes in part 1 of these standards. There must also be a system for assessing decisions about competence in all learning environments, as well as clear assessment and marking criteria for everyone involved.
- 6.5 Systems must be in place in all learning environments to effectively monitor trainee pharmacy technicians' progress towards meeting the learning outcomes in part 1 of these standards.
- 6.6 Assessments must be carried out only by appropriately trained and qualified people who are qualified to assess the competence of trainee pharmacy technicians.

- 6.7 Formal agreements must be in place between IET providers and designated educational supervisors. These must describe the roles and responsibilities of everyone involved in assessment, including for formative and summative assessments in academic and practice settings.²
- 6.8 There must be independent quality assurance of assessment processes, including standard setting, carried out by an external, appropriately qualified and competent pharmacy professional or organisation. They must not be an employee of the IET provider nor have involvement in the day-to-day work of the trainee pharmacy technicians.
- 6.9 Trainee pharmacy technicians must receive appropriate and timely feedback on their performance, including all assessments, to support their development as learners and professionals.

Standard 7: Trainee support and the learning experience

Trainee pharmacy technicians must be supported in all learning environments to develop as learners and professionals.

Criteria to meet this standard

- 7.1 There must be a range of systems in place to support trainee pharmacy technicians to achieve the learning outcomes in part 1 of these standards. These must include:
- a a comprehensive induction, and planned review meetings
 - b effective supervision and feedback
 - c appropriate and realistic workload
 - d personal, professional and academic support
 - e a reasonable amount of protected learning time
 - f access to relevant resources
- 7.2 There must be systems in place for trainee pharmacy technicians to meet their designated educational supervisor regularly to discuss and document their progress as learners, and to follow up with any agreed actions.
- 7.3 There must be systems in place for trainee pharmacy technicians to meet their assessors regularly to discuss their progress as learners and, if they ask, to follow up on any assessment feedback.
- 7.4 Any significant change to the provision of initial education and training, including assessment, must be communicated to the trainee pharmacy technicians in a timely manner.
- 7.5 Trainee pharmacy technicians must be given the opportunity to provide feedback on their experience as learners, including confidential feedback.

² Formative assessments are activities such as quizzes or discussions that monitor progress and provide feedback to guide learning. 'Summative' assessments are formal evaluations such as exams or projects at the end of a course or unit to evaluate achievement against a standard.

- 7.6 Trainee pharmacy technicians must have timely access to support covering academic study, general welfare, and career advice.
- 7.7 Trainee pharmacy technicians must be able to access information on processes and procedures for mitigating circumstances, reasonable adjustments, complaints and appeals.
- 7.8 Trainee pharmacy technicians must have the opportunity to connect with pharmacy professionals, including pharmacy technicians, who are able to act as role models and provide professional support and guidance.
- 7.9 There must be systems in place to facilitate peer discussion amongst trainee pharmacy technicians.
- 7.10 Trainee pharmacy technicians must come into contact with an appropriate range of people, including patients, in a range of environments and teams. This may include training in more than one sector of practice.
- 7.11 There must be clear procedures for trainee pharmacy technicians to raise concerns. Any concerns raised must be dealt with promptly, and documented action taken.
- 7.12 Everyone supporting trainee pharmacy technicians must take into account GPhC guidance associated with these standards.

Standard 8: Supervision and sign-off

Trainee pharmacy technicians must be supervised by a designated educational supervisor during their period of initial education and training to help them meet the learning outcomes in part 1 of these standards.

Criteria to meet this standard

- 8.1 Trainee pharmacy technicians must have a designated educational supervisor who is responsible for co-ordinating their supervision in practice, overseeing their progress and signing them off using formally agreed systems.
- 8.2 Other registered healthcare professionals can be involved in the supervision of a trainee pharmacy technician. However, the designated educational supervisor has the main responsibility for supervising and signing-off their trainee.
- 8.3 There must be formally agreed systems for supervision and, if it applies, delegating supervision in all practice settings to make sure that safe, person-centred care is delivered at all times.
- 8.4 The designated educational supervisor must work collaboratively with others involved in the initial education and training of their trainee pharmacy technician. These include the IET provider, academic assessors and practice assessors³.
- 8.5 All supervisors must have the appropriate training and experience to act as supervisors. Everyone supporting trainee pharmacy technicians in practice must take into account the GPhC guidance.
- 8.6 Sign-off is when the designated educational supervisor formally declares to the IET provider that their trainee pharmacy technician has achieved all the learning outcomes in part 1 of these

³ A designated educational supervisor may also take on the role of practice assessor for their trainee if the initial education and training provider decides they are appropriately trained and experienced.

standards by the end of their period of IET. If they are not the same person, the designated educational supervisor must involve a practice assessor in the sign-off decision, including the evaluation of evidence leading to sign-off.

8.7 Trainee pharmacy technicians must pass all summative assessments against the learning outcomes in part 1 of these standards before they are signed-off.

8.8 Sign-off must be ratified by the initial education and training provider by using formally agreed systems.

Bibliography

Position Statement on the Use of Artificial Intelligence in Pharmacy Education (GPhC, 2026)

Position Statement on the Use of Artificial Intelligence in Pharmacy (GPhC, 2026)

Standards for Pharmacy Professionals (GPhC, 2017)

Standards for Registered Pharmacies (GPhC, 2018)

Standards for the Initial Education and Training of Pharmacists (GPhC, 2021)

GPhC Guidance for Pharmacy Professionals

- *Consent*
- *Confidentiality*
- *Conflict of Interest*
- *Demonstrating Professionalism Online*
- *Duty of Candour*
- *Female Genital Mutilation*
- *Gender Identity Services for Children and Young People*
- *Maintaining Sexual Boundaries*
- *Policy Statement: The Use of Artificial Intelligence (AI) in Pharmacy*
- *Prescribing*
- *Raising Concerns*
- *Religion, personal beliefs and values*
- *Scope of Practice*

Reference sources

Association of Pharmacy Technicians UK (APTUK) – the professional body for pharmacy technicians

Criteria for registration as a pharmacy technician in Great Britain (GPhC, 2024)

Pharmacy Technician Education and Training – Searchable database of GPhC accredited/recognised courses

Rules and Standards for Responsible Pharmacists and Standards for Superintendent Pharmacists – Consultation analysis and next steps

Meeting paper for Council on 16 July 2026

For information, discussion and agreement.

Purpose

To report the consultation analysis findings on Rules and Standards for Responsible Pharmacists and the Standards for Superintendent Pharmacists and outline next steps.

Recommendations

The Council is asked to **NOTE** the findings from the consultation analysis report and **AGREE** the next steps.

1. Introduction

- 1.1 The development of rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists form part of a wider programme of work to strengthen pharmacy governance and increase patient safety. The first phase of this work was the production of Chief Pharmacist standards, which were published in January 2025.
- 1.2 **The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022** made substantial changes to the legal duties of Responsible Pharmacists and Superintendent Pharmacists and gave the GPhC the power to set rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists. The Order aims to clarify the relationship between pharmacy owners, Superintendent Pharmacists, and Responsible Pharmacists, making clear the accountability of each role within a pharmacy to ensure that patients and the public receive safe and effective care.
- 1.3 The new standards and rules will also set out our expectations for Responsible Pharmacists and Superintendent Pharmacists in respect of changes to pharmacy supervision legislation set out in **The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025**. This legislation aims to enhance the roles of pharmacists and pharmacy technicians. It is enabling and comes into force in two stages.

- 1.4 The first stage came into force on 7 January 2026 and allows pharmacists to authorise any suitably competent member of the pharmacy team to hand out prepared, checked and bagged prescriptions in the absence of a pharmacist. The Royal College of Pharmacy has produced professional guidance to support this change
- 1.5 The second stage of the legislation comes into force on 10 December 2026 and will allow:
- Pharmacists to authorise suitably competent registered pharmacy technicians to carry out, or supervise others to carry out, the preparation, assembly, dispensing, sale and supply of medicines
 - Pharmacy technicians to supervise the preparation, assembly and dispensing of medicines in hospital aseptic facilities. [NB hospital aseptic facilities fall outside the GPhC's regulatory remit]
- 1.6 The phased commencement of the supervision changes is to allow time for us to develop and publish our new standards and rules, and the professional leadership bodies time to develop and publish supporting guidance documents. We are working closely with the Royal College of Pharmacy and APTUK to make sure that the guidance they will be producing is aligned with our regulatory standards and rules.

2. The consultation

- 2.1 A full formal public consultation ran from 17 December 2025 to 25 March 2026. As well as seeking views on proposals for the new standards for Superintendent Pharmacists and the standards and rules for Responsible Pharmacists, the consultation also sought views on proposed changes to the existing standards for registered pharmacies and pharmacy professionals. These changes were identified during the development of the new standards as needing additional clarification for patient safety reasons.
- 2.2 There were 411 responses to the consultation. Of these, 404 had responded to the consultation survey (374 from individuals and 30 from organisations) and seven responses were received from individuals and organisations writing more generally about their views.
- 2.3 In addition to the consultation, virtual engagement sessions were held with pharmacy technicians, trainee pharmacy technicians, pharmacist students, and patients and the public from across England, Scotland, and Wales.
- 2.4 Below are the key findings from the consultation. A full breakdown of the consultation responses can be found in the consultation analysis report in the supporting paper pack

3. Standards for Superintendent Pharmacists

- 3.1 **Views on minimum criteria/requirements when appointing a Superintendent Pharmacist**
The Superintendent Pharmacist has a key leadership role with responsibility for overseeing the safe and effective running of a pharmacy business. Criteria for the role of the Superintendent Pharmacist are set out in legislation. They must be a senior manager of the retail pharmacy business who has the authority to make decisions in connection with the sale and supply of medicinal products. Views were sought on whether we should set additional minimum requirements in our standards to become a Superintendent Pharmacist. A majority of respondents (57%) supported the introduction of additional minimum requirements, while 29% disagreed. Individual responses showed similar proportions,

however, organisational responses were more evenly split, with a smaller percentage (47%) in favour of setting minimum requirements and 43% who disagreed.

Respondents suggested a range of minimum requirements to become a Superintendent Pharmacist including a minimum number of years post-registration experience; evidence of core competencies in respect of leadership, governance, clinical and professional judgement and risk management; sector specific experience; and ongoing professional development requirements.

While respondents commonly called for some form of defined post-registration experience to be a Superintendent Pharmacist, there was not clear consensus on what this should look like, with organisations more commonly noting that number of years' experience doesn't guarantee competence.

There was also no clear consensus across community pharmacy organisations and their representative bodies, with some calling for minimum experience and/or competencies, whilst others did not support any minimum requirements.

3.2 Views on appointment of a new or interim Superintendent Pharmacist

Retail pharmacy business that are owned by body corporates are legally required to have a Superintendent Pharmacist and it is important that the GPhC can identify, at all times, who is performing this role. We asked whether it was reasonable for the GPhC to require pharmacy owners to appoint a new or interim Superintendent Pharmacist immediately if the existing Superintendent Pharmacist left their role or is unable to perform their legal and professional responsibilities.

A large majority of respondents (76%) agreed this was reasonable. This view was shared by most individual respondents (81%); however, a small majority of organisations (43%) disagreed with the proposal. While respondents generally supported the need for continuity of accountability, there was concern from some about how an "immediate" appointment should be applied in practice. Some respondents who disagreed highlighted the need for proportionality and flexibility to reflect the practical realities and pressure of community pharmacy practice.

3.3 Views on the proposed standards for Superintendent Pharmacists

Regarding the proposed standards that we consulted on, a large majority of respondents agreed that the standards would strengthen the safe and effective running of the pharmacy business (77%) and clarify the role of the Superintendent Pharmacist (82%). With regards to the need for additional standards, respondents were evenly divided with a very small majority 35% indicating they thought no further standards were needed, 33% suggesting the need for additional standards and 31% that didn't know.

Those that provided comments agreed that the standards would strengthen governance and clarify accountability. However, some respondents, particularly organisations, felt the standards were too high-level and lacked sufficient detail for consistent implementation, highlighting gaps around workforce, role clarity and authority; practical challenges such as resources and workload; and the need for proportionate enforcement.

Some organisations were concerned that some elements of the proposed standards risked creating confusion and inconsistent application by blurring boundaries between Responsible Pharmacists, Superintendent Pharmacists, and employers.

4. Standards for Responsible Pharmacists

4.1 Views on minimum criteria/requirements when appointing a Responsible Pharmacist

The owner of a retail pharmacy business must appoint a Responsible Pharmacist to be in charge of the registered pharmacy. The Responsible Pharmacist is responsible for the day-to-day running of the pharmacy. They are also responsible for securing the safe and effective operation of the pharmacy, so far as concerns the retail sale and supply of medicinal products. We sought views on whether we should set a minimum requirement in our standards to become a Responsible Pharmacists.

Unlike minimum requirements for Superintendent Pharmacists, only a small majority of respondents overall (49%) were in favour of setting minimum requirements for Responsible Pharmacists, compared to 40% who disagreed. The majority of organisational respondents (57%) did not think that additional minimum requirements were needed.

Comments highlighted mixed views, with some respondents considering the existing initial education and training of pharmacists sufficient and cautioning against additional requirements that could create unnecessary barriers, while others noted the growing complexity of the role and suggested the need for demonstrated competence. Some respondents also emphasised the need for induction, mentoring, and ongoing professional development of Responsible Pharmacists.

4.2 Views on records that are the responsibility of the Responsible Pharmacist

Consultation feedback suggested that Responsible Pharmacists should oversee a wide range of records related to the safe and effective day to day operation of the pharmacy, including legal, clinical, governance, and staff documentation. Views differed on whether accountability extended to all records during their period of responsibility, or if some should remain under wider organisational oversight.

4.3 Views on the proposed standards for Responsible Pharmacists

4.4 Regarding the proposed standards that we consulted on, the majority of respondents felt the standards would strengthen the day to day running of the pharmacy (69%) and clarify the role of the Responsible Pharmacist (71%). The percentage of organisations who did not agree that the standards would achieve these aims was higher than the percentage of individuals who disagreed. A majority (54%) of respondents overall also felt that no additional standards were needed.

Those who provided comments expressed mixed views, with some, particularly individuals, seeing the standards as improving clarity, accountability, and patient safety in pharmacy practice. However, some respondents, especially organisations, were concerned the standards could blur professional roles, create unclear expectations around accountability and delegation, and increase bureaucracy without better alignment between responsibilities, authority, and working conditions.

Rather than the need to add additional standards, respondents favoured strengthening and clarifying the proposed standards, with calls for clearer expectations on governance, staffing, supervision, and accountability. Respondents also highlighted the need for well-defined roles and proportionate responsibility aligned to those roles.

Specific challenges for locum Responsible Pharmacists were raised by a small number of respondents. It was noted that locums often lack familiarity with local standard operating

procedures, have limited knowledge of the pharmacy team, and frequently have little or no involvement in management or governance processes, making it difficult to fulfil expectations around leadership and oversight. There were concerns that locums may be exposed to increased accountability without having the authority, continuity, or organisational insight needed to manage risks effectively, particularly in relation to staffing, systems, and decision making.

4.5 Views on authorisation

- 4.5 The planned changes to supervision legislation will enable pharmacists to authorise registered pharmacy technicians to carry out, or supervise others to carry out, the preparation, assembly, dispensing, sale and supply of medicines. In the draft Responsible Standards and Rules, we proposed that the Responsible Pharmacist can change or withdraw an authorisation given by another pharmacist if they believe it does not meet patient safety obligations, or it poses a risk to the safe and effective running of the pharmacy and undermines their ability to meet their responsibility for this.

Several organisations requested clarification on the relationship between the authorising pharmacist, Responsible Pharmacist, and Superintendent Pharmacist, suggesting that there may be a potential conflict between the legislation and our proposed standards on who can grant, amend, or withdraw authorisations.

5. Rules for Responsible Pharmacists

5.1 Views on proposal to continue with the current ‘one pharmacy’ rule

Legislation requires that there must be a Responsible Pharmacist in every registered pharmacy. We consulted on continuing with the present rule which states that a Responsible Pharmacist can only be responsible for one pharmacy at any given time (in contrast to Superintendent Pharmacists who can be responsible for multiple pharmacies, and for pharmacies belonging to more than one legal entity). A large majority of respondents (91%) agreed with our proposal to continue with this rule, with slightly fewer organisations (74%) in favour than individuals (92%).

Most of those who commented, supported retaining the “one pharmacy” rule, stressing that on-site supervision is essential for safety and accountability. Some community pharmacy representative organisations, suggested limited, tightly controlled flexibility in exceptional circumstances. A small number of community pharmacy organisations advocated a broader remote or multi-site responsibility.

5.2 Views on proposals to continue with the current two-hour absence rule

The current rules allow a Responsible Pharmacist to be absent from the pharmacy for up to two hours. If there is more than one Responsible Pharmacist scheduled during the pharmacy’s business hours, the two-hour limit applies to the total time any of them is absent. We consulted on continuing with the current two-hour absence rule.

The majority of respondents (74%) agreed with our proposal. This mainly reflects the view of individual respondents of whom (76%) were in favour whilst a smaller majority of organisations (48%) were in agreement.

Many of those who provided feedback supported the two-hour absence rule as balancing limited flexibility with appropriate supervision and oversight. However, a small number of community pharmacy organisations and representative bodies, felt that the two-hour limit is too rigid and advocated for a more risk-based approach that allows Responsible Pharmacists to use professional judgement when determining length of absence.

5.3 Views on authorisation

The planned changes to supervision legislation will enable pharmacists to authorise registered pharmacy technicians to carry out, or supervise others to carry out, the preparation, assembly, dispensing, sale and supply of medicines. In the draft Responsible Standards and Rules, we proposed that the Responsible Pharmacist can change or withdraw an authorisation given by another pharmacist if they believe it does not meet patient safety obligations, or it poses a risk to the safe and effective running of the pharmacy and undermines their ability to meet their responsibility for this.

Several organisations requested clarification on the relationship between the authorising pharmacist, Responsible Pharmacist, and Superintendent Pharmacist, suggesting that there may be a potential conflict between the legislation and our proposed standards on who can grant, amend, or withdraw authorisations.

6. Standards for Registered Pharmacies

6.1 Views on inclusion of ‘any other product intended for supply or administration’ in standards for registered pharmacies and a specific standard on consent

When developing the standards for Superintendent Pharmacists we identified two areas in the Standards for Registered Pharmacies that need updating in advance of the forthcoming planned full review to provide clarity and maintain patient safety. A large majority of respondents agreed with both proposals with 83% supporting the suggested inclusion of ‘any other product intended for supply or administration’ under Principle 4 of the current standards and 83% supporting the inclusion of a standard on consent.

Comments largely supported the suggested changes, noting that they reflect evolving pharmacy practice and will improve safety and accountability. However, some respondents called for clearer definitions and practical guidance on the scope of products and how different types of consent should be obtained and recorded.

6.2 Views on other changes to the Standards for Registered Pharmacies

We also sought views on other changes that may be required to the Standards for Registered Pharmacies. Respondents highlighted the need for stronger governance, including clearer incident reporting, improved regulatory oversight, and more robust controls on medicine supply, particularly in higher-risk and online contexts. Concerns were raised about, and there were calls for increased guidance on workforce and financial pressures and the importance of maintaining pharmacist oversight and accountability amid increasing delegation of activities and greater use of technology in the provision of pharmacy services. These points will be considered as part of our planned full review of the standards for registered pharmacies.

7. Standards for Pharmacy Professionals

7.1 Views on our proposal to publish an annex to the Standards for Pharmacy Professionals to cover authorisation

Ahead of a planned full review of our existing Standards for Pharmacy Professionals, and considering the upcoming legislation on supervision and authorisation, we proposed publishing an annex to the Standards for Pharmacy Professionals to set out what is expected of pharmacists and pharmacy technicians if a pharmacy decides to use authorisation. The majority of respondents (78%) agreed with our proposal.

Those that commented, broadly supported publishing an annex on authorisation to provide clarity and consistency, but stressed the need for detailed, practical supporting guidance on changes to supervision legislation. Several organisations requested stronger frameworks and individuals raised concerns about implementation risks, accountability, competence, and potential misuse of the new legislation without robust safeguards. The Royal College of Pharmacy is providing guidance on the changes to supervision legislation, which will be published alongside the standards and rules for Responsible Pharmacists.

7.2 Views on other changes to the Standards for Pharmacy Professionals

We also sought views on other changes that may be required to the Standards for Pharmacy Professionals. Comments stressed the need for the standards to better reflect the expanding scope of pharmacy practice, with clearer guidance on authorisation, stronger governance, risk management and oversight of prescribing and digital tools as well as greater clarity around accountability and enforcement. There were also calls for enhanced expectations around workforce, education and professional development, and clearer role boundaries to support consistent understanding, safe practice, and public trust. These points will be considered as part of our planned full review of the standards for pharmacy professionals.

8. Impact of the proposals

8.1 Views on impact on people sharing protected characteristics

In terms of the impact on individuals or groups sharing legally protected characteristics under the Equality Act 2010, the predominant view was that our proposals would have no impact across the 9 protected characteristics, ranging from 32% expressing this view in relation to age to 45% for marriage and civil partnership.

Only a small proportion of respondents felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics, with 11% indicating a potential negative impact due to age and 8% predicting a negative impact due to disability with a similar percentage believing this in relation to race.

8.2 Views on impact on other individuals or groups

In terms of the impact of our proposals on other individuals or groups the most prevalent view was that they would have a positive impact on these groups, with 54% believing that they would have a positive impact on patients and the public, 48% stating that they would have a positive effect on pharmacy staff and the same percentage for students and trainees. In contrast 24% felt that the proposals would have a negative impact on pharmacy owners and employers and 20% similarly predicting a negative impact on Superintendent Pharmacists with the same percentage for Responsible Pharmacists and pharmacy staff.

9. Next steps

- 9.1 While there was consensus agreement for the majority of proposals, some were less clearly supported, including some which received fairly strongly opposing views, and others where further clarification was suggested. Therefore, we are not asking Council to agree the standards and rules today as further work is needed as set out in the points below.
- 9.2 Some of the feedback received, particularly where respondents were seeking further detail or clarification on specific matters, may be more appropriately addressed in supporting guidance rather than our standards, which are intended to be high level and outcome focussed.
- 9.3 There were also comments on the forthcoming changes to supervision requirements which, as noted in the consultation document, fall outside the scope of the consultation as the supervision legislation has already received parliamentary approval. The focus of these standards and rules is to set the expectations of Responsible Pharmacists and Superintendent Pharmacists in respect of this enabling legislation.
- 9.4 However, there are some issues raised as part of the consultation feedback that will require additional consideration and clarification before the new standards and rules can be finalised, they include:
- Agreeing if there should be minimum requirements for a pharmacist to become a Superintendent Pharmacist, and what these minimum requirements should be, including the potential benefits versus the costs and other impacts of introducing minimum requirements
 - Clarifying expectations with reference to the immediate appointment of a new permanent or interim Superintendent Pharmacist when a Superintendent Pharmacist leaves their role or is unable to perform their legal and professional responsibilities, for example during an extended absence
 - Making sure there is clarity about the specific roles and responsibilities of Superintendent Pharmacists, Responsible Pharmacists, and pharmacy owners, as well as ensuring the role of the authorising pharmacist is clear in respect of supervision changes
 - Clarifying requirements with reference to the Responsible Pharmacists 2-hour absence rule.
- 9.5 This work has started and there will be further targeted engagement with relevant stakeholders where this may be required to support the finalisation of the standards and rules.
- 9.6 In determining final standards and rules, the GPhC will need to balance the competing views and perspectives we have heard during the consultation and further explore the impact of potential changes. This is to make sure we set fair, reasonable and proportionate requirements that meet the intended aim of strengthening pharmacy governance and ensuring patients and the public receive safe and effective care.
- 9.7 The standards and rules need to be published before the second phase of supervision changes come into force on 10 December 2026. It is therefore proposed that the final standards and rules will be brought to Council for approval when it meets on 15 October 2026.

10. Equality and Diversity Implications

- 10.1 An Equality Screening and Impact Assessment (ESIA) covering the new rules and Standards for Responsible Pharmacists, and the new standards for Superintendent Pharmacists, is being updated to include the impact findings from this consultation. It will be published on the GPhC website, when the standards have been approved by Council, and the rules for Responsible Pharmacists have been approved by Council and the Privy Council. The ESIA covers all the new standards and rules under the Strengthening Pharmacy Governance programme of work, including those for Chief Pharmacists.
- 10.2 With regards to meeting our standards and rules, for patient safety reasons, expectations are the same for all Responsible and Superintendent Pharmacists regardless of whether they identify as having one or more of the protected characteristics under the Equality Act 2010.
- 10.3 Most respondents to the consultation felt there would be no negative impact on the basis of protected characteristics.

11. Communications

- 11.1 We are currently undertaking stakeholder mapping to identify those external stakeholders we need to meet with to discuss the additional areas of concern they raised in their consultation proposals (please see section 9 above).

12. Resource implications

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

13. Risk implications

- 13.1 Although we have overall support for the proposed rules and standards for Responsible Pharmacists, and those for Superintendent Pharmacists, it is important we fully consider the concerns raised by some respondents and stakeholders, so that the standards and rules can be strengthened, the aims of the supporting legislation can be achieved, and patient safety and confidence in pharmacy can be improved.
- 13.2 The paper is aligned with the GPhC's low risk appetite for patient and public safety and compliance and legal risks, as it seeks to strengthen pharmacy governance and support the implementation of new supervision legislation. However, several risks require ongoing management.
- 13.3 A key risk is the challenge of balancing differing stakeholder expectations, particularly where consultation responses showed divergent views on matters such as minimum requirements for Superintendent Pharmacists, the two-hour absence rule, and accountability arrangements. Failure to achieve sufficient clarity and proportionality may reduce stakeholder confidence and hinder consistent implementation of the standards.
- 13.4 There is also a risk that ambiguity regarding the roles of Superintendent Pharmacists, Responsible Pharmacists, pharmacy owners and authorising pharmacists could lead to inconsistent interpretation, accountability concerns and patient safety risks during implementation. These issues are being addressed through further engagement and clarification work.
- 13.5 Notwithstanding these risks, the risk of not progressing this work is greater, as this could delay the implementation of legislation intended to strengthen governance, clarify

accountability and support the safe and effective delivery of pharmacy services. On balance, the identified risks appear proportionate and manageable through the further work proposed before final approval of the standards and rules

14. Monitoring and review

- 14.1 The implementation of the new standards and rules will be monitored, and we will seek input from relevant external and internal stakeholders. Regular updates and any further actions taken in response to implementation considerations will be provided to the Executive, Council, and published on our website.
- 14.2 The Standards for Superintendent Pharmacists, and those for Responsible Pharmacists will be reviewed on the normal review cycle of 3 – 5 years, or as required.

15. Recommendations

The Council is asked to **NOTE** the findings from the consultation analysis report and **AGREE** the next steps.

Annette Ashley, Head of Policy and Standards
General Pharmaceutical Council

[Enter date final version signed-off]

Appendix A

The consultation analysis report is in the supporting paper pack.

Board Assurance Report

Year 2026/2027, to 31st May 2026



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Section A: Executive Summary

1. This report provides Council with an update on delivery of the GPhC's 2026/27 Delivery Plan. It also includes an early assessment of confidence in achievement of the outcomes set out in our 2025-30 Strategic Plan.
2. Owing to the timing of this meeting, the report reflects the position at end May 2026, and some performance data is not yet available. Work is underway to set Council meeting dates for 2027 onwards with the aim of better aligning these to quarter end reporting. In the meantime, Council will be informed of any significant changes or updates to the trends and issues set out in this report when it is presented for discussion at the meeting.
3. **Overall judgement.** Overall confidence in delivering the 2026/27 Delivery Plan is judged to be **Amber**. We have made a strong start to the year including:
 - Successfully delivering the largest ever common registration assessment (3331 candidates across 88 assessment centres);
 - Successful delivery of the second major IT project on the Roadmap - myGPhCpharmacy creating a single integrated platform for pharmacy owners and Superintendent Pharmacists to use to manage their pharmacy's renewals.
 - launching the first annual registrants survey
 - convening a parliamentary roundtable on fake online pharmacies:
4. However, the Amber judgement reflects that, while overall delivery is progressing well, performance in a small number of key areas remains below where we expected it to be at this stage of the year, particularly Fitness to Practise and inspection activity. Improvement activity is underway, but it is too early to assess its full impact. We expect clearer evidence of progress in Q2, with more significant improvements becoming visible during Q3 and Q4. More detailed information, including actions being taken, is provided in Section C.
5. **Risk.** The strategic risk profile remains stable, with no strategic risks increasing since the previous report. The highest-rated risks continue to relate to organisational capacity and capability, financial sustainability and effective collaboration across the regulatory system. There have been two changes:
 - a. The financial sustainability risk has reduced following Council's decision on annual registration fees, although it remains above risk appetite and further mitigation work is underway, including the development of future fee strategies across other areas of regulatory activity and continued work to strengthen our medium-term financial sustainability.
 - b. A new strategic risk has been added relating to data sharing barriers and collaborative working, recognising that regulatory gaps may not be effectively addressed. Current controls include the Memorandum of Understanding (MoU) framework and communications and engagement strategy, with a review of existing MoUs underway.
6. As part of the six-month Delivery Plan review, we will review the corporate risk profile and risk management framework. This will help ensure that risks, mitigations and escalation routes remain aligned with refreshed priorities and delivery assumptions.
7. **Regulatory and organisational performance.** Overall performance during April and May was broadly in line with expectations. However, a small number of areas require continued management attention to achieve the year-end objectives set out in the 2026/27 Delivery Plan.

- a. **Fitness to Practise (Amber)** – Fitness to Practise remains the main area requiring attention. Demand remains high, open caseload levels have increased during the first two months of the year, and progress in reducing older cases has been slower than planned. Workforce capacity constraints and the time required to onboard new colleagues affected performance in April and May. While improvement activity is underway, achieving the ambitious year-end targets will require sustained improvement during the remainder of 2026/27 and remains a key focus.
 - b. **Inspection activity (Amber)** – 262 inspections were completed during April and May. This is slightly below the level expected at this stage of the year and reflects workforce capacity challenges within the inspectorate. Action is underway to increase inspection activity during the remainder of the year.
8. **Finance.** Our overall financial position remains stable at the end of May. There are no significant financial pressures affecting delivery at this stage of the financial year. Although we are aware of emerging costs pressures that have arisen as part of our ongoing Q1 reforecast exercise which we will update on once complete. As part of our wider replanning work, we are also considering emerging pressures relating to workforce costs, investment priorities and delivery commitments which will require consideration through the six-month review, Medium-Term Financial Plan and future fee strategy work.
9. **Delivery Plan: targeted improvement activity.** Progress against the Delivery Plan is judged to be **Green**. Several planned milestones were achieved during April and May, including a range of targeted improvement programmes and projects designed to strengthen regulatory effectiveness and organisational capability. However, as this report covers only the first two months of the delivery year, it is too early to assess the impact of much of this activity on longer-term performance and progress towards achieving our strategic outcomes.
 - a. **Strategic Aim 1 – Amber.** Delivery is progressing broadly as planned. Activity during April and May included continued education accreditation activity, successful delivery of the largest-ever sitting of the Common Registration Assessment, launch of the first annual registrant survey, implementation of the MyGPhCPharmacy upgrade and continued embedding of a risk-based approach to inspections. The Amber rating is driven by the Enforcement Improvement Programme, reflecting the continued focus required to address Fitness to Practise performance challenges.
 - b. **Strategic Aim 2 – Green.** Targeted activity during April and May has focused on strengthening the regulation of pharmacy businesses including progressing work from the review of regulatory gaps, taking action with the ASA and MHRA on weight management medicine advertising, advancing work to address the awarding gap, engaging on online medicines safety, and convening a parliamentary roundtable and launching a public information campaign on fake online pharmacies.
 - c. **Strategic Aim 3 – Green.** Improvement work has progressed across technology, people, data, finance and organisational capability, including delivery of key work within our Technology Roadmap, improvements to performance reporting, progress on financial sustainability planning, undertaking the staff pulse survey and developing actions plans in response to findings, and ongoing work to strengthen organisational capability, equality, diversity and inclusion.
10. **Equality, diversity and inclusion**, including delivery of the Anti-Racism Action Plan, is a cross-cutting commitment across the Delivery Plan. It is reflected in standards, education assurance, regulatory decision-making, stakeholder engagement, awarding gap activity, workforce data and organisational culture. Progress is therefore reported through the relevant strategic aims rather than as a standalone section.
11. **Planning, performance and risk review.** The Executive has initiated a six-month review of the 2026/27 Delivery Plan to ensure that priorities, resources and delivery are focused on the areas that will have the

greatest impact on performance and delivery of the strategy. As part of this work, we will also review our risk profile and framework to ensure that risks, mitigations and escalation routes remain aligned with refreshed priorities and delivery assumptions. Strengthening benefits realisation, performance forecasting and outcome-focused reporting will be a key focus of the review, helping to improve our ability to assess whether delivery activity is translating into improved performance and achievement of strategic outcomes. This report demonstrates an organisation that is continuing to deliver across a broad range of priorities, while also reflecting the capacity pressures associated with sustaining improvement activity alongside our regulatory responsibilities. The review will inform a refreshed Delivery Plan for Council in October and will carefully consider priorities, capacity and the sequencing of improvement activity to ensure resources are focussed where they can have the greatest impact.

12. **Conclusion.** In summary, delivery of the 2026/27 Delivery Plan is broadly on track. Some performance measures remain below where we expected them to be at this stage of the year, particularly in Fitness to Practise and inspection activity. However, given the early stage of the delivery year, it is too soon to assess the full impact of recent improvement activity. Demonstrating measurable and sustained improvement during the remainder of the year, alongside clearer alignment between priorities, resources and delivery, will be critical to maintaining confidence in delivery of the Plan.

Section B: Council Scorecard

RISKS

May 26 Strategic risk register overview

RAG rating	May 26/27	Q1	Q2	Q3	Q4
Red	0				
Amber (outside risk appetite)	10				
Amber (inside risk appetite)	7				
Green	1				

Strategic Risk Profile

10 amber strategic risks (scores 10–12).

- Amber risks are concentrated in organisational capability and capacity (6), regulatory model risk (2),
- stakeholder understanding of GPhC's role (1)
- and sector collaboration (1)

To note:

The Q1 judgement is informed by the available April–May performance data and supporting evidence, recognising that not all KPIs are yet available for reporting

May 26 - Regulatory and Organisational Performance

Education	n/a	Reporting framework and baselines being established
Registration	G	Operating within expected performance levels
Fitness to Practise	A	Improvement activity underway; performance remains under pressure
Inspection	A	Performance below annual delivery profile
Customer Services	G	Performance remains stable against key measures
Corporate Services	G	Core services operating effectively and supporting delivery

Regulatory and Organisational PERFORMANCE

Council Scorecard
26/27 up to
31st May

DELIVERY PLAN: Targeted improvement actions

SA	Overall RAG	Projects	Amber Projects
SA1	Amber	3 Green 2 Amber	• Revalidation • Enforcement Improvement
SA2	Green	No active projects	
SA3	Green	3 Green 1 Amber	• Data & Reporting

Delivery of targeted improvement activity remains broadly positive, with no Red projects. One project improved from Amber to Green and five projects were completed during the reporting period, including myGPhCPharmacy Upgrade.

FINANCE

Year to date financial position at end of May is closely in line with budget

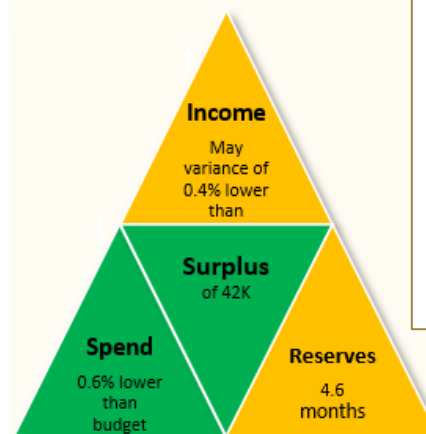
Income – At end of May 26, income slightly lower than budget.

Spend – Marginally below budget by £30k (0.6%) mainly due to timing and efficiencies.

Reserves – At 4.6 months remains within the target level of 4–6 month for free reserves.

Surplus – £11k better than budget at £42k.

Investments – £15.4m market value at the end of May 26.



Section C. Key areas for Council's assurance

Regulatory and organisational performance.

1. This section provides an overview of the areas of regulatory and organisational performance requiring the greatest Council attention during April and May 2026. It focuses on services where performance, risk or delivery issues have the greatest bearing on overall assurance and confidence in delivery. As this report covers the first two months of Q1, not all quarterly or year-to-date performance data is yet available. The commentary therefore reflects the information available at the time of reporting and will be supplemented in future reports as additional performance data becomes available.

Fitness to Practise (Amber)

2. Fitness to practise remains the main area of service delivery requiring Council attention and continues to have the greatest impact on overall delivery confidence.
3. Initial assessment performance remains within target and work to improve investigations, hearings and case progression continues. However, overall performance remains behind where we expected to be at this stage of the year:
 - a. Demand remains high and is currently consistent with receiving around 10,000 concerns during 2026/27.
 - b. Open caseload levels increased from 1,347 in April to 1,463 in May.
 - c. Progress in reducing older cases has been slower than planned, with cases over two years old reducing from 144 to 140 and cases over four years old reducing from 48 to 42.
4. Workforce capacity remains a challenge, with the onboarding and upskilling of new colleagues taking time before improvements in productivity can be realised. While improvement activity is progressing as planned, it is too early to assess its full impact. We expect to see clearer evidence of improvement during Q2, with more significant benefits emerging during Q3 and Q4 as operational changes become embedded.
5. Given performance in the first two months of the year, achieving the year-end Fitness to Practise objectives remains challenging and will require sustained improvement in throughput, timeliness and caseload reduction over the remainder of 2026/27, with the overarching objective of achieving PSA timeliness standard by 2027/28. Strengthened performance reporting and forecasting, will support Executive oversight through earlier identification of risks and provide greater confidence in our assessment of expected year end performance

Inspection delivery (Amber)

6. Inspection delivery requires continued oversight to ensure sufficient activity is maintained throughout the year to achieve the annual target of 2,000 inspections. A total of 262 inspections were undertaken in April and May. This is slightly below the level required to achieve the annual target; however, inspection volumes will fluctuate throughout the year in response to operational demands, annual leave patterns and changes in regulatory activity.

7. Performance during this period was affected by reduced inspection capacity due to workforce turnover. Delivery was also impacted by increased operational demands, including hearings and enforcement activity. Recruitment and onboarding activity is underway to support delivery.
8. The focus during 2026/27 will be to sustain inspection volumes while continuing to strengthen the risk-based inspection model, helping to ensure regulatory resources are targeted where they will have the greatest impact on protecting patients and the public. Delivery will continue to be monitored against the annual target of 2,000 inspections

Finance.

9. Our financial position remains broadly in line with plan. At the end of May:
 - a. the organisation reported a year-to-date operating surplus of £0.17m, slightly ahead of budget.
 - b. Income is marginally below forecast, while expenditure remains controlled.
 - c. Current variances largely reflect timing differences in activity and delivery.
 - d. The full-year forecast remains a deficit of £0.53m, consistent with the planned budget, and may improve depending on delivery of planned efficiencies and use of contingency.
 - e. Council's decision on fees has strengthened the organisation's medium-term financial position but this risk remain outside of risk appetite.
10. Overall, financial performance is stable. However, continued focus on cost control, prioritisation, delivery of planned efficiencies and alignment of resources to the highest-priority areas of the Delivery Plan will be critical to maintaining this position. Emerging pressures relating to workforce costs, investment priorities and delivery commitments will continue to be monitored through the six-month Delivery Plan review, Medium-Term Financial Plan and future fee strategy work. As previously stated, we are aware of in year pressures that have begun to emerge in the last few weeks which are currently under review as part of Q1 reforecast exercise.

Delivery Plan: targeted improvement activity

11. This section provides a more detailed update on delivery of the targeted improvement activity set out in the 2026/27 Delivery Plan. As the report covers only the first two months of the delivery year, the focus is on whether delivery is progressing as planned, rather than on demonstrating delivery of longer-term strategic outcomes.
12. **Strategic Aim 1:** Empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care is judged to be **Amber**. Delivery is progressing broadly as planned across the improvement activity set out in the Delivery Plan. During April and May this included:
 - a. Launched a consultation on proposed changes to the education and training route for internationally qualified pharmacists seeking registration in Great Britain.
 - b. Published a position statement on the use of Artificial Intelligence (AI) in pharmacy, alongside supporting advice for education and training providers and registrants on the use of AI in education and training and revalidation.
 - c. Launched the first annual registrant survey.
 - d. Implemented the MyGPhC Pharmacy upgrade.
 - e. Completed analysis of responses to the Responsible Pharmacist and Superintendent Pharmacist standards consultation.

- f. Published guidance for newly qualified prescribing pharmacists.
- g. Progressed preparations for further revalidation resources, with launch of these rescheduled to Q2 to align communications and maximise impact.
- h. Continued embedding of a risk-based approach to inspections.
- i. Continued Fitness to Practise improvement activity across investigations, hearings and case progression.

Fitness to Practise remains the most significant operational challenge within Strategic Aim 1 and is discussed separately in the Regulatory and Organisational Performance section. During the reporting period, the Enforcement Improvement Programme (EIP) was reviewed to evaluate progress to date and identify where activity would have the greatest impact on performance. Following this review, the programme has been reset, with workstreams focused on priority improvements across decision writing, investigations, legal support and hearings scheduling. These workstreams are progressing broadly as planned and are intended to increase capacity, capability and throughput across the Fitness to Practise process. It is too early to assess the extent to which this activity will translate into sustained performance improvement; however, early indicators within the hearings function are encouraging.

Actions/Next steps: Improving Fitness to Practise performance remains a priority. Focus will continue on reducing older cases, increasing throughput and improving decision-making capacity. Given the scale and complexity of the caseload, improvement is expected to be gradual. We will also strengthen performance forecasting and reporting to provide clearer trajectories against year-end targets and improve our ability to assess whether performance is improving at the pace required. Council should expect to see clearer evidence over the year of whether these actions translate into sustained improvement in caseload, timeliness and hearing throughput.

13. **Strategic Aim 2:** Protect patients and the public by working with other people and organisations is judged to be **Green**. Delivery is progressing as planned across the improvement activity set out in the Delivery Plan. Activity during April and May focused on:

- a. Work to strengthen the regulation of pharmacy businesses, including consideration of how existing powers are used, where operational improvements may be needed and where longer-term reform should be considered.
- b. Convened a parliamentary roundtable on fake online pharmacies, bringing together parliamentarians, regulators, healthcare organisations and patient representatives to consider the growing threat posed by illegal online medicines and identify priorities for cross-sector action.
- c. Continued engagement on online medicine safety and launched a public awareness campaign to help people identify registered pharmacies and understand the risks of using illegal online pharmacies.
- d. Engaged with pharmacy professionals, trainees, students and members of the public through focus groups on revalidation and international registration.
- e. Continued work with universities and partners to address the awarding gap on pharmacy education and training.

- f. Commenced work to develop a pharmacy alliance on anti-racism, including preparations for a sector roundtable to agree shared priorities and actions.

While delivery is progressing well, much of this activity remains at an early stage and the focus has been on establishing priorities, building the evidence base and creating the foundations for longer-term impact.

Actions/Next steps: Activity under Strategic Aim 2 will continue alongside the six-month Delivery Plan review, which will help refine priorities, resources and delivery plans for the remainder of the year. Work will continue to strengthen the regulation of pharmacy businesses, including progressing actions relating to the use of existing powers and identifying where operational improvements or longer-term reform may be required. Activity to address the awarding gap will focus on strengthening the evidence base, deepening engagement with universities and partners, and supporting implementation of agreed actions. Follow-up activity from the parliamentary roundtable on fake online pharmacies will also be progressed. Council should expect to see increasing evidence of delivery milestones, progress and emerging outcomes across these programmes during the course of the year.

14. **Strategic Aim 3:** Build a skilled, agile and inclusive organisation is judged to be **Green** in April and May. Delivery is progressing broadly as planned across the improvement activity set out in the Delivery Plan. Activity during April and May included:
 - a. Published Anti-Racism and Discrimination Statements and committed to sector-wide principles on advancing workforce race equity in health and social care.
 - b. Undertook follow-up work in response to the Pulse survey to better understand colleagues' responses to the discrimination at work question and inform any future action required.
 - c. Updated the 2026/27 Performance and Development Review (PDR) framework to strengthen alignment with the Delivery Plan and Strategic Plan, including a requirement for all colleagues to have an Equality, Diversity and Inclusion (EDI) objective relevant to their role and responsibilities.
 - d. Continued progress against the Technology Roadmap, including delivery of the MyGPhC Pharmacy upgrade.
 - e. Continued progress on data and reporting improvements, with the data architecture programme starting later than planned following changes to consultancy support.
 - f. Continued work on the organisation's fees strategy and long-term financial sustainability, including development of options to inform future decisions.

Strategic Aim 3 is a key enabler of the Delivery Plan. The aim is judged Green because delivery of the planned improvement activity is progressing broadly as expected, with significant milestones achieved across technology, workforce, and organisational development activity. While two programmes remain Amber, no programmes are currently rated Red and the overall portfolio remains on track. As this activity is intended to strengthen organisational capability and enable wider regulatory delivery, the benefits are expected to emerge over time and will continue to be monitored through future reporting.

Actions/Next steps: Activity will continue across technology, people, data, finance and organisational capability. Particular focus will be placed on strengthening performance reporting,

benefits realisation and forecasting, progressing the Technology Roadmap, and ensuring organisational capability and resources remain aligned to the highest-priority areas of the Delivery Plan. Council should expect to see increasing evidence of improved organisational capability and stronger support for delivery of the wider strategy over the course of the year.

15. **Conclusion.** Overall, delivery of the targeted improvement activity set out in the Delivery Plan is progressing broadly as planned across all three Strategic Aims. While many programmes remain at an early stage, the foundations are being put in place to support delivery of the 2026/27 Delivery Plan and longer-term achievement of the Strategic Plan outcomes. Council can be assured that these areas are monitored closely across the organisation, with appropriate escalation to the Executive and Council where required.

Delivery Plan KPIs (Position at May 2026)

This annex introduces a new approach to reporting performance against the Delivery Plan and presents the latest available performance information.

As this is the first report produced under the new framework, the information is not yet complete. The report reflects performance for April and May 2026 only, as Q1 (April–June) data was still being collected and validated at the time of reporting. In addition, some measures, particularly within the Education and Revalidation KPI suites, remain under development while data quality, reporting processes and performance baselines are being established.

The Q2 report will provide a fuller picture of organisational performance, incorporating the complete Q1 dataset alongside Q2 performance information. This will enable trend analysis and the introduction of RAG ratings to support Council's oversight of delivery against the 2026/27 Delivery Plan. We have also nearly finalised some graphical trend reporting that we are looking to incorporate in subsequent reports.

Key reporting notes:

- **KPIs shown in bold** are those explicitly included within the 2026/27 Delivery Plan.
- **TBC** indicates that a KPI, target or reporting methodology is still being developed.
- **#N/A** indicates that no activity took place during the reporting period or that data was not available.
- Gender and ethnicity pay gap KPIs are reported annually.
- As this is the first report under the new performance framework, RAG ratings are indicative and should be interpreted alongside the supporting performance narrative and KPI data.

As the reporting framework matures, the content and presentation of this report will continue to evolve to provide Council with a clearer view of performance and delivery against organisational objectives.

Regulatory and Organisational Performance - April-May 2026/27

Education

KPI	Target	Apr-26	May-26	YTD
% of planned events completed in academic year	TBC	TBC	TBC	TBC
% of approved education & training programmes on new standards	TBC	TBC	TBC	TBC

Registration □ Green

KPI	Target	Apr-26	May-26	YTD
Percentage of revalidation submissions reviewed	≥ 2.5%	TBC	TBC	TBC
Percent of revalidation reviews sent within deadline	≥ 95%	TBC	TBC	TBC
Time taken to approve pharmacist applications	≤ 21 working days (median)	0	0	3
Time taken to approve pharmacy technician applications	≤ 21 working days (median)	0	0	0

Fitness to Practise Amber

KPI	Target	Apr-26	May-26	YTD
Number of open enforcement cases	≤ 1,000 by 31 Mar 2027	1349	1467	-
Time taken to complete initial assessment	≤ 5 weeks (median)	3.1	3.7	3.7
% investigation cases completed within 40 weeks	≥ 80%	TBC	TBC	TBC
% investigating committee decisions completed within 50 weeks	≥ 80%	TBC	TBC	TBC
Number of completed FtPC hearings (cumulative)	≥ 120 by 31 Mar 2027	3	10	-
% scheduled hearings concluding at first listing	≥ 85%	50.0%	71.4%	-
Number of enforcement cases open longer than 2 years	≤ 100 by 31 Mar 2027	144	140	-
Number of enforcement cases open longer than 4 years	0 by 31 Mar 2027	48	42	-

Inspection Amber

KPI	Target	Apr-26	May-26	YTD
Number of completed pharmacy inspections (cumulative)	≥ 2,000 by 31 Mar 2027	149	262	262
Time taken from inspection to finalisation of report	≤ 20 working days (average)	18.7	19.5	18.7
Time taken to serve enforcement notices	≤ 5 working days (average)	3.0	6.0	4.5
% of re-inspections undertaken within 6 months and 2 weeks	≥ 90%	67%	48%	51%

Customer Services Green

KPI	Target	Apr-26	May-26	YTD
Average time to answer telephone calls	≤ 10 secs (average)	6.0	5.0	5.3
Percentage of emails actioned within 2 days	≥ 95%	100%	100%	100%

Corporate Services Green

KPI	Target	Apr-26	May-26	YTD
Average time to respond to stage 1 complaints	≤ 15 days (average)	15.7	N/A	14.4
Average time to respond to stage 2 complaints	≤ 20 days (average)	19.0	N/A	19.0
Voluntary turnover rate	≤ 16%	14.4%	15.4%	13.5%
Sickness absence rate	≤ 4%	5.5%	4.4%	4.6%
Vacancy rate	≤ 7%	N/A	9.6%	6.3%
Percentage of FOIs responded within deadline	100%	100%	100%	100%
Percentage of SARs responded within deadline	100%	100%	100%	100%
Core regulatory systems availability	≥ 98%	100%	99%	96%
Number of priority 1 incidents	≥ 2 incidents	0	0	0
Variance to budget	-£0.55M by 31 Mar 2027	£0.19M	-£0.02M	£0.17M
Cumulative cost savings	≥ £1.1M by 31 Mar 2027	£0.75M	£0.77M	£0.77M
Income – Actual vs Forecast	≤ 3%	0.1%	0.6%	0.4%
Expenditure – Actual vs Forecast	≤ 3%	2.1%	0.9%	0.6%

Delivery Plan: targeted improvement activity (Position at May 2026

Strategic Aim 1

This portfolio of targeted improvement activity supports delivery of Strategic Aim 1 by strengthening standards, education and training, registration and enforcement activities. Collectively, these projects are intended to improve regulatory effectiveness and support public protection.

SA1 -Active Projects and Programmes

Project/Programme	Overall RAG APRIL	Overall RAG MAY	Direction of travel	Commentary
Strengthening Pharmacy Governance Project	G	G	↔	Progress remains on track against agreed milestones.
Initial education and training standards for pharmacy technicians review project	G	G	↔	Delivering as planned with no significant issues.
Review of education and training standards for Internationally Qualified Pharmacists	G	G	↔	Progressing in line with approved plans.
Changes to revalidation framework project	A	A	↔	Launch of revalidation resources deferred from June to July to avoid registrant overload and ensure comms capacity.
Enforcement improvement programme -	A	A	↔	Risks and dependencies continue to be managed. Project to be reset following evaluation, with a focus on high impact work.

SA1 -Development Activity - Several initiatives continue to be developed and are progressing through early planning and approval stages:

Review of Standards for Registered Pharmacies and Pharmacy Professionals – Business case approved by Executive Team on 2 April; Project Initiation Document (PID) in development.

- **Review Approach to Delivering our Statutory Education and Training Functions** – Initial consultancy activity underway.
- **Pharmacist Registration Assessment Programme** – Programme Definition Document (PDD) drafted

Completed Projects - The following projects were successfully completed during the reporting period:

- **Education QA** – Completed in April.
- **Premises Additional Data Collection** – Closed in April, with remaining activity incorporated into Premises Online Services Phase 2.

Strategic Aim 2

There are currently no active projects or programmes under Strategic Aim 2 requiring formal Project Management Office (PMO) oversight and reporting. The Pharmacy Regulatory Effectiveness Programme remains in development, with scoping activity continuing ahead of formal programme mobilisation.

Strategic Aim 3

This portfolio supports delivery of Strategic Aim 3 through improvements to technology, data, digital services and organisational infrastructure. Collectively, these projects are intended to enhance operational effectiveness, improve user experience and strengthen the organisation's digital and reporting capabilities.

SA3 -Active Projects and Programmes

Project/Programme	Overall RAG APRIL	Overall RAG MAY	Direction of travel	Commentary
Data and reporting programme/ Data lake development	A	A	↔	Data architecture work delayed pending consultancy contract award.
Technology roadmap - workforce experience & IT services programme	A	G	↑	Improved to Green as a result of progress against agreed objectives
Adapting CRM & MyGPhC functionality for multi- year fee increases project	G	G	↔	Remains on track and delivering in line with agreed plans.
Fees Strategy project	N/A	G	N/A	Added to portfolio reporting during the period and currently rated Green.

Completed Projects - The following projects were successfully completed during the reporting period:

- **Replacement of Inspection SharePoint Tool (IST) Project** – the solution went live in March, and the project was formally closed in April.
- **Associates and Partners Payroll and Pensions Project** – the new system went live in April, and the project was formally closed in May.
- **myGPhCpharmacy (Premises online services) upgrade project** – whilst this project was ragged as Amber in May, due to testing delays, we successfully launched in June.

Key

G	Project/Programme is on track (time and budget)
A	Project/programme is behind schedule but within agreed tolerances
R	Project/programme is behind schedule and outside of agreed tolerances

BOARD ASSURANCE FRAMEWORK

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

Quarterly Delivery & Assurance Report - Year 2025/2026, Quarter 4



Sections

1. Executive Summary

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

2. Risk and Assurance

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

3. Strategic Aims: Progress, Impact and Assurance

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

4. Annex A – Key Performance Indicators

An overview of our 25/26 key performance indicators for our operational work, providing Council with a clear view of how core regulatory functions are performing.

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

1. Executive Summary

Quarter 4 provides a year-end view of the first year of delivery against the 2025–30 strategy. Overall strategic confidence remains Amber. This reflects a stable but pressured position, rather than wider delivery failure. Most core regulatory functions performed well during the year, but delivery confidence continues to be affected by enforcement timeliness, inspection recovery, and some data and technology dependencies.

Year 1 has been substantially delivered. There has been strong progress across education, registration, standards development, pharmacy governance, inspection systems, PMO development, workforce stability and financial sustainability. These areas provide important assurance that the organisation has continued to deliver its core regulatory responsibilities while putting stronger foundations in place for future delivery.

The main constraint on confidence remains enforcement. Fitness to practise demand continued to affect investigation timeliness and case progression, with cases over one year and over two years remaining above target at year end. However, there has been clear progress in reducing older cases, and concerns received fell for a second consecutive quarter. This indicates that improvement activity is having an effect, but recovery is not yet sufficiently embedded to support a Green judgement.

Inspection activity also recovered in Q4, although the annual inspection target was narrowly missed. A total of 1,956 inspections were completed against the target of 2,000. Supporting inspection measures remained strong, including report finalisation and timely re-inspections. This supports the judgement that inspection delivery is improving, but further work is needed in 2026/27 to sustain inspection activity and strengthen the risk-based model

Across Strategic Aims 2 and 3, delivery remains broadly on track but at risk. Collaboration with partners has strengthened, particularly in relation to emerging risks, public protection issues and fairness in education and training. Internally, workforce and finance are stable, but data, reporting and technology delivery remain affected by capacity, sequencing and dependency pressures.

The key risks carried into Year 2 are therefore clear: improving fitness to practise timeliness, sustaining inspection delivery, addressing regulatory gaps, strengthening data and technology, and maintaining organisational capacity and financial resilience. These are reflected in the 2026/27 Delivery Plan and Budget, which set out the agreed response and provide clearer measures for tracking progress through the year.

A planned six-month review will provide the opportunity to take a fuller view of progress, risk, capacity and priorities, and to reset the plan where needed. This will help ensure the remainder of 2026/27 is focused on the right priorities, with realistic sequencing, clear ownership and assurance that is meaningful for Council and the public.

Performance and strategic dashboard: Q4 2025–26

Q3 OVERVIEW

Q4 delivery is broadly on track, though strategic confidence remains **Amber** due to enforcement, inspection and enabling capacity pressures.

Strategic Aim	Q1	Q2	Q3	Q4	Key driver
SA1	A	A	A	A	Enforcement timeliness, inspection recovery and pace of regulatory adaptation
SA2	A	A	A	A	Strength of collaboration and evidence of impact on shared public protection risks
SA3	A	A	A	A	Capacity, technology, and long-term financial sustainability

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

Q4 Overall strategic confidence – **Amber**

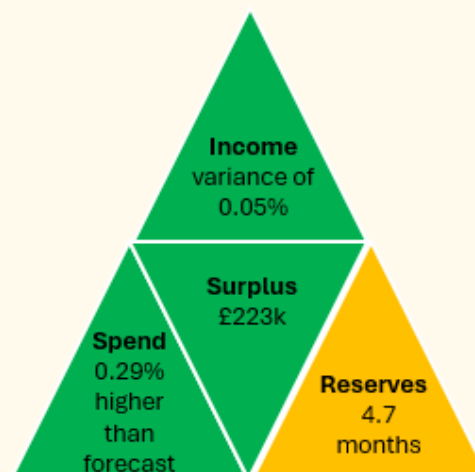
Strategic confidence remains Amber. Year 1 has been substantially delivered, with strong progress across education, registration, standards, pharmacy governance, inspection systems, PMO development, workforce stability and financial sustainability.

Confidence remains constrained by enforcement timeliness and technology dependencies. These are the key risks being carried into Year 2.

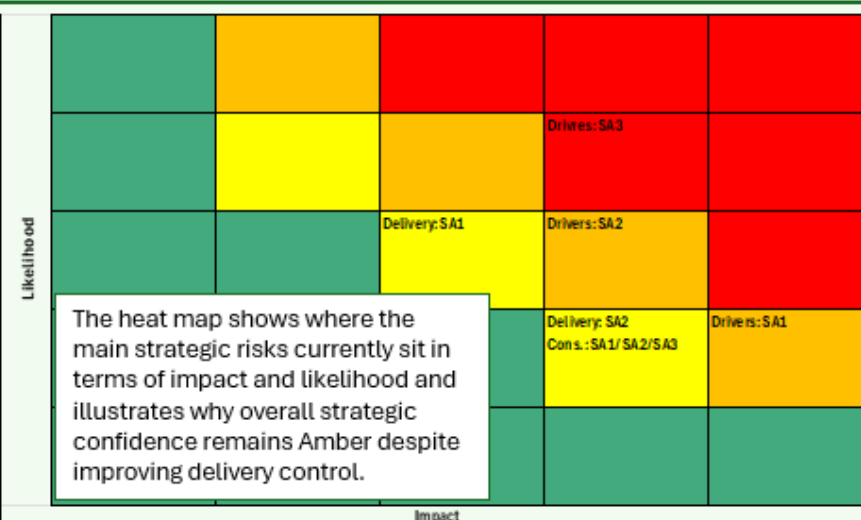
FINANCE

Finance headline -

Financial performance remained stable at year end, with reserves within target and expenditure below forecast. The position remains **Amber** because longer-term sustainability depends on stronger cost control, delivering the fee strategy, and further savings



RISK



2. Risk and Assurance

This section sets out the corporate and strategic risks that have the greatest bearing on the BAF ratings, together with the assurance sources that underpin our Q4 judgements. It highlights where assurance has strengthened, weakened, or remained stable, and notes emerging issues that could influence future BAF positions.

Strategic risk

Our overall risk position remained broadly stable in Q4. The most significant risks continue to relate to our capacity to deliver, the need to prioritise work effectively, and how well we work with partners to respond to the most significant risks in pharmacy.

Across the strategic aims, the main risks are about making sure we focus our work where it will have the greatest impact, maintain effective engagement with stakeholders and partners, and manage internal capacity and capability pressures. These risks could affect the pace of delivery and increase external scrutiny, but they are being actively managed through planning, governance and assurance arrangements.

Financial sustainability also remains an important area of focus. Council's decision on fees has strengthened the organisation's financial position, and we will continue to manage costs carefully, strengthen resource planning and prioritise work so that we can deliver our core regulatory responsibilities and strategic aims.

Our highest rated corporate and operational risks continue to relate to delays in fitness to practise cases, and to the challenges we face in regulating pharmacy ownership under the current framework.

Corporate complaints

Corporate complaints performance remained strong in Q4, with all complaints acknowledged within target. We received six corporate complaints during the quarter, compared with 11 in Q4 last year.

All six complaints related to fitness to practise cases. Of these, two concerned Investigating Committee decisions and four related to case handling. While volumes remain low, the themes provide useful insight into areas of dissatisfaction and will continue to be considered alongside wider fitness to practise performance and improvement work.

Information governance

Information governance performance remained strong at year end. In Q4, we responded to 100% of FOI requests within the statutory 20-working-day timeframe and 100% of Subject Access Requests within the statutory one-month timeframe or permitted extension. Year-to-date performance was 100% for FOIs and 98% for Subject Access Requests.

We are also taking forward actions in response to recommendations from the Serious Incident Review reported in Q3, which will support continued improvement in how we manage sensitive regulatory information.

3. Strategic Aims: Progress, Impact, and Assurance

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

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

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

Strategic aim 1

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

Performance Summary and year-end position in achieving our Strategic Aim

Q1	A	Q2	A	Q3	A	Q4	A	Overall progress: Amber – On track, but at risk
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Year-end judgement

Strategic Aim 1 remains **Amber**. Delivery across education, registration, standards and inspection was broadly stable, and there was clear progress in reducing older fitness to practise cases. However, enforcement timeliness remains outside target and the annual inspection target was narrowly missed, so recovery is not yet sufficiently embedded to support a Green judgement.

We are continuing to prioritise older cases, supported by additional resource, process improvements and staff development. The position is improving, but the rating is expected to remain Amber until the backlog has reduced further and improvements are sustained.

Evidence supporting the judgement

- All MPharm degrees and Foundation training programmes are now accredited and being delivered to the 2021 standards.
- Inspection activity increased from 439 in Q3 to 512 in Q4. The annual total was 1,956 against a target of 2,000.
- Fitness to practise concerns fell for a second consecutive quarter, from 2,157 in Q2 to 1,725 in Q4.
- Pre-Investigating Committee cases over one year old reduced from 331 to 193, and investigations over two years old reduced by more than 70% since phase one of the improvement programme began.

Year-end progress

During 2025/26, we completed the main implementation phase for the 2021 MPharm standards, consulted on updated pharmacy technician education and training standards, progressed new Responsible Pharmacist and Superintendent Pharmacist standards, and maintained strong registration performance. We also launched the new inspection system, continued development of the risk-based inspection model, progressed revalidation improvement work and agreed a memorandum of understanding with Pharmacist Support.

While performance remained broadly stable and improvement activity is having an effect, further work in 2026/27 will focus on sustaining progress in enforcement timeliness and inspection delivery to support a stronger and more consistent level of assurance.

Progress against our strategic outcomes

The outcome ratings support the overall Amber judgement. Enforcement remains the main area affecting confidence.

Strategic outcome	Status	Trend	Headline position
1.1 Competent and confident professionals	Green	Stable	Education and registration delivery remains strong. MPharm implementation is complete and pharmacy technician standards work is progressing.

1.2 Regulator that listens and understands practice	Amber	Stable	Engagement has continued, but we need clearer evidence that insight is shaping decisions and improving outcomes.
1.3 Promoting wellbeing of patients and professionals	Amber	Stable	The partnership with Pharmacist Support provides a stronger foundation, but impact will take time to demonstrate.
1.4 Pharmacy owners enabling teams to meet standards	Amber	Improving	Inspection activity recovered in Q4, but the annual target was narrowly missed.
1.5 Prompt, proportionate and effective enforcement	Red	Stabilising	Older cases are reducing, but timeliness remains outside target and continues to drive the overall Amber judgement.

Key Performance indicators

These measures provide the main operational evidence supporting the Strategic Aim 1 judgement.

Area	Indicator	Target	Q4 Position	Status
Enforcement	Percentage of Cases open for more than one year	<25%	37.9%	● Red
Enforcement	Percentage of Cases open for more than two years	<8%	9.8%	□ Amber
Inspection	Inspections completed	2000	512 (year end 1956)	□ Amber

What this tells us: enforcement timeliness remains the main constraint on confidence. Inspection activity recovered in Q4 but finished slightly below the annual target.

Strategic aim 2.

Protect patients and the public by working with healthcare regulators and other organisations.

Performance Summary and year-end position in achieving our Strategic Aim

Q1	A	Q2	A	Q3	A	Q4	A	Overall progress: Amber – On track, but at risk
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Year-end judgement

Strategic Aim 2 remains **Amber** at year end.

We have made good progress in strengthening collaboration with regulators, governments, patient groups and pharmacy stakeholders, with activity increasingly focused on shared risks and public protection. There has also been clear progress in building the structures, partnerships and evidence base needed to support future impact, particularly in relation to awarding gap and public engagement.

However, several elements remain at an early stage. While the direction of travel is positive, evidence of sustained impact is not yet sufficiently mature to support a Green judgement. The rating is therefore expected to remain Amber until delivery moves further from preparatory activity into demonstrable outcomes and impact.

Evidence supporting the judgement

- Strengthened joint working with MHRA, ASA and other partners on emerging public protection risks, including weight-management medicines and online supply.
- Continued engagement across England, Scotland and Wales, including regulators, governments, parliamentarians and digital service providers.
- Patient and Public Voice work expanded, alongside engagement with students, trainees and pharmacy technicians to inform standards and future roles.
- Awarding Gap Steering Group established, with Terms of Reference agreed and workplan in development.
- Evidence gathering on the awarding gap progressed through internal review and university engagement.

Year-end progress

During 2025/26, we strengthened collaboration with regulators, governments and pharmacy stakeholders, with greater focus on shared public protection risks and coordinated responses. This included joint working with MHRA, ASA and sector organisations on emerging risks, engagement across England, Scotland and Wales, expanded Patient and Public Voice activity, and establishment of the Awarding Gap Steering Group, alongside evidence gathering and university engagement to identify effective practice.

While strong progress has been made in building partnerships and delivery structures, further work in 2026/27 will focus on demonstrating clearer evidence of impact, particularly in how collaboration and engagement contribute to improved public protection outcomes.

Progress against our strategic outcomes

The outcome ratings below support the overall Amber judgement. Delivery is broadly on track, but confidence is limited by the early stage of key programmes and the need for clearer evidence of impact.

Strategic outcome	Status	Trend	Headline position
2.1 Seamless, collaborative regulation supporting safe,	Amber	Stable	Collaboration has strengthened and is increasingly focused on specific public protection risks rather than general engagement. In Q4 this included joint work

integrated pharmacy care			with MHRA and ASA on weight-management medicines (GLP-1s), including coordinated communications and regulatory messaging, and engagement with organisations such as Beat and All About Obesity on safe online access to medicines. There was also direct engagement with Chief Pharmaceutical Officers and wider healthcare regulators across England, Scotland and Wales, alongside parliamentary and digital platform engagement. This reflects a more targeted, risk-based approach to joint working, but impact is not yet consistently evidenced, particularly in reducing regulatory risk or improving patient outcomes.
2.2 Fairness and equity in education and training (Awarding Gap)	Amber	Improving	Work has progressed from scoping into structured programme delivery, but remains at an early stage. In Q4 this included establishing the Awarding Gap Steering Group with agreed Terms of Reference, completing an internal review of accreditation reports, and undertaking a desk-based review of interventions. Engagement with universities has continued to understand current approaches and identify scalable good practice, alongside early collaboration with other healthcare regulators on anti-racism principles. This represents progress in building the evidence base and governance for change, but there is not yet demonstrable impact on outcomes and measures to track progress are still developing.
There are no Key Performance Indicators for Strategic Aim 2			

Strategic aim 3

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

Performance Summary and confidence in achieving the year-end position

Q1	A	Q2	A	Q3	A	Q4	A	Overall: Amber – On track, but at risk
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Strategic Aim 3 remains **Amber** at year end.

We have made good progress in strengthening the internal foundations for regulatory delivery, with workforce, finance, and the PMO activity all contributing to a more stable and resilient organisation. Workforce indicators are broadly stable, vacancy rates have reduced, and financial management has strengthened, providing a solid platform for delivery. Technology delivery has also progressed, including the rollout of the new inspection system and continued improvement across core IT services.

However, key elements of the enabling infrastructure remain under pressure. Data, reporting and wider technology delivery are not yet sufficiently mature, with progress affected by capacity, sequencing and dependency constraints. While the direction of travel is positive, evidence of consistent, organisation-wide impact is not yet strong enough to support a Green judgement. The rating is therefore expected to remain Amber until these improvements are more fully embedded and delivering measurable benefits to regulatory delivery.

Evidence supporting the judgement

- Workforce indicators remained stable, with turnover and retention within thresholds and vacancy rates reducing during Q4.
- Absence remains above target but is being actively managed through strengthened workforce assurance arrangements.
- Financial performance strengthened through improved planning, savings delivery and implementation of the fee strategy.
- Continued progress across core IT services, with capacity managed and prioritised through the technology roadmap.
- Data, reporting and wider technology delivery remain under pressure, with some activity rephased to manage capacity, procurement and dependency risks.
- Strengthened workforce insight through the Pulse Survey, EDI assurance, wellbeing support and improved workforce metrics.

Year-end progress

During 2025/26, we strengthened the internal foundations for regulatory delivery. Workforce and finance remained stable, vacancy rates reduced, and workforce insight improved through enhanced assurance reporting, the Pulse Survey, EDI analysis and wellbeing support. Technology delivery progressed, including rollout of the new inspection system and continued improvements across core IT services, with some data, reporting and wider technology activity rephased to reflect capacity and dependency constraints.

While this has established a more stable platform for delivery, further work in 2026/27 will focus on embedding these changes and strengthening the link between enabling activity and measurable improvements in regulatory delivery.

SA3 - Progress against our strategic outcomes

The outcome ratings below reflect strong delivery across people and financial sustainability, alongside continued progress across culture, operating model and enabling infrastructure.

Strategic outcome	Status	Trend	Headline position
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3.1 Our people are developed and supported to deliver and lead our regulatory work with skill and professionalism	Green	Stable	Workforce remained stable and resilient through Q4. Retention remained high, vacancy rates reduced from 4.8% to 2.9%, and recruitment supported priority areas including Enforcement, Operations and Pharmacy. Workforce insight strengthened through the Workforce Metrics Assurance Map, Pulse Survey, EDI assurance, wellbeing support and progression to Disability Confident Employer Level 2
3.2 Our culture, operating model and technology enable delivery of the strategy	Amber	Stable	Technology delivery progressed, including rollout of the new inspection system and improvements across core IT services. However, data, reporting, revalidation and wider technology delivery remain under pressure, with activity rephased due to capacity and dependencies.
3.3 Sustainable, agile and good-value regulation is underpinned by our financial strategy	Amber	Stable	Financial performance strengthened through savings delivery, improved planning and the agreed fee increase. However, longer-term sustainability depends on continued delivery of the fee strategy, further savings and strengthened cost control.

Key Performance Indicators

These measures provide the main operational evidence supporting the Strategic Aim 3 judgement.

Area	Indicator	Target	Q4 Position	Status
People	Overall organisational absence rate	<4%	4.9%	□ Amber
People	Rolling 12-month voluntary staff turnover rate	<16%	11.3%	□ Green
People	Staff retention rate	>80%	87.3%	□ Green
Financial	Annual income variance (actual vs forecast)	<2%	0.04%	□ Green
Financial	Annual Expenditure variance (actual vs forecast)	<5%	0.34%	□ Green
Financial	Reserves position (no of month of 'free' reserves)	4-6 Months	4.7	□ Amber
Financial	Year 1 Cost Improvement plan (CIP) target £300K	>£300k	730K	□ Green
Financial	3% annual return on investment	>£450K	269K	● Red

What this tells us: workforce and financial performance are broadly stable and well controlled, providing a strong platform for delivery. However, absence, reserves and investment performance highlight areas requiring continued focus and are the main constraints on overall confidence.

Performance Monitoring Report

Overview: Q4 2025/26

This section reflects the KPIs used during 2025/26.

In Q4, a formal review was completed to strengthen the KPI framework for 2026/27, ensuring measures remain relevant and clearly aligned to organisational objectives. From Q1 2026/27, performance will be reported against the revised KPI set, providing a clearer and more comprehensive view of performance and its contribution to strategic delivery.

ID	KPI Description	Target	Q1	Q2	Q3	Q4	YTD
CCC1	Average speed of answering telephone calls	≤10 seconds	7	10	8	6	8
CCC2	Percentage of calls abandoned	<4%	0.5%	0.9%	0.8%	0.6%	0.7%
CCC3	Percentage of emails actioned within 2 days	≥ 95%	100%	100%	100%	100%	100%
INSP1	Time from inspection to finalisation of report	≤ 20 weekdays	13	13	15	16	14
INSP2	Time to serve enforcement notices	≤ 5 weekdays	5	7	4	4	6
INSP3	Re-inspections within 6 month +2 weeks	≥ 80%	92%	97%	89%	90%	92%
FTP1	Percentage of investigations over 1 year	≤ 25%	34.7%	33.1%	37.9%	37.4%	37.4%
FTP2	Percentage of investigations over 2 years old	≤ 8%	14.7%	11.0%	13.1%	9.8%	9.8%
FTP3	Number of appeals against Fitness to Practise Committee decisions	≤ 2	0	0	0	1	1
REG1	Median days to approve pharmacist applications	≤ 21 weekdays	0	16	4	6	13
REG2	Median days to approve Pharmacy Technicians applications	≤ 21 weekdays	0	7	5	2	2
IG1	Percentage of Freedom of Information requests responded to within 20 days	100%	100%	100%	100%	100%	100%
IG2	Percentage of Subject Access Requests responded to within 1 month	100%	92%	100%	100%	100%	98%
CC1	Average time to acknowledge stage 1 complaints	≤ 3 days	2	2	3	2	2
CC2	Average time to respond to stage 1 complaints	≤ 15 days	12	13	10	10	11
CC3	Average time to respond to stage 2 complaints	≤ 20 days	18	11	17	14	13
HR1	Overall organisational absence rate	< 4%	5.0%	3.8%	4.2%	4.9%	4.5%
HR2	Rolling 12-month voluntary staff turnover rate	< 16%	11.2%	9.9%	11.7%	11.3%	11.3%
HR3	Staff retention rate	> 80%	89.3%	91.3%	89.3%	87.3%	87.3%
Green: Meets or exceeds target		Amber: Not meeting target, but inside agreed tolerances	Red: Not meeting target and outside of agreed tolerances				

Understanding RAG Ratings in the Board Assurance Framework (BAF)

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

Type of RAG	Purpose	Evidence Base	Definitions	How to Read It
Strategic Aim Outcome RAG	Indicates our confidence, at this point in time, that the strategic aim outcome will be achieved within the 2025–30 timeframe.	- Progress against milestones - Early outcome indicators - Delivery trajectory - Qualitative insight - Risks and dependencies	Green – Outcome on course; delivery pace and indicators on track, no material risks. Amber – Outcome achievement not fully assured due to pace, indicators, or emerging risks; recovery remains possible without fundamental change. Red – Outcome unlikely to be achieved without significant changes to approach, resources, or timescales.	RAG rating is the colour that signals our level of assurance and confidence. RAG judgement is the concise, evidence-based reasoning explaining the colour, drawing on delivery, outcome, and risk evidence. This answers: Are we assured the strategic aim will be delivered by the end of the strategy?
Progress	Indicates confidence that planned delivery for the current year will be achieved as set out in the Delivery Plan.	Progress against in-year milestones; delivery trajectory; performance trends; qualitative insight; risks and dependencies.	On track: Delivery progressing as planned, with no material risks to achieving the Year-1 position year-end position. On track, but at risk: Delivery under pressure or experiencing some slippage, but recovery within the year remains achievable. Off track: Delivery off plan, with material risks to achieving the year end position, requiring active intervention or reprioritisation.	Signals whether we are on track to deliver this year’s commitments. The RAG judgement explains what is driving the rating and whether issues are contained or escalating.
KPI RAG	Assesses current performance against individual measures in the delivery plan.	- Quantitative performance data - Agreed thresholds and tolerances	□ Green – Meets/exceeds target. □ Amber – Not meeting target, but inside agreed tolerances. ● Red – Not meeting target and outside of agreed tolerances.	Answers, is this specific performance measure being achieved right now?

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

SUPPORTING PACK

Consultation on draft standards for the initial education and training of pharmacy technicians: analysis report



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Executive summary

Background

Between 1 October and 24 December 2025, we consulted on draft new standards for the initial education and training of pharmacy technicians. We received a total of 882 written responses to our consultation. Of these responses, 880 had responded to the consultation survey (772 individuals and 108 organisations). Alongside these, we received two responses from organisations writing more generally about their views.

The General Pharmaceutical Council's (GPhC) **Vision 2030** sets out an ambition *for safe and effective pharmacy care at the heart of healthier communities*. Delivering this requires a regulatory framework that ensures pharmacists and pharmacy technicians are educated and trained for modern practice. The GPhC therefore sets and maintains the standards for the initial education and training of pharmacy technicians (IETPT).

The current IETPT standards, published in 2017, no longer fully reflect today's healthcare environment. Services across Great Britain have undergone major transformation in response to workforce pressures, technological change, new models of integrated care, and evolving population needs. Developments such as Integrated Care Systems in England and expanded legal mechanisms such as Patient Group Directions and proposed changes enabling greater delegation from pharmacists have created opportunities for pharmacy technicians to take on broader clinical and technical responsibilities.

National strategies across England, Scotland and Wales emphasise prevention, integrated and multidisciplinary working, digital innovation and tackling inequalities. These shifts are changing how pharmacy services operate, and the capabilities required of the pharmacy workforce. Pharmacy technicians now contribute across all sectors in roles extending beyond traditional dispensing. Their work increasingly includes running specialised services, supporting public health initiatives, supervising wider teams, and delivering digitally enabled and homecare services. This expansion makes it essential that initial training equips new registrants with strong foundational knowledge, skills, behaviours and professional judgement.

Our consultation proposed updated standards to ensure IETPT remains robust, proportionate and aligned to future practice. The revised framework sets learning outcomes for trainee pharmacy technicians and requirements for education providers, aiming to protect the public and meet evolving service and workforce needs.

Key proposals include:

- **Level of study:** The minimum qualification level being raised to RQF Level 4 (SCQF 7) to ensure pharmacy technicians are equipped for expanding clinical and technical responsibilities.
- **Educational supervision:** A new standard would formalise the designated educational supervisor role and require learning agreements to strengthen oversight and consistency in training.
- **Entry requirements:** A science requirement at RQF Level 2 (or equivalent) would be added alongside existing English and Maths requirements to improve learner readiness while retaining flexible experiential routes.
- **Duration:** Training would remain a two-year programme with at least 14 hours per week of supervised practice, with flexibility to extend the schedule where needed.

- **Multi-sector training:** The standards would encourage, but not require, exposure to multiple sectors to broaden trainee pharmacy technician experience without imposing impractical obligations.
- **Final accuracy checking:** Final accuracy checking would become a mandatory competence at registration.
- **Technology:** Digital and data-related competencies would be strengthened to ensure competence across modern pharmacy technologies.
- **Environmental sustainability:** New sustainability competencies would enable trainee pharmacy technicians to support environmentally responsible pharmacy practice across diverse settings.
- **Genomics:** Foundational pharmacogenomics knowledge would be introduced to support safe dispensing and medicines optimisation in personalised care.
- **Skills mix:** The standards would broaden pharmacy technicians' skills to support evolving service models and multidisciplinary, person-centred care.

Key issues raised in responses

Views on the level of study

Raising the baseline level of initial education and training to RQF Level 4 (SCQF 7) aims to ensure pharmacy technicians are equipped with the autonomy and independent practice capabilities required as the role evolves. The higher level will also support a smoother transition into advanced training and support the continuum of learning.

Support for this proposal was strong: 77% of respondents agreed with increasing the minimum level to RQF Level 4 or above, including 44% who strongly agreed. Agreement was consistent across individuals (77%) and organisations (75%).

Feedback reflected both support and concern. Respondents highlighted benefits such as strengthening the role, improving alignment with sector needs, and increasing consistency in training. Concerns focused on potential barriers to access and the risk of creating a two-tier workforce.

Views on final accuracy checking

All current pharmacy technician training programmes include accuracy checking, but the proposed shift to Level 4 (SCQF 7) initial education and training strengthens the case for making *final accuracy checking* an essential competency. This change reflects the evolving responsibilities of pharmacy technicians and ensures that newly registered professionals can undertake final accuracy checking without the need for post registration qualifications.

Support for this proposal was high, with 76% of respondents in favour. Agreement was particularly strong among organisations (89%) and remained substantial among individual respondents (75%).

Respondents noted that enabling pharmacy technicians to carry out final accuracy checking would allow pharmacists to focus more of their time on clinical and patient-facing services, improving overall capacity and efficiency. However, concerns were raised about the significant supervised practice required to develop this competency, including exposure to a broad range of prescriptions and the cultivation of sound professional judgement. Some respondents questioned whether this level of readiness could be reliably achieved within the current training timeframe without compromising patient safety.

Views on duration

Stakeholder discussions prior to the consultation revealed varied views on the appropriate duration of initial education and training for pharmacy technicians, with no clear consensus. Considering this, the GPhC proposes retaining the existing minimum two year duration to ensure trainees have sufficient time to develop the required competencies.

A majority of respondents (59%) considered the current two-year period appropriate for achieving the proposed learning outcomes. Around one third (31%) felt that two years would be insufficient, while only a small proportion (3%) viewed it as too long; a further 6% were unsure.

Feedback reflected differing perspectives across respondent groups. Many individuals argued that additional time would be needed to embed the expanded clinical and technical competencies. In contrast, several organisational respondents suggested that the existing two year structure may already exceed what is necessary to assess competence. It should be noted that only those who felt the duration was not appropriate were asked to elaborate on their views.

Views on practice-based supervision

Trainees are required to complete work-based experience under the supervision of a pharmacist or pharmacy technician for a minimum of 14 hours per week. We are proposing to retain this requirement. To support flexibility in delivery, trainees would be permitted to undertake the equivalent number of supervised hours over a longer period, provided the total supervised experience is maintained.

A majority of respondents (57%) considered the minimum requirement of 14 hours per week of supervised practice-based learning to be appropriate. Nearly a third (29%) did not support this requirement, while a further 13% indicated that they were unsure. In this case, opposition to the proposal was more pronounced among organisational respondents (41%) compared with individual respondents (28%).

Respondents who supported the 14-hour minimum requirement highlighted that consistent, supervised practice-based learning is fundamental to developing professional competence, building confidence, and strengthening good professional judgement. On the other hand, many respondents highlighted practical challenges that make a 14-hour minimum difficult to deliver consistently. The main concern was limited supervisory capacity driven by staffing shortages, which reduces the availability of protected supervision time.

A suggestion to tackle this, emphasised by organisational respondents, is to allow for greater flexibility in how supervised practice hours are structured, arguing that a fixed weekly minimum does not reflect the operational realities of workplaces or the varied needs of learners.

Views on learning outcomes

The revised learning outcomes are designed to ensure that trainees are fully prepared for both current and future pharmacy technician practice. By embedding emerging themes within the outcomes, the standards remain aligned with the evolving landscape of pharmacy, enabling trainees to respond effectively to technological, environmental, and scientific developments. This approach also helps future-proof the profession by equipping pharmacy technicians to contribute confidently as the sector continues to change.

Consultation findings show strong support for the proposed learning outcomes. Across all domains, 75% to 85% of both individual and organisational respondents reported being completely or mostly satisfied. Satisfaction with the Miller's levels was similarly high, ranging from 72% to 80%.

Qualitative feedback indicated that respondents valued the inclusion of key elements reflecting the future direction of practice, such as a stronger focus on person-centred care, public health, technology, and leadership. However, concerns were also raised, notably, that gaps within the learning outcomes may leave trainees insufficiently prepared for an increasingly clinically focused sector.

Views on standards

The standards for providers have been strengthened to promote greater consistency and quality across pharmacy technician education and training. Key enhancements include the introduction of a Level 2 science (or equivalent) entry requirement to ensure baseline scientific competence; a new supervision standard to reinforce expectations for structured oversight in practice settings; and strengthened requirements relating to equality, diversity and inclusion to support equitable outcomes for trainees. Collectively, these refinements are intended to increase the overall robustness and accountability of provider delivery.

Consultation findings show strong satisfaction with the proposed standards, with 75% to 83% of respondents reporting that they were completely or mostly satisfied across all eight standards.

Among those who provided comments, it was indicated that additional guidance or support from the GPhC would be needed to enable effective implementation.

Views on regulation

In Great Britain, national qualifications regulators oversee the credibility and quality of qualifications, including those relevant to pharmacy. Their role is to ensure that qualifications are rigorous, consistent, and comparable, and that trainees develop the knowledge and skills required for safe and effective practice. As part of this review, the GPhC is proposing that all pharmacy technician qualifications are credit-bearing and therefore meet the requirements set by the relevant qualifications regulators in each nation.

Support for this proposal was very strong. Overall, 89% of respondents agreed that initial education and training programmes should also be regulated by national qualifications regulators. Levels of opposition were extremely low, with only 2% of individual respondents and 3% of organisational respondents expressing disagreement.

Impact of the proposed changes

Views on impact on people sharing particular protected characteristics

Most of the individual respondents, typically between 30% and 60%, felt that the proposals would have no impact on each of the protected characteristics. Between 15% and 16% believed the proposals would have a positive impact, with age, disability, race, and religion or belief receiving the highest positive scores (all 16%). A similar proportion (15% to 23%) reported that they did not know what the impact would be.

Only a small minority identified potential negative impacts. A slightly higher proportion of individual respondents, ranging from 4% to 20%, felt the proposals would have both a positive and a negative impact, with age and disability most frequently cited in this category.

Organisational respondents reported a broader and more varied pattern of impacts across the nine protected characteristics than individual respondents. As with individuals, the largest proportion felt that the proposals would have no impact, although this group ranged more widely (33% to 64%) and tended to be slightly higher for several characteristics. However, organisational respondents were less likely to report a positive impact, with positive ratings typically between 4% and 14%, compared with 15% to 16% among individuals. The characteristics with the highest perceived positive impact were religion or belief (14%), followed by gender reassignment and race (both 11%), though these remained below the levels reported by individual respondents.

Views on impact on other individuals or groups

Organisational respondents expressed a more mixed view of the proposals' impact across different groups compared with individual respondents, who tended to anticipate predominantly positive effects. Among organisations, positive impact ratings ranged from 19% to 67%, with the highest again reported for patients and the public (67%). However, positive ratings for other groups were noticeably lower than

those provided by individuals, particularly for pharmacy owners or employers and for pharmacy technician education and training providers, where only 19% of organisations anticipated a positive impact, compared with 42% and 47% respectively among individual respondents.

Introduction

Policy background

The General Pharmaceutical Council's (GPhC) **Vision 2030** sets out an ambition for *safe and effective pharmacy care at the heart of healthier communities*. Central to delivering this vision is a **regulatory framework** that ensures pharmacy professionals are appropriately educated and trained for modern practice. As part of its statutory role, the GPhC sets and maintains standards for the initial education and training (IET) of both pharmacists and pharmacy technicians.

The current standards for the initial education and training of pharmacy technicians (IETPT), published in 2017, were developed for a healthcare system that has since undergone significant change. Over recent years, healthcare delivery across Great Britain has evolved rapidly in response to service transformation, workforce pressures, technological advances and changing population health needs. Key system-level changes include the formalisation of Integrated Care Systems (ICSs) in England, which have strengthened collaborative and community-focused models of care, and new legal and policy mechanisms across Great Britain enabling pharmacy technicians to take on more clinically oriented responsibilities. These include Patient Group Directions (PGDs) allowing pharmacy technicians to supply and administer certain medicines, and UK Government proposals to enable pharmacists to authorise pharmacy technicians to take greater responsibility for the preparation, dispensing and supply of medicines without direct pharmacist supervision.

The policy context is also shaped by national health strategies across Great Britain, including the NHS Long Term Plan in England, A Healthier Wales, Scotland's Population Health Framework, and the Health and Social Care Renewal Framework. These strategies place increased emphasis on prevention, integrated and multidisciplinary working, digital innovation and improving access to care while tackling health inequalities. Collectively, they are changing how pharmacy services are delivered and the capabilities that the pharmacy workforce must possess.

Within this evolving healthcare system, the role of pharmacy technicians has expanded significantly. Practice has moved beyond traditional dispensing and medicines preparation, with pharmacy technicians operating as integral members of pharmacy and multidisciplinary teams across all sectors. Their responsibilities increasingly include running specialised clinics, supporting public health initiatives, supervising and managing non-registrant staff, delivering online and homecare services, and contributing to new models of pharmacy care in primary and secondary care settings. At the same time, the increasing use of digital technologies and data-driven systems has altered how pharmacy services are delivered and governed.

Pharmacy technicians are critical to delivering these benefits, making it essential that their IET provides the foundational knowledge, skills, behaviours and professional judgement. The GPhC has therefore

undertaken this consultation as a necessary step in ensuring that new registrants are prepared to practise safely and effectively across a range of current and future healthcare systems and settings.

The revised standards are intended to support the development of well-rounded pharmacy technicians who can work confidently in multidisciplinary teams, exercise appropriate autonomy and initiative, and deliver person-centred care. Patient and public safety remains central to the standards and underpins all aspects of IETPT.

While the review recognises that expanded scopes of practice raise important post-registration considerations, these lie outside the scope of the consultation. Instead, the focus is on ensuring that IET remains robust, proportionate, and responsive to change. The GPhC has committed to working closely with pharmacy technicians, providers, employers, and other stakeholders on the implementation of the standards and on addressing any subsequent implications for post-registration practice.

The consultation sought views on proposed changes to key elements of IETPT, including level of study, entry requirements, educational supervision, and learning outcomes. The standards are structured in two parts:

- **Part 1:** Sets out the learning outcomes that trainee pharmacy technicians must achieve by the end of their training, and
- **Part 2:** Defines the requirements for education and training providers responsible for delivering those outcomes.

Together, these changes aim to ensure that IETPT continues to protect the public, meet workforce and service needs, and align with the wider direction of healthcare policy across Great Britain.

For more detail on the changes we are proposing, see [Appendix 1: Summary of our proposals](#).

Analysis of consultation responses

In this section of the report, the tables present respondents' level of agreement or disagreement with the proposed changes, as well as the aspects respondents felt should be modified. In each column, the number of respondents ('N') and their percentage (%) is shown. The responses of individuals and organisations are shown separately to enable any trends to be identified. The last column in each table captures the views of all survey respondents ('Total N and %').

For more information see:

- [Appendix 2: About the consultation](#) for details of the consultation activities and the number of responses we received
- [Appendix 3: Our approach to analysis and reporting](#) for full details of the methods used
- [Appendix 4: Respondent profile](#) for a breakdown of who we heard from
- [Appendix 5: Organisations](#) for a list of organisations who responded
- [Appendix 6: Consultation questions](#) for a full list of the questions asked in the consultation survey.

1. Level of study

1.1. Survey response table and analysis

Table 1: Views on the minimum RQF level for IETPT training (Base: All respondents)

Q1. To what extent do you agree or disagree with the proposal to increase the minimum level for IETPT training to 'RQF Level 4 or above'?	Individuals		Organisations		Total	
Strongly agree	342	44%	44	41%	386	44%
Agree	251	33%	37	34%	288	33%
Neither agree nor disagree	67	9%	3	3%	70	8%
Disagree	65	8%	9	8%	74	8%
Strongly disagree	41	5%	13	12%	54	6%
Don't know	6	1%	2	2%	8	1%
Total N and % of responses	772	100%	108	100%	880	100%

Overall, more than three-quarters of respondents (77%) agreed with increasing the minimum level for IETPT training to RQF Level 4 or above, including 44% who strongly agreed. Agreement was broadly consistent across respondent types: 77% of individuals (44% strongly agree, 33% agree) and 75% of organisations (41% strongly agree, 34% agree).

A smaller proportion (14%) of respondents disagreed overall (8% disagree, 6% strongly disagree). Opposition was higher among organisations (20%) than among individuals (13%), with strong disagreement more common among organisations (12%) compared with individuals (5%).

A minority were neutral: 8% overall (9% of individuals and 3% of organisations). Very few respondents selected 'don't know' (1%).

1.2. Summary of themes

Just under three-quarters of all respondents left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Comments on the proposals were mixed across positive and negative themes. Positive feedback focused on benefits to trainee pharmacy technicians, pharmacy technicians and the pharmacy technician role, alignment with current and future needs of a changing pharmacy sector, and the potential to standardise training and health service delivery. Negative feedback centred on barriers to and reduced access to training, risks of a two-tier system with negative impacts on the pharmacy sector, existing pharmacy technicians and increased post-registration employment costs for employers.

Additionally, there were two themes which were prevalent for organisations, highlighting that they felt the need for greater support from the GPhC in the implementation of these proposals and that they may have potential negative impacts on service delivery.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Negative impacts on existing registered pharmacy technicians and the pharmacy sector by creating a two-tier system
- Provides benefit to trainee pharmacy technicians, pharmacy technicians and the pharmacy technician role
- Creates barriers that may impact access to pharmacy technician training
- Meets current and future needs of the changing pharmacy sector
- Standardises training and health service delivery
- Negative impact on service delivery
- Increased employment costs on employers' post-registration
- Greater GPhC support required

1.3. Negative impacts on existing pharmacy technicians and pharmacy sector by creating a two-tier system

The most common theme among respondents was concern that uplifting the IETPT requirements to RQF Level 4 would create a two-tier workforce, disadvantaging existing RQF Level 3 qualified pharmacy technicians. A large majority of individual respondents were concerned that their qualifications would be viewed as lower status than those of new registrants, potentially limiting competitiveness for roles, affecting job security and creating inequity despite many years of practice.

Respondents were also uncertain whether RQF Level 3 qualifications would continue to meet requirements for NHS Band 4 or Band 5 banding, or whether employers would adjust roles and banding to reflect the higher RQF Level 4. Some also raised concerns about progression differences between new and legacy pharmacy technicians, particularly around pay-banding and workforce supply. Several felt that universal RQF Level 4 attainment could increase responsibilities without corresponding pay,

especially in community settings, and risk worsening existing disparities created by earlier grandparenting arrangements during transition.

Many respondents also raised concerns about the confusion it may create in the wider qualification hierarchy. They questioned how the uplift would affect the current RQF Level 4 programmes, including whether they would need to move to RQF Level 5 to retain distinction.

Some respondents highlighted the need for a comprehensive transition plan, including grandparenting arrangements, bridging or top-up routes and recognition of prior learning. Many highlighted that current RQF Level 3 pharmacy technicians frequently supervise trainee pharmacy technicians and would require upskilling to teach and assess an RQF Level 4 qualification. Without structured support, respondents felt that a clear divide between newly trained and legacy pharmacy technicians would be unavoidable.

1.4. Provides benefit to trainee pharmacy technicians, pharmacy technicians and the pharmacy technician role

A large number of respondents expressed overall support for increasing to RQF Level 4, citing clear benefits for trainee pharmacy technicians, pharmacy technicians and the wider workforce. Comments commonly highlighted that a higher entry level and qualification would improve academic preparation (particularly in science) and support progression through a curriculum that strengthens clinical knowledge, critical thinking and understanding of the principles underpinning safe and effective medicines use.

Respondents noted that trainee pharmacy technicians on existing RQF Level 4 programmes already show greater confidence, resilience and readiness for practice on qualification. The increase in levelling was viewed as important for preparing trainee pharmacy technicians for the complexity of day-to-day practice, including dispensary work, medicines optimisation, governance duties, digital systems and patient-facing clinical activities.

For qualified pharmacy technicians, the proposed elevation in training level was broadly seen as enhancing professional standing and better reflecting the depth and breadth of knowledge required in modern practice. Respondents suggested it would support recognition within multidisciplinary teams, enable movement between sectors and better equip pharmacy technicians to take on extended responsibilities, including final accuracy checking, leadership, supervisory roles and clinical tasks.

1.5. Creates barriers that may impact access to pharmacy technician training

This theme brought together concerns from individuals and organisations that the proposals could create barriers and reduce access to IETPT. Many believed that moving to RQF Level 4 would narrow the applicant pool by discouraging capable but less academically oriented applicants. Respondents described the current RQF Level 3 as demanding and felt that an immediate uplift to RQF Level 4 could put access beyond reach for those with practical, workplace-based strengths.

A majority highlighted entry-route constraints, including expectations around a science prerequisite or prior RQF Level 3 attainment, and asked that recognition of prior learning and experience-based routes remain available (see section 6). Respondents linked a level increase with risks to social mobility and diversity, citing impacts on applicants from lower socio-economic backgrounds and older applicants with substantial workplace experience. A few raised disability inclusion concerns, noting that heavier written or project-based assessment at the higher level could disadvantage trainee pharmacy technicians with specific learning differences unless reasonable adjustments are clearly defined and applied.

Many also cited workload and time pressures as barriers to access and completion. Individual respondents, particularly in community settings, reported limited protected learning time, which they felt could deter applicants. Financial barriers were frequently mentioned, including higher programme costs at RQF Level 4, constrained employer budgets and expectations of salary uplift, all of which were seen as likely to reduce funded training places.

A small number cautioned that raising entry thresholds could disrupt progression from RQF Level 2 assistant roles into IETPT, limiting advancement for experienced support staff.

1.6. Meets current and future needs of the changing pharmacy sector

Both individuals and organisations reported that the proposed increase to RQF Level 4 would better equip pharmacy technicians to meet the current and future needs of an evolving healthcare and pharmacy sector. Respondents frequently noted that the role has expanded significantly in recent years, with increasing expectations. As a result, both organisations and individuals supported uplift to RQF Level 4, seeing it as essential to ensure pharmacy technicians enter the register with the analytical skills, underpinning science and professional judgement now required from day one.

Many respondents also linked the proposals to broader workforce transformation across NHS and community settings. They noted that as pharmacists increasingly take on advanced and prescribing roles, pharmacy technicians are required to assume more responsibility in technical, governance and clinical domains. A stronger baseline qualification was therefore viewed as necessary to support safe skill-mix, improve public confidence, and contribute to long-term workforce needs.

1.7. Standardises training and health service delivery

Most respondents felt that a standardised RQF Level 4 would strengthen consistency by reducing variation between training providers, sectors and UK nations, ensuring all newly registered pharmacy technicians reach a comparable baseline of clinical, scientific and technical competence. This consistency was viewed as essential for producing a confident, well-prepared workforce able to deliver increasingly complex services and support pharmacists as their roles evolve.

Respondents highlighted current disparities between community and hospital pathways and believed that a higher, standardised RQF Level 4 would promote more uniform preparation. Many also felt that standardisation would support clearer delegation, enhance public and professional confidence and improve multidisciplinary team working. Several noted that UK-wide alignment would increase mobility, equity and overall service resilience.

1.8. Negative impact on service delivery

A core theme raised predominantly by organisations concerned the potential for the proposals to negatively affect service delivery. While many acknowledged the intention to strengthen the competence and consistency of the pharmacy technician workforce, organisations most frequently highlighted risks arising from the wider system context.

The most prevalent concern related to increased supervisory and training demands. Organisations noted that higher academic expectations would likely require more intensive oversight, workplace support and protected learning time, which could place additional pressure on an already stretched workforce and reduce capacity for day-to-day service delivery.

Many of the organisational respondents also highlighted the impact on the future workforce pipeline, with higher entry requirements and increased academic difficulty potentially reducing applicant

numbers, increasing drop-out rates and creating recruitment challenges that could disrupt service continuity. Financial considerations were also raised with several organisations indicated that higher training and salary costs, without corresponding funding, could limit training places or lead to reduced staffing, with knock-on effects for service provision.

A few raised regional considerations in Northern Ireland, where pharmacy technicians are not yet statutorily regulated, suggesting that an immediate move to RQF Level 4 could disproportionately limit eligibility without bridging and grandparenting arrangements, disrupting pharmacy services.

1.9. Increased employment costs on employers' post-registration

Respondents noted that higher qualification requirements would necessitate post-registration pay alignment, creating upward pressure on salaries and banding. A few welcomed the proposals where remuneration and funding are aligned, highlighting potential gains in capability, autonomy and patient safety if implementation is properly resourced. A large number of respondents in the community sector anticipated limited financial headroom to uplift salaries, linking unfunded costs to recruitment and retention risks, reduced uptake and movement to better-remunerated roles. Several warned of a potential two-tier workforce (see section 1.3) and indirect costs from supervision time and increased workload during transition.

Hospital-based respondents also pointed to banding pressure and budget impacts (see section 1.3), noting risks where expectations rise faster than pay structures. Many felt recruitment would be harder without attractive post-registration salaries and that transitional upskilling may be required to maintain equity between existing and new staff.

Several proposed mitigations to manage increased employer costs, including top-ups to spread costs, time-limited transition funding (including supervision), clearer role definitions with consistent UK-wide banding guidance.

1.10. Greater GPhC support required

Organisational respondents frequently cited the need for greater support, clarity and guidance from the GPhC to enable providers, employers and learners to meet the proposed requirements. They highlighted the importance of clear expectations around entry requirements particularly science and functional skills (see section 6) and expressed concern about workload intensity within a two-year programme without additional support from the GPhC (see section 3). Some respondents requested clearer supervision guidance from the GPhC on the training and experience required of workplace supervisors and education staff, alongside better resources for designated educational supervisors. A few emphasised the need for GPhC support in ensuring consistent and transparent standards across providers, reducing ambiguity created by terms such as 'at least'.

Alongside support for the change, respondents emphasised the need for clear support mechanisms to avoid disadvantaging existing RQF Level 3 pharmacy technicians. Comments frequently referenced bridging options, recognition of prior learning and a well-managed transition period, supported by the GPhC.

1.11. Additional themes

In addition to the core themes outlined above, respondents identified several other common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Benefits for the public and patients, for example, through the creation of a more competent and confident workforce capable of delivering advanced services and roles benefiting the public.
- Helps owners and employers to provide and manage the pharmacy service; for example, more academically and practically skilled registrants will increase the number of suitably qualified staff able to deliver a wider range of pharmacy services.
- Creates higher delivery costs for employers running IETPT, for example, through higher salaries for suitably qualified supervisors and the need for additional protected learning time.
- Does not place enough emphasis on post-registration learning, for example, lack of standardised progression pathways and advanced qualification programmes post-registration.
- Adds other delivery challenges for employers, for example, increased supervision requirements and upskilling of designated educational supervisors to be able to assess at RQF Level 4.
- Further information is required, for example, publishing an affordability assessment for the proposals including financial implications for employers and the NHS.

2. Accuracy checking

2.1. Survey response table and analysis

Table 2: Views on making final accuracy checking an essential competency (Base: All respondents)

Q3. Do you agree with making final accuracy checking an essential competency in the new IETPT outcomes?	Individuals		Organisations		Total	
Yes	576	75%	96	89%	672	76%
No	150	19%	7	6%	157	18%
Don't know	46	6%	5	5%	51	6%
Total N and % of responses	772	100%	108	100%	880	100%

Overall, three in four respondents (76%) supported making final accuracy checking an essential competency. Support was particularly strong among organisations (89%), and high among individuals (75%). Opposition was relatively low overall (18%), and lower among organisations (6%) than among individuals (19%). A small proportion selected 'don't know' (6%).

3. Length of training

3.1. Survey response table and analysis

Table 3: Views on whether the two-year duration of IETPT is sufficient to meet the proposed learning outcomes (Base: All respondents)

Q4. Is the present two-year duration IETPT appropriate for trainee pharmacy technicians if they are to meet the learning outcomes in these proposed standards?	Individuals		Organisations		Total	
Yes	455	59%	67	62%	522	59%
No – too long	19	2%	11	10%	30	3%
No – too short	259	34%	16	15%	275	31%
Don't know	39	5%	14	13%	53	6%
Total N and % of responses	772	100%	108	100%	880	100%

Overall, a clear majority (59%) judged the current two-year IETPT duration appropriate for meeting the proposed learning outcomes. Around a third (31%) felt it would be too short, a small minority (3%) thought it would be too long, and 6% were unsure across all respondents.

By respondent type, organisations were slightly more supportive than individuals: 62% of organisations said the duration is appropriate, compared with 59% of individuals. The main source of disagreement among individuals was that the programme would be too short (34%), whereas organisations were less likely to respond that the duration would be too short (15%) but more likely to respond too long (10%) than individuals (2%). Uncertainty was higher among organisations (13% 'don't know') than among individuals (5% 'don't know').

3.2. Summary of themes

Only those responding 'No' were asked to give reasons for their response (a third of all respondents). Set out below is an analysis of the themes found in their responses.

Across responses, views on the appropriate duration of the IETPT programme varied widely, reflecting differing expectations about workload, competence development and the scope of the proposed new standards. Many respondents, largely from individuals suggested that more time is needed to embed expanded clinical and technical requirements, while several organisational respondents felt the current two-year structure can be longer than necessary to determine competence and suitability. A strong core organisational theme was the need for flexibility, recognising prior experience, variable learning pace and differences in workplace support (see section 4), alongside concerns that significantly extending the programme could disadvantage trainee pharmacy technicians or reduce organisational capacity.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Suggestions for amount of extra time needed
- Need sufficient time for trainee pharmacy technicians to develop the required level of competence for expanded roles and higher academic RQF Level 4
- Need to give sufficient time to complete additional requirements of IETPT
- Less time needed demonstrate competence
- Length should be flexible and depend on prior learning
- Longer course could disadvantage and deter some trainee pharmacy technicians or organisations

3.3. Suggestions for amount of extra time needed

Many respondents who selected 'no – too short' indicated how much additional time they believed would be needed under the proposed standards. The majority suggested an extension to around three years. A smaller, but still significant, group recommended an increase to roughly two and a half years. Only a minority of individual respondents proposed more than three years, and no organisational respondents suggested a period longer than three years.

Across all respondents, the reasons for suggesting approximately two and a half years commonly reflected a desire to create space for the expanded curriculum without overwhelming trainee pharmacy technicians. Respondents in this group described the current two-year model as already tightly structured, with limited capacity to complete workplace tasks, rotations and supervised accuracy checking.

Those who favoured a three-year programme frequently emphasised the scale of the proposed new learning outcomes, the shift to a higher qualification level and the amount of supervised practice required to build safe clinical judgement. Respondents described the current timeframe as rushed, particularly for those with no prior pharmacy experience or limited protected learning time. Many reasoned that a third year would allow consolidation, structured supervision, and a clearer foundation period to apply learning in practice. A smaller number of individuals supported an extension beyond three years, typically citing the depth of clinical knowledge required and the need for substantial workplace exposure across sectors.

3.4. Need sufficient time for trainee pharmacy technicians to develop the required level of competence for expanded roles and higher academic RQF Level 4

Respondents consistently stated that a two-year training duration is insufficient for the expanded role and higher academic level expected of future pharmacy technicians. Many highlighted that trainee pharmacy technicians already struggle to complete the current RQF Level 3 programme within two years, and the shift to RQF Level 4, will require more time to develop academic writing, critical thinking and study skills. Several noted a significant gap between entry requirements, current competence levels, and the expectations of an RQF Level 4 qualification, emphasising the need for additional time to build confidence, independence and a clear understanding of the role.

A recurring theme was the need for extended clinical and workplace experience to ensure trainee pharmacy technicians achieve the required scope of competence, particularly for final accuracy checking and other advanced clinical tasks. Respondents suggested that longer programmes, typically 2.5 to 3 years, would better support the development of clinical, technical and professional capabilities required for safe practice from day one.

3.5. Need to give sufficient time to complete additional requirements of IETPT

Respondents frequently commented on the need for additional time within the training programme to accommodate the expanded requirements of the proposed IETPT standards. Many highlighted that final accuracy checking demands a significant amount of supervised practice, exposure to a broad range of prescriptions, and the development of sound professional judgement. They felt that this skill cannot be reliably embedded within the current timeframe without compromising trainee pharmacy technician's readiness and patient safety.

Multi-sector experience was also identified as an area that requires more flexibility and time. Respondents described how cross-sector placements introduce additional complexity and workload and noted that meaningful learning across different pharmacy settings is difficult to achieve when the programme is tightly scheduled. They reported that trainee pharmacy technicians often struggle to balance competing expectations when rotations are short or difficult to align with course requirements.

Across responses, a common theme was the growing volume and complexity of learning content. Participants emphasised that new topics such as digital technologies, genomics, sustainability, and expanded clinical and medicines-related responsibilities substantially increase the depth and breadth of knowledge required. Many argued that it is unrealistic to expect trainee pharmacy technicians to cover more material, master additional competencies, and complete associated coursework within the same duration.

A further recurring theme related to fitting training in alongside work. Respondents noted that trainee pharmacy technicians frequently manage full-time duties, rota pressures and service demand with limited protected time for study. Others mentioned personal commitments, such as caring responsibilities, which add to the challenge. Many felt that without extending the programme, the increased requirements may heighten stress, reduce retention, and hinder the ability of trainee pharmacy technicians to develop competence in a sustainable way.

3.6. Less time needed to demonstrate competence

Organisational respondents argued the current two-year IETPT duration is longer than needed to judge whether a trainee pharmacy technician is suitable. Several stated that two years is too long to commit to, noting that parts of the programme add little to assessing competence. Others suggested that a shorter, structured period often 18 months or even one year would be sufficient for most trainee pharmacy technicians to demonstrate capability and competence. A strong theme was that suitability is shown through supervised practice, not time served. Respondents highlighted that full-time trainee pharmacy technicians typically complete the previously required supervised hours within a year, allowing meaningful assessment well before the two-year mark. Several described the two-year requirement as arbitrary, arguing that duration is being prioritised over proven competence.

3.7. Length should be flexible and depend on prior learning

Another core theme for organisational respondents was that the duration of IETPT should not be fixed but instead adaptable to individual learners' prior experience, learning pace and existing competence. Several organisations highlighted that trainee pharmacy technicians learn in different ways and at different paces, reinforcing that a rigid two-year model does not account for variation in learners' starting points (see section 3.6). Prior pharmacy experience was highlighted as a significant determinant of required training time (see section 6), respondents described clear differences in competence between trainee pharmacy technicians entering with several years of experience and those with none.

For experienced entrants, two years was viewed as excessive (see section 3.6), whereas those new to pharmacy were seen as needing additional time to become fully rounded practitioners.

A frequent suggestion from organisations was to replace fixed duration requirements with models based on supervised hours, outcomes, or competency assessments. Respondents noted that some trainee pharmacy technicians could complete required supervised practice in under a year, while others, particularly those working part-time or with no prior exposure might need longer. Flexibility around recognition of prior experiential learning was deemed essential (see section 6), enabling fast-tracking for experienced individuals, including those retraining from other healthcare sectors or with overseas backgrounds.

3.8. Longer course could disadvantage and deter some trainee pharmacy technicians or organisations

Another core theme among organisational respondents was concern that extending the duration of IETPT could have negative consequences for both trainee pharmacy technicians and employers. Some noted that additional course content risks unintentionally lengthening programmes, increasing workload and pressure on learners, particularly those balancing full-time employment with study. Respondents highlighted that longer courses may deter potential applicants or reduce organisational willingness to fund training due to increased costs and operational strain. Employers reported that supporting trainee pharmacy technicians over extended periods places stress on remaining staff, while others warned that making programmes significantly longer could discourage individuals from entering the profession.

3.9. Additional themes:

In addition to the core themes outlined above, respondents identified two additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- A longer course would support wellbeing, for example, by creating the space to build foundational academic skills and implement these in practice-based environments.
- A longer course allows for alternative IETPT models, such as more classroom-based or university-equivalent teaching upfront, followed by dedicated placement and supervised practice time.

4. Practice-based supervision

4.1. Survey response table and analysis

Table 4: Views on the 14-hour minimum weekly supervised practice-based learning requirement (Base: All respondents)

Q6. Is the minimum weekly requirement of 14 hours of supervised practice-based learning still appropriate for the proposed new IETPT standards?	Individuals		Organisations		Total	
Yes	454	59%	51	47%	505	57%
No	214	28%	44	41%	258	29%
Don't know	104	13%	13	12%	117	13%
Total N and % of responses	772	100%	108	100%	880	100%

Overall, a majority (57%) of respondents considered the minimum weekly requirement of 14 hours of supervised practice-based learning appropriate, while nearly a third (29%) of respondents did not and 13% selected 'don't know'.

By respondent type, organisations were less positive than individuals: 47% of organisations said the requirement was appropriate, compared with 59% of individuals. Opposition was higher among organisations (41%) than among individuals (28%). Uncertainty was similar across groups (12% of organisations vs 13% of individuals).

4.2. Summary of themes

Two-thirds of all respondents left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Feedback on the supervised practice requirement was mixed with several benefits and challenges highlighted. Many respondents described significant pressures that limit employers' ability to provide consistent, high-quality supervision, including staffing shortages, competing service demands and difficulties organising placements. Others emphasised the positive role the requirement plays in supporting learning, noting that regular, hands-on experience helps trainee pharmacy technicians consolidate theory, build confidence and develop sound professional judgement. Alongside this, a strong call for greater flexibility emerged, with suggestions for cumulative hours, proportional models, block learning or extended programme durations to reflect varied work patterns and sector differences. The benefits for trainee pharmacy technicians and the profession were widely recognised, particularly in strengthening competence, patient safety and professional identity. However, respondents also questioned whether the current approach adequately reflects the breadth of modern practice, arguing that wider access to different settings and more immersive learning are needed to prepare trainee pharmacy technicians for increasingly complex roles.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Increase in delivery challenges for employers
- Supports training delivery
- Need to allow flexibility and alternative approaches
- Benefit to trainee pharmacy technicians, pharmacy technicians and the pharmacy technician role
- Lack of focus on learning in practice and different settings

4.3. Increase in delivery challenges for employers

Many individual and organisational respondents frequently highlighted delivery challenges that make a 14-hour minimum difficult to implement reliably. Core issues include limited supervisory capacity (shortage of available staff, service pressures, annual leave and sickness) which reduces protected, high-quality supervision time, with some individual respondents reporting minimal or home-based learning. Organisations noted placement and rota constraints, difficulty matching trainee pharmacy technicians with suitably trained assessors, and sector variation, such as, hospital teams' ability to supervise extensively, whereas many community settings cannot.

Several respondents warned that with expanding competencies, the hours risk becoming service time rather than structured learning. Concerns were raised about equity and accessibility for part-time roles, GP/primary care placements and learners needing reasonable adjustments.

4.4. Supports training delivery

Respondents who felt the 14-hour minimum supports effective training delivery emphasised that regular supervised practice is essential for developing competence, confidence, and professional judgement. Many noted that hands-on, workplace-based learning enables trainee pharmacy technicians to consolidate theory, ask questions, and receive immediate feedback, describing supervised time as the "most helpful" element of training. A recurring view was that 14 hours is a workable balance by providing consistent exposure to real-world practice without overwhelming supervisors, who must balance supervision with service delivery and pressures (see section 1.8). Several highlighted that high-quality supervision matters more than simply increasing hours.

Others felt the requirement supports structure and equity, giving a clear baseline across sectors and offering flexibility for part-time learners. Several welcomed that 14 hours allows both supervised and independent study, enabling a meaningful split between practical and theoretical learning, and providing greater opportunities and ranges of feedback on their skills development.

4.5. Need to allow flexibility and alternative approaches

A number of organisations frequently emphasised the need for greater flexibility in how supervised practice hours are structured, arguing that a rigid weekly minimum does not reflect the realities of modern workplaces or diverse learner needs (see sections 4.8 – 4.13). Many suggested that supervised time should fit around work patterns, contract hours, and sector differences, with some recommending proportional models (e.g., 60/40 supervised-to-study split, or higher hours in year 1 and reduced in year 2 as confidence develops). Others proposed cumulative or averaged hours, allowing trainee pharmacy technicians to make up time across blocks or rotations.

There was strong support for alternative delivery models, including block placements, classroom-based supervised learning, remote learning and more cross-sector exposure, or extending the training. Several respondents also argued for a more competency-based, outcomes-focused approach, prioritising quality and relevance of supervision over prescriptive weekly patterns depending on the individual learner.

4.6. Benefit to trainee pharmacy technicians, pharmacy technicians and the pharmacy technician role

Respondents consistently emphasised that supervised practice-based learning provides significant educational and professional benefits to trainee pharmacy technicians. Many highlighted that hands-on, real-time experience supported by qualified professionals helps trainee pharmacy technicians consolidate theoretical knowledge, develop technical competence, and build clinical and professional judgement. They described supervised practice as the most effective way to learn complex tasks, apply learning safely, and develop confidence. The 14-hour minimum was seen as offering a good balance, several saw it as essential for supporting reflective practice, professional behaviours, and the transition to practice at registration. Many considered supervised practice crucial to producing competent, confident, and well-rounded pharmacy technicians equipped for an increasingly complex role.

4.7. Lack of focus on learning in practice and different settings

Respondents emphasised the need for consistent practice throughout training, with supervised practice occurring regularly and without long gaps. Many noted that the quality and type of practice are as important as duration, calling for structured exposure to a range of settings, including community and hospital pharmacy, GP and PCN teams, and substance misuse services.

Several sought flexibilities in defining acceptable practice, including onsite tasks beyond traditional community pharmacy. Others highlighted workforce pressures that limit effective learning, stressing the need for protected study time and longer, more immersive periods of supervised practice to develop competence across different pharmacy and healthcare environments.

4.8. Additional themes:

In addition to the core themes outlined above, respondents identified three additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Greater GPhC support required, for example, in defining what counts as supervised practice-based learning, as organisations currently interpret these differently.
- Greater focus on quality assurance needed, for example, ensuring the 14 hours has clear standardised implementation across all programmes and sectors.
- Does not align with existing healthcare education, for example, is less time than the 30 hour minimum requirement for apprenticeships.

4.9. Survey response table and analysis

Table 5: Views on permitting flexible approaches to supervised practice hours (Base: All respondents)

Q8. Should the GPhC consider allowing more flexibility in how supervised practice hours are achieved in practice, as long as the required hours are completed within the two-year training timeframe?	Individuals		Organisations		Total	
Yes	463	60%	82	76%	545	62%
No	158	20%	13	12%	171	19%
Don't know	151	20%	13	12%	164	19%
Total N and % of responses	772	100%	108	100%	880	100%

A majority (62%) supported allowing more flexibility in how supervised practice hours are achieved within the two-year timeframe. About one in five (19%) opposed and 19% selected 'don't know'.

By respondent type, organisations were more supportive than individuals: 76% of organisations favoured increased flexibility, compared with 60% of individuals. Opposition was lower among organisations (12%) than among individuals (20%). Uncertainty was also lower among organisations (12% 'don't know') than among individuals (20% 'don't know').

4.10. Summary of themes

Almost three-fifths of all respondents left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Feedback highlighted broad support for introducing greater flexibility in how supervised practice-based learning hours are achieved, with respondents recognising benefits for employers, training delivery and trainee pharmacy technicians. Many organisational respondents noted that pharmacy services operate under fluctuating pressures, such as seasonal demand (winter pressures), staff shortages and variable shift patterns, which make a rigid weekly requirement challenging to sustain without disrupting service provision. A more flexible approach was seen as enabling employers to plan supervision more effectively, maintain safe staffing, and support cross-sector placements. Respondents also felt that flexibility would strengthen the delivery of training by allowing hours to be aligned with the complexity of learning tasks, enabling more varied experiences and reduced interruptions caused by operational pressures.

Importantly, respondents emphasised the significant benefits for trainee pharmacy technicians and the profession overall with improved accessibility and greater inclusivity for those with personal or work commitments.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Supports owners and employers in providing and managing pharmacy services
- Supports the delivery of training

- Provides benefits to trainee pharmacy technicians

4.11. Supports owners and employers in providing and managing pharmacy services

Respondents widely agreed that introducing greater flexibility in how supervised practice hours are achieved would help owners and employers manage pharmacy services more effectively. Many highlighted that pharmacy workloads fluctuate significantly due to seasonal pressures, staff shortages, annual leave and sickness, making a rigid weekly requirement difficult to meet without compromising service delivery. Flexibility, such as averaging hours over longer periods, allowing block placements, or adapting supervision levels across rotations was seen as essential for maintaining safe staffing while still supporting trainee pharmacy technicians' development and progression.

Organisations noted that a more adaptable model would allow better planning of supervision, reduce pressure during peak periods, and prevent training time being sacrificed when services are under strain. It would also support part-time staff, enable cross-sector placements, and accommodate varied working patterns, including term-time contracts. Many respondents felt that as long as total hours and competency standards are met, flexibility would strengthen workforce sustainability, broaden training opportunities, increase attractiveness of entering the training and ensure high-quality learning without undermining service delivery or patient care.

4.12. Supports the delivery of training

Several respondents, particularly those from organisations felt that greater flexibility would actively strengthen the delivery of training for trainee pharmacy technicians. They highlighted that an outcomes-based model, focused on completing the total required hours and demonstrating competence would better reflect real learning needs than a fixed weekly minimum. Flexibility was seen as enabling more effective planning of training across settings (including hospitals, community pharmacies, GP practices and care homes).

Individuals and organisations noted that allowing hours to be distributed differently across rotations or training blocks was viewed as beneficial for aligning supervision with the complexity of learning tasks, supporting trainee pharmacy technicians with prior experience, and promoting more cross-sector exposure. Respondents also emphasised that flexibility would reduce disruption caused by service pressures, minimise situations where trainee pharmacy technicians are pulled away from learning, and create space for innovative training approaches and a greater range of feedback.

4.13. Provides benefits to trainee pharmacy technicians

Respondents felt strongly that greater flexibility would offer clear benefits through making training more accessible and sustainable for individuals with varied personal circumstances, including caring responsibilities, disability, health needs, pregnancy or part-time work. Allowing hours to be banked in quieter periods or completed in blocks was seen as reducing stress, supporting work-life balance, and helping learners progress at a pace suited to their needs.

Flexibility was also viewed as enhancing the quality of learning, trainee pharmacy technicians could focus on complex skills when most appropriate, gain exposure across different sectors, and receive more meaningful, consistent supervision. Respondents noted that such adaptability helps retain talented staff who might otherwise be unable to commit to rigid weekly requirements.

4.14. Additional themes:

In addition to the core themes outlined above, respondents identified two additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Flexibility could lead to inconsistency, for example, by risking supervision being delayed, condensed, or unevenly applied across sectors, without flexibility the quality and developmental value of supervised practice could be undermined.
- Allows flexibility and enables alternative approaches, for example, it could support diverse learning environments, different service models, and support individual circumstances such as part-time work, caring responsibilities and maternity leave.

5. Learning outcomes

5.1. Survey response charts and analysis

Figure 1: Views of all respondents (N =880) on whether the proposed new learning outcomes are the right ones to meet the requirements of the role of a pharmacy technician

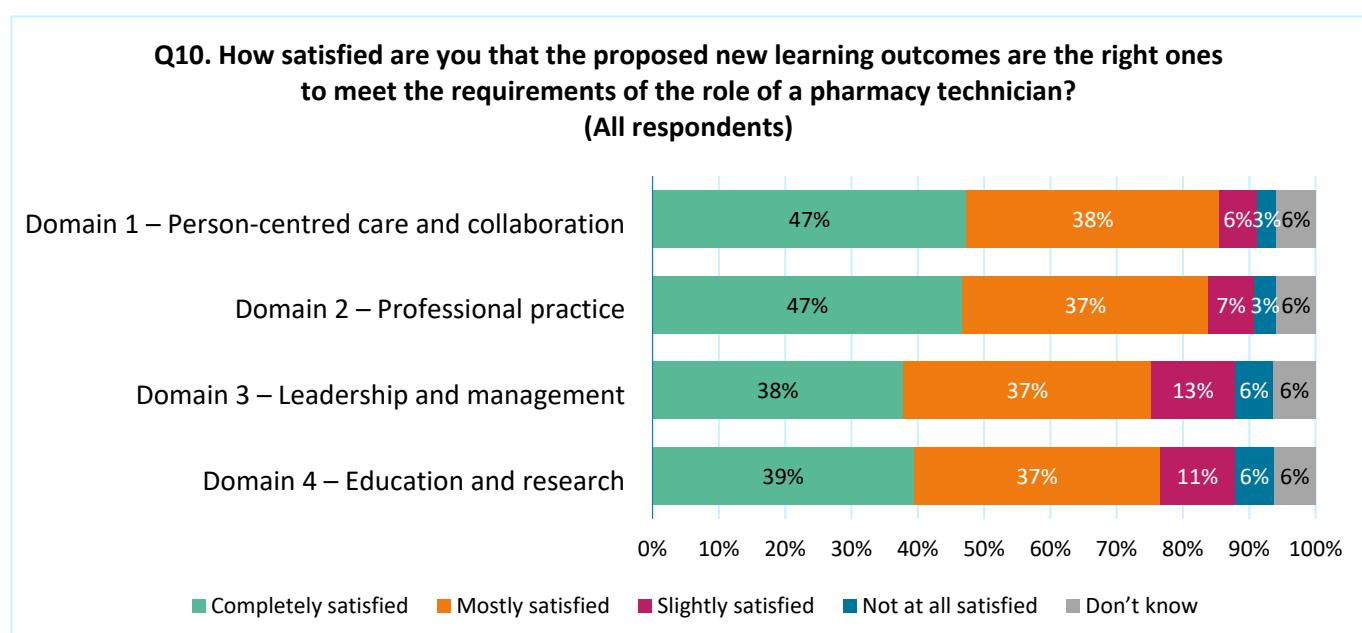


Figure 1 shows that across all four domains, the most common response was 'completely or mostly satisfied', ranging from 75% to 85%. Satisfaction was highest for domain 1 (person-centred care and collaboration) and domain 2 (professional practice), where nearly half of respondents reported being completely satisfied. Domain 3 (leadership and management) and domain 4 (education and research) had slightly lower levels of complete satisfaction, alongside higher proportions reporting slight or no satisfaction.

Figure 2: Comparison of individual respondents (N=772) and organisational respondents (N=108) on whether the proposed new learning outcomes are the right ones to meet the requirements of the role of a pharmacy technician

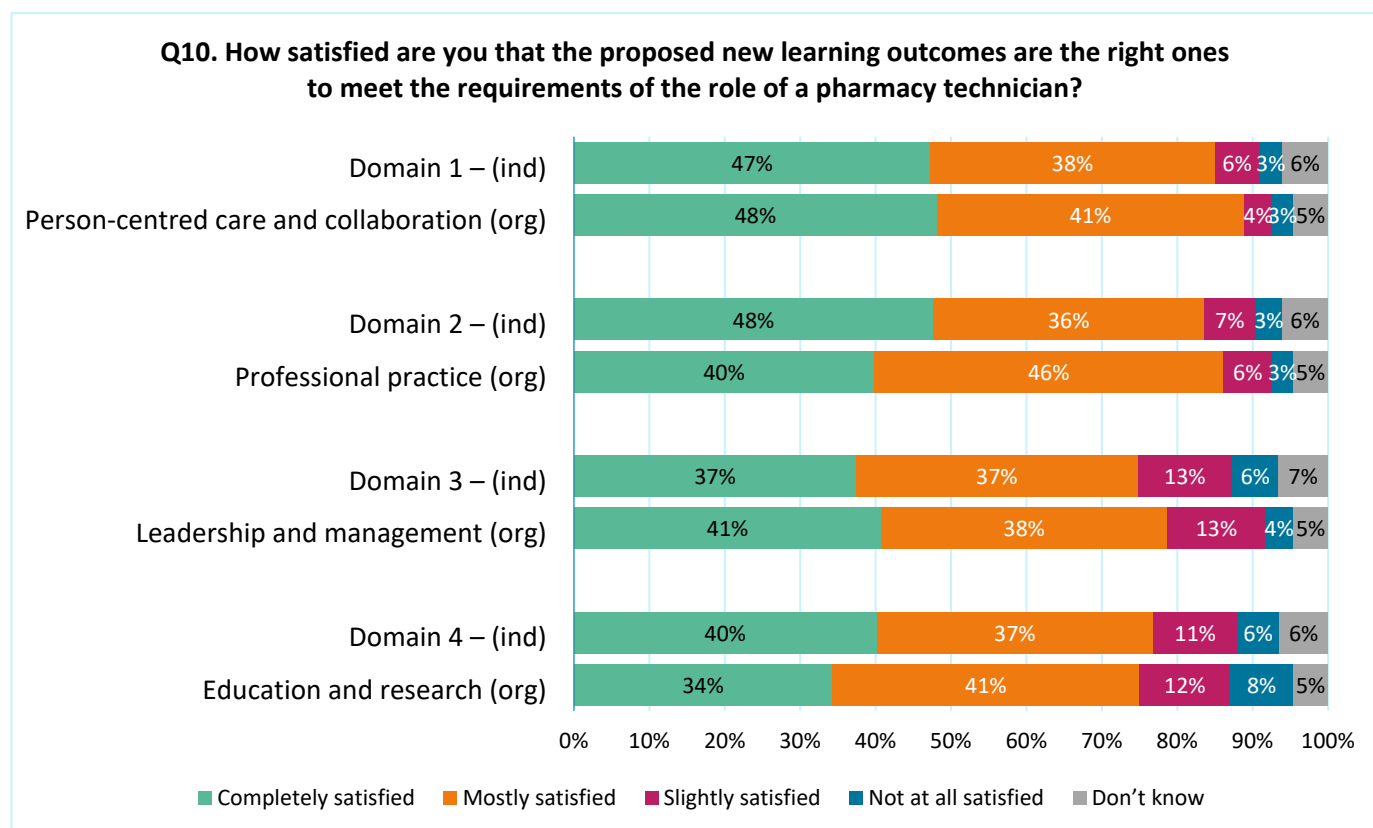


Figure 2 shows that both individual and organisational respondents were predominantly ‘completely or mostly satisfied’ across all domains. Comparing respondent types, combined satisfaction was higher among organisations for domains 1 (89% vs 85%), 2 (86% vs 84%) and 3 (79% vs 74%), while individuals were slightly higher for domain 4 (77% vs 75%). Domains 3 and 4 showed comparatively lower complete satisfaction and slightly higher proportions of organisation and individual respondents who were only slightly or not at all satisfied. Overall, organisational responses tended to show marginally higher satisfaction in domains 1 and 3, while individuals were more satisfied in domains 2 and 4.

Figure 3: Views of all respondents (N=880) on whether the proposed new learning outcomes are at the right Miller's Level

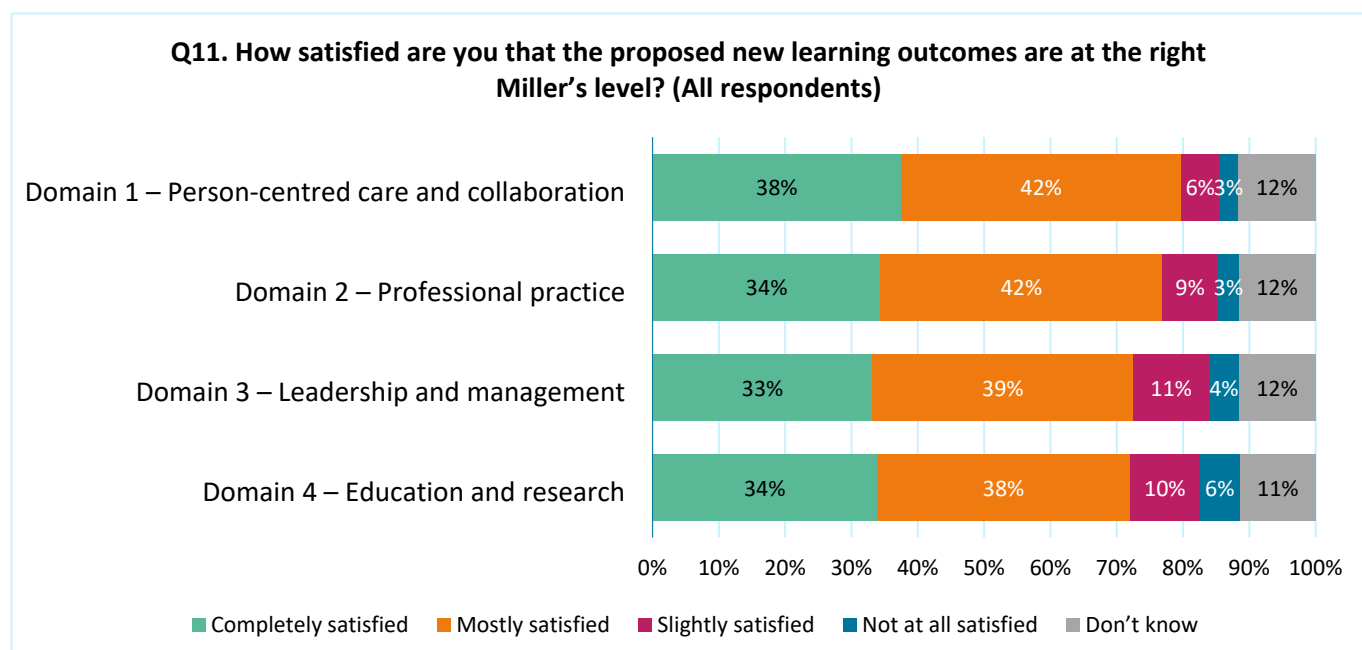


Figure 3 shows that respondents were satisfied about the suitability of Miller's levels across all four domains, with 72% to 80% reporting they were completely or mostly satisfied. Complete satisfaction was highest for domain 1 at 38%. Domains 3 and 4 showed comparatively weaker satisfaction, with the highest proportions of slight or no satisfaction (15% and 16% respectively). 'Don't know' responses were consistent at 11 to 12%.

Figure 4: Comparison of individual respondents (N=772) and organisational respondents (N=108) on whether the proposed new learning outcomes are at the right Miller's Level

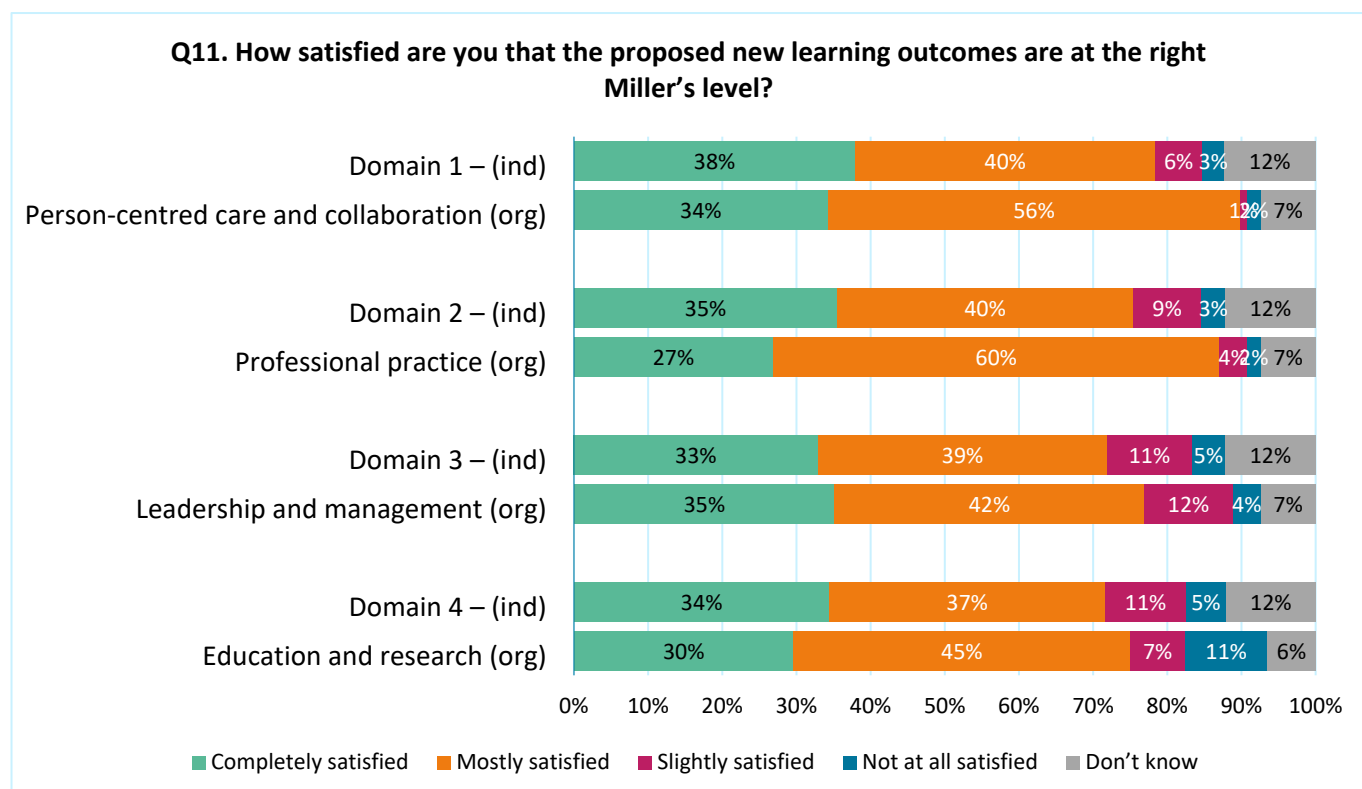


Figure 4 shows consistently high satisfaction with the appropriateness of Miller's levels across all four domains from both individual and organisational respondents. 'Completely or mostly satisfied' was the dominant response for both groups, ranging from 71% to 78% among individuals and 75% to 90% among organisations, with domain 1 receiving the strongest endorsement overall. Individuals reported higher levels of complete satisfaction in domains 1, 2 and 4, while organisations showed higher satisfaction overall, particularly in domains 1 and 2. Domains 3 and 4 attracted the highest levels of slight or no satisfaction, especially among organisations in Domain 4. 'Don't know' responses were more common among individuals (12%) than organisations (6 to 7%). Overall, organisations provided stronger endorsement across most domains, whereas individuals showed slightly higher 'completely satisfied' levels in domains 1, 2 and 4.

5.2. Summary of themes

Just over a quarter of all respondents left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Across responses, several core themes emerged. Many felt the proposed outcomes contain important forward-looking elements, such as stronger focus on person-centred care, public health, digital skills and leadership which align well with future pharmacy practice. However, respondents also raised concerns, including gaps in clinical, technical services and research competencies; Miller's levels set too low for expected responsibilities and significant delivery pressures for employers, particularly around time, system access and placement availability. Many emphasised that clearer GPhC guidance, national frameworks and additional support for training providers and supervisors will be essential to implement the revised learning outcomes consistently and safely.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Gaps in proposed learning outcomes which do not meet the future needs of a changing pharmacy sector
- Miller's level proposed is too low
- Meets current and future needs of the changing pharmacy sector
- Increase in delivery challenges for employers
- Greater GPhC support required

5.3. Gaps in proposed learning outcomes which do not meet the future needs of a changing pharmacy sector

Across all respondents who commented on gaps in the proposed learning outcomes, many raised concerns that the draft learning outcomes do not fully equip future pharmacy technicians for an evolving and more clinically focused sector. Feedback most frequently highlighted gaps within the professional practice and education and research domains, although all domains had some suggestions for strengthening.

In domain 1 (person-centred care and collaboration), many respondents felt the outcomes lacked sufficient emphasis on future-facing clinical capability. Comments commonly pointed to insufficient development of clinical reasoning, judgement, consultation skills and basic clinical examination. A smaller group also highlighted the need for clearer expectations around shared decision-making, compassionate communication and expanded public health and screening responsibilities.

In domain 2 (professional practice), a large majority of respondents identified a significant omission of technical and aseptic services learning outcomes, viewing this as misaligned with future supervisory responsibilities and wider workforce needs. Many also commented on insufficient coverage of PGDs, unlicensed medicines, antimicrobial stewardship, medicines governance and applied pharmacogenomics.

In domain 3 (leadership and management), many respondents felt the learning outcomes were not detailed enough for the demands of future roles. They sought clearer development of applied leadership skills, including conflict management, basic HR competence, risk assessment, change management and the ability to influence or lead teams in situations where pharmacy technicians may have increased autonomy.

In domain 4 (education and research), many respondents considered the domain too limited and lacking sufficient depth for a modern workforce. They advocated for stronger applied competence in research, quality improvement, audit and evaluation, rather than simple awareness, seeing these skills as essential for evidence-based practice and innovation.

5.4. Miller's level proposed is too low

Across respondents who commented on Miller's levels, many felt that several proposed outcomes were set too low to reflect the expectations of future pharmacy technician practice. The most frequent feedback concerned outcomes currently placed at 'knows' or 'knows how' where respondents believed a higher level of demonstration was required.

A large number highlighted the need for 'does' for core professional practice activities such as disposing of medicines, contributing to sustainable practice and public health functions. Many also felt that public

health activities in domain 1, and leadership expectations in domain 3, required uplift to 'shows how' or 'does' to align with increasing frontline and supervisory responsibilities.

In domain 2, many respondents recommended raising the outcomes on scientific and pharmacological principles from 'knows how' to 'does', reflecting the increasingly advanced clinical responsibilities of the pharmacy technician role now and in the future.

In domain 4, many considered the research outcome to be lacking detail, with calls for movement to 'knows how' and 'shows how' for research processes and evidence-based principles to ensure trainee pharmacy technicians can actively apply these principles and undertake basic audit or quality improvement activities.

5.5. Meets current and future needs of the changing pharmacy sector

A core theme for organisational respondents was that they felt the proposed learning outcomes align well with the current and future needs of a rapidly evolving pharmacy sector. Several highlighted that the strengthened focus on person-centred care, public health, digital competence, genomics and sustainability reflects the direction of modern practice and supports the sector's shift toward prevention, multidisciplinary working and expanded clinical roles. Many also welcomed the inclusion of leadership, supervision, optimisation and enhanced medicines safety expectations, viewing these as essential for technicians operating in increasingly autonomous environments.

Respondents noted that the outcomes mirror the broader skill-mix changes occurring across community, hospital and primary care settings and will help ensure pharmacy technicians are better equipped for new models of service delivery. Some emphasised that the learning outcomes provide a strong foundation for developing confident, adaptable practitioners capable of contributing to service improvement, patient-facing roles and future workforce transformation.

5.6. Increase in delivery challenges for employers

Both individual and organisational respondents cited delivery challenges for employers, many expressed concerns that the proposed learning outcomes would be difficult to implement within existing workplace constraints (see section 4). A frequent issue raised was the limited time available during the working day for trainee pharmacy technicians to complete an expanded set of competencies, with several stating that all the required training would not be able to take place solely in working time, given competing service pressures. Many also highlighted sector-specific barriers, particularly in community pharmacy, where pharmacy technicians lack access to clinical systems comparable to hospital settings, making certain outcomes harder to achieve.

Some respondents noted that activities such as clinical measurements, final accuracy checking, and supervised sales may be impossible or rare in some workplaces, requiring substantial refresher training or alternative arrangements. Others questioned the feasibility of expecting research or educational activities within a two-year programme, viewing these as unrealistic for many employers to support and leading to differing national standards for these learning outcomes.

5.7. Greater GPhC support required

Several organisational respondents requested further support, many emphasised that clearer and more comprehensive GPhC guidance will be essential for successful implementation of the revised learning outcomes. Several highlighted that ambiguous or inconsistently worded outcomes risk differing interpretations across education providers, creating variation in assessment and delivery. Respondents

called for clearer definitions, more consistent use of active verbs, and explicit differentiation between 'knows' and 'knows how' to support reliable judgement of competence.

A few organisations also highlighted the need for national frameworks and clearer expectations around areas such as final accuracy checking, quality assurance, clinical trials and supervision-related responsibilities, which the GPhC should support. Employer organisations were concerned about how they could be assured that training providers deliver these elements consistently, without clearer GPhC guidance and implementation support.

Others highlighted the need for additional resources, structured upskilling plans and stronger guidance from the GPhC to support designated education supervisors and training providers, particularly during the transition to RQF Level 4 delivery.

5.8. Additional themes:

In addition to the core themes outlined above, respondents identified four additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Does not align with existing healthcare education, for example, the proposed standards diverge from established frameworks, terminology, curricula, and expectations used across pharmacist training and wider professional standards.
- Provides benefits to trainee pharmacy technicians and, pharmacy technicians and their role, for example, through enabling individuals on qualification to work as autonomous professionals.
- Miller's level proposed is too high, for example, learning outcome 50 (mentoring of others) may be challenging to achieve at the 'does' level for all trainee pharmacy technicians.
- Disagreement with the additional pharmacy technician responsibilities proposed, for example the inclusion of final accuracy checking in IETPT being too challenging and that it should remain as a post-registration addition.

6. Standards and criteria

6.1. Survey response charts, tables and analysis

Figure 5: Views of all respondents (N=880) on whether the proposed new standards for course providers are the right standards and criteria for quality assuring pharmacy technician education and training

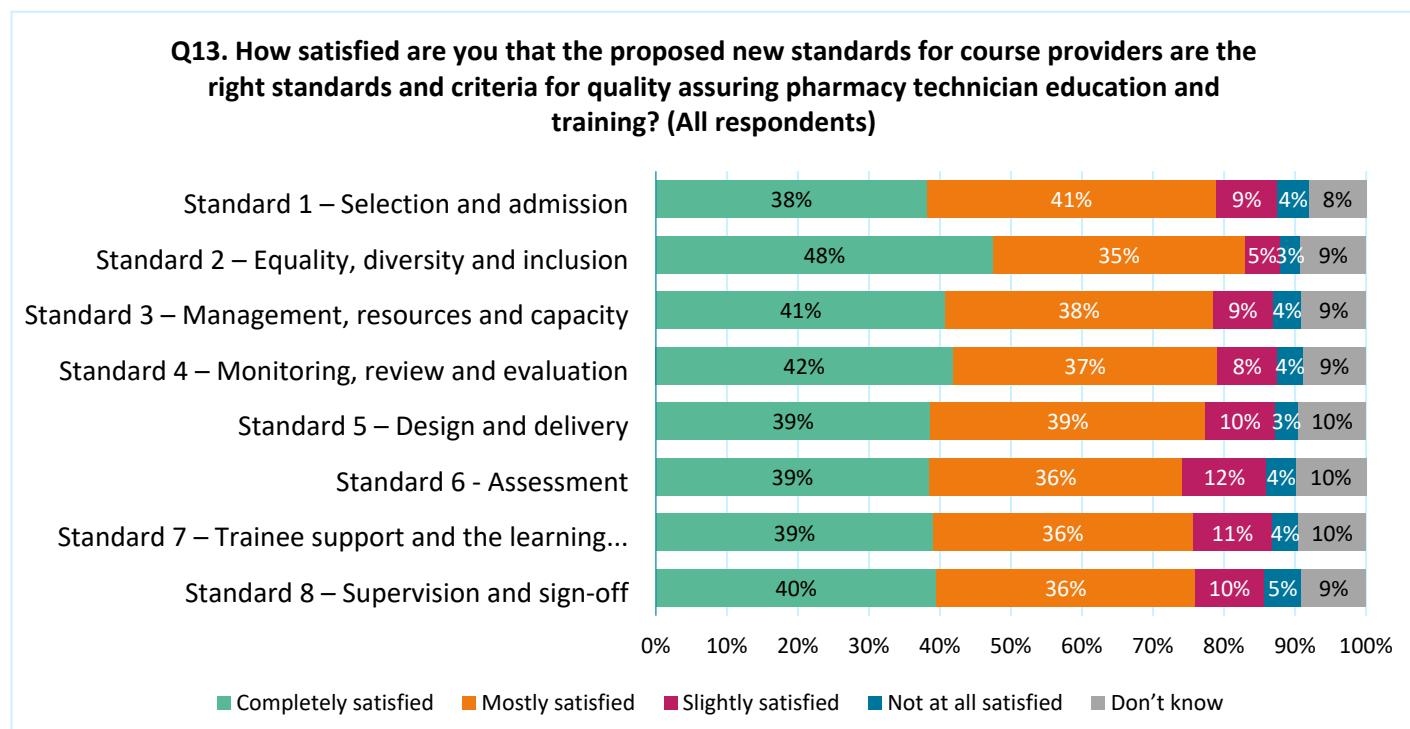


Figure 5 indicates strong overall satisfaction in the proposed standards, with 'completely or mostly satisfied' being the predominant response across all eight standards, ranging from 75% to 83%. Complete satisfaction was highest for standard 2 at 48%. While levels of slight or no satisfaction remained relatively low, standards 6, 7 and 8 attracted the highest proportions of these responses. 'Don't know' responses were consistent at 8 to 10%. Standards 1 to 5 generally achieved higher satisfaction levels, while standards 6 to 8 showed slightly lower satisfaction levels.

Figure 6: Comparison of individual respondents (N=772) and organisational respondents (N=108) on whether the proposed new standards for course providers are the right standards and criteria for quality assuring pharmacy technician education and training

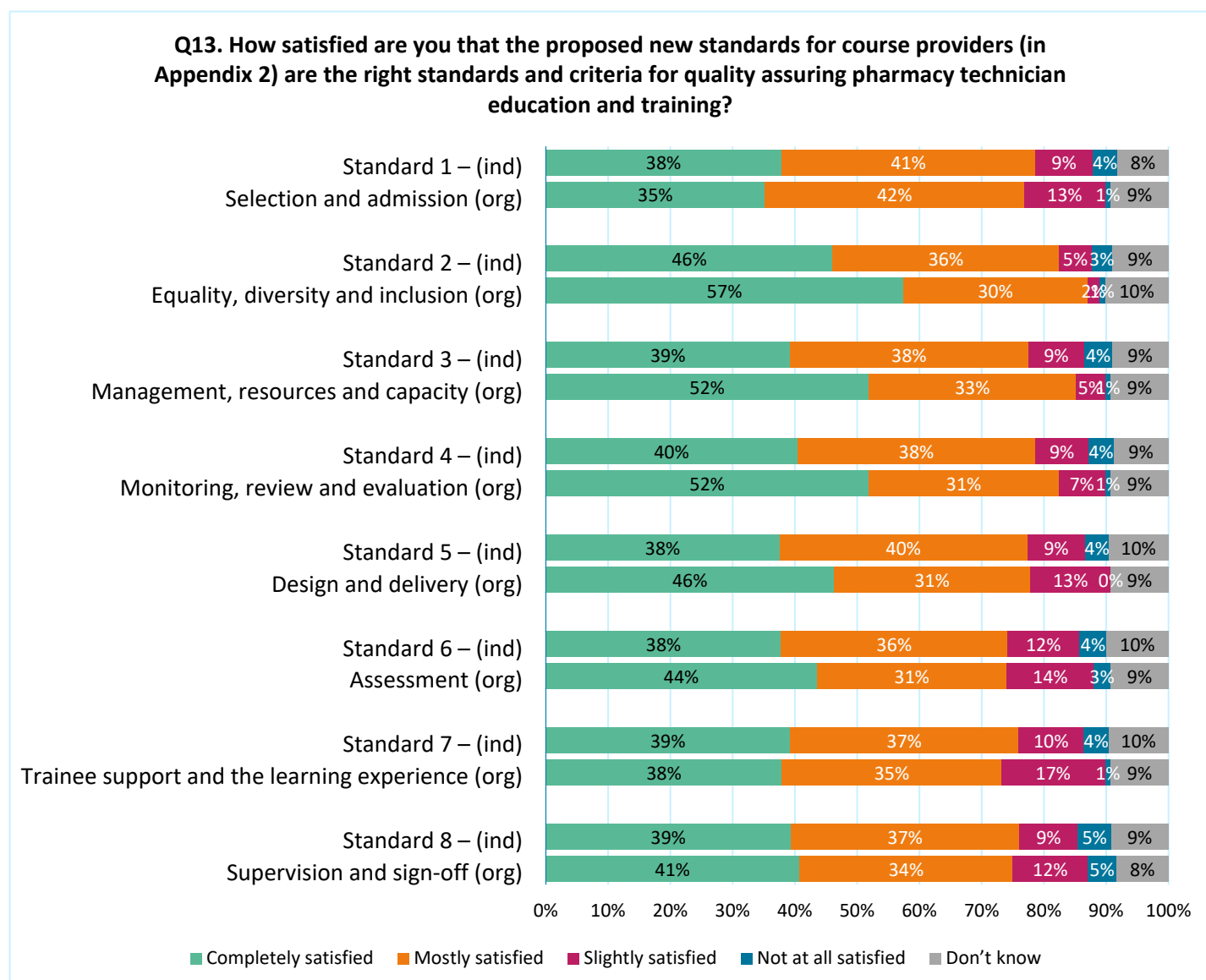


Figure 6 shows strong overall satisfaction in the proposed standards among both individual and organisational respondents, with 'completely or mostly satisfied' being the predominant response across all eight standards. Satisfaction ranged from 74% to 82% for individuals and 73% to 87% for organisations. Standard 2 received the highest levels of complete satisfaction for both groups, peaking at 46% among individuals and 57% among organisations. Organisations were more likely to be completely satisfied on most standards, particularly standards 2, 3 and 4, whereas individuals reported slightly higher complete satisfaction for standards 1 and 7. Slight or no satisfaction was relatively low overall but highest for standards 6 and 7 in both groups. 'Don't know' responses were broadly similar across groups at 8 to 10%. Overall, organisations provided stronger satisfaction across most standards, while individuals expressed marginally lower satisfaction levels.

6.2. Summary of themes

A quarter of all respondents left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Across responses from both individuals and organisations, several overarching themes emerged regarding the feasibility and consistency of the proposed standards. Many felt that substantial additional support and clearer regulatory guidance from the GPhC will be essential, particularly in areas such as entry requirements, assessment expectations, supervision and sign-off to ensure the standards can be delivered safely and consistently across diverse settings. Respondents also highlighted concerns about variable quality assurance, noting that current differences in provider practice and supervisory arrangements demonstrate the need for stronger, nationally defined requirements and monitoring. A recurring theme was that the assessment model requires significant strengthening, with many calling for more formalised provider-led assessments or a national registration assessment. Finally, respondents emphasised that the standards do not sufficiently support high-quality practice-based learning, citing risks of trainee pharmacy technicians remaining in substantive roles without protected learning time, structured supervision or equitable cross-sector placement opportunities.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Greater support from the GPhC is required
- A stronger focus on quality assurance is required
- The assessment approach needs to be changed
- Lack of focus on learning within practice across different settings

6.3. Greater GPhC support required

Across respondents who commented on the proposed standards, many indicated that additional guidance or support from the GPhC would be needed to implement the proposed standards effectively, particularly respondents from organisations. Feedback most commonly related to standards 1, 6, 7 and 8, where respondents felt that further regulatory clarity would help ensure consistency across education providers, supervisors and employers.

Under standard 1, a number of respondents highlighted the need for clearer definitions of equivalent experience and recognised qualifications, noting that the current wording may lead to varied interpretation. Several organisations also commented that more prescriptive guidance from the GPhC could support employers during selection and admissions processes.

For standards 6 and 7, a significant number of respondents requested clearer expectations around assessment approaches, consistency in applying Miller's levels, protected learning time, and the processes available to trainee pharmacy technicians who feel inadequately supported. Some respondents emphasised the importance of reducing sector-based variation through more explicit requirements from the GPhC around assessment, including a standardised national assessment.

A smaller group raised points relating to standard 8, including the need for national guidance on supervision, training for designated educational supervisors and clearer standardised guidance from the GPhC on expectations for supervision and sign-off.

6.4. A stronger focus on quality assurance is required

Across individual and organisational respondents who commented on this area, many expressed concerns that the proposed standards do not provide sufficient assurance of consistent quality across training providers, workplaces or supervisory arrangements. A recurring view was that robust mechanisms are needed to ensure course providers and employers have the systems, staffing levels and governance required to deliver training safely and effectively. Several respondents felt that variations in current provider practice demonstrate the need for stronger, centrally defined expectations and monitoring.

A substantial number of comments focused on supervision and sign-off, with respondents highlighting risks where sign-off rests predominantly with a single supervisor. Many felt this should instead involve an examining body or joint decisions between workplace and education providers, supported by clear national requirements. Related concerns included the absence of a GPhC-held record of trainee pharmacy technicians or designated education supervisors, which respondents felt limits assurance around fitness to practise, workload pressures, and consistency of supervision.

A smaller group emphasised the need for more explicit standards to address programme continuity, consistent assessment conditions (see section 6.5), and processes for raising concerns. Across these responses, the dominant theme was the expectation that stronger quality assurance requirements led or overseen by the GPhC are needed to ensure fairness, safety and consistency across all training environments.

6.5. The assessment approach needs to be changed

A number of individual and organisational respondents who commented on this area, expressed concerns that the current assessment model is not robust and does not guarantee consistent standards across providers. A recurring view was that final sign-off should not rest with a single designated educational supervisor but instead form part of a formal, provider-led assessment process. Several respondents stated that end-of-course examinations, including in-person or invigilated assessments, are necessary to verify that trainee pharmacy technicians have genuinely achieved the required learning.

A notable number of respondents also questioned the use of experiential equivalence in entry criteria, noting that subjective assessment could lead to inconsistent decisions and increased dropout risk. Some respondents argued strongly for a national registration assessment set by the GPhC to ensure fairness, comparability and public confidence noting that the pharmacy professions should be treated equally at the point of entry to the professions. A smaller group supported more rigorous year-by-year assessment to prevent unsuitable trainee pharmacy technicians progressing unnecessarily.

6.6. Lack of focus on learning within practice across different settings

Respondents who commented on this area felt the proposed standards do not sufficiently support high-quality practice-based learning or ensure consistent experiences across sectors. A recurring concern was that trainee pharmacy technicians may remain in substantive roles rather than in defined training placements, limiting access to protected learning time, supervision and opportunities for developmental conversations. Respondents highlighted that this risks inequity, particularly where workplace capacity varies.

Several respondents noted that clearer national expectations for practice governance, supervisory quality and cross-sector exposure are needed. Suggestions included structured one-to-one supervision,

industry or cross-sector placements, and more explicit oversight of practice learning quality to prevent variation between employers.

A notable number of respondents emphasised that ambiguity around trainee pharmacy technician status and practice-based accountability could undermine the integration of learning across different settings.

6.7. Additional themes:

In addition to the core themes outlined above, respondents had six additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. These common themes were predominately raised by organisations, in order of prevalence, these were:

- More information is needed, for example, clarity on what constitutes suitable workplace supervision, and further detail on how prior experience may be recognised as equivalent to the required science qualification in standard 1.
- The proposal meets the current and future needs of a changing pharmacy sector, for example, the proposed RQF Level 2 science qualification ensures a solid foundation enabling pharmacy technicians to undertake more clinically focussed responsibilities on registration.
- It provides benefits to trainee pharmacy technicians, qualified pharmacy technicians, and the pharmacy technician role, for example, the higher level of training will allow pharmacy technicians to more capably undertake advanced roles upon registration.
- It standardises training and supports more consistent health service delivery, for example, the proposed standards were welcomed as establishing clear expectations and accountability for all providers and supervisors.
- It creates barriers to, and has impacts on, access to pharmacy technician training, for example, the requirement of the designated education supervisor may create barriers to some accessing training.
- Higher entry requirements or a higher RQF level are needed, for example, there were concerns the RQF Level 2 entry requirements were insufficient for a course being delivered at RQF Level 4.

6.8. Survey response table and analysis

Table 6: Views on whether Level 2 science, or equivalent should be a mandatory entry requirement (Base: All respondents)

Q15. Should Level 2 science, or equivalent, be a mandatory entry requirement under Standard 1?	Individuals		Organisations		Total	
Yes	619	80%	85	79%	704	80%
No	93	12%	14	13%	107	12%
Don't know	60	8%	9	8%	69	8%
Total N and % of responses	772	100%	108	100%	880	100%

Overall, four in five respondents (80%) supported making RQF Level 2 science (or equivalent) a mandatory entry requirement under standard 1. Support was high and consistent across respondent types: 80% of individuals and 79% of organisations answered ‘yes’.

Opposition was low (12%) overall and similar across groups (individuals 12%; organisations 13%). ‘Don’t know’ responses were 8% overall (individuals 8%; organisations 8%).

6.9. Summary of themes

Half of all respondents left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Across responses to the proposal to introduce an RQF Level 2 science requirement (or equivalent) under standard 1, respondents raised a wide range of views reflecting both strong support for the principle and concern about its practical impact. Respondents consistently recognised that pharmacy technician training is becoming increasingly science-intensive, and many emphasised the importance of ensuring learners enter programmes with the foundational knowledge required to engage confidently with chemistry, biology and related clinical content. These views underpin themes relating to strengthened training delivery, clearer expectations around equivalence, and perceived benefits for trainee pharmacy technicians and the profession.

At the same time, respondents identified potential challenges, particularly around access and equity. Many noted that a mandatory science requirement could restrict entry for otherwise capable applicants especially existing support staff and mature learners unless supported by well-defined equivalence routes and accessible bridging provision. Several organisational respondents also reflected on the need for consistency across the UK and the role a science requirement could play in supporting national standardisation and readiness for the changing demands of pharmacy practice.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Supports training delivery
- Science RQF Level 2 equivalence
- Benefit to trainee pharmacy technicians, pharmacy technicians and the pharmacy technician role
- May create barriers to access and impact entry into IETPT
- Helps standardise training and support consistent health-service delivery
- Aligns with current and future needs of a changing pharmacy sector

6.10. Supports training delivery

Across respondents who commented on this issue, many emphasised that an RQF Level 2 science requirement directly supports effective training delivery by ensuring learners enter the programme with the foundational knowledge needed to engage with a science-heavy curriculum. Respondents frequently noted that understanding core principles of biology, chemistry and data analysis is essential for progressing through RQF Level 4 content and for developing competence in medicines optimisation, pharmacology and emerging areas such as genomics. Several highlighted that trainee pharmacy technicians without this background often struggle, increasing the risk of disengagement, slower progression or attrition.

Some respondents also felt that clearer national guidance on equivalence would help providers apply the requirement consistently (see section 6.10). Across the feedback, the general view was that a

science requirement strengthens training delivery, provided it is accompanied by inclusive mechanisms that support diverse entry routes into the profession.

6.11. Science RQF Level 2 equivalence

Across respondents who commented on this issue, many stressed that the concept of “equivalent” science knowledge must be clearly defined to ensure consistent and fair admissions decisions. They noted that trainee pharmacy technicians entering an RQF Level 4 programme need a solid scientific grounding, and ambiguity around what counts as equivalent may result in learners being admitted without the foundational knowledge required to succeed. Several respondents highlighted that the transition from RQF Level 2 to Level 4 represents a significant academic step and that clear bridging arrangements, particularly for experienced pharmacy support staff, will be important to support progression and maintain a viable training pipeline.

A notable group emphasised that chemistry is a substantial element of the programme and that applicants without prior chemistry experience may struggle. While they did not suggest limiting entry to chemistry-only qualifications, they felt applicants should be made aware of the volume and complexity of chemistry involved.

Respondents also suggested that employers would benefit from clearer guidance on how to assess practical experience as an equivalent route. This was seen as essential to ensure fairness, support workforce development and avoid inadvertently excluding capable applicants with substantial experiential knowledge.

6.12. Benefit to trainee pharmacy technicians, pharmacy technicians and the pharmacy technician role

Individual and organisational respondents felt that introducing an RQF Level 2 science requirement would significantly strengthen the learning experience and long-term development of trainee pharmacy technicians. They noted that the course contains substantial scientific content ranging from chemistry and biology to pharmacology and emerging clinical areas and that trainee pharmacy technicians without a prior foundation often struggle, feel overwhelmed or require extensive additional support. Several respondents reported that learners lacking basic science knowledge were more likely to disengage or withdraw, indicating that the requirement would help prevent avoidable attrition and set realistic expectations for progression to RQF Level 4 study.

A notable number of respondents felt that stronger entry requirements would enhance the professionalism of the pharmacy technician role, aligning it more closely with other healthcare professions and supporting a clearer academic and clinical identity. They highlighted that a science foundation enables trainee pharmacy technicians to understand medicines more deeply, develop clinical reasoning and contribute confidently to increasingly complex responsibilities, including genomics and advanced practice.

6.13. May create barriers to access and impact entry into IETPT

Many respondents expressed concern that introducing a mandatory RQF Level 2 science requirement could unintentionally restrict access to IETPT. While most acknowledged the value of a scientific foundation, respondents highlighted that rigid reliance on GCSE science risks excluding capable, experienced pharmacy support staff and mature learners who may not hold formal qualifications but possess strong practical knowledge.

A notable group emphasised that current opportunities to upskill in maths and English through functional skills or local college provision are not mirrored for science, meaning learners may struggle to find accessible pathways to meet the requirement. Several respondents stressed the need for structured bridging programmes, access courses, or screening assessments to ensure that those without formal science qualifications can still progress.

Others warned that unclear definitions of ‘equivalent’ science could lead to inconsistent decisions across providers, further disadvantaging non-traditional applicants. Some respondents were also concerned that tightening entry criteria may reduce the future applicant pipeline.

6.14. Helps standardise training and support consistent health-service delivery

Organisational respondents most frequently commented on this topic, they emphasised that introducing a mandatory RQF Level 2 science requirement would help create a consistent national baseline of scientific literacy, supporting more standardised delivery of IETPT across regions, sectors and providers. They noted that pharmacy practice is inherently science-based, and that foundational knowledge in biology, chemistry and related principles enables trainee pharmacy technicians to better understand pharmacology, drug actions and safe medicines handling.

Respondents also highlighted that existing practice varies considerably across the UK with some nations, such as Scotland and Wales, already require science qualifications at entry, while providers in England apply differing expectations. Introducing a shared minimum standard was therefore viewed as a way to reduce variation, avoid learners struggling unevenly across programmes and support a more predictable level of readiness and service delivery upon registration.

6.15. Aligns with current and future needs of a changing pharmacy sector

Individuals and organisations highlighted that an RQF Level 2 science requirement aligns closely with the evolving expectations of pharmacy technician practice. As the sector shifts toward more clinically focused, technically complex roles encompassing pharmacology, genomics, digital systems and wider medicines optimisation, respondents emphasised that a solid scientific foundation is increasingly essential for safe, effective practice. They felt that requiring science at entry better prepares trainee pharmacy technicians for RQF Level 4 study and supports their confidence and competence in emerging areas such as personalised medicine and advanced clinical decision-making. A notable group also stressed that the requirement helps ensure workforce readiness for future service models, including expanded responsibilities under PGDs and enhanced clinical support roles.

6.16. Additional themes:

In addition to the core themes outlined above, respondents had two additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Further information required, for example, around the exact science or equivalent qualifications and levels required.
- Potential for negative impact on service delivery, for example, respondents warned that making RQF Level 2 science mandatory could reduce the number of people able to enter training, worsening workforce shortages and placing additional pressure on already stretched pharmacy services.

7. Regulation

7.1. Survey response table and analysis

Table 7: Views on additional regulation of IETPT by qualifications regulators in the respective GB countries (Base: All respondents)

Q17. To what extent do you agree or disagree that IETPT should also be regulated by the qualifications regulators in the respective GB countries?	Individuals		Organisations		Total	
Strongly agree	463	60%	75	69%	538	61%
Agree	225	29%	19	18%	244	28%
Neither agree nor disagree	45	6%	9	8%	54	6%
Disagree	10	1%	2	2%	12	1%
Strongly disagree	8	1%	1	1%	9	1%
Don't know	21	3%	2	2%	23	3%
Total N and % of responses	772	100%	108	100%	880	100%

Overall, there was overwhelming support (89%) for IETPT also being regulated by the qualification's regulators in the respective GB countries, with a clear majority strongly agreeing (61%). Only 2% disagreed, while 6% neither agreed nor disagreed and 3% selected 'don't know'.

By respondent type, organisations showed higher support 69% strongly agreed compared with 60% of individuals, though overall agreement was slightly higher among individuals (89%) than organisations (87%). Neutral responses were 6% among individuals and 8% among organisations. Opposition remained very low in both groups (individuals 2%; organisations 3%).

8. The impact of the proposals on people sharing protected characteristics and other groups

8.1. Survey response charts and analysis

Figure 7: Views of all respondents (N=880) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

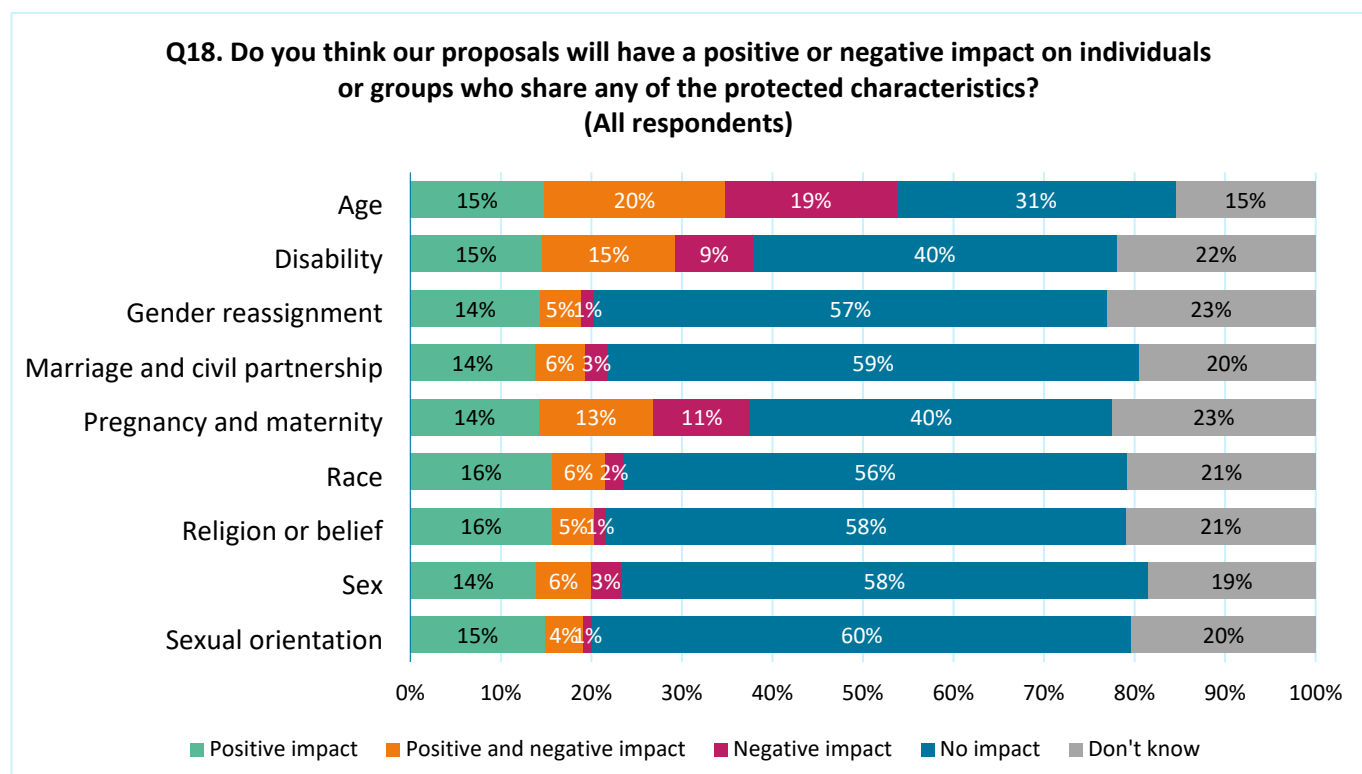


Figure 7 shows that the highest percentage of respondents (ranging from 31% to 60%) felt that our proposals would have no impact on each of the protected characteristics. Between 14% and 16% of respondents felt there would be a positive impact on groups or individuals who share each of the nine protected characteristics. The protected characteristic on which respondents thought the proposals would have the largest positive impact was race and religion or belief (16%), followed by disability (15%). A similar proportion of respondents (between 15% and 23%) did not know what the impact of the proposals would be. Only a small proportion of respondents felt that the proposals would have a negative impact for most characteristics (typically 1% to 11%); however, age was higher at 19%, with pregnancy and maternity at 11%. Slightly more respondents (ranging from 4% to 20%) indicated that the proposals would have both a positive and a negative impact, with age (20%) and disability (15%) scoring highest in this category.

A full breakdown of individual and organisational responses to this question is available in [Appendix 7](#).

Figure 8: Views of all respondents (N=880) on whether our proposals positively or negatively impact any other individuals or groups

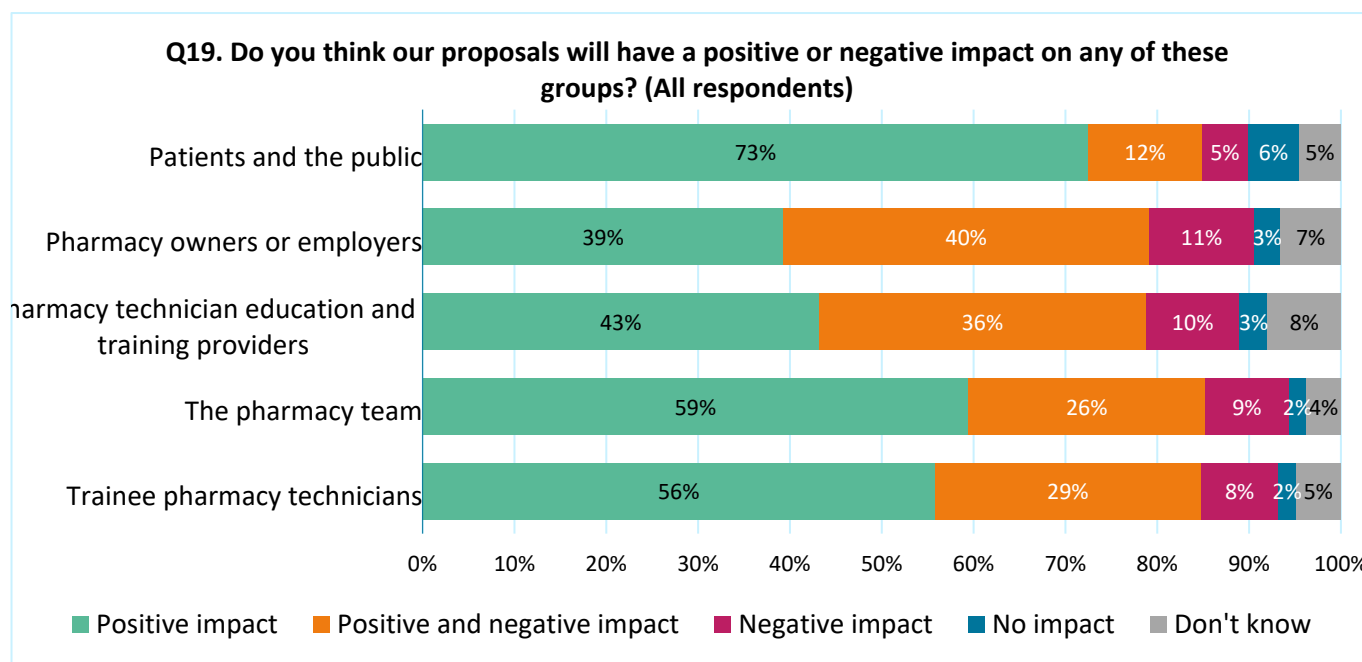


Figure 8 shows that the highest percentage of respondents (ranging from 39% to 73%) felt that our proposals would have a positive impact on each of the groups. The group for which respondents most frequently anticipated a positive impact was patients and the public (73%), followed by the pharmacy team (59%) and trainee pharmacy technicians (56%). Between 12% and 40% of respondents indicated the proposals would have both a positive and a negative impact, highest for pharmacy owners or employers (40%) and pharmacy technician education and training providers (36%). Only a small proportion (5% to 11%) felt there would be a negative impact, highest for pharmacy owners or employers (11%) and for pharmacy technician education and training providers (10%). No impact responses were low across all groups (2% to 6%), and a similar proportion selected 'don't know' (4% to 8%).

A full breakdown of individual and organisational responses to this question is available in [Appendix 8](#).

8.2. Summary of themes

Just over two-fifths of all respondents left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents noted that the proposed changes are expected to create both benefits and challenges for people with protected characteristics. Respondents highlighted that higher academic expectations may disproportionately affect older learners, disabled trainee pharmacy technicians, and those with pregnancy or maternity-related needs, particularly where flexibility, reasonable adjustments or clear equivalence routes are not well defined. Risks of indirect disadvantage were also noted for minority groups and those with religious commitments, while clearer supervision requirements and structures were seen as positive for LGBTQ+ learners and those undergoing gender reassignment. For patients and the public, respondents anticipated safer, higher-quality care delivered by a better-trained workforce. Employers may face short-term financial and operational pressures but ultimately benefit from improved capability. Training providers expect significant transitional burden due to curriculum

redesign. Pharmacy teams may experience temporary strain from supervision requirements, while trainee pharmacy technicians could face higher workload and anxiety but gain long-term advantages from improved training, confidence and career progression.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Negative impact on employers
- Benefit to the public and patients
- Benefit to trainee pharmacy technicians, pharmacy technicians and the pharmacy technician role
- Negative impact on trainee pharmacy technicians
- Positive impact on the pharmacy teams or the workforce
- Negative impact on those with protected characteristics
- Positive impact on employers
- Negative impact on training providers
- Negative impact on pharmacy teams or the workforce

8.3. Negative impact on employers

Many respondents from organisations and individuals who commented on this area anticipated negative impacts for pharmacy owners and employers if training requirements increase or become more academically demanding. A recurring concern was the financial burden, with respondents noting that higher-level training may require increased supervision time, greater organisational input, and potentially higher salaries for trainee pharmacy technicians and newly qualified pharmacy technicians (see section 1.9). Several stated that community pharmacies, already operating under financial pressure, may struggle to offer competitive pay aligned to an RQF Level 4 qualification, which could further affect retention.

A notable number of respondents also raised concerns about recruitment challenges, suggesting that higher entry requirements and a longer training pathway could reduce the pool of applicants particularly in smaller or rural pharmacies and place additional strain on existing teams. Some highlighted that employers may be reluctant to take on trainee pharmacy technicians if training requirements become too resource-intensive.

Respondents also noted the risk of operational pressures, including reduced staff availability while trainee pharmacy technicians complete extended training and the added workload for supervisors.

8.4. Benefit to the public and patients

Across all respondents who commented on this area, many anticipated clear benefits for patients and the public arising from the proposed changes. A recurring view was that higher training standards would produce a more skilled, confident and well-prepared pharmacy technician workforce, improving patient safety, accuracy, and the overall quality of care. Respondents noted that better-trained pharmacy technicians would be able to provide more informed advice, support medicines optimisation, and contribute to a stronger skill mix within pharmacy teams, enabling pharmacists to focus on more complex clinical tasks.

Several respondents also felt that the proposals would enhance public confidence by ensuring that registered professionals are trained to a consistently high standard, with improved capability in areas such as person-centred care, communication and safeguarding.

8.5. Benefit to trainee pharmacy technicians, pharmacy technicians and the pharmacy technician role

Organisational respondents more frequently commented on this theme, many anticipated that raising the level of IETPT would deliver clear benefits for both trainee and registered pharmacy technicians. Respondents felt that higher entry and qualification standards would produce better-educated trainee pharmacy technicians, improve baseline competence and strengthen confidence in practice. Several noted that a more rigorous programme would enhance professional recognition, support the development of advanced clinical and technical skills, and position pharmacy technicians more firmly as part of the wider healthcare workforce.

A notable number of respondents highlighted that improved training could increase career opportunities, expand the pharmacy technician role, and support progression into more specialist or patient-facing functions. Some also felt these changes would raise public and employer confidence in the profession.

8.6. Negative impact on trainee pharmacy technicians

Many respondents anticipated that the proposed changes may introduce significant challenges for trainee pharmacy technicians. A recurring concern was that raising academic expectations particularly the inclusion of science requirements, additional learning outcomes and more complex clinical content could deter applicants who lack recent academic experience, have caring responsibilities, disabilities, or are returning to study after a long break. Several noted that older learners or those whose education was disrupted by the COVID-19 pandemic may be disproportionately affected.

A notable number of respondents also highlighted the increased workload, time pressure and stress associated with a more intensive RQF Level 4 programme, particularly when combined with full-time employment and limited workplace support. Some warned that these demands could heighten anxiety, contribute to burnout, or result in higher attrition rates. Others expressed concern that stricter entry criteria may reduce widening-participation opportunities and limit career progression for existing pharmacy support staff.

8.7. Positive impact on the workforce

Several respondents anticipated that the proposals would have a positive impact on the pharmacy workforce over the longer term. A recurring view was that higher training standards would lead to a more knowledgeable, confident and practice-ready pharmacy technician workforce, better able to support pharmacists and contribute to safe, efficient service delivery. Respondents felt this would strengthen team capability, improve skill mix and help pharmacies meet increasing clinical demands as pharmacists take on more advanced roles.

Several respondents also highlighted that enhanced education, and clearer expectations would support workforce development by improving CPD readiness, enabling pharmacy technicians to take on broader responsibilities and promoting more structured career progression. Some noted that a more highly trained workforce could increase productivity and release pharmacists to focus on patient-facing care.

8.8. Negative impact on those with protected characteristics

Across respondents who reflected on equality impacts, many anticipated that the proposed changes could create disproportionate barriers for several protected groups. Age-related impacts were the most frequently cited, with concerns that older learners may be disadvantaged by higher academic entry

requirements particularly the introduction of compulsory RQF Level 2 science and by increased digital and academic demands. Respondents noted that individuals who completed school many years ago, hold outdated or non-transferable qualifications, or lack confidence returning to structured study may struggle to access or complete a more intensive RQF Level 4 programme.

Disabled trainee pharmacy technicians, including those with neurodiverse conditions or fluctuating health needs, were also identified as being at greater risk of disadvantage. Higher academic expectations, accuracy-dependent tasks and rigid supervised-practice requirements were described as potential barriers unless consistent, well-resourced reasonable adjustments are made. Several respondents emphasised that the fixed two-year model and minimum weekly supervised-practice hours could be particularly challenging for disabled trainee pharmacy technicians without greater flexibility.

There were also widespread concerns regarding pregnancy and maternity, with respondents noting that the current requirements may be difficult to meet alongside pregnancy-related illness, maternity leave or early-years caring responsibilities. Given that the pharmacy support workforce is predominantly female, several respondents highlighted a risk of indirect sex-based disadvantage unless programme duration, supervision expectations and protected learning time allow for flexible progression.

Respondents additionally noted the potential for indirect racial disadvantage, particularly for individuals educated overseas or from communities where access to science qualifications may historically have been limited. These concerns centred on the need for clear, fair and transparent equivalence pathways to avoid excluding capable applicants. A smaller number of respondents also noted that religious observance could be affected if programme structures are inflexible, emphasising the need for inclusive scheduling and culturally sensitive supervision practices.

8.9. Positive impact on employers

Across respondents who commented on this theme, many anticipated positive long-term benefits for pharmacy owners and employers arising from the proposed training changes. A recurring view was that a more highly trained and standardised pharmacy technician workforce would strengthen team capability, improve service quality and support the delivery of a broader range of pharmacy services.

Several respondents suggested that employers would gain from having staff who are better equipped to contribute to clinical and operational tasks, enabling more efficient use of workforce skill mix. Some also highlighted that improved training may enhance the reputation and reliability of pharmacy services, supporting patient trust and business sustainability.

8.10. Negative impact on training providers

Several respondents anticipated that the proposals would place significant additional pressure on pharmacy technician education and training providers. A recurring concern was that providers will face substantial workload increases as they redesign curricula, update assessment strategies and align programmes to a higher qualification level. Several respondents noted that some providers are not currently equipped to deliver RQF Level 4 training, and that developing new course structures, learning materials and supervisory frameworks may require considerable time, resources and staff upskilling.

Respondents also highlighted risks of short-term disruption, with some training providers struggling to implement changes quickly enough, leading to delays, inconsistent delivery or increased stress for trainee pharmacy technicians. Concerns were also raised about the feasibility of preparing trainee pharmacy technicians for responsibilities such as final accuracy checking within a two-year programme, particularly in specialist settings.

8.11. Negative impact on pharmacy teams or the workforce

Across respondents who commented on this theme, a small number anticipated that the proposed changes could place additional strain on pharmacy teams and the wider workforce. Respondents cited concern about the impact of minimum supervised-practice hours, with teams worried that releasing trainee pharmacy technicians for 14 hours per week would reduce operational capacity and increase pressure on already stretched staff. Respondents also described risks of disruption where trainee pharmacy technicians focus heavily on meeting learning and logging requirements, particularly if final accuracy checking is introduced, reducing their availability to support day-to-day workflow.

8.12. Additional themes:

In addition to the core themes outlined above, respondents had five additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Negative impacts on existing pharmacy technicians and pharmacy sector by creating a two-tier system, for example, pharmacy technicians who qualified to a lower RQF Level may be disadvantaged in terms of career progression.
- Positive impact on training providers, for example, enables the training of confident and competent pharmacy technicians.
- Positive impact on those with protected characteristics, for example, the proposed changes are expected to improve inclusivity by offering clearer standards, greater flexibility, and stronger support structures that benefit people across protected characteristics. Respondents also indicated that enhanced training quality and more consistent educational pathways will help create fairer opportunities, particularly supporting groups who may previously have faced barriers.
- Negative impact on the pharmacy sector, for example, concerns were raised that the sector and providers would need several years to upskill and up resource to be able to deliver these increased standards.
- Positive impact on the pharmacy sector, for example, the proposed standards would produce better-educated trainee pharmacy technicians, improve baseline competence and strengthen confidence in practice, benefiting the sector.

Appendix 1: Summary of our proposals

Level of study

The proposal is to increase the minimum level of study for IETPT from Regulated Qualifications Framework (RQF) Level 3 for England and Wales (Scottish Credit and Qualifications Framework (SCQF) Level 6 for Scotland) to at least RQF Level 4 (equivalent to SCQF Level 7).

This change reflects the expanded and increasingly clinical role of pharmacy technicians within modern healthcare. Level 4 study provides a deeper academic and practical foundation, including improved skills in critical thinking, clinical decision making, and adaptability, which are required to practise safely and effectively in more complex healthcare settings.

An RQF Level 4 qualification is broadly equivalent to the first year of an undergraduate degree. Raising the entry level will better prepare pharmacy technicians to meet current and future patient needs, including those arising from an ageing population, long-term conditions, and public health initiatives such as smoking cessation and vaccination support.

The proposal also aims to strengthen career progression by aligning IETPT more closely with post-registration continuing professional development (CPD). This will support pharmacy technicians to:

- progress to more advanced qualifications
- take on leadership roles
- specialise in areas such as primary care

To ensure quality and consistency at the higher academic level, all pharmacy technician qualifications would be required to be credit-bearing and regulated by the appropriate national qualifications body (including Ofqual (England), Scottish Qualification Authority (Scotland), Qualifications Wales (Wales), and the Office for Students (England)).

Overall, the proposal seeks to ensure that IETPT remains fit for purpose, accessible, and robust, while equipping pharmacy technicians with the knowledge and skills needed to respond to evolving healthcare demands at the point of registration and throughout their careers.

Educational supervision

The proposal introduces a new, explicit standard on educational supervision and sign-off within IETPT, to clarify responsibilities and improve consistency across the profession.

The new standard defines the role of a designated education supervisor, who will have overall responsibility for supervising the trainee pharmacy technician in practice, monitoring their progress, providing structured feedback, and signing off the trainee pharmacy technician's final declaration at the end of training. This is intended to give clearer expectations of supervisors' duties and strengthen assurance of safe and effective practice.

The proposal also requires formal learning agreements between education providers, employers, educational supervisors and trainee pharmacy technicians. These agreements will set out roles, responsibilities, lines of accountability, how trainee pharmacy technicians will be supported in practice, and how concerns about education and training can be raised. The aim is to promote shared ownership

of training quality and ensure trainee pharmacy technicians receive a positive, well-supported learning experience.

The new standard builds on the GPhC's recently updated guidance on **supervising learners in practice** and will align educational supervision arrangements across pharmacy professions. Together, these changes are intended to improve clarity, consistency, and quality of supervision, and to better prepare trainee pharmacy technicians for professional practice.

Entry requirements

The proposal strengthens entry requirements for IETPT to reflect the increased academic and practical demands of the revised standards.

Current requirements for English and Maths at RQF Level 2 (or equivalent) will remain. In addition, the proposal introduces a mandatory science subject requirement at RQF Level 2 (or equivalent). This reflects current practice among many providers and is intended to ensure applicants have the foundational scientific knowledge needed to succeed on a higher-level programme of study.

To maintain accessibility and inclusivity, the proposal allows the science requirement to be met through equivalent experience or practice-based learning, such as prior work undertaken by pharmacy support staff including dispensing assistants and pharmacy assistants. This seeks to balance widening access with the need to ensure applicants are academically and practically prepared for the course.

The change responds to stakeholder feedback indicating that applicants without a science background are more likely to struggle with training, leading to higher attrition and system inefficiencies. Introducing a science requirement, alongside English and Maths, is expected to create a more consistent entry standard and improve learner readiness.

The strengthened entry requirements will also allow expanded and more demanding competencies to be included within training, including areas such as digital health, genomics, and environmental sustainability. Overall, the proposal aims to support high-quality education and training while continuing to implement changes in a fair and equitable way, informed by ongoing engagement with stakeholders.

Duration

The proposal recommends retaining the current two-year duration for IETPT. This reflects mixed stakeholder views on whether the length of training should change and recognises that there is no clear consensus to support altering the overall timeframe at this stage.

The existing requirement for at least 14 hours per week of supervised work-based experience will also remain unchanged. Trainee pharmacy technicians must continue to undertake this experience under the supervision of a pharmacist or pharmacy technician.

To support different training models and learner circumstances, the proposal allows for flexibility in how the supervised experience is delivered, provided the equivalent total hours are completed over a longer period where necessary.

Overall, the approach seeks to maintain stability and flexibility while ensuring trainee pharmacy technicians continue to gain sufficient supervised practical experience to support safe and effective practice.

Multi-sector training

The proposed standards encourage, but do not require, multi-sector training for trainee pharmacy technicians. Sectors refer to different practice environments such as community pharmacy, hospitals, primary care networks, and emerging settings like digital pharmacies.

The aim is to help trainee pharmacy technicians develop versatility and preparedness by gaining exposure to different pharmacy contexts, supporting broader skill development and workforce flexibility. Stakeholders recognised the value of this approach but highlighted that making it compulsory would currently be impractical and could disrupt manageable training pathways.

As multi-sector training is still developing and largely implemented at local levels, the proposal supports flexibility, strongly encouraging multi-sector experience where logistics allow, without placing mandatory requirements on providers or employers.

Final accuracy checking

The proposal introduces final accuracy checking as a mandatory competency at the point of registration for all pharmacy technicians.

The learning outcomes will be updated to replace ‘accuracy checking’ with ‘final accuracy checking’, defined as the final verification of a dispensed medicine’s accuracy, dosage, labelling, and appropriateness before it is supplied to the patient. This responsibility requires strong attention to detail and the ability to identify errors.

With the move to RQF Level 4 (SCQF Level 7) education and the evolving pharmacy technician role, final accuracy checking is considered an appropriate and proportionate responsibility. Under the proposal, newly registered pharmacy technicians will be trained and assessed in final accuracy checking during their initial education and training and will no longer need to complete additional post-registration assessments to undertake this role.

Technology

The proposal seeks to embed digital and technology-related competencies into pharmacy technician initial education and training to reflect the growing role of digital innovation in healthcare.

Trainee pharmacy technicians will be expected to develop the skills needed to use digital systems confidently and safely, including maintaining accuracy, confidentiality, and data security. New learning outcomes will focus on keeping up to date with emerging technologies and using digital tools to improve clinical outcomes and patient safety, such as through data analytics in medicines management.

The proposal recognises potential challenges for training providers, including variable access to digital resources and differing levels of digital literacy among trainee pharmacy technicians. The GPhC commits to working with stakeholders to address these challenges and ensure that digital competencies are implemented in a practical and inclusive way.

Environmental sustainability

The proposal introduces environmental sustainability competencies into IETPT, reflecting the increasing importance of sustainable healthcare practice.

Trainee pharmacy technicians will be prepared for responsibilities such as reducing medicines waste, promoting environmentally responsible practices, and supporting sustainability initiatives within pharmacy services. Pharmacy technicians are well placed to contribute to these activities across a range of sectors.

While recognising that sustainability practices may vary by setting and may not always be fully achievable in certain environments (for example, aseptic units or prisons), the proposal aims to ensure that pharmacy technicians are equipped to support an increasingly environmentally conscious healthcare system.

Genomics

The proposal incorporates foundational genomics (pharmacogenomics) knowledge into IETPT.

Genomics plays an increasing role in medicines optimisation and personalised healthcare, including the prescribing and management of medicines based on genetic information, such as in cancer treatment. Basic pharmacogenomic understanding will support pharmacy technicians in dispensing, advising patients, updating records, and conducting final accuracy checks for genomics-informed prescriptions.

Aligning with national healthcare education initiatives across Great Britain, the proposal aims to improve patient safety, multidisciplinary team working, and national consistency by embedding genomics as a defined learning outcome in the training standards.

Skills mix

The proposal aims to equip pharmacy technicians with a broader and more flexible skills mix in line with evolving NHS service models and multidisciplinary working.

Recent legislative and policy changes now allow pharmacy technicians to take on expanded clinical activities, including supplying and administering medicines under Patient Group Directions (PGDs) and carrying out blood pressure checks. Pharmacy technicians are also increasingly embedded within primary care networks, working alongside GPs and other healthcare professionals.

The revised standards will ensure trainee pharmacy technicians develop a wide range of competencies to support person-centred care, effective team working, and efficient use of pharmacy workforce skills across diverse healthcare settings.

Appendix 2: About the consultation

Overview

The consultation was open for 12 weeks, beginning on 1 October 2025 and ending on 24 December 2025. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses
- we organised a focus group with patients and the public and hosted a webinar open to all stakeholders
- we discussed the consultation at meetings of our Student Voice, Pre-registration Pharmacy Technician Forum, Pharmacy Technician Forum and Pharmacist Forum
- we created a toolkit of materials for organisations to disseminate information about the consultation to their members, including a press release and a presentation
- we promoted the consultation through a press release to the pharmacy trade media and via our social media channels
- we monitored social media activity during the consultation period and collated the feedback we received for inclusion in our consultation analysis.

Survey

We received a total of **882** written responses to our consultation. **772** of these respondents identified themselves as individuals and **110** responded on behalf of an organisation.

Of these responses, **880** had responded to the consultation survey. The vast majority of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.

Alongside these, we received **2** responses from organisations writing more generally about their views.

Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period including notes from stakeholder events has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing, or heard them in meetings or events.

The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.

The term ‘respondents’ used throughout the analysis refers to those who completed the consultation survey and those who attended our stakeholder events. It includes both individuals and organisations.

If there were substantial differences between the views given in the consultation survey and those raised at stakeholder events, these differences are highlighted in the analysis.

Full details of the profile of respondents to the online survey is given in [Appendix 4](#).

For transparency, [Appendix 5](#) provides a list of the organisations that have engaged in the consultation through the online survey or via email response. A small number of organisations asked for their participation to be kept confidential, and their names have been withheld.

The consultation questions are provided in [Appendix 6](#).

Quantitative analysis

The survey contained a number of quantitative questions such as yes/no questions and rating scales. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

A small number (less than 5) of multiple responses were received from the same respondents. These were identified by matching on email address and name. In these cases, the respondent’s most recent response was included in the quantitative analysis, and all qualitative responses were analysed.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%. Figures of less than 1% are represented as <1%.

All questions were mandatory, and respondents had the option of selecting 'don't know'. Routing was used where appropriate to enable respondents to skip questions that weren't relevant. Skipped responses are not included in the tables for those questions.

Cells with no data are marked with a dash.

Qualitative analysis

This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email responses, and notes of stakeholder engagement events.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of written responses and analysis of feedback from stakeholder events using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes within each section presented in order of prevalence.

The consultation survey structure

The consultation survey was structured in such a way that open-ended questions followed each closed question or series of closed questions on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation proposals. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.

Appendix 4: Respondent profile: who we heard from

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the consultation. For pharmacy professionals, further questions were asked to identify whether they were pharmacists, foundation trainee pharmacists, pharmacy technicians or trainee pharmacy technicians, and in what setting they usually worked. For individuals working in community pharmacy, they were asked the size of pharmacy chain they worked in. For organisational respondents, there were questions about the type of organisation that they worked for, pharmacy premises organisations were additionally asked the size of pharmacy chain, and all organisations were asked whether they were involved in the design or delivery of IETPT. The tables below present the breakdown of their responses.

Category of respondents

Table 8: Responding as an individual or on behalf of an organisation (Base: all respondents)

Are you responding:	Total N	Total %
As an individual	772	88%
On behalf of an organisation	108	12%
Total N and % of responses	880	100%

Profile of individual respondents

Table 9: Countries (Base: all individuals)

Where do you live?	Total N	Total %
England	641	83%
Scotland	75	10%
Wales	31	4%
Northern Ireland	21	3%
Other	4	1%
Total N and % of responses	772	100%

Table 10: Respondent type (Base: all individuals)

Are you responding as:	Total N	Total %
A pharmacist	175	23%
A foundation trainee pharmacist	6	1%
A pharmacy technician	524	68%
A trainee pharmacy technician	36	5%
A member of the public	12	2%
Other	19	2%
Total N and % of responses	772	100%

Table 11: Main area of work (Base: individuals excluding pharmacy students and members of the public)

Sector	Total N	Total %
Community pharmacy (including online)	116	15%
Hospital pharmacy	376	49%
Prison pharmacy	3	<1%
GP practice	63	8%
Care home	1	<1%
Primary care organisation	62	8%
Pharmaceutical industry	6	1%
Research, education or training	64	8%
Other	69	9%
Total N and % of responses	760	100%

Table 12: Size of community pharmacy (Base: individuals working in community pharmacy)

Size of pharmacy chain	Total N	Total %
Independent pharmacy (1 pharmacy)	21	18%
Independent pharmacy chain (2-5 pharmacies)	21	18%
Small multiple pharmacy chain (6-25 pharmacies)	11	9%
Medium multiple pharmacy chain (26-100 pharmacies)	11	9%
Large multiple pharmacy chain (Over 100 pharmacies)	51	44%
Online-only pharmacy	1	1%
Total N and % of responses	116	100%

Table 13: Involvement in pharmacy technician education and training (Base: individuals excluding pharmacy students and members of the public)

Involvement in the design and delivery of pharmacy technician education and training	Total N	Total %
Yes	323	43%
No	437	58%
Total N and % of responses	760	100%

Profile of organisational respondents

Table 14: Pharmacy organisation (Base: all organisations)

Is your organisation:	Total N	Total %
NHS organisation or group	56	52%
Organisation representing pharmacy professionals or the pharmacy sector	26	24%
Registered pharmacy	14	13%
Research, education or training organisation	7	6%
Other	5	5%
Total N and % of responses	108	100%

Table 15: Type of registered pharmacy (Base: all registered pharmacy organisations)

Please choose the option below which best describes the registered pharmacy you represent	Total N	Total %
Independent pharmacy (1 pharmacy)	1	7%
Independent pharmacy chain (2-5 pharmacies)	1	7%
Small multiple pharmacy chain (6-25 pharmacies)	1	7%
Medium multiple pharmacy chain (26-100 pharmacies)	3	21%
Large multiple pharmacy chain (over 100 pharmacies)	4	29%
Hospital pharmacy	3	21%
Other	1	7%
Total N and % of responses	14	100%

Table 16: Involvement in pharmacy technician education and training (Base: individuals excluding pharmacy students and members of the public)

Involvement in the design and delivery of pharmacy technician education and training	Total N	Total %
Yes	323	43%
No	437	58%
Total N and % of responses	760	100%

Monitoring questions

Data was also collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross-section of the population had been included in the consultation exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.

Appendix 5: Organisations

The following organisations engaged in the consultation through the online survey, stakeholder engagement, one-to-one meetings, speaking events or email responses:

A M Clark Limited
Association of Pharmacy Technicians UK
Association for Prescribers
Barts Health NHS Trust
Betsi Cadwaladr University Health Board
Bristol, North Somerset and South Gloucestershire ICB
Boots UK
Bradford Teaching Hospitals Foundation NHS Trust
Britannia Pharmacy
Buttercups Training
Cardiff & Vale UHB
Chelsea and Westminster Hospital
Chesterfield Royal Hospital NHS Foundation Trust
Community Pharmacy England
Community Pharmacy Northern Ireland
Community Pharmacy Scotland
Community Pharmacy South Yorkshire
Community Pharmacy Wales
Community Pharmacy Workforce Development Group
Company Chemists' Association
Croydon Health Services
Cwm Taf Morgannwg University Health Board
Day Lewis Pharmacy Limited
Derbyshire Community Health Services NHS Trust
Directors of Pharmacy Scotland
Dudley Group of Hospitals NHS trust
East Kent Hospitals NHS Foundation Trust
East Midlands Pharmacy Education and Training Network
Greater Manchester Mental Health NHS Foundation Trust
Harrogate and District NHS Trust
Health Education & Improvement Wales
Joined Up Care Derbyshire Pharmacy Faculty
Joined Up Care Derbyshire Pharmacy Technician Leadership Group
Kent Community Health NHS Foundation Trust
Lancashire and South Cumbria ICB
Leeds Teaching Hospitals NHS Trust
Leeds Teaching Hospitals NHS Trust - Pharmacy Workforce Development
London Pharmacy Technician Advisory Forum
Mersey Care NHS Foundation Trust
Mid Yorkshire NHS Teaching Trust
National Pharmacy Technician Group Scotland

National Pharmacy Workforce Forum Scotland
Neonatal & Paediatric Pharmacy Group
NHS Ayrshire & Arran
NHS Education for Scotland
NHS England
NHS Fife
NHS Forth Valley
NHS Greater Glasgow and Clyde
NHS Grampian Area Pharmaceutical Committee
NHS Greater Glasgow and Clyde Pharmacy Education and Training
NHS Highland
NHS Lothian Acute Services
NHS Pharmaceutical Quality Assurance Committee
NHS Pharmaceutical Technical Services Education and Training Group
NHS Scotland - Pharmacy Technicians Education and Training Strategic Group
NHS Shropshire Telford and Wrekin Integrated Care System
Northern Ireland Centre for Pharmacy Learning and Development
National Institute for Health and Care Research
North Bristol NHS Trust
Numark
Open Awards
Oxford University Hospitals NHS Foundation Trust
Paydens Limited
New Cross Hospital
Pharmacy Forum Northern Ireland
Pharmacy Team SERC NI
Pharmacy Workforce Development South
Powys Teaching Health Board
Primary Care Pharmacy Association
Rowlands Pharmacy
Royal Cornwall Hospital Trust
Royal Derby Hospital
Royal Free London NHS Foundation Trust
Royal National Orthopaedic Hospital NHS Trust
Royal Pharmaceutical Society Scotland
Scottish Pharmacy Quality Assurance Group
Sherwood Forest Hospitals NHS Trust
South East London Integrated Care System
South Tees NHS Foundation Trust
South West Inclusive Pharmacy Practice Group
South West Senior Pharmacy Managers Group
Southern Health & Social Care Trust
Suffolk & North East Essex ICB
Superdrug Stores Plc
Swansea Bay University Health Board
Swansea University

The Pharmacists' Defence Association
UNISON
University College London Hospitals NHS Trust
University of East Anglia
University Hospital Southampton NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust
University Hospitals of Leicester
Velindre NHS Trust
Welsh Pharmaceutical Committee
West Midlands Technical Education Group
York and Scarborough Teaching Hospital NHS Foundation Trust

Appendix 6: Consultation questions

1. To what extent do you agree or disagree with the proposal to increase the minimum level for pharmacy technician initial education and training to 'Level 4 or above'?
2. Do you have any comments on the proposal to increase the minimum level for pharmacy technicians to RQF Level 4 or above?
3. Do you agree with making final accuracy checking an essential competency in the new initial education and training outcomes?
4. Is the present two-year duration of initial education and training appropriate for trainees if they are to meet the learning outcomes in these proposed standards?
5. If you have selected 'No', how long do you think they need and why?
6. Is the minimum weekly requirement of 14 hours of supervised practice-based learning still appropriate for the proposed new initial education and training standards for pharmacy technicians?
7. Please explain your answer
8. Should the GPhC consider allowing more flexibility in how supervised practice hours are achieved in practice, as long as the required hours are completed within the two-year training timeframe?
9. Please explain your answer
10. How satisfied are you that the proposed new learning outcomes (in Appendix 1) are the right ones to meet the requirements of the role of a pharmacy technician?
11. How satisfied are you that the proposed new learning outcomes are at the right Miller's level?
12. Please provide any comments explaining your responses to the questions on the learning outcomes (if relevant, please give the reference numbers of the learning outcomes).
13. How satisfied are you that the proposed new standards for course providers (in Appendix 2) are the right standards and criteria for quality assuring pharmacy technician education and training?
14. Please provide comments explaining your responses to question 13. (if relevant, please give the reference numbers of the standards or criteria).
15. Should Level 2 science, or equivalent, be a mandatory entry requirement under Standard 1?
16. Please provide comments explaining your responses to question 15 (if relevant, please include any supporting data)
17. To what extent do you agree or disagree that initial education and training for pharmacy technicians should also be regulated by the qualifications regulators in the respective GB countries?
18. 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?
19. We also want to know if our proposals will have a positive or negative impact on pharmacy staff, pharmacy owners, trainee pharmacy technicians, pharmacy technician education and training providers, and patients and the public. Do you think our proposals will have a positive or negative impact on each of these groups?
20. 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.

Appendix 7: The impact of the proposals on people sharing protected characteristics

Individual responses

Figure 9: Views of individual respondents (N=772) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

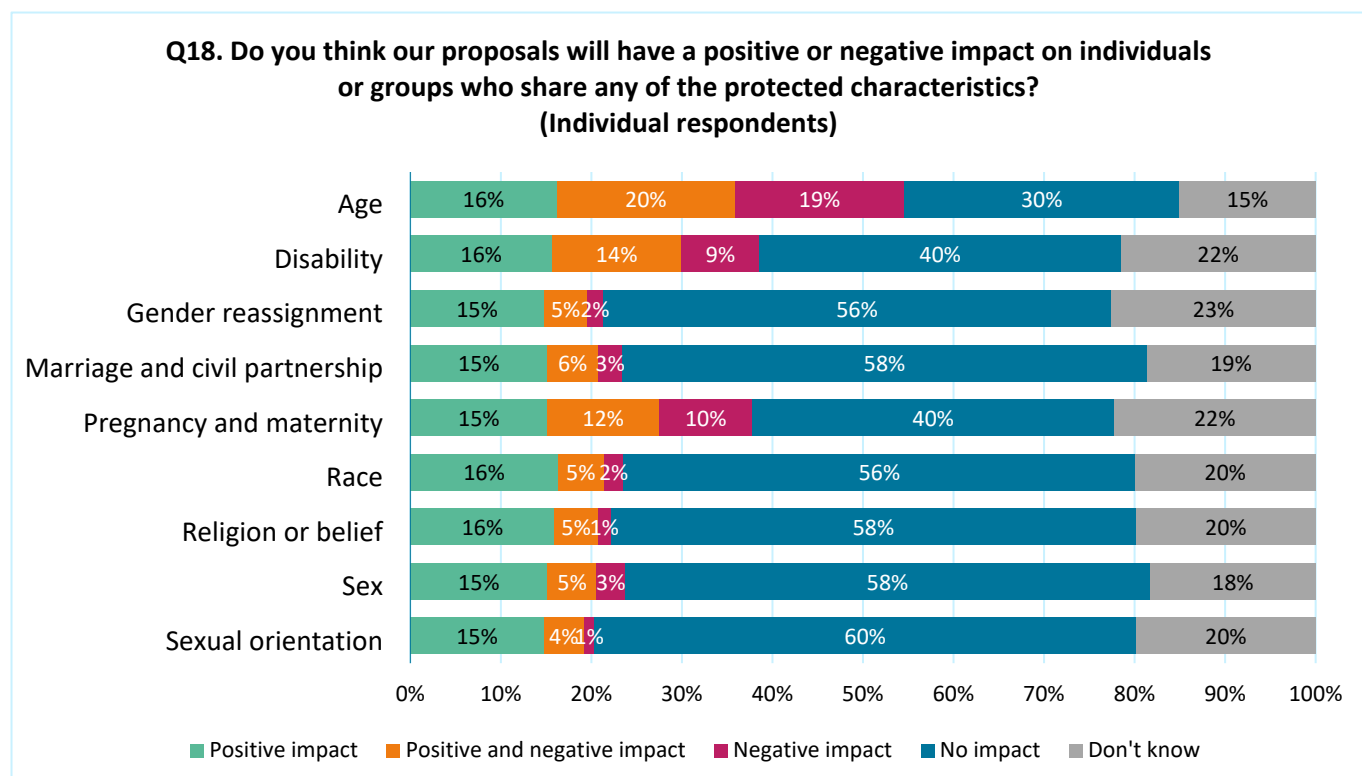


Figure 9 shows that the highest percentage of individual respondents (ranging from 30% to 60%) felt that our proposals would have no impact on each of the protected characteristics. Between 15% and 16% felt there would be a positive impact on groups or individuals who share each of the nine protected characteristics. The protected characteristics on which individual respondents thought the proposals would have the largest positive impact were age, disability, race, and religion or belief (all 16%). A similar proportion (between 15% and 23%) did not know what the impact of the proposals would be. Only a small proportion (typically 2% to 10%) felt that the proposals would have a negative impact, though age was notably higher at 19%, with pregnancy and maternity at 10% and disability at 9%. Slightly more individual respondents (ranging from 4% to 20%) indicated that the proposals would have both a positive and a negative impact, with age (20%) and disability (14%) scoring highest in this category.

NB. Please see section 8 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 10: Views of organisations (N=108) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

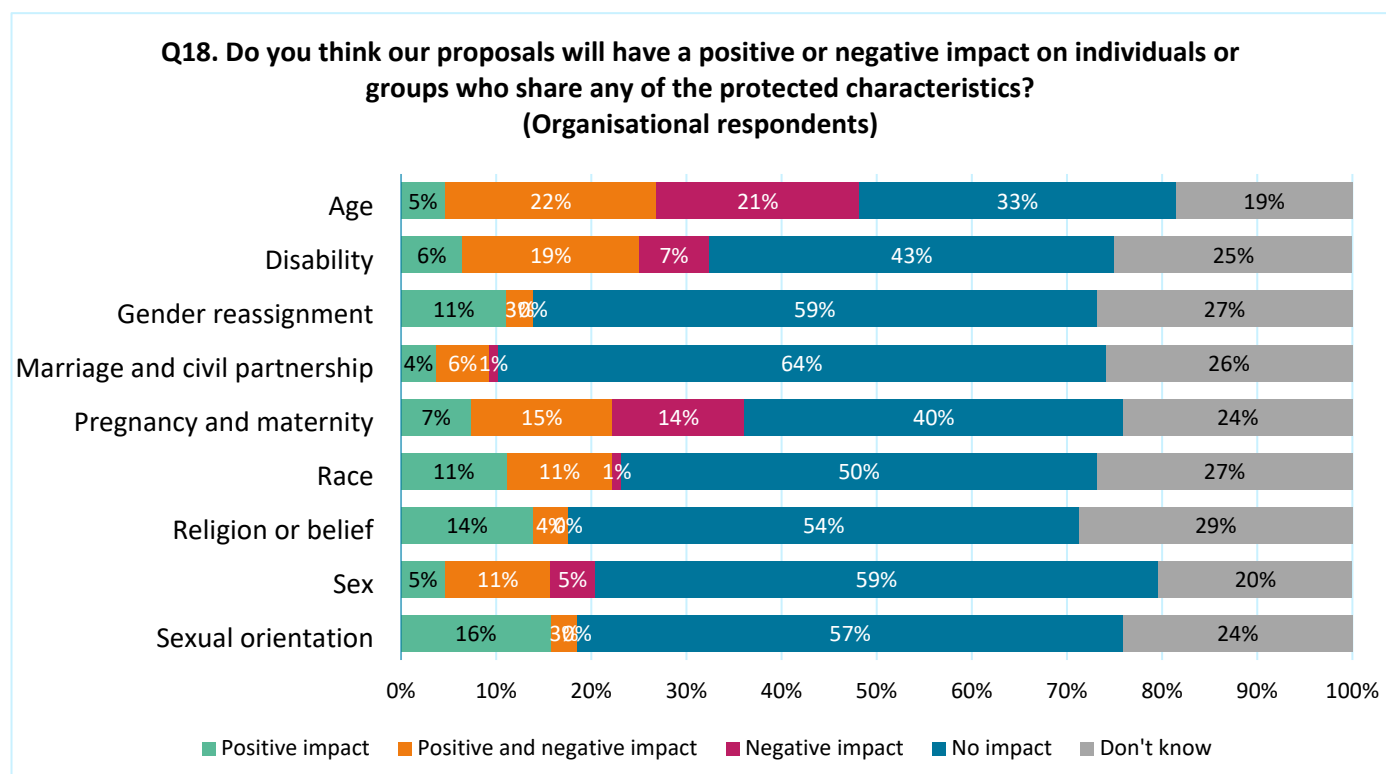


Figure 10 shows that organisational respondents generally reported a broader and more varied pattern of impacts across the nine protected characteristics compared with individual respondents. As with individuals, the largest proportion of organisational respondents felt that the proposals would have no impact, although this group ranged more widely (33% to 64%) and tended to be slightly higher for several characteristics. However, organisational respondents were overall less likely to report a positive impact (typically 4% to 14%, compared with 15% to 16% among individuals). The protected characteristics with the highest perceived positive impact were religion or belief (14%) and, to a lesser extent, gender reassignment and race (both 11%), although these remained below the levels reported by individuals.

Organisational respondents were more likely than individuals to say the proposals would have both positive and negative effects (3% to 22%, compared with 4% to 20% for individuals), with particularly high proportions for age (22%) and disability (19%). Organisations also showed a more varied pattern of negative impact responses, with some characteristics (such as age at 21%, and pregnancy and maternity at 14%) attracting notably higher negative ratings than reported by individual respondents. Across most characteristics, a similar proportion of organisations (19% to 29%) said they did not know what the impact would be, broadly comparable to the uncertainty levels among individual respondents.

NB. Please see section 8 in the main body of the report for the chart showing the overall responses and further analysis.

Appendix 8: The impact of the proposals on other groups

Individual responses

Figure 11: Views of individual respondents (N=772) on whether our proposals positively or negatively impact other individuals or groups

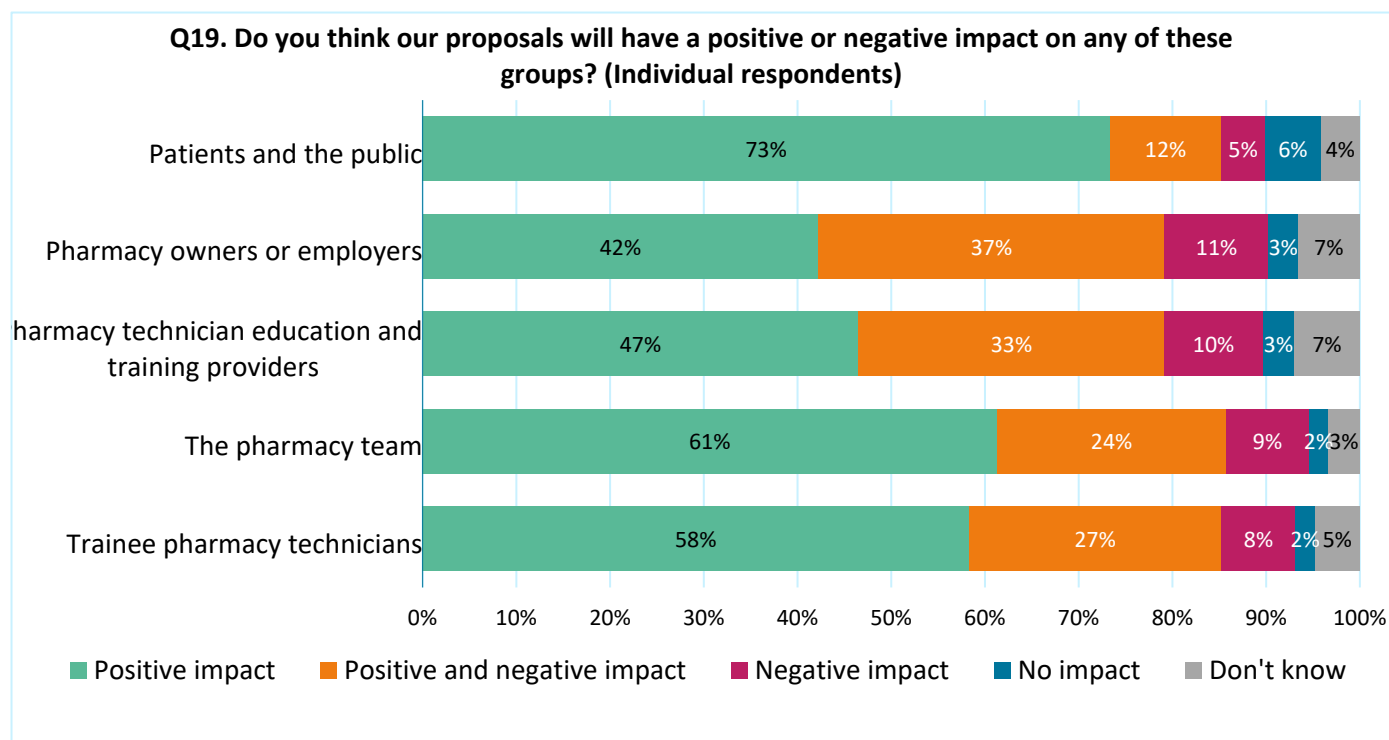


Figure 11 shows that the highest percentage of individual respondents (ranging from 42% to 73%) felt that our proposals would have a positive impact on each of the groups. The group for which individual respondents most frequently anticipated a positive impact was patients and the public (73%), followed by the pharmacy team (61%), trainee pharmacy technicians (58%), and pharmacy technician education and training providers (47%); the lowest was pharmacy owners or employers (42%). Between 12% and 37% indicated the proposals would have both a positive and a negative impact, highest for pharmacy owners or employers (37%) and pharmacy technician education and training providers (33%). Only a small proportion (5% to 11%) felt there would be a negative impact, highest for pharmacy owners or employers (11%) and training providers (10%). 'No impact' responses were low across all groups (2% to 6%), and a similar proportion selected 'don't know' (3% to 7%).

NB. Please see section 8 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 12: Views of organisations (N=108) on whether our proposals positively or negatively impact other individuals or groups

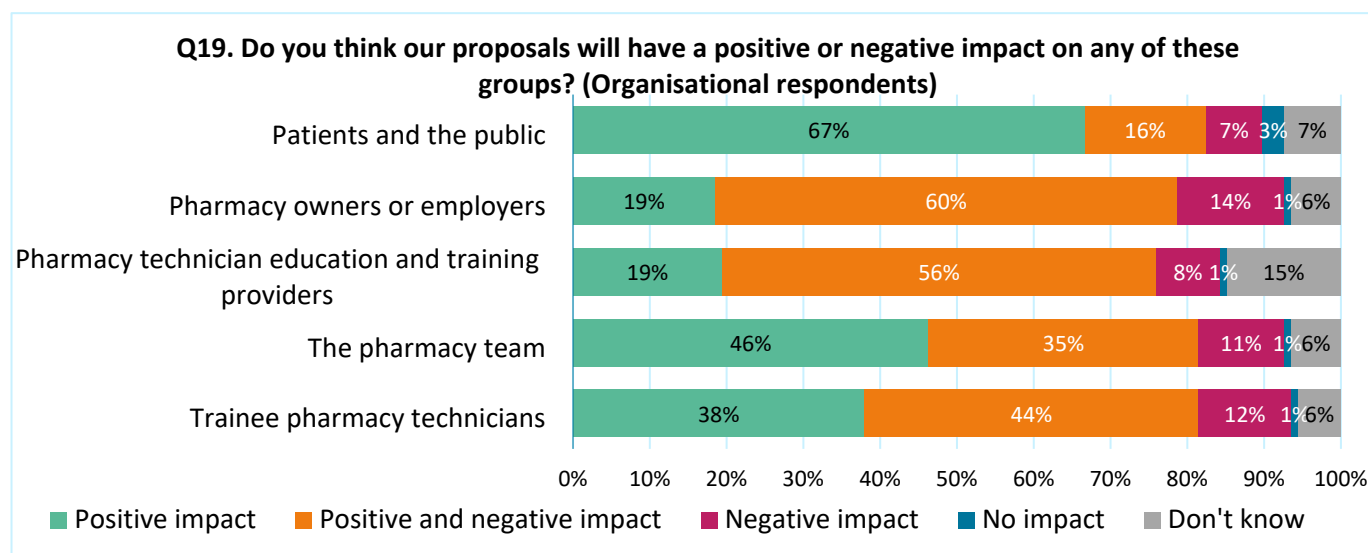


Figure 12 shows that organisational respondents had a more mixed view of the proposals' impact across the groups than individual respondents, who tended to anticipate predominantly positive effects. For organisations, positive impact responses ranged from 19% to 67%, with the highest again for patients and the public (67%), but positive ratings for the other groups were noticeably lower than among individuals, particularly for pharmacy owners or employers and for pharmacy technician education and training providers, where only 19% of organisations anticipated a positive impact compared with 42% and 47% respectively among individuals.

Organisational respondents were also much more likely than individuals to say that the proposals would have both positive and negative impacts, with this option selected by 16% to 60% of organisations compared with 12% to 37% of individuals. Negative impact responses remained relatively low overall but were slightly higher for organisations than individuals for some groups, notably pharmacy owners or employers (14% vs 11%) and trainee pharmacy technicians (12% vs 8%). As with individuals, no impact responses were minimal (1% to 3%). 'Don't know' responses were somewhat higher for organisations (6% to 15%) and peaked for education and training providers (15%).

NB. Please see section 8 in the main body of the report for the chart showing the overall responses and further analysis.



Consultation on draft rules for Responsible Pharmacists and standards for Responsible Pharmacists and Superintendent Pharmacists: analysis report



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Executive summary

Background

Between 17 December 2025 and 25 March 2026, we consulted on new draft standards for Superintendent Pharmacists and draft standards and rules for Responsible Pharmacists. In the consultation we also sought views on proposed changes to the standards for registered pharmacies and on the addition of an annex to the standards for pharmacy professionals.

We received a total of 411 written responses to our consultation. Of these responses, 404 had responded to the consultation survey (374 individuals and 30 organisations). Alongside these, we received seven responses from individuals and organisations writing more generally about their views.

Recent legislative changes gave the GPhC new powers to develop rules outlining the essential roles and responsibilities of Responsible Pharmacists, and to set professional standards for Superintendent Pharmacists and Responsible Pharmacists. The aim of this legislation, and of the standards and rules, is to clarify the relationship between pharmacy owners, Superintendent Pharmacists and Responsible Pharmacists to ensure that pharmacies deliver safe and effective care to patients and the public, and to make clear the accountability of each role within a pharmacy.

Further legislation was introduced in December 2025 that aims to enable pharmacists to deliver more patient-facing clinical services and support pharmacy technicians to maximise their contribution to pharmaceutical care allowing pharmacists, including Responsible Pharmacists, to authorise certain tasks to be carried out by registered pharmacy technicians.

As the legislation relating to authorisation affects all pharmacists and pharmacy technicians, we intend to also publish an annex to the existing standards for pharmacy professionals to support the understanding of these changes.

In addition, during the development of the standards for Superintendent Pharmacists, two areas were identified that require updates within the standards for registered pharmacies.

The consultation was divided into six sections seeking views on:

- Standards for Superintendent Pharmacists
- Standards for Responsible Pharmacists
- Rules for Responsible Pharmacists
- Updates to the standards for registered pharmacies
- Proposed annex to the standards for pharmacy professionals
- Impact of the proposals

Key issues raised in responses

Section A: Standards for Superintendent pharmacists

Views on minimum requirements for Superintendent Pharmacists

We described the criteria for the role of Superintendent Pharmacist as set out in legislation and asked whether we should set additional minimum requirements for a pharmacist to become a Superintendent Pharmacist.

A majority of respondents (57%) supported the introduction of additional minimum requirements, while 29% disagreed. Individual responses showed similar proportions, however, organisational responses were more evenly split, with a smaller percentage (47%) in favour of setting minimum requirements and 43% who disagreed. The remaining 14% of individual respondents and 10% of organisational respondents indicated that they didn't know.

Feedback indicated support for requiring a defined number of years post-registration experience but some stressed that years of experience alone does not indicate readiness for the role and instead advocated for demonstrated core competencies. Others suggested requirements for additional training, strong leadership and decision-making capability as well as ongoing professional development to ensure safe and effective performance in the role.

Views on appointment of a new or interim Superintendent Pharmacist

We asked if it was reasonable when a Superintendent Pharmacist leaves their role or is unable to perform their legal and professional responsibilities, for example, due to an extended period of absence, for the GPhC to require pharmacy owners to appoint a new permanent or interim Superintendent immediately.

A large majority of respondents (76%) agreed it was reasonable for the GPhC to require pharmacy owners to appoint a new or interim Superintendent Pharmacist immediately. This view was shared by the most individual respondents (81%), however, a large proportion of organisations (43%) disagreed with the proposal.

Comments were generally supportive of the principle that pharmacy businesses should not operate without a Superintendent Pharmacist or alternative interim appointment and that continuity of accountability is essential. However, views varied on how the requirement for "immediate" appointment should be applied in practice with respondents highlighting workforce constraints and suggesting requirements be proportionate.

Views on the proposed standards for Superintendent Pharmacists

We set out the proposed five standards for Superintendent Pharmacists and asked for views on whether they will strengthen the safe and effective running of a pharmacy business and if they clarify the role of the Superintendent Pharmacist. We also asked if any further standards were needed.

A large majority of respondents agreed that the standards would strengthen the safe and effective running of the pharmacy business (77%) and clarify the role of the Superintendent Pharmacist (82%). With regards to the need for additional standards respondents were fairly evenly divided with a very small majority 35% indicating they thought no further standards were needed, 33% suggesting the need for additional standards and 31% that didn't know.

Those that provided comments agreed that the standards would strengthen governance and clarify accountability, but some, particularly organisations, felt they were too high-level and lacked sufficient detail for consistent implementation, highlighting gaps around workforce, role clarity, authority, and practical challenges such as resources, workload, and the need for proportionate enforcement.

Feedback regarding the need for additional standards generally suggested strengthening requirements around governance, accountability, patient safety and workforce including safe staffing, wellbeing and competence alongside ensuring Superintendent Pharmacists have sufficient authority, presence, and leadership to support a learning-focused and ethical culture.

Section B: Standards for Responsible Pharmacists

Views on minimum requirements for Responsible Pharmacists

We described role of the Responsible Pharmacist as set out in legislation and asked whether we should set additional minimum requirements for a pharmacist to become a Responsible Pharmacist.

A small majority of respondents overall (49%) were in favour of setting minimum requirements compared to 40% who disagreed. However, the majority of organisational respondents (57%) did not think that additional minimum requirements were needed.

Comments highlighted mixed views, with some considering existing training sufficient and cautioning against added barriers, while others noted the growing complexity of the role and the need for demonstrated competence, supported by clearer expectations and enhanced training, particularly at the initial education stage. They also emphasised the need for induction, mentoring, and ongoing professional development.

Views on the proposed standards for Responsible Pharmacists

We set out the proposed four standards for Responsible Pharmacists and asked for views on whether they will strengthen the day to day running of the pharmacy and if they clarify the role of the Responsible Pharmacist. We also asked if any further standards were needed.

The majority of respondents felt the standards would strengthen the day to day running of the pharmacy (69%) and clarify the role of the Responsible Pharmacist (71%). The percentage of organisations who did not agree that the standards would achieve these aims was higher than the percentage of individuals who disagreed. A majority (54%) also felt that no additional standards were needed.

Those who provided comments expressed mixed views, with some, particularly individuals, seeing the standards as improving clarity, accountability, and patient safety in pharmacy practice. However, many, especially organisations, were concerned they could blur professional roles, create unclear expectations around accountability and delegation, and increase bureaucracy without better alignment between responsibilities, authority, and working conditions

Rather than the need to add additional standards, feedback favoured strengthening and clarifying the proposed standards, calling for clearer expectations on governance, staffing, supervision, and accountability, with well-defined roles and proportionate responsibility aligned to actual control.

Section C: Rules for Responsible Pharmacists

Views on proposal to continue with the current ‘one pharmacy’ rule

The law requires there to be a Responsible Pharmacist in every registered pharmacy. We asked for views on our proposal to continue with the present rule where a Responsible Pharmacist can only be responsible for one pharmacy premises at any given time.

A large majority of respondents (91%) agreed with our proposal to continue with this rule with slightly fewer organisations (74%) in favour than individuals (92%).

Most of those who commented supported retaining the “one pharmacy” rule, stressing that on-site supervision is essential for safety and accountability. Some suggested limited, tightly controlled flexibility in exceptional circumstances with a small number advocating broader remote or multi-site responsibility.

Views on proposal to continue with the current two-hour rule

We asked for views on our proposal to continue with the present rule that allows the Responsible Pharmacist to be absent from the pharmacy for up to two hours.

The majority of respondents (74%) agreed with our proposal. This mainly reflects the view of individual respondents of whom (76%) were in favour whilst for organisations (48%) were in agreement.

Many of those who provided feedback supported the two-hour absence rule as balancing limited flexibility with appropriate supervision and oversight, while others, particularly organisations, argued it is too rigid and advocated for a more flexible, risk-based approach.

Other comments stressed the importance of the Responsible Pharmacist’s physical on-site presence as a key safeguard for patient safety as well as calling for stronger governance and clearer guidance on delegation, competence, and accountability.

Section D: Standards for registered pharmacies

When developing the standards for Superintendent Pharmacists we identified two areas in the standards for registered pharmacies that required updating, to help provide clarity and maintain patient safety.

The first area specifically relates to limits on our ability to take enforcement action against poor practice arising from certain other services, or from unregulated products provided from pharmacies. To help address this we asked for views on our proposal to include ‘any other product intended for supply or administration’ under Principle 4 of the standards.

The second area identified related to consent. While consent is already addressed within the standards for pharmacy professionals, it is not currently covered in the standards for registered pharmacies. As part of the consultation, we asked for views on the inclusion of a specific standard on consent.

When we have agreed and published the standards for Superintendent Pharmacists and the rules and standards for Responsible Pharmacists, we will be carrying out a full review of, and consultation on, the standards for registered pharmacies and the standards for pharmacy professionals. To inform this work

we welcomed views on any further issues we should consider that relate to the standards for registered pharmacies.

Views on inclusion of ‘any other product intended for supply or administration’ and a specific standard on consent

A large majority of respondents agreed with both the proposals with 83% supporting the suggested inclusion of ‘any other product intended for supply or administration’ under Principle 4 of the standards and 83% supporting the inclusion of a standard on consent.

The comments received also largely supported the suggested changes noting that they reflect evolving pharmacy practice and will improve safety and accountability, however, some called for clearer definitions and practical guidance on the scope of products and how different types of consent should be obtained and recorded.

Views future changes to the standards for registered pharmacies

With regards to our planned review of the standards for registered pharmacies comments highlighted the need for stronger governance that supports evolving pharmacy service models, including clearer incident reporting, improved regulatory oversight, and more robust controls on medicine supply, particularly in higher-risk and online contexts. Alongside calls for increased guidance, concerns were raised relating to workforce, commercial and financial pressures and the importance of maintaining pharmacist oversight and accountability amid increasing use of technology, delegation and digital tools.

Section E: Standards for pharmacy professionals

Ahead of a full review of the standards for pharmacy professionals, and in light of upcoming legislation on supervision and authorisation, we will be producing an annex to the standards for pharmacy professionals. The annex will set out what is expected of pharmacists and pharmacy technicians if a pharmacy decides to use authorisation provisions that enable pharmacists to authorise certain tasks to be carried out by registered pharmacy technicians. As part of the consultation we asked for views on the publication of this annex, we also invited views on any further issues we should consider that relate to the standards for pharmacy professionals.

Views on our proposal to publish an annex to the standards for pharmacy professionals to cover authorisation

The majority of respondents (78%) agreed with our proposal. The percentage of individuals (78%) in agreement was slightly higher than organisations (71%).

Those that commented broadly supported publishing an annex on authorisation to provide clarity and consistency, but stressed the need for detailed, practical guidance, with organisations seeking stronger frameworks and individuals raising concerns about implementation risks, accountability, competence, and potential misuse without robust safeguards

Views on future changes to the standards for pharmacy professionals

Regarding our planned review of the standards for pharmacy professionals, respondents stressed the need for the standards to better reflect the expanding scope of pharmacy practice, with clearer guidance on authorisation, stronger governance, risk management and oversight of prescribing and

digital tools as well as greater clarity around accountability and enforcement, particularly for pharmacy owners. There were also calls for enhanced expectations around workforce, education and professional development, and clearer role boundaries to support consistent understanding, safe practice, and public trust.

Section F: Impact of the proposals

Through the consultation, we sought wider views on the potential impact of the proposals on any individuals or groups sharing legally protected characteristics under the Equality Act 2010, including whether the impact would be positive, negative or mixed. We also sought views about the impact of our proposals on any other individuals or groups (not related to the protected characteristics) such as patients, pharmacy owners, pharmacy staff and foundation trainees. Those responses are set out below.

Views on the impact of the proposals on people sharing particular protected characteristics

In terms of the impact on individuals or groups sharing legally protected characteristics under the Equality Act 2010, the predominant view was that our proposals would have no impact across the nine protected characteristics, ranging from 32% expressing this view in relation to age to 45% for marriage and civil partnership.

Around 24% of respondents felt that the proposals would have a positive impact on individuals or groups due to their age, 23% of respondents stated that the proposals would have a positive impact on individuals or groups due to disability and 20% of respondents believed that the proposals would have a positive impact on individuals or groups related to pregnancy and maternity. In contrast, more respondents stated that they did not know what the impact of the proposals would be with 34% sharing this view in relation to gender reassignment and 33% in relation to sexual orientation.

Only a small proportion of respondents felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics, with 11% indicating a potential negative impact due to age and 8% predicting a negative impact due to disability with a similar percentage believing this in relation to race.

In comments provided as part of the consultation, a small number of respondents expressed concern that changes to delegation, supervision and authorisation may have a disproportionately negative impact on some members of the pharmacy team with protected characteristics, such as those from minority ethnic groups, those from certain religious backgrounds, women as well as younger or disabled staff as they may be more likely to experience power imbalances, cultural bias and pressure to take on tasks beyond their competence, potentially affecting both staff wellbeing and patient safety. Others noted that the proposals could have a positive effect across the nine protected characteristics by promoting more inclusive, equitable and transparent practice through clearer standards, improved consistency in decision making, and strengthened accountability across the pharmacy workforce.

Views on impact on other individuals or groups

Regarding the impact of our proposals on other individuals or groups the most prevalent view was that the proposals would have a positive impact, with 54% of respondents believing that they would have a positive impact on patients and the public, 48% stating that they would have a positive impact on pharmacy staff and the same percentage for students and trainees. In contrast 24% felt that the

proposals would have a negative impact on pharmacy owners and employers and 20% similarly predicting a negative impact on Superintendent Pharmacists with the same percentage for Responsible Pharmacists and pharmacy staff.

In the comments received respondents expected broadly positive impacts from our proposals across all groups due to improved clarity, governance, and consistency, benefiting patient safety, care quality, and professional roles. However, these positive effects were balanced by concerns that the changes may increase workforce pressures, workload, administrative burden and financial and resourcing challenges, particularly impacting pharmacy owners, employers and pharmacists, which could negatively affect capacity, staff wellbeing and service sustainability if not adequately supported

Introduction

Policy background

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

The **Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022** gave the GPhC new powers to develop rules outlining the essential roles and responsibilities of Responsible Pharmacists, and to set professional standards for Superintendent Pharmacists and Responsible Pharmacists. The aim of this legislation, and of the standards and rules, is to clarify the relationship between pharmacy owners, Superintendent Pharmacists and Responsible Pharmacists to ensure that pharmacies deliver safe and effective care to patients and the public, and to make clear the accountability of each role within a pharmacy. In turn, this strengthens pharmacy governance to support better use of skill mix within pharmacy teams and enables teams to deliver more clinical services in the community, as well as supporting care provided across the NHS and Health and Social Care systems.

The rules for Responsible Pharmacists and the standards for Responsible Pharmacists and Superintendent Pharmacists proposed in this consultation form the second phase of the GPhC's strengthening pharmacy governance programme. Phase one was completed in January 2025 with the publication of the **Standards for Chief Pharmacists** which set out the responsibilities, knowledge, and behaviours required for Chief Pharmacists.

Further legislation was introduced in December 2025 that aims to enable pharmacists to deliver more patient-facing clinical services and support pharmacy technicians to maximise their contribution to pharmaceutical care. The **Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025**, will allow pharmacists, including Responsible Pharmacists, to authorise certain tasks to be carried out by registered pharmacy technicians. In particular, the legislation will allow:

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

Not all of these legislative changes take effect at the same time. Pharmacists were enabled to authorise members of pharmacy staff to hand out checked and bagged prescriptions in the absence of a pharmacist from **7 January 2026**. The remaining changes will take effect once the supporting regulatory rules and standards—proposed in this consultation—as well as professional guidance, have been developed.

The proposed standards include the responsibilities of Responsible Pharmacists relating to authorisation. However, as the legislation affects all pharmacists and pharmacy technicians, we intend to also publish an annex to the existing standards for pharmacy professionals before the supervision provisions take effect, to support the understanding of these changes. In addition, during the

development of the standards for Superintendent Pharmacists, two areas were identified that require updates within the standards for registered pharmacies. The consultation therefore invited feedback on the proposed annex and on the updates to the standards for registered pharmacies. We also welcomed views on any further issues that should be explored during the full review of the standards, scheduled for 2026/27, once the standards for Superintendent Pharmacists, and the rules and standards for Responsible Pharmacists, are finalised and published.

As part of the development process, we worked with a broad range of stakeholders from across the pharmacy sector in England, Scotland and Wales. Their feedback informed and shaped the proposals and draft rules and standards set out in this consultation.

The Pharmacy Order 2010 states that we must consult before we set any standards or requirements, so, following the engagement events, we undertook a full, formal public consultation on the standards for 14 weeks from 17 December 2025 until 25 March 2026. The consultation document was sent to a range of stakeholders, including pharmacists, pharmacy technicians, pharmacy owners, patients' representative bodies, and other people and organisations, including patients and the public, with an interest in this area.

The aim of the consultation was to get views on the proposed standards and rules, and to find out if there were any issues, or if there was anything else we should have included.

During the consultation period we held engagement events with pharmacy technicians, trainee pharmacy technicians, pharmacist students, patients and the public. We also held an online webinar.

For more detail on the changes we are proposing, see [Appendix 1: Summary of our proposals](#).

Analysis of consultation responses

In this section of the report, the tables show agreement/disagreement of survey respondents to our proposed changes. In each column, the number of respondents ('N') and their percentage (%) is shown. The responses of individuals and organisations are shown separately to enable any trends to be identified. The last column in each table captures the views of all survey respondents ('Total N and %').

The consultation was divided into six sections as follows:

- **Section A:** Standards for Superintendent pharmacists
- **Section B:** Standards for Responsible Pharmacists
- **Section C:** Rules for Responsible Pharmacists
- **Section D:** Standards for Registered Pharmacies
- **Section E:** Standards for Pharmacy Professionals
- **Section F:** The impact of the proposals

Respondents were asked if they wanted to answer the consultation questions for each section. The total number of respondents will therefore be different for each. All respondents were asked the questions on impact in Section F.

NB. Due to the length and complexity of the consultation survey, it is recommended that the MS Word navigation tool is used when reading this report.

For more information see:

- [Appendix 2: About the consultation](#) for details of the consultation activities and the number of responses we received
- [Appendix 3: Our approach to analysis and reporting](#) for full details of the methods used
- [Appendix 4: Respondent profile](#) for a breakdown of who we heard from
- [Appendix 5: Organisations](#) for a list of organisations who responded
- [Appendix 6: Consultation questions](#) for a full list of the questions asked in the consultation survey.

Section A: Standards for Superintendent pharmacists

1. Minimum requirements for Superintendent Pharmacists

1.1. Survey response table and analysis

Table 1: Views on whether additional minimum requirements should be set for a pharmacist to become a Superintendent Pharmacist (Base: All respondents to Section A)

Q1. Do you think we should set additional minimum requirements for a pharmacist to become a Superintendent Pharmacist?	Individuals		Organisations		Total	
Yes	154	59%	14	47%	168	57%
No	73	28%	13	43%	86	29%
Don't know	36	14%	3	10%	39	13%

Q1. Do you think we should set additional minimum requirements for a pharmacist to become a Superintendent Pharmacist?	Individuals		Organisations		Total	
Total N and % of responses	263	100%	30	100%	293	100%

In the consultation we described the criteria for the role of Superintendent Pharmacist as set out in legislation and asked whether we should set additional minimum requirements for a pharmacist to become a Superintendent Pharmacist.

Overall, a majority of respondents (57%) supported the introduction of additional minimum requirements, while 29% disagreed. Individual responses showed similar proportions, with 59% in favour and 28% opposed. By contrast, organisational responses were more evenly split, with a smaller percentage (47%) in favour of setting minimum requirements and 43% who disagreed.

1.2. Summary of themes

Only respondents who responded ‘Yes’ to the above question were asked to explain what minimum requirements they thought we should set for Superintendent Pharmacists. Just over half of those who responded to this section of the consultation provided comments in response to this question. Set out below is an analysis of the themes found in their responses.

Across responses, many respondents favoured requiring a minimum period of post-registration experience to build the judgement, credibility, and risk awareness needed for such a high-accountability role. However, others stressed that experience alone is insufficient, advocating instead for demonstrated core competencies in areas such as clinical judgement, governance, leadership, risk management, and regulatory compliance, assessed through frameworks, portfolios, credentialling or formal review. Emphasis was also placed on additional training or qualifications (particularly in leadership, governance, and medicines regulation), as well as proven leadership capability and experience managing complex, high-risk decisions. Some respondents highlighted the importance of sector-specific experience and, to a lesser extent, length of service within the organisation to ensure contextual understanding and continuity. Some noted that Superintendent Pharmacists must also have sufficient decision-making authority over resources and operations to safeguard patient safety effectively. Finally, there was support for ongoing professional development and periodic reassessment to maintain competence in an evolving regulatory and clinical environment.

The analysis below sets out the main themes that emerged from the responses in order of prevalence, as follows:

- Minimum years of post-registration experience
- Evidence of core competencies
- Additional qualifications or training
- Evidence of leadership competence
- Sector-specific experience
- Requirement to hold sufficient decision-making authority
- Ongoing professional development requirements
- Length of service in the organisation
- Experience in complex decision-making

1.3. Minimum years of post-registration experience

The most common theme raised by respondents was that appointment as a Superintendent Pharmacist should require a minimum period of experience as a practising registered pharmacist. This was the dominant theme for individuals and the second most common theme for organisations. Respondents cited the need for sufficient real-world experience to develop professional judgement, leadership, credibility and governance capability. They also emphasised the importance of understanding complex operational and clinical risks, given the level of accountability and the potential impact on patient safety associated with the role. Suggested timeframes most commonly ranged from at least three to five years' experience, with a smaller number of respondents proposing up to ten years.

1.4. Evidence of core competencies

The second most frequently occurring theme overall and the most prevalent theme from organisational responses was the requirement for pharmacists to demonstrate specific core competencies before appointment as a Superintendent Pharmacist. Respondents emphasised that years qualified alone doesn't guarantee competence or readiness for the role. Instead, they argued that appointment should be supported by evidence of competence in areas such as:

- clinical and professional judgement
- governance systems
- leadership and management
- risk and incident management
- delegation
- regulatory compliance
- workforce oversight and developing a positive workforce culture
- the ability to challenge unsafe practices or commercial pressures

Many respondents suggested the use of competency frameworks, portfolios of evidence, credentialling, assessment or panel reviews to evaluate whether the person is suitable to take on the role.

1.5. Additional qualifications or training

Another strong theme more prevalent for organisations was that for a pharmacist to become a Superintendent Pharmacist there should be minimum formal qualification or training requirements. Suggested areas for minimum training requirements included leadership, business and people management, equality, diversity and inclusion, clinical and organisational governance, risk management, medicines legislation and regulatory compliance. Some respondents also suggested that independent prescribing status and role-specific Superintendent Pharmacist training should be required to ensure appointees have the capability, confidence and judgement to oversee complex pharmacy operations and protect patients and the public.

1.6. Evidence of leadership competence

Many organisational respondents and some individual respondents highlighted the need for Superintendent Pharmacists to have proven competence in leadership including managing teams, leading audits, overseeing incidents, delivering service or quality-improvement projects, and making complex, high-risk decisions that impact patient safety and organisational performance. Respondents suggested that this is best evidenced through structured portfolios, structured assessments and formal leadership or management training.

1.7. Sector-specific experience

Both individual and organisational respondents emphasised the importance of Superintendent Pharmacists having a defined amount of experience specifically in the sector they will oversee for example, community, hospital or distance-selling, noting that effective oversight depends on a deep understanding of the particular operational, regulatory and clinical environments in which pharmacies operate.

1.8. Requirement to hold sufficient decision-making authority

Some organisations and a small number of individuals suggested the requirement that Superintendent Pharmacists hold sufficient decision-making authority including authority over staffing levels and other resource decisions, standard operating procedure approval and service scope. They argued that a Superintendent Pharmacist cannot ensure safety if they lack the operational or financial authority to address unsafe conditions.

1.9. Ongoing professional development requirements

Largely organisational respondents proposed that Superintendent Pharmacists should complete regular role-specific professional development focusing on governance, leadership, regulatory compliance, risk management and incident handling as regulatory expectations and risks evolve over time and governance skills may fade without active development. Suggestions included periodic refresher training or assessments, evidence of continued competence through portfolios, and explicit reflection on Superintendent Pharmacist responsibilities within revalidation cycles.

1.10. Length of service in the organisation

Predominantly individuals expressed the view that pharmacists should work a minimum length of time within a pharmacy business before they can be appointed as a Superintendent Pharmacist. Suggestions ranged from at least one year to over 5 years in order to ensure continuity, understanding of operations, and accountability.

1.11. Experience in complex decision-making

Mainly organisational respondents highlighted the need for prospective Superintendent Pharmacists to demonstrate experience in making complex, high-impact decisions, such as managing controlled drug discrepancies, dispensing errors, safeguarding concerns, serious incidents, and pharmacy closures due to safety or staffing risks. They emphasised that the role requires strong professional judgement to balance risks, protect patient safety, and clearly justify and document decisions under pressure.

1.12. Additional themes

In addition to the core themes outlined above, respondents had three additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Experience leading audits or quality improvement, for example, completion of full audit cycles around standard operating procedure compliance, incident trends analysis or cold chain storage.
- Ethical, professional, and character requirements, for example, demonstrated integrity, professionalism, accountability, respect for patient confidentiality, consistent ethical decision-making and communication skills.
- Practical in-pharmacy engagement, for example, regularly working in the pharmacy setting and being available for emergency escalation from Responsible Pharmacists.

2. Appointment of a new or interim Superintendent Pharmacist

2.1. Survey response table and analysis

Table 2: Views on whether it is reasonable for the GPhC to require immediate appointment of a permanent or interim Superintendent Pharmacist, if a Superintendent Pharmacist leaves or is unable to perform their responsibilities. (Base: All respondents to Section A)

Q2. When a Superintendent Pharmacist leaves their role or is unable to perform their legal and professional responsibilities, for example, due to an extended period of absence, do you think it is reasonable for the GPhC to require pharmacy owners to appoint a new permanent or interim Superintendent immediately?	Individuals		Organisations		Total	
Yes	212	81%	12	40%	224	76%
No	32	12%	13	43%	45	15%
Don't know	19	7%	5	17%	24	8%
Total N and % of responses	263	100%	30	100%	293	100%

We highlighted the importance of the GPhC being able to identify, at all times, who is performing the role of the Superintendent Pharmacist for a retail pharmacy business and proposed that succession and contingency planning need to be in place to make sure the pharmacy business can continue to assure patient safety and operate lawfully.

More than three quarters of respondents (76%) agreed that it was reasonable for the GPhC to require pharmacy owners to appoint a new or interim Superintendent Pharmacist immediately. This view was shared by a large majority of individuals (81%) in comparison to 12% who disagreed. However, the percentage of organisations in agreement were in the minority (40%) in comparison to 43% who felt the proposal was not reasonable. A small percentage of respondents (8%) answered don't know to this question which included a slightly larger percentage of organisations (17%) compared to 7% of individuals.

2.2. Summary of themes

Nearly two thirds of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Overall, respondents' comments were supportive of the principle that pharmacy businesses should not operate without an active Superintendent Pharmacist and that continuity of accountability is essential. However, views varied on how the requirement for "immediate" appointment should be applied in practice. There was strong emphasis, particularly from organisations, on applying requirements proportionately, with immediate replacement seen as unnecessary for short-term absences where robust governance systems and delegation are in place. Many favoured a risk-based approach with clear thresholds (often around 28 days to three months) to trigger replacement, alongside formal recognition

of interim roles, succession planning, and contingency arrangements including having a deputy in place to ensure continuity without rushed decisions. Workforce and recruitment challenges were also highlighted as practical constraints, reinforcing the need for flexibility. Additionally, respondents stressed the importance of clear regulatory expectations, timely notification, and ensuring a suitably accessible professional lead is always in place, even where formal replacement is not immediately required.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Governance continuity, stability and patient safety
- Need for proportionality
- Support for an interim Superintendent
- Threshold for mandatory replacement
- Workforce and recruitment constraints
- Regulatory expectations and notification
- Accessibility and support
- Succession planning and contingencies
- Immediate replacement unnecessary as established governance systems can manage absence

2.3. Governance continuity, stability and patient safety

The most common theme raised by respondents was that uninterrupted oversight, through permanent or clearly defined interim appointment of a Superintendent Pharmacist, is necessary to maintain patient safety, manage risks, and ensure quality of care. Respondents emphasised that the Superintendent Pharmacist provides essential oversight, leadership, and accountability, and that any gap in this role risks weakening governance arrangements and potentially impacting patient safety. Many noted that stable Superintendent Pharmacist leadership underpins consistent decision-making, effective risk management, and assurance that systems and controls remain robust. This theme was the most dominant theme for individuals and a lesser but still important theme for organisational respondents.

2.4. Need for proportionality

The most common theme for organisations was that requirements should be proportionate and linked to the length and nature of the Superintendent Pharmacist's absence, rather than applied automatically. Short-term or temporary absences were widely seen as not justifying immediate replacement where other safeguards are in place, while longer, planned or indefinite absences were viewed as more appropriately triggering an interim or new appointment. Many argued that a rigid, immediate requirement would be disproportionate, particularly for smaller organisations, and could create practical difficulties without improving safety.

2.5. Support for having an interim Superintendent Pharmacist

Another common theme expressed more frequently by organisations than individuals was broad support for a formal interim or acting Superintendent Pharmacist to ensure there is no gap in accountability. Interim arrangements were seen as a sensible, proportionate way to maintain governance continuity and patient safety during planned or unexpected absences, while allowing time to recruit a suitable permanent replacement.

2.6. Threshold for mandatory replacement

This theme, also more common amongst organisations suggested the need for a clear and proportionate threshold for when replacement of a Superintendent Pharmacist should be appointed. Many supported a defined timeframe, commonly around 28 days to three months, triggered by prolonged, indefinite or permanent absence. It was suggested that thresholds should be risk-based, taking into account the length and certainty of absence, ongoing ability to exercise oversight, and organisational context.

2.7. Workforce and recruitment constraints

Organisations and a small number of individuals highlighted that workforce shortages and recruitment constraints often make immediate appointment of a new or interim Superintendent Pharmacist unrealistic. They pointed to limited availability of suitably experienced candidates, long notice periods, regional shortages and particular difficulties for small or rural pharmacies. Many warned that rigid requirements risk forcing rushed or unsuitable appointments or even service disruption. Overall, while supporting continuous accountability in principle, respondents called for a pragmatic, flexible approach that recognises workforce realities and allows reasonable time for recruitment or interim arrangements.

2.8. Regulatory expectations and notification

Responses from some organisations emphasised the need for prompt notification to the GPhC when a Superintendent Pharmacist leaves or is expected to be absent beyond a defined threshold, most commonly around 28 days, aligning with other regulators such as the CQC. There was strong agreement that the GPhC should require owners to identify who holds accountability at all times and clarify whether interim Superintendent Pharmacist arrangements are formally recognised in law and standards. Respondents also called for clear guidance on whether pharmacy services can continue in the absence of a Superintendent Pharmacist, appropriate grace periods, and a risk-based approach to enforcement.

2.9. Accessibility and support

A more common theme among individuals than organisations was that the Superintendent Pharmacist must be accessible to staff, patients, and the regulator. If they cannot be contacted, a permanent or interim replacement is necessary. Respondents noted pharmacy teams need a known senior professional leader for guidance, escalation, and decisions on complex or significant events.

2.10. Succession planning and contingencies

Organisational respondents emphasised the importance of robust succession and contingency planning to ensure uninterrupted Superintendent Pharmacist accountability. Many supported expectations for pre-identified deputies or interim arrangements for both planned and unplanned absences, together with clear delegation plans and defined interim periods. They viewed this as essential to governance continuity and patient safety and to avoid rushed appointments and improve organisational resilience.

2.11. Immediate replacement unnecessary as established governance systems can manage absence

A small number of both individuals and organisations commented that immediate replacement is not always necessary where strong governance systems, clear delegation and experienced staff are already in place. Respondents favoured a proportionate, risk-based approach, with interim or replacement appointments triggered only when absence becomes extended or existing controls can no longer assure safe and effective oversight.

3. Proposed standards for Superintendent Pharmacists

3.1. Survey response tables and analysis

Table 3: Views on whether the standards will strengthen the safe and effective running of a pharmacy business (Base: All respondents to Section A)

Q3a. In the interests of patient and staff safety, do you think the standards will strengthen the safe and effective running of a pharmacy business?	Individuals		Organisations		Total	
Yes	204	78%	23	77%	227	77%
No	24	9%	5	17%	29	10%
Don't know	35	13%	2	7%	37	13%
Total N and % of responses	263	100%	30	100%	293	100%

We set out the proposed five standards for Superintendent Pharmacists and asked for views on whether they will strengthen the safe and effective running of a pharmacy business.

The large majority of respondents (77%) agreed that the standards would achieve this aim. This was reflected in both the individual responses (78%) and the responses from organisations (77%). A small percentage (10%) disagreed with this view, the proportion of organisations (17%) being slightly higher than that of individuals (9%). A slightly larger percentage of respondents (13%) reported they didn't know which included 13% Individuals and 7% of organisations.

Table 4: Views on whether the standards clarify the role of the Superintendent Pharmacist (Base: All respondents to Section A)

Q3b. Do you think the standards clarify the role of the Superintendent Pharmacist, making their accountabilities and responsibilities clear?	Individuals		Organisations		Total	
Yes	219	83%	22	73%	241	82%
No	24	9%	5	17%	29	10%
Don't know	20	8%	3	10%	23	8%
Total N and % of responses	263	100%	30	100%	293	100%

The majority of respondents (82%) felt that the standards clarify the role of the Superintendent Pharmacist, with the percentage of individuals (83%) agreeing with this view being slightly higher than organisations (73%). A small percentage (10%) did not feel that this was the case with a larger proportion of organisations (17%) having this view compared to individuals (9%).

3.2. Summary of themes

Over a third of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Across all the responses, respondents broadly agreed that the proposed standards would help strengthen the safe and effective running of pharmacy businesses and provide greater clarity around the role and accountability of the Superintendent Pharmacist. Many suggested that the standards improve transparency by clearly defining legal and professional responsibilities and considered them an appropriate and relevant high-level framework. In contrast others, particularly organisations, raised concerns that the standards are currently too high level and may lack the detail, clarity, and practical guidance needed for consistent implementation. Respondents also identified gaps, including stronger emphasis on staff safety, workforce planning, and clearer boundaries between roles, alongside the need to align accountability with sufficient authority. Additionally, some highlighted potential challenges relating to resource constraints, administrative burden, and workforce pressures, as well as the importance of robust and proportionate enforcement, extending to pharmacy owners, to ensure the standards deliver meaningful improvements in patient safety and practice.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Increased clarity of legal and professional responsibility and accountability
- Lack of clarity, consistency or practicality of Standards
- General support of standards as appropriate, manageable and relevant
- Gaps in standards or greater focus required
- Additional burden and resource, funding or feasibility constraints
- Enforcement and sanctions
- Independence of professional judgement

3.3. Increased clarity of legal and professional responsibility and accountability

The most common theme raised by respondents was that that the Superintendent Pharmacist standards would help clarify accountability and leadership, making it clearer what the Superintendent Pharmacist is responsible for and reduce ambiguity across the role. This theme was the most dominant theme for individuals and was also a strong theme for organisational respondents.

3.4. Lack of clarity, consistency or practicality of standards

In contrast, another commonly expressed view, more prevalent amongst organisational respondents than individuals, was that the standards are too high level and require more detail to ensure they lead to practical, measurable improvements. Concerns were also raised about ambiguous language and inconsistent boundaries between the responsibilities of Superintendents, Responsible Pharmacists and owners, which could lead to confusion and uneven application.

3.5. General support of the standards as appropriate, manageable and relevant

Many respondents, particularly those representing organisations, expressed broad support for the Superintendent Pharmacist standards, viewing them as appropriate, relevant and manageable for pharmacy businesses. They considered the standards to offer a sensible, high-level framework that supports consistent governance and accountability.

3.6. Gaps in standards or greater focus required

Respondents, again predominantly those on behalf of organisations, identified several gaps and areas needing greater focus to ensure the standards genuinely strengthen safe and effective practice. These included insufficient emphasis on staff safety and wellbeing, clearer expectations for acting on risks raised by Responsible Pharmacists, and stronger requirements for workforce planning, training and competence assurance. Many also highlighted the need for clearer role boundaries, practical guidance and alignment between accountability and authority. Some also suggested the standards more explicitly promote a culture of patient safety supported by incident reporting, whistleblowing mechanisms, and organisational learning systems.

3.7. Additional burden and resource, funding or feasibility constraints

Both individual and organisational respondents highlighted that ability to meet the standards may be limited by underfunding, workforce shortages and other practical resource pressures and raised concerns that they could increase administrative burden without clear patient safety benefits. They emphasised that regulatory expectations should be balanced against the increasing workload and other constraints on Superintendent Pharmacists, as otherwise they risk adding pressure, undermining safety, and impacting the timeliness, quality, and accessibility of services.

3.8. Enforcement and sanctions

Some respondents raised concerns about how implementation of the standards would be monitored and emphasised that their impact would depend on robust and consistent enforcement. It was also suggested that enforcement should extend beyond Superintendent Pharmacists to pharmacy owners and corporate bodies, particularly where organisational factors limit the Superintendent's ability to meet the standards.

3.9. Independence of professional judgement

A small number of respondents highlighted concerns that Superintendent Pharmacists may lack sufficient authority or independence to exercise professional judgement, particularly where commercial pressures from owners or corporate management conflict with patient safety. Respondents called for clearer expectations on the role of pharmacy owners and boards, including ensuring proper resources and governance, and giving Superintendent Pharmacists the authority and support needed to prioritise patient safety.

3.10. Additional themes

In addition to the core themes outlined above, respondents had three additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Variability across settings, for example, different pharmacy businesses varying significantly in size, capability and practice affecting how standards can be applied or interpreted.
- Suggested wording changes focusing on improving clarity, consistency, and precision, particularly around roles, responsibilities, use of technology, accountability and regulatory expectations.
- Superintendent Pharmacist presence, visibility, and practical oversight, for example, a requirement for the Superintendent Pharmacist to have meaningful engagement with pharmacy operations, including ensuring premises suitability and appropriate skill mix emphasising that the role is not just tokenistic but has visibility and purpose.

4. Other standards that should be in place for Superintendent Pharmacists

4.1. Survey response table and analysis

Table 5: Views on whether any other standards should be in place for Superintendent Pharmacists (Base: All respondents to Section A)

Q4. Are there are any other standards you think should be in place for Superintendent Pharmacists if they are to meet the requirements of this role?	Individuals		Organisations		Total	
Yes	86	33%	12	40%	98	33%
No	90	34%	14	47%	104	35%
Don't know	87	33%	4	13%	91	31%
Total N and % of responses	263	100%	30	100%	293	100%

Overall responses to this question were fairly evenly divided. Just over a third of respondents (35%) felt that no further standards were required, whilst a similar proportion (33%) believed that additional standards were needed. Just under a third (31%) said they did not know. A comparable pattern was seen among individual respondents, with 34% indicating no need for further standards, 33% supporting the introduction of additional standards, and 33% who didn't know. In contrast, a larger proportion (47%) of organisations were of the view that no further standards were needed, 40% suggested that more were required and a smaller percentage (13%) didn't know.

4.2. Summary of themes

Only respondents who responded 'Yes' to the above question were asked to explain what additional standards they thought we should set for Superintendent Pharmacists. Just under a third of those who responded to this section left suggestions for additional standards that should be included. Set out below is an analysis of the themes found in their responses.

Respondents identified a range of suggested areas for additional standards with a strong emphasis on enhancing governance, workforce, and patient safety arrangements. Many, particularly organisations, called for clearer and more robust expectations around clinical, operational and business governance, including accountability, audit, digital governance, and the ability to act independently in the face of competing pressures. There was also focus on strengthening workforce standards, including safe staffing, staff wellbeing, staff training and competence as well as fair working conditions. This was alongside ensuring Superintendents Pharmacists have sufficient presence, experience, and direct engagement with pharmacy teams. Respondents also highlighted the importance of embedding a learning-led culture, as well as promoting strong leadership, professionalism, and ethical behaviour.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Operational and business governance
- Workforce standards and employment conditions
- Superintendent Pharmacist presence and experience requirements

- Clinical governance and patient safety
- Leadership, professionalism and behaviour
- Learning-led culture
- Training, competence and workforce development

4.3. Operational and business governance

Respondents most commonly suggested the inclusion of additional standards to strengthen operational and business governance, particularly around accountability for organisational performance and safety. This was the strongest theme for organisations but less prevalent for individuals. Suggestions included clearer expectations on areas such as digital governance and data security, ensuring operational resilience and continuity plans as well as clearer governance structures for audit, incident review, and service delivery. Respondents also highlighted the need for requirements around ensuring the Superintendent Pharmacist is able to act independently and manage conflict between financial constraints and safety responsibilities.

4.4. Workforce standards and employment conditions

A theme that was again more prevalent for organisations than individuals called for stronger and more explicit workforce and employment standards, particularly around ensuring safe staffing levels and adequate support for pharmacy teams. Many highlighted the need to strengthen expectations on staff wellbeing, working conditions, protection from bullying or unsafe environments and promotion of an inclusive culture. There were also suggestions to include clearer requirements on employment conditions, such as fair pay, paid breaks, and workers' rights, as well as greater accountability for supporting pharmacists and addressing workforce pressures that could impact both staff wellbeing and patient safety.

4.5. Superintendent Pharmacist presence and experience requirements

Both individuals and organisational respondents proposed additional standards to ensure Superintendent Pharmacists have sufficient presence, experience, and practical engagement to fulfil the role effectively. This included requirements for regular time spent in pharmacies or patient-facing practice and direct engagement with pharmacy teams. Many also emphasised the need for minimum experience and competency requirements, such as years on the register, up-to-date clinical and legal knowledge, to ensure Superintendents are suitably qualified and able to understand operational pressures and maintain safe, effective oversight.

4.6. Clinical governance and patient safety

Respondents also suggested the inclusion of further standards to strengthen clinical governance and patient safety, including clearer expectations on oversight of prescribing, dispensing, medicines safety and safe and accessible pharmacy premises underpinned by robust audit, standard operating procedures, and assurance processes. There were also calls to ensure Superintendent Pharmacists respond quickly and effectively to safety issues.

4.7. Leadership, professionalism and behaviour

Some organisations and individuals highlighted the need for additional standards for Superintendent Pharmacists around leadership, professionalism and behaviour, with a particular focus on ethical conduct, accountability, and people-centred leadership. Many emphasised the importance of professional integrity, good character, and clear behavioural expectations, alongside requirements to

declare conflicts of interest, to be accountable for their decisions and act impartially in the interests of patient safety. There were also calls for stronger emphasis on compassionate and inclusive leadership, including a duty of care towards staff and respectful and supportive working relationships.

4.8. Learning-led culture

A theme for some respondents suggested the addition of standards to strengthen learning-led culture, with a particular focus on ensuring that incidents, near misses and complaints are consistently reported, reviewed and used to drive improvement. Many emphasised the importance of sharing learning within and across organisations to support safer practice, alongside clearer expectations for responding to and acting on concerns raised by staff and Responsible Pharmacists. There were also calls to embed robust incident reporting, whistleblowing and complaint-handling systems and to promote a culture that supports speaking up and transparency.

4.9. Training, competence and workforce development

A theme for a small number of individuals was the requirement that Superintendent Pharmacists ensure all staff are trained, competent, and supported through structured approaches. They highlighted the need for strong educational supervision, sufficient training capacity, robust, auditable competence frameworks covering safe delegation for all roles including locums and advanced or prescribing practice. Some also suggested a requirement for oversight of prescribing training.

4.10. Additional themes

In addition to the core themes outlined above, respondents had one additional common theme that did not appear frequently enough to meet the threshold for inclusion as a core theme for either individual or organisational respondents. This was:

- Clarity on the broader scope of the Superintendent Pharmacist particularly in relation to overseeing multiple premises, taking on other roles that may present a conflict of interest and managing system level risks.

5. Any other comments

5.1. Summary of themes

We asked respondents whether there was anything else related to the standards for Superintendent Pharmacists that they would like to raise. Just under one in eight of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Overall, respondents raised a number of additional cross-cutting issues relating to the effectiveness and implementation of the Superintendent Pharmacist standards, with particular emphasis on strengthening professional independence, clarity, and proportionality. Many, especially organisations, highlighted the need for Superintendent Pharmacists to be able to exercise independent judgement free from commercial pressures, supported by clearer expectations on the role of owners and boards.

Respondents also emphasised variability across pharmacy settings, calling for flexible, context-sensitive standards rather than a one-size-fits-all approach. Consistent with earlier feedback, concerns were raised about a lack of clarity and practicality in some areas of the standards, alongside calls for stronger and more transparent enforcement, including action at organisational level. Additionally, respondents highlighted resource and funding constraints, warning that increased regulatory burden must be balanced against workforce and capacity pressures. Finally, some identified gaps requiring greater focus,

including risk management, oversight of digital and online services, whistleblowing protections, and ensuring accountability for non-registered managers, with an overarching emphasis on creating a supportive and learning-focused culture

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Independence of professional judgement
- Variability across settings
- Lack of clarity, consistency or practicality of standards
- Enforcement and sanctions
- Additional burden, and resource, funding and feasibility constraints
- Gaps in standards or greater focus required

5.2. Independence of professional judgement

As already highlighted in 3.9 respondents, predominantly those from organisations, emphasised the need for Superintendent Pharmacists' to be able to exercise independent professional judgement free from undue commercial influence and have clear authority to prioritise patient safety and challenge business decisions. Concerns were raised about limited power where judgments are overruled, with calls for stronger regulatory support to protect autonomy and enable escalation. There were also calls for clearer setting out of responsibilities, with the expectation that owners and directors would support and respect the Superintendent Pharmacist role.

5.3. Variability across settings

A theme more frequently cited by organisational respondents highlighted significant variability across different businesses and pharmacy settings, noting that differences in pharmacy size, service type, workforce, and patient demographics make a one-size-fits-all approach to standards inappropriate. They emphasised the need for flexibility to reflect diverse contexts, including distinctions between single pharmacies and large chains, and between different areas of practice such as primary care and private services.

5.4. Lack of clarity, consistency or practicality of standards

Consistent with the views expressed in 3.4 some respondents highlighted a lack of clarity, consistency, and practicality in the proposed standards. Some questioned whether certain requirements for example, around premises or technology were clearly defined or proportionate, while others called for more detailed guidance on operational responsibilities, risk management, supervision of Responsible Pharmacists, authorisation, documenting delegation and oversight of online services.

5.5. Enforcement and sanctions

Similarly to the comments previously described in 3.8 a small number of respondents raised concerns about gaps in enforcement and sanctions, particularly the need for stronger regulatory action against pharmacy owners. Calls were also made for clearer expectations on how compliance with standards across a pharmacy business should be evidenced. However, in addition to this some respondents also emphasised the importance of more robust and transparent inspection processes, particularly in-person inspections and inspections at business level alongside clearer regulatory powers to address systemic issues, assess organisational fitness, and apply meaningful sanctions where standards are not met.

5.6. Additional burden, and resource, funding and feasibility constraints

As also highlighted in section 3.7 respondents raised concerns about the additional burden and feasibility of implementing the standards in the context of existing resource and funding constraints. Many highlighted increasing workload, staffing pressures, and reduced funding, noting that further regulation and documentation requirements risk adding bureaucracy without additional capacity or investment. There were concerns that expectations around delegation, training, and oversight may be unrealistic without sufficient staff or funding, and that standards must remain proportionate to avoid placing undue strain on already pressured systems.

5.7. Gaps in standards or greater focus required

A theme raised by some individual respondents identified gaps in the standards and areas needing greater emphasis. As outlined in section 3.6, there were calls for more explicit expectations regarding operational responsibilities, risk management, and the oversight of digital services as well as the need to strengthen provisions for whistleblowing and staff protection. In addition, they emphasised the importance of a supportive learning culture, particularly in the context of expanded prescribing roles. Some respondents also noted the need for a stronger focus on managing the influence of non-registered managers and ensuring that appropriate individuals are held accountable for pressures placed on professional staff.

5.8. Additional themes

In addition to the core themes outlined above, respondents had eight additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. Most of the themes below have already been raised in relation to previous questions with respondents reiterating their views. In order of prevalence, these were:

- Ongoing professional development requirements, for example, Superintendent Pharmacists should complete regular CPD in governance, leadership, and regulatory changes.
- Suggested wording changes to further strengthen the proposed standards.
- Evidence of core competencies, for example, a competency assessment or portfolio capturing skills including clinical governance, risk management, standards operating procedure development, incident investigation, safeguarding and people leadership.
- Training, competence and workforce development, for example, ensuring that all staff including locums and pharmacist prescribers are trained, competent, and supported, as well as pharmacy staff having access to appropriate educational supervision and structured development.
- Operational and business governance, for example, standards around running a safe and effective service including digital governance and data security, acting independently and managing conflict between financial constraints and safety responsibilities, accountability for decisions and ensuring operational resilience and contingency plans.
- Learning-led culture, for example, learning from errors and near misses, speaking up when things go wrong, encouraging whistleblowing, sharing learning with others to improve, overseeing incident reporting and escalation of complex cases.
- Ethical, professional and character requirements, for example, demonstrated integrity, professionalism, accountability, respect for patient confidentiality, consistent ethical decision-making and communication skills.

- Workforce standards and employment conditions, for example, relating to staff rights and workplace conditions including enforcing paid breaks for Responsible Pharmacists, minimum staffing levels, fair pay and protection against target-driven exploitation.

Section B: Standards for Responsible Pharmacists

6. Minimum requirements for Responsible Pharmacists

6.1. Survey response table and analysis

Table 6: Views on whether minimum requirements should be set for a pharmacist to become a Responsible Pharmacist
(Base: All respondents to Section B)

Q6. Do you think we should set minimum requirements for a pharmacist to become a Responsible Pharmacist?	Individuals		Organisations		Total	
Yes	169	50%	11	37%	180	49%
No	132	39%	17	57%	149	40%
Don't know	39	11%	2	7%	41	11%
Total N and % of responses	340	100%	30	100%	370	100%

In the consultation we described role of the Responsible Pharmacist as set out in legislation and asked whether we should set additional minimum requirements for a pharmacist to become a Responsible Pharmacist.

Analysis of the responses shows a small majority of respondents (49%) in favour of setting minimum requirements, compared with 40% who disagreed. A similar pattern was evident among individual respondents, with half (50%) supporting the introduction of minimum requirements and 39% indicating that they were not necessary. In contrast, 37% of organisational respondents were in favour of minimum requirements, whilst a majority (57%) felt that they were not required.

6.2. Summary of themes

Over a half of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Across all responses, respondents expressed mixed views on whether minimum requirements should be introduced for Responsible Pharmacists. Many felt that existing education, training, and registration already provide a sufficient foundation to undertake the role and cautioned that introducing additional requirements could create unnecessary barriers. However, others highlighted the increasing complexity, scope, and accountability of the role, emphasising the need for pharmacists to demonstrate appropriate competence, skills, and professional judgement, particularly in areas such as clinical decision-making, governance, leadership, and risk management. Across responses, there was strong support for enhanced role-specific training, structured induction, mentoring, and ongoing professional development, especially for early-career pharmacists. Respondents also raised concerns about the expanding and sometimes unclear scope of the Responsible Pharmacist role, alongside workforce and

operational pressures, reinforcing the need for clear, proportionate, and practical expectations to support safe and effective practice.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Need for Responsible Pharmacist-specific support and training
- Sufficiency of existing qualification and registration
- Competency, skills and knowledge expectations
- Issues with scope, responsibility and clarity of Responsible Pharmacists role
- Time requirements
- Specific qualification and training requirements
- Working conditions, professional pressure and resource constraints

6.3. Need for Responsible Pharmacist-specific support and training

The most commonly cited theme overall and the most frequent for organisations was the need for training and support specific to Responsible Pharmacists. This included stronger preparation through initial education and foundation training, alongside structured induction, mentoring, and sign-off by experienced Responsible Pharmacists. Ongoing professional development, training in governance, legal responsibilities and standard operating procedures, as well as access to professional support were also emphasised. Some suggested the requirement was necessary to safely undertake the responsibilities of the Responsible Pharmacist role, and for early-career pharmacists in particular, to have employer and Superintendent Pharmacist support to build confidence.

6.4. Sufficiency of existing qualification and registration

Many organisational and individual respondents considered existing qualification and registration requirements sufficient for the Responsible Pharmacist role, arguing that completion of the MPharm degree, foundation training, and GPhC registration already demonstrated the necessary competence to practise safely and to take on Responsible Pharmacist responsibilities from day one. They emphasised that pharmacists have historically undertaken the Responsible Pharmacist role upon qualification and that current education and training pathways are designed to equip them with the required knowledge, skills, and professional judgement. Introducing additional minimum requirements was seen as unnecessary and potentially undermining confidence in the profession's training standards, while also risking the creation of barriers to practice and service disruption. Several respondents suggested that, if gaps in competence exist, these should be addressed through initial education and training rather than through new post-registration requirements.

6.5. Competency, skills and knowledge expectations

Respondents emphasised that the Responsible Pharmacist role requires a broad and well-developed set of competencies, including clinical decision-making, risk management, leadership, and the ability to manage operational pressures and complex pharmacy environments. They highlighted the importance of strong professional judgement, confidence, accountability, and effective leadership and team management skills, particularly when overseeing staff and handling patient-facing challenges. Respondents also noted the need for a clear understanding of governance frameworks, including oversight of remote and digital services, alongside strong communication skills, underpinned by a good command of English, to support safe patient care and effective collaboration. Some further observed

that the increasing scope of the role, including responsibilities linked to prescribing and governance, raises the level of skill and knowledge expected.

6.6. Issues with scope, responsibility and clarity of Responsible Pharmacist role

A core theme for organisations but less common for individuals were concerns about the scope and responsibility of the Responsible Pharmacist role, highlighting the expansion beyond the safe and effective supply of medicines to include broader clinical services and governance responsibilities. Many respondents said the expanding scope of the Responsible Pharmacist role creates unclear boundaries of accountability, particularly where clinical decisions are made by other pharmacists or delivered online, limiting the Responsible Pharmacist's ability to exercise direct oversight and raising concerns about holding a single individual accountable in complex settings such as multi-pharmacist, online, or hub-and-spoke models. They also noted a lack of clarity between the Responsible Pharmacists role and wider organisational responsibilities, particularly where management sits with store managers or others, highlighting the need for clearer definitions, better alignment with existing standards, and more realistic expectations of what Responsible Pharmacists can reasonably oversee.

6.7. Time requirements

Some respondents, predominantly individuals, supported the requirement of a minimum period of post-registration experience. Suggested durations varied from a few months to five or more years, with one to two years most commonly cited as a reasonable threshold to build confidence and practical experience. However, some respondents cautioned that fixed time requirements can be arbitrary and may not reliably reflect competence, highlighting individual variation in learning and experience.

6.8. Specific qualification and training requirements

Some respondents stated that Responsible Pharmacists should be pharmacy graduates (MPharm) and, in a few cases, expressed opposition to the apprenticeship route, alongside requirements to have passed the foundation trainee exam and be registered with the GPhC. Many suggested areas for minimum structured training requirements covering legal responsibilities, governance, risk management, and operational oversight. Some also called for additional accreditation or a credentialling systems, formal Responsible Pharmacist training courses or competency sign-off by experienced practitioners, as well as independent prescribing status where relevant, combined with ongoing professional development to reflect the increasing complexity of the role.

6.9. Working conditions, professional pressure and resource constraints

A core theme for organisation but not for individuals raised concerns that introducing minimum requirements for becoming a Responsible Pharmacist could exacerbate existing workforce and operational pressures across community pharmacy. Many noted that pharmacies often operate with a single pharmacist, so additional requirements could worsen staffing shortages, reduce flexibility, and lead to reduced opening hours or limited patient access. There were also concerns that such changes would increase workload and operational strain, particularly in already stretched environments facing high service demand, staffing constraints, and resource limitations. Respondents warned that introducing thresholds could create a two-tier workforce, where some pharmacists are unable to act as Responsible Pharmacists, causing rota challenges, over-reliance on a smaller pool, and disruption to service delivery.

6.10. Additional themes

In addition to the core themes outlined above, respondents had five additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Proposals do not account for real-world constraints, for example, workload, medicine shortages, and NHS pressures.
- General competence, readiness and experience, views on whether pharmacists would have necessary general competence, readiness and experience.
- Commercial influence and working with employers and owners, concerns about employers assigning inappropriate tasks to Responsible Pharmacists due to commercial requirements or prioritising profit, pressuring pharmacists, and exploiting absence rules for cost savings.
- Practice requirements, for example, familiarity with the pharmacy premises, standard operating procedures and team. There were also suggestions for mentorship, probation periods, or supervised Responsible Pharmacist experience as well as understanding of digital systems and data safety
- Approach change, for example, arguments for using competency frameworks rather than relying on years of experience.

7. Records that are the responsibility of the Responsible Pharmacist

7.1. Summary of themes

We asked respondents what records they thought were the responsibility of the Responsible Pharmacist. Nearly three quarters of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Overall, respondents identified a broad range of records as falling within the responsibility of the Responsible Pharmacist, primarily linked to ensuring the safe and effective day-to-day running of the pharmacy during the period they are signed in. Core areas highlighted included controlled drug records, Responsible Pharmacist logs, and safety, quality, and incident records, reflecting the central role of the RP in maintaining legal compliance and managing risk. Many also emphasised responsibility for clinical and patient records, alongside wider service, operational, and governance documentation such as standard operating procedures, audits, and service delivery records. In addition, respondents highlighted staff, training, and delegation records as important for ensuring safe workforce practices, as well as environmental and storage compliance records. While some took a broad view that the Responsible Pharmacist should be accountable for all records generated during their period of responsibility, others noted that certain records, particularly those related to wider business performance, may sit more appropriately with organisational or Superintendent Pharmacist oversight.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows

- Controlled Drug (CD) records
- Responsible Pharmacist (RP) records
- Services, operational and governance aspects of pharmacy
- Safety, quality and incident records
- Clinical and patient records
- Staff related records

- General record keeping
- Environmental and storage compliance

7.2. Controlled Drug (CD) records

The most prevalent theme overall and the most commonly cited by individuals identified controlled drug (CD) records as a core responsibility of the Responsible Pharmacist, with many respondents stating that Responsible Pharmacists should ensure accurate and timely completion of CD registers, including entries for receipt, supply, and balance checks during their period of responsibility.

7.3. Responsible Pharmacist records

The next most common theme and the most prevalent for organisations highlighted Responsible Pharmacist records, particularly the Responsible Pharmacist log or register, as a core responsibility, emphasising that this should accurately capture sign-in and sign-out times, periods of absence, and confirmation of correct display of Responsible Pharmacist notice.

7.4. Services, operational and governance aspects of pharmacy

Both individuals and organisations frequently highlighted that Responsible Pharmacists should be accountable for a broad range of service, operational, and governance records needed for the safe, effective day-to-day running of the pharmacy. This includes documentation for clinical and enhanced services (e.g. Pharmacy First, PGDs, vaccinations, and other commissioned services), consultation records, and compliance requirements. Many also stressed responsibility for standard operating procedures (including updates and staff sign-off), governance processes, audits, and safety systems such as NHS alerts and drug recalls.

Views differed on KPIs and wider business or performance records, some considered these within the Responsible Pharmacist's remit, while others felt they are more appropriately overseen at organisational level or by the Superintendent Pharmacist.

7.5. Safety, quality and incident records

Respondents consistently identified safety, quality, and incident records as a key responsibility of the Responsible Pharmacist, for the period they are signed in. This included maintaining and overseeing near-miss logs, dispensing error records, daily incident reports, and complaints logs, alongside ensuring appropriate documentation, investigation, escalation, and learning from these events. Many also highlighted the importance of recording broader safety-related information, such as risk assessments, temporary standard operating procedure deviations, RIDDOR accident reports, and significant events including threats, abuse, or theft.

7.6. Clinical and patient records

Respondents highlighted clinical and patient records as a central responsibility of the Responsible Pharmacist. This included maintaining accurate Patient Medication Record (PMR) entries, clinical intervention records, consultation documentation, including for services such as Pharmacy First, and notes on advice or counselling provided to patients. Many also noted the importance of documenting safeguarding concerns, follow-up actions, and escalation decisions, alongside maintaining related records such as private prescription registers and supervised consumption records where applicable. Some respondents additionally pointed to the need for oversight of records linked to online or remote prescribing and wider patient interactions.

7.7. Staff related records

Respondents identified staff and delegation records as a key part of the Responsible Pharmacist's role in maintaining safe day-to-day operations. This includes keeping training and competency records, evidence staff are appropriately qualified, and records of attendance, presence, and rotas. Many also highlighted the importance of clear delegation records, documenting assigned tasks and authorisations as well as staffing levels and skill mix where these affect patient safety. Some also mentioned visitor logs and staff communication records, noting responsibility may be shared with, or overseen by, the superintendent or employer.

7.8. General record keeping

Some respondents expressed broad, overarching views that the Responsible Pharmacist should be accountable for all records related to the safe and effective day-to-day running of the pharmacy. This included all legally required records, as well as those linked to routine operations, patient care, and service delivery, with some emphasising that responsibility should apply only to the period the pharmacist is signed in.

7.9. Environmental and storage compliance

A core theme for individuals but a less prevalent view for organisations was the inclusion of environmental and storage compliance records as part of the Responsible Pharmacist's responsibilities. This commonly included fridge temperature records, ambient temperature monitoring, and date-checking logs, as well as cleaning logs, health and safety documentation, and records demonstrating that premises and equipment are safe and appropriately maintained. Some also referred to equipment calibration, building safety checks, and broader compliance records as part of operational oversight, although views varied on whether these should sit wholly with the RP or be supported by wider organisational governance.

7.10. Additional themes

In addition to the core themes outlined above, respondents had one additional common theme. However, this did not appear frequently enough to meet the threshold for inclusion as a core theme for either individual or organisational respondents. This was:

- Supply registers, for example, emergency supply register, specials obtained register, delivery records, stock and inventory records

8. Proposed standards for Responsible Pharmacists

8.1. Survey response tables and analysis

Table 7: Views on whether the standards will strengthen the day to day running of the pharmacy (Base: All respondents to Section B)

Q8a. In the interests of patient and staff safety, do you think the standards will strengthen the day-to-day running of the pharmacy?	Individuals		Organisations		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	233	69%	22	73%	255	69%

Q8a. In the interests of patient and staff safety, do you think the standards will strengthen the day-to-day running of the pharmacy?	Individuals		Organisations		Total	
No	51	15%	6	20%	57	15%
Don't know	56	16%	2	7%	58	16%
Total N and % of responses	340	100%	30	100%	370	100%

We set out the proposed four standards for Responsible Pharmacists and asked for views on whether they will strengthen the day to day running of the pharmacy.

Over two thirds of respondents (69%) felt the standards would achieve this aim with slightly more organisations (73%) agreeing with this view than individuals (69%). A much smaller percentage (15%) did not think the standards would strengthen the day-to-day running of the pharmacy. This included a slightly larger proportion of organisations (20%) compared to individuals (15%). Overall, 16% shared that they didn't know including a larger percentage of individuals (16%) than organisations (7%).

Table 8: Views on whether the standards clarify the role of the Responsible Pharmacist (Base: All respondents to Section B)

Q8b. In the interests of patient and staff safety, do you think the standards will clarify the role of the Responsible Pharmacist, making their accountabilities and responsibilities clear?	Individuals		Organisations		Total	
Yes	245	72%	18	60%	263	71%
No	51	15%	8	27%	59	16%
Don't know	44	13%	4	13%	48	13%
Total N and % of responses	340	100%	30	100%	370	100%

A large majority of respondents felt the standards would clarify the role of the Responsible Pharmacist (71%) compared with 16% who disagreed. Similar proportions were reflected in the responses from individuals, 72% of whom agreed, while 15% did not. With organisational respondents a smaller majority (60%) were in agreement with just over a quarter (27%) disagreeing.

8.2. Summary of themes

Of those who responded to this section over a third left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents expressed mixed views on whether the proposed standards would strengthen the day-to-day running of pharmacies and clarify the role of the Responsible Pharmacist. While some, more commonly individuals, felt the standards provide a clearer framework for accountability, governance,

and patient safety, a more prevalent view, particularly among organisations, was that the standards risk creating confusion by blurring boundaries between Responsible Pharmacists, Superintendent Pharmacists, and employers. Concerns were raised about unclear expectations around delegation, accountability, and governance, alongside the potential for Responsible Pharmacists to be held accountable for matters beyond their control, especially in complex or multi-staff environments. Respondents also highlighted the impact of commercial pressures and limited autonomy in practice, as well as the risk of increased bureaucracy and administrative burden affecting day-to-day operations. There was a consistent call for clearer role definitions, proportionate and practical requirements, and better alignment between responsibility, authority, and working conditions, particularly for locum pharmacists, to ensure the standards can be implemented effectively and support patient and staff safety.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Weakened role, scope, responsibility and authority of Responsible Pharmacists
- Issues with team delegation, authorisation and scope
- Provides clarity and reinforces role, scope, responsibility and authority of Responsible Pharmacists
- Concerns about commercial pressure and management and business practices
- Accountability issues
- Governance boundaries
- Bureaucratisation and administrative burden
- General support
- Locum specific challenges

8.3. Weakened role, scope, responsibility and authority of Responsible Pharmacists

The most commonly identified theme highlighted concerns that the proposed standards may weaken or confuse the role and scope of the Responsible Pharmacist rather than clarify it. Many highlighted a lack of clear delineation of responsibility and authority, particularly between Responsible Pharmacists, Superintendent Pharmacists, and non-pharmacist managers, with overlapping expectations around governance, leadership, and oversight creating potential confusion.

8.4. Issues with team delegation, authorisation and scope

The most frequently cited theme for organisations raised concerns about unclear expectations around delegation and authorisation, particularly regarding when and how pharmacy technicians can be authorised and who holds accountability. Many felt the standards leave key aspects open to interpretation, including the duration of authorisation, whether it should be routine or exceptional, and who holds ultimate responsibility when tasks are delegated, especially where different pharmacists may authorise staff at different times. There were also concerns about blurred boundaries in pharmacy technician practice, with some warning that expanding responsibilities without clear limits, competence requirements, and supervision definitions could risk patient safety, while others questioned whether Responsible Pharmacists could realistically retain accountability when delegating tasks. Additional issues included potential pressure from employers to authorise staff inappropriately and confusion between the roles of Responsible Pharmacists and authorising pharmacists.

8.5. Provides clarity and reinforces role, scope, responsibility and authority of Responsible Pharmacists

A core theme for individuals but less frequently cited by organisations was agreement that the proposed standards have the potential to strengthen the Responsible Pharmacist role by more clearly setting out the responsibilities, authority, and accountability across pharmacy roles. Many noted that clearer definitions of what the Responsible Pharmacist is responsible for, particularly in relation to Superintendent Pharmacists, managers, and other staff, would help establish boundaries, reinforce professional authority, and enable Responsible Pharmacists to exercise judgement more confidently, including the ability to authorise tasks and prioritise patient safety.

8.6. Concerns about commercial pressure and management and business practices

Another common theme for individuals but less so for organisations was concerns that commercial pressures and organisational practices may limit the effectiveness of the proposed standards. Many reported that Responsible Pharmacists often have limited autonomy in practice, with decisions frequently driven by pharmacy owners or non-pharmacist managers, leaving little room to exercise professional judgement or refuse unsafe practices. There were also concerns that pharmacists can face pressure to authorise staff or continue operating in unsafe conditions, sometimes with fear of losing work or being viewed as disruptive if they challenge decisions. Overall, respondents felt the standards risk shifting accountability onto individual Responsible Pharmacists while failing to address the influence of business owners and commercial drivers, calling for stronger recognition of employer responsibility and better protections for Responsible Pharmacists to act in the interests of patient and staff safety.

8.7. Accountability issues

Respondents raised concerns about accountability within the proposed standards, particularly the risk that Responsible Pharmacists could be held liable for matters beyond their control or direct oversight. Many highlighted practical limitations, such as being unable to supervise all activities simultaneously or influence decisions made by others, arguing that expectations must reflect what is realistically achievable in practice. There were also calls for clearer setting out of accountability between Responsible Pharmacists, Superintendent Pharmacists, employers, and other staff, especially in areas such as delegation, governance, and service delivery.

8.8. Governance boundaries

A core theme for organisations but not for individuals highlighted mixed views on governance expectations, noting that while the proposed standards could strengthen day-to-day operations by embedding patient safety, accountability, and risk management, there are concerns about the clarity and practicality of the requirements. Many felt the content of governance standards, particularly around leadership and management, lacks sufficient specificity and may be unrealistic for locum or short-term Responsible Pharmacists, who have limited influence over broader systems. A key area identified was the need for clearer boundaries between governance responsibilities, with calls to distinguish the Responsible Pharmacist's role in operating within governance frameworks from the Superintendent Pharmacist's and owners' responsibility for designing and maintaining them.

8.9. Bureaucratisation and administrative burden.

Another core theme for organisations but not for individuals was that the proposed standards could introduce excessive bureaucracy and administrative burden, potentially detracting from patient care and day-to-day operations. Some described elements, particularly around authorisation and

record-keeping, as overly complex, overly prescriptive, and requiring disproportionate documentation that may not add value, with calls for more proportionate, practical audit trails. There were also concerns that increased governance requirements could shift focus away from clinical work, contributing to operational pressure, inefficiency, and burnout, especially in already stretched settings.

8.10. General support

Some respondents expressed general support, considering the proposed standards to be clear, sensible, and a positive step towards strengthening pharmacy practice, with many viewing them as a robust framework that promotes consistency, accountability, and patient safety. These respondents felt the standards would help clarify the Responsible Pharmacist's role, improve understanding of responsibilities within the team, and support safe and effective day-to-day operations, often highlighting them as appropriate, feasible, and beneficial for raising overall standards across pharmacy settings.

8.11. Locum specific challenges

A small number of respondents highlighted challenges specific to locum Responsible Pharmacists, questioning the feasibility of the proposed standards in this context. Many noted that locums often lack familiarity with local standards operating procedures, have limited knowledge of the team, and frequently have little or no involvement in management or governance processes, making it difficult to fulfil expectations around leadership and oversight. There were concerns that locums may be exposed to increased accountability without having the authority, continuity, or organisational insight needed to manage risks effectively, particularly in relation to staffing, systems, and decision-making. Respondents emphasised the need for clearer boundaries around what can realistically be expected of locum Responsible Pharmacists, alongside improved onboarding, orientation, and competency assessment processes to support safe practice and reduce risk.

8.12. Additional themes

In addition to the core themes outlined above, respondents had six additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Implementation aids, for example, requests for practical tools to operationalise standards including guidance, examples and checklists
- Issues of Responsible Pharmacist supervision, oversight and presence, for example, concerns that Responsible Pharmacist supervision and presence may be reduced or unclear, with risks to patient safety if medicines are supplied without a pharmacist physically present and possible increase in remote oversight.
- Need for staffing requirements, for example, minimum staffing levels, staff training and communication with staff.
- Workload pressure, for example, underfunding, burnout, and practical capacity to comply.
- Need for assurance, monitoring and enforcement, for example, compliance checking, assurance and clarity on consequences
- Support for accountability laid out in proposal

9. Any other standards that should be in place for Responsible Pharmacists

9.1. Survey response tables and analysis

Table 9: Views on whether there should be any other standards in place for Responsible Pharmacists (Base: All respondents to Section B)

Q9. Are there any other standards you think should be in place for Responsible Pharmacists to meet the requirements of this role?	Individuals		Organisations		Total	
Yes	65	19%	10	33%	75	20%
No	181	53%	17	57%	198	54%
Don't know	94	28%	3	10%	97	26%
Total N and % of responses	340	100%	30	100%	370	100%

Just over half of respondents (54%) felt that no further standards were needed, while one fifth (20%) believed that additional standards should be included. Just over a quarter of respondents (26%) said they did not know. A similar pattern was seen among individual respondents, with a majority of 53% sharing the view that no further standards were required, 19% supporting the inclusion of additional standards, and 28% who didn't know. A slightly larger percentage of organisational respondents (57%) felt no further standards were needed, with a third (33%) feeling more were required. A smaller proportion (10%) did not know.

9.2. Summary of themes

Just under a fifth of those who responded to this section left suggestions for additional standards that should be in place for Responsible Pharmacists. Set out below is an analysis of the themes found in their responses.

Respondents generally did not identify a need for entirely new or additional standards for Responsible Pharmacists but instead emphasised strengthening and clarifying existing expectations. Key themes included the need for clearer standards on governance, compliance, and risk management; stronger expectations around safe staffing, workload management, and working conditions; and more explicit guidance on supervision, delegation, and accountability. Respondents also highlighted the importance of clearly defined roles and boundaries between Responsible Pharmacists and other roles, alongside proportionate accountability aligned to actual control and oversight.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Governance, compliance, risk management and reporting
- Safe staffing, working conditions and workload management
- Presence and absence rules and oversight responsibilities
- Accountability for pharmacy operations
- Attributes and conduct

9.3. Governance, compliance, risk management and reporting

The most common theme overall and the most frequently cited by organisations stressed that Responsible Pharmacists should operate within robust governance frameworks that clearly define accountability and leadership, ensuring safe and effective pharmacy operations. This includes maintaining full regulatory compliance across all service contexts including online services and the use of digital technology, supported by mandatory training, competency assurance, and oversight of staff practice. There was a strong focus on proactive risk management, with Responsible Pharmacists expected to identify, document, and escalate clinical, operational, and workload risks through clear accountability pathways. Additionally, respondents highlighted the need for formalised reporting and documentation systems, including incident reporting, near-miss logs, and recording of training and patient interactions, alongside a protected “speak up” culture to raise concerns without fear.

9.4. Safe staffing, working conditions and workload management

Both individual and organisational respondents highlighted the importance that the standards emphasising that the Responsible Pharmacists should ensure safe staffing and working environments by having authority to assess staffing levels and operational pressures. There was concern about workload and fatigue as key patient safety risks, with suggestions to include expectations that Responsible Pharmacists can pause or restrict services, refuse unsafe workloads, and redistribute tasks to maintain safe practice. Respondents also highlighted the importance of effective supervision, clear communication, and safe handovers, particularly during periods of absence, alongside fostering a supportive working culture.

9.5. Presence and absence rules and oversight responsibilities

A strong theme for individuals emphasised that pharmacists should remain physically present for the majority of operating hours, with only limited, well-defined absences. There were calls for clarity on permitted activities during Responsible Pharmacist absence, with high-risk tasks restricted or requiring prior authorisation, and responsibility during absence not unfairly attributed to an off-site Responsible Pharmacist. Respondents stressed that Responsible Pharmacists must be responsible for only one pharmacy premises at a time, remain accessible, and maintain adequate supervision based on staff competence, workload, and task risk. In addition, the Responsible Pharmacist should have a clear set of rules on the authority to delegate tasks during absences, formally determining which staff are competent to undertake specific roles within legal and professional limits, and effective communication, handover processes, and oversight arrangements to ensure patient safety when direct supervision is reduced.

9.6. Accountability for pharmacy operations

Another core theme for individuals but not for organisations was that the Responsible Pharmacist should hold clear, day-to-day accountability for the safe and effective operation of the pharmacy, supported by defined authority to oversee staffing, delegation, and service delivery. As previously highlighted in 8.7 there were strong views that accountability must be fairly scoped and clearly set out, particularly in relation to the Superintendent Pharmacist and other staff roles, to avoid blurred responsibilities and associated safety risks. Respondents emphasised the need for clarity on individual and shared accountability, including ensuring that staff are competent and responsible for their own actions, while the Responsible Pharmacist retains oversight and final decision-making on delegation.

9.7. Attributes and conduct

A theme for individuals suggested that Responsible Pharmacists should be required to demonstrate strong professionalism, competence, and leadership.

9.8. Additional themes

In addition to the core themes outlined above, respondents had five additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Defined roles and scope for pharmacy technicians, for example, clearly defined accountability, responsibilities and minimum training and qualification standards for pharmacy technicians
- Handover and continuity arrangements, for example, when transferring responsibility, the Responsible Pharmacist must ensure effective handover procedures.
- Protection from unsafe employer practices, for example, the standards should apply to pharmacy owners or employers who must not impose conditions that undermine the Responsible Pharmacist's ability to meet regulatory standards.
- Authorisation and control of medicines supply, for example, the Responsible Pharmacist should ensure systems are in place to prevent misuse of medicines as well as have control on the sale of pharmacy (P) medicines.
- Maintaining a safety culture, for example, the Responsible Pharmacist must promote a no blame culture that encourages staff to record and learn from errors including mandatory documentation of safety concerns and escalation actions, near miss recording, incident reporting and quarterly safety reviews.

10. Any other comments.

10.1. Summary of themes

We asked respondents whether there anything else related to the standards for Responsible Pharmacists that they would like to raise. Just under an eighth of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents raised a range of additional issues, most notably concerns about unclear and potentially conflicting arrangements for authority and authorisation, including the roles of Responsible, Superintendent, and authorising pharmacists, and the need for Responsible Pharmacists to retain autonomy to act in the interests of patient safety. There were also concerns about lack of clarity, consistency, and practicality of governance standards, alongside calls for clearer role definitions, boundaries of responsibility, and alignment with legislation. Respondents highlighted that the scope of the Responsible Pharmacist role can be too broad, with a need for more proportionate and shared accountability, particularly in complex settings. Other key issues included the importance of maintaining physical presence, strengthening training and professional development, addressing commercial and employer pressures, and ensuring safe delegation through clearer competency and oversight requirements for support staff.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Issues with authority and authorisation for Responsible Pharmacist
- Issues with clarity, consistency and applicability of governance

- Responsible Pharmacist scope and responsibility
- Physical presence requirements for the responsible pharmacist
- Need for training and professional development of the Responsible Pharmacist
- Employer influence and commercial motivations
- Role definition, competence and regulation of support staff

10.2. Issues with authority and authorisation for Responsible Pharmacist

The most prevalent theme overall though more strongly reflected by organisations than individuals was confusion about the relationship between the Responsible Pharmacist, authorising pharmacist, and Superintendent Pharmacist, particularly where legislation appears to conflict with proposed standards on who can grant, amend, or withdraw authorisations. Respondents emphasise that Responsible Pharmacists should retain professional autonomy to act without delay in the interest of patient safety, including the ability to intervene or override authorisations where risks arise.

10.3. Issues with clarity, consistency and applicability of governance

A core theme for organisations but not for individuals raised the issue of unclear, inconsistent, and impractical governance standards, with confusion over roles, responsibilities, and alignment with existing legislation. Respondents called for clear, consistent, and well-defined guidance that is applicable across different pharmacy settings, noting that without this, standards may be difficult to implement and could create operational challenges or unintended service disruption.

10.4. Responsible Pharmacist scope and responsibility

Another core issue for organisations but not for individuals highlighted concerns that the scope of the Responsible Pharmacist's responsibilities is often too broad and unrealistic, particularly in larger or more complex pharmacy settings where it is not feasible for one individual to oversee all activities. Respondents emphasised the need for clearer boundaries of responsibility, distinguishing between the Responsible Pharmacist, other pharmacists, pharmacy technicians, and the Superintendent Pharmacist, with appropriate sharing of accountability. There was strong support for recognising the Responsible Pharmacist's role in team leadership, supervision, and staff development, including assessing competence and delegating tasks.

10.5. Physical presence requirements for the Responsible Pharmacist

In this common theme for individuals, respondents emphasised the importance of clear requirements for the physical presence of the Responsible Pharmacist, with strong opposition to routine remote supervision. Most views supported the Responsible Pharmacist being physically present while the pharmacy is operating, alongside the continuation of the 'one pharmacy, one Responsible Pharmacist' principle, as a key safeguard for patient safety. While limited absence was accepted by some, there were calls for clearer rules on when absence is appropriate and what activities may continue, to prevent unsafe practice and undue pressure from employers.

10.6. Need for training and professional development of Responsible Pharmacist

Organisational respondents highlighted the importance of strengthening requirements for training and professional development for Responsible Pharmacists, with a consistent view that Responsible Pharmacists should engage in ongoing, continuous professional development to maintain competence across clinical, operational, and regulatory areas in a changing practice environment. There was also support for introducing a formal credentialling framework, enabling Responsible Pharmacists to demonstrate the necessary skills, knowledge, and experience to undertake their roles.

10.7. Employer influence and commercial motivations

Individual respondents raised concerns about employer influence and commercial pressures on the Responsible Pharmacist role, particularly where business priorities may override patient safety.

Some highlighted that Responsible Pharmacists often have limited control over staffing and operations, despite being held accountable, and may face pressure to accept unsafe practices or extended absence arrangements. There were also concerns about Responsible Pharmacists being held responsible for wider organisational failings, with calls for stronger protections, clearer accountability for owners, and measures to support professional autonomy and challenge inappropriate commercial pressures.

10.8. Role definition, competence and regulation of support staff

A core theme for individuals emphasised the need for clearer definitions and stronger governance of the roles and responsibilities of support staff, including pharmacy technicians, particularly in relation to delegated activities. There were concerns about unsafe or inappropriate delegation, especially in the absence of a pharmacist, alongside calls for defined competency criteria, training requirements, and limits on permitted activities. Respondents also emphasised the importance of supporting the training and upskilling of staff, alongside clearer accountability and supervision arrangements, to ensure that delegation is safe, consistent, and within appropriate professional boundaries.

10.9. Additional themes

In addition to the core themes outlined above, individual respondents had three additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Issues of accountability, and liability of the Responsible Pharmacist, for example, the need for standards to provide clarity and address limits of liability including concerns about being held responsible when not involved
- Issues around digital working, for example, automation, and explicit responsibilities for digital operations
- Diluting pharmacist status, for example, suggestions that the current proposals will reduce the status of pharmacists and further dilute the value of the Responsible Pharmacist

Section C: Rules for Responsible Pharmacists

11. Proposal to continue with the current 'one pharmacy' rule

11.1. Survey response table and analysis

Table 10: Views on continuing with the present 'one pharmacy' rule (Base: All respondents to Section C)

Q11. Do you agree with our proposal to continue with the present 'one pharmacy' rule?	Individuals		Organisations		Total	
Yes	288	92%	20	74%	308	91%
No	18	6%	4	15%	22	6%

Q11. Do you agree with our proposal to continue with the present 'one pharmacy' rule?	Individuals		Organisations		Total	
Don't know	7	2%	3	11%	10	3%
Total N and % of responses	313	100%	27	100%	340	100%

The law requires there to be a Responsible Pharmacist in every registered pharmacy. In the consultation we asked for views on our proposal to continue with the present rule where a Responsible Pharmacist can only be responsible for one pharmacy premises at any given time.

The majority of respondents (91%) agreed with our proposal to continue with the 'one pharmacy' rule with 6% disagreeing. A similar majority (92%) was reflected in the responses from individuals with 6% in disagreement. A smaller proportion of organisations (74%) were in agreement with 15% disagreeing with the proposal.

11.2. Summary of themes

Nearly two thirds of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents largely supported retaining the 'one pharmacy' rule, emphasising that the Responsible Pharmacist role requires dedicated, on-site oversight to manage high workloads, make timely decisions, and ensure patient safety. Many raised concerns that overseeing multiple pharmacies would dilute accountability, reduce operational control, and increase risks to safe dispensing and clinical checks. There was strong support for maintaining physical presence as a key safeguard, alongside concern about the limitations of remote supervision. While some respondents, particularly those representing organisations, supported limited flexibility, this was generally restricted to exceptional circumstances for example, emergencies or workforce shortages with strict safeguards. A small number favoured greater flexibility through multi-site or remote working, citing technological advances and service pressures, but views were mixed and emphasised the need for clear limits.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Operational and practical viability
- Risk to safety of Responsible Pharmacist overseeing more than one pharmacy
- Need for flexibility for exception case allowances
- Physical presence requirement and remote working issues
- Support for Responsible Pharmacist working remotely or overseeing multiple pharmacies
- General support
- Prohibits commercial pressures and cost cutting risks

11.3. Operational and practical viability

The most common theme highlighted respondents' agreement with our proposal to retain the 'one pharmacy' rule, emphasising that pharmacy practice is dynamic and high-pressure, requiring the Responsible Pharmacist's full attention. They emphasised that expanding clinical roles, including prescribing and NHS services, further necessitate a dedicated presence at a single site. Many expressed

concern that overseeing multiple locations would dilute accountability, reduce operational control, and increase risks to patient safety, particularly where rapid decisions and interventions are needed.

11.4. Risk to safety of Responsible Pharmacist overseeing more than one pharmacy

In the next most prevalent theme respondents also expressed agreement with our proposal noting that allowing a Responsible Pharmacist to oversee more than one pharmacy would increase risks to patient safety, particularly by compromising clinical checks, safe dispensing, and timely intervention. Many emphasised that the Responsible Pharmacist role requires direct, real-time oversight, and that it is not possible to safely or ethically maintain accountability across multiple premises.

11.5. Need for flexibility for exception case allowances

Flexibility was the dominant theme for organisations but a much less prevalent view for individuals. Respondents generally supported retaining the ‘one pharmacy’ rule as the default position but highlighted a need for limited and clearly defined flexibility in exceptional circumstances. There was recognition that situations such as medical emergencies, extreme weather, workforce shortages, or remote and rural locations may require temporary arrangements to maintain continuity of patient care. In these cases, respondents supported tightly controlled exceptions, including short-term remote supervision or multi-site responsibility, provided there are strict safeguards, clear accountability, and defined limits to prevent misuse.

11.6. Physical presence requirement and remote working issues

In this theme respondents, more commonly individuals, agreed with our proposal emphasising that the Responsible Pharmacist should be physically present on-site to supervise practice and intervene when needed, with this seen as essential to patient safety. There were strong concerns about remote supervision, particularly reduced awareness of on-site activity and inability to respond to issues in real time.

11.7. Support for Responsible Pharmacist working remotely or overseeing multiple pharmacies

Support for greater flexibility in allowing Responsible Pharmacists to work across multiple pharmacies or provide remote oversight, particularly in light of the evolving role of pharmacists within NHS service delivery was raised much more frequently by organisations than individuals. Respondents suggested that advances in technology, such as secure communication systems, may enable safe remote supervision and clinical input in some circumstances, and that workforce pressures and operational challenges could necessitate multi-site working. There were also suggestions that different pharmacy settings may require different Responsible Pharmacist responsibilities, reflecting variations in scale, risk, and service models. However, views were mixed, with respondents emphasising that any such approaches would require clear safeguards, defined limits, and careful consideration of risks to ensure patient safety is maintained.

11.8. General support

Some individual and organisational respondents expressed general support for continuing the ‘one pharmacy’ rule, with many describing it as a clear, established, and effective approach to ensuring safe pharmacy practice. The proposal was viewed as appropriate and in the best interests of patient safety, with respondents noting that it supports focused oversight, clear accountability, and safe service delivery.

11.9. Prohibits commercial pressures and cost cutting risks

In this common theme for individuals but not for organisations, respondents expressed concerns that removing or weakening the ‘one pharmacy’ rule could enable cost-cutting by pharmacy owners, particularly through increased use of remote supervision and multi-site working. Many highlighted the risk that pharmacists could be stretched across multiple premises, leading to reduced on-site presence, increased workload, and greater reliance on support staff.

11.10. Additional themes

In addition to the core themes outlined above, individual respondents had four additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Accountability and governance requirements, for example, emphasis on maintaining clear, single-site accountability to prevent confusion and ensure compliance with regulations.
- Workforce and staffing considerations, for example, issues around pharmacist shortages, staffing levels, and the need for better recruitment and retention as well as staff members feeling confident if a pharmacist is present.
- Delegation to pharmacy technicians, teams and professionals, for example, pharmacy technicians or other members of the team can be utilised in certain circumstances to replace the pharmacist’s role.
- Supports professional identity and role protection, for example, concerns that removing the “one pharmacy” rule would diminish the value and status of the pharmacist profession.

12. Proposal to continue with the current two-hour rule

12.1. Survey response table and analysis

Table 11: Views on continuing with the current two-hour absence rule (Base: All respondents to Section C)

Q12. Do you agree with our proposal to continue with the current two-hour absence rule?	Individuals		Organisations		Total	
Yes	239	76%	13	48%	252	74%
No	54	17%	10	37%	64	19%
Don't know	20	6%	4	15%	24	7%
Total N and % of responses	313	100%	27	100%	340	100%

We asked for views on our proposal to continue with the present rule that allows the Responsible Pharmacist to be absent from the pharmacy for up to two hours.

The majority of respondents (74%) agreed with the proposal to continue with the current two-hour absence rule, compared with 19% who disagreed with this view. This pattern reflects the views of individual respondents, among whom 76% agreed with the proposal and 17% who did not. By contrast, organisational responses were closer, with a smaller percentage (48%) in agreement and 37% who did not agree with keeping the two-hour absence rule.

12.2. Summary of themes

Just under half of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Feedback on our proposal to retain the two-hour absence rule were mixed. Many respondents supported retaining it, noting it provides limited flexibility while maintaining appropriate supervision, ensuring clinical safety, timely access to care, and helping to limit commercial exploitation. However, the view of some respondents, particularly organisations, was that the fixed two-hour limit is overly rigid and does not reflect the complexity of modern pharmacy practice. These respondents called for a more flexible, risk-based approach, allowing Responsible Pharmacists to use professional judgement based on staffing, workload, and context. There were also concerns about misalignment with wider healthcare requirements, alongside calls for clearer governance, documentation, and accountability arrangements for absences.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Need for absence rule to better reflect professional context
- Allows for necessary supervision and oversight of pharmacy team
- Limits potential for commercial exploitation
- Does not align with existing healthcare rules
- Need for compliance, documentation, and governance
- Concern that two-hour absence is detrimental to clinical safety and timely access to care

12.3. Need for absence rule to better reflect professional context

In the most prevalent theme overall and the most frequently cited by organisations, respondents argued that the current two-hour absence rule does not fully accommodate the range of professional duties and operational demands faced by Responsible Pharmacists. Activities such as attending meetings, undertaking off-site work, and managing emergencies were seen as requiring more flexible arrangements. There was a view that fixed time limits are overly restrictive, and that decisions about absence should instead be risk-based and locally determined, enabling the Responsible Pharmacist to use their professional judgement based on team capability, workload, operational context and service complexity. This was supported by the view highlighted by some respondents who proposed there is scope for greater autonomy and delegation within pharmacy teams, where staff are suitably trained, competent, and supported by robust governance frameworks.

12.4. Allows for necessary supervision and oversight of pharmacy team

Respondents who expressed views in relation to this theme were mainly individuals. They supported retaining the two-hour absence rule, noting that it provides limited flexibility while maintaining appropriate supervision and oversight of the pharmacy team to allow continuing clinical safety and timely access to care. Many considered that, with competent and appropriately authorised staff in place, safe operations can be maintained during short absences, provided the Responsible Pharmacist remains contactable and able to return promptly if required.

There were concerns that longer absences could delay care and access to medicines as well as increasing the risk of errors.

12.5. Limits potential for commercial exploitation

Another theme more common for individual respondents and also in agreement with our proposal suggested that the two-hour absence rule helps to limit the potential for commercial exploitation and inappropriate cost-cutting by employers, by ensuring pharmacists remain present for the majority of opening hours. Many expressed concerns that without a clear limit, organisations could extend absence periods, reduce staffing costs, and rely more heavily on non-pharmacist staff, increasing risks to patient safety.

12.6. Does not align with existing healthcare rules

In this core theme for organisations respondents noted that the current two-hour absence rule does not fully align with existing healthcare and contractual frameworks, particularly NHS Terms of Service, which often require a pharmacist to be available throughout operating hours. This creates practical and regulatory tensions, with some noting that the rule is difficult to apply in NHS community pharmacy settings and may lead to confusion or risk of contractual non-compliance. Respondents called for clearer alignment between regulatory standards and wider healthcare requirements, including guidance on how the rule should operate in practice and how accountability is maintained.

12.7. Need for compliance, documentation, and governance

A further theme raised predominantly by organisations, highlighted the need for clearer governance and documentation in relation to Responsible Pharmacist absence, noting that current practice is often inconsistently recorded or monitored. Many called for formalised requirements to log and justify absences, including the reasons, duration, and arrangements in place to maintain safe operation, alongside clear protocols on when absence is appropriate and what activities can continue. There were also requests for stronger guidance on definitions for example, what constitutes absence and expectations for escalation and reporting, to ensure consistent implementation.

12.8. Concern that two-hour absence is detrimental to clinical safety and timely access to care

In contrast to the views expressed in section 12.6 some respondents, mainly those representing organisations, disagreed with our proposal to continue with the two-hour absence rule raising concerns that allowing a Responsible Pharmacist to be absent for up to two hours may compromise clinical safety and timely access to care, with risks cited as reduced access to consultations, delayed decision-making, and limited ability to respond to errors or emergencies.

12.9. Additional themes

In addition to the core themes outlined above, individual respondents had four additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- There needs to be requirements for the Responsible Pharmacist to be contactable, for example, pharmacist must remain reachable during absences.
- Absence should be at pharmacist's discretion, for example, the rule should be left to the discretion of the responsible pharmacist
- Scenarios involving multiple pharmacists, for example, views on how the rules apply when more than one Responsible Pharmacist or pharmacist is present.
- Reduction of duration of absence allowance

13. Any other comments

13.1. Summary of themes

We asked respondents whether there anything else related to the rules for Responsible Pharmacists that they would like to raise? One in ten of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents raised several additional issues, most notably reinforcing the importance of maintaining the Responsible Pharmacist's physical presence on-site as a key safeguard for patient safety and professional accountability, alongside concerns about increased flexibility or remote working. There were strong calls for clearer guidance on safe delegation and staff competence, ensuring Responsible Pharmacists are supported to make decisions without pressure. Respondents also highlighted ongoing confusion around accountability, with a need for clearer definitions and boundaries to ensure responsibility is proportionate and aligned with actual control. Finally, respondents highlighted the need for stronger governance, including improved monitoring, transparency and operational oversight.

The analysis below sets out the themes that emerged from the responses in order of prevalence, as follows:

- Physical presence requirements for responsible pharmacists
- Delegation and competence within pharmacy teams
- Defining accountability
- Need for more governance

13.2. Physical presence requirements for responsible pharmacists

As raised in sections 10.5 and 11.6 the most commonly identified theme to this question emphasised the importance of maintaining clear requirements for the physical presence of the Responsible Pharmacist, with strong support for the principle that the RP should be present on-site to provide oversight and to safeguard patient safety. Many highlighted concerns that increasing flexibility around absence or remote working could lead to a gradual erosion of pharmacist presence, potentially undermining patient safety, professional accountability, and public confidence.

13.3. Delegation and competence within pharmacy teams

The most prevalent theme for individuals highlighted the need for clearer guidance on delegating tasks safely within pharmacy teams, including defined criteria for assessing staff capability. There was strong emphasis that Responsible Pharmacists should not be pressured to delegate where they have safety concerns, alongside support for expanding the role of pharmacy technicians, where they are appropriately trained and accredited.

13.4. Defining accountability

Similar to views described in section 8.7, respondents, mainly from organisations, highlighted the need for clearer definitions and boundaries of accountability for Responsible Pharmacists, noting confusion arising from the interchangeable use of terms such as "responsible" and "accountable." Many raised concerns that Responsible Pharmacists may be held legally and professionally accountable for actions or errors beyond their direct control, including those involving other staff or operational decisions made by owners or Superintendent Pharmacists. There were calls for clearer setting out of roles and responsibilities across different parties, particularly in complex or digital settings such as online

pharmacies, to ensure accountability is proportionate, transparent, and aligned with actual oversight and involvement.

13.5. Need for more governance

In this theme individual respondents called for stronger governance arrangements for Responsible Pharmacists, including proposals for a national register of Responsible Pharmacist records to improve transparency, oversight, and the ability to monitor professional conduct. There were also calls for clearer systems to monitor pharmacy operations, including reporting of closures and enforcement where standards are not met. Some respondents suggested that extended pharmacy opening hours could improve patient access and public confidence, provided this is supported by appropriate governance and staffing safeguards.

13.6. Additional themes

In addition to the core themes outlined above, there were four additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Professional identity and status of pharmacists, for example, concerns about the erosion of the profession's status and long-term viability.
- Guidance, training and professional development requirements, for example, calls for improved, accessible, high-quality training and mandatory face to face educational sessions.
- Patient safety as a central consideration in changes, for example, concerns that new regulations could impact patient safety if not designed specifically around patient safety.
- Issues of commercial pressure on Responsible Pharmacists, for example, the ability for Responsible Pharmacists to carry out their duties without any commercial pressure or expectation that could compromise patient safety and the need to hold owners accountable for their instructions.

Section D: Standards for registered pharmacies

14. Inclusion of 'any other product intended for supply or administration' and a specific standard on consent

14.1. Survey response tables and analysis

Table 12: Views on the inclusion of 'any other product intended for supply or administration' under Principle 4 of the standards (Base: All respondents to Section D)

Q14 (a). Do you agree with the inclusion of 'any other product intended for supply or administration' under Principle 4 of the standards?	Individuals		Organisations		Total	
Yes	213	81%	27	96%	240	83%
No	21	8%	1	4%	22	8%
Don't know	28	11%	0	0%	28	10%

Q14 (a). Do you agree with the inclusion of 'any other product intended for supply or administration' under Principle 4 of the standards?	Individuals		Organisations		Total	
Total N and % of responses	262	100%	28	100%	290	100%

When developing the standards for Superintendent Pharmacists we found there are two areas in the standards for registered pharmacies that need updating, to provide clarity and maintain patient safety.

The first area specifically relates to medicines and medical devices which limits our ability to take enforcement action against poor practice arising from other services, or from unregulated products provided from pharmacies. To help address this we asked for views on our proposal to include 'any other product intended for supply or administration' under Principle 4 of the standards.

A large majority of overall respondents (83%) agreed with the suggested inclusion with a small percentage (8%) disagreeing. Almost all organisations (96%) agreed with the proposal, with 4% in disagreement. A slightly smaller majority (81%) of individuals were in agreement with 8% who disagreed.

Table 13: Views on the inclusion of a specific standard around consent (Base: All respondents to Section D)

Q14 (b). Do you agree with the inclusion of a specific standard around consent?	Individuals		Organisations		Total	
Yes	213	81%	27	96%	240	83%
No	21	8%	1	4%	22	8%
Don't know	28	11%	0	0%	28	10%
Total N and % of responses	262	100%	28	100%	290	100%

The second area identified as requiring updates to the standards for registered pharmacies related to consent. While consent is already addressed within the standards for pharmacy professionals, it is not currently covered in the standards for registered pharmacies. As part of the consultation, views were therefore sought on the inclusion of a specific standard on consent.

The pattern of responses was the same as for the previous question with 83% of overall respondents agreeing with the suggested inclusion and a minority percentage (8%) disagreeing. Again, almost all organisations (96%) agreed with the proposal, with 4% in disagreement and 81% of individuals were in agreement with 8% who disagreed.

14.2. Summary of themes

Just under a third of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Overall, respondents were broadly supportive of including "any other product intended for supply or administration" under Principle 4 and introducing a specific standard on consent, viewing both as

reflecting the evolving scope of pharmacy practice and helping to strengthen patient safety, consistency, and accountability across a wider range of services. However, many emphasised the need for greater clarity and more detailed guidance, particularly around the scope and definition of products covered and the practical application of consent requirements. While the consent standard was widely welcomed as reinforcing person-centred, ethical care, respondents called for clearer distinctions between types of consent and how these should be obtained and recorded in different scenarios.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Proposals better reflect changes in products and align with clinical services
- Need more clarification on consent such as distinguishing types of consent
- Ensures patient safety is embedded in regulation
- Need for more clarity and a well-defined product standard
- Creates and upholds professional and organisational accountability
- Importance of consent in all pharmacy services

14.3. Proposals better reflect changes in products and align with clinical services

The most common theme, although more prevalent for organisations, highlighted broad support for the proposals, noting that they better reflect the evolving scope of pharmacy practice, including the expansion of clinical, diagnostic, and patient-facing services. Many emphasised that extending standards to cover “any other product intended for supply or administration” ensures a consistent regulatory framework across medicines, devices, complementary, cosmetic, and other emerging products, helping to address gaps in oversight and future-proof the standards so they remain relevant as practice continues to evolve. Respondents also emphasised that the inclusion of a specific standard on consent aligns with the increasingly clinical nature of pharmacy services, supporting safe, ethical, and person-centred care. The changes were also seen as reflecting legislative developments, including the expanded role of pharmacy technicians.

14.4. Need more clarification on consent such as distinguishing types of consent

Another theme more frequently cited by organisations indicated general support for the inclusion of a consent standard but emphasised the need for clearer and more detailed guidance on different types of consent, including implied, verbal, and explicit consent, and when each is appropriate. Many highlighted the importance of distinguishing between consent for clinical activities, services, and record-keeping, as well as clarifying how consent should be obtained and documented in different scenarios, including where patients are not present or lack capacity. There were also calls to ensure alignment with legal frameworks such as the Mental Capacity Act, and to avoid overly burdensome processes that could hinder service delivery.

14.5. Ensures patient safety is embedded in regulation

In this theme both organisations and individual respondents expressed support for the proposals and noted that it would help to embed patient safety more clearly within regulatory standards, particularly as pharmacy services continue to expand beyond traditional dispensing. Many noted that extending the scope to include all products intended for supply or administration ensures consistent safeguards are applied across a wider range of activities, reducing risks associated with emerging or non-traditional services. The inclusion of a specific standard on consent was also seen as strengthening patient protection by reinforcing informed, ethical, and person-centred care, supporting patient autonomy and trust.

14.6. Need for more clarity and a well-defined product standard

Respondents who provided comments related to this theme suggested a need for greater clarity and more precise definitions within the proposed standards particularly regarding the scope of “any other product intended for supply or administration.” Many considered the current wording to be too broad and potentially ambiguous, creating uncertainty about which products and services are included and how responsibilities should be applied. There were calls for clearer guidance and examples to support consistent interpretation, avoid regulatory overreach, and ensure that roles and accountabilities are well understood.

14.7. Creates and upholds professional and organisational accountability

A core theme for organisations but a lesser theme for individuals highlighted that the proposals support clearer professional and organisational accountability across pharmacy services, particularly as the scope of practice expands. Extending standards to cover all products and services intended for supply or administration was seen as ensuring pharmacies are accountable for the full range of their activities, including those beyond medicines and devices, and helping to prevent unregulated or unsafe practices. The inclusion of a specific standard on consent was also viewed as strengthening accountability by requiring clear processes for obtaining and documenting consent, supported by appropriate governance frameworks and standard operating procedures.

14.8. Importance of consent in all pharmacy services

A small number of respondents emphasised that consent is a fundamental component of all pharmacy services and should be consistently embedded across all patient interactions. Many highlighted that, as pharmacies deliver an increasing range of clinical and patient-facing services, there must be clear and robust processes to ensure informed consent is obtained and understood, supporting patient autonomy, dignity, and trust.

14.9. Additional themes

In addition to the core themes outlined above there were six additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Supports regulation, monitoring and enforcement of standards, for example, closes the regulatory gap enabling the GPhC to take enforcement action where unsafe practices involve products other than medicines and medical devices including emerging product categories or novel therapies.
- Proposals increase clarity
- No need to further regulate consent, for example, consent is already covered in other places such as the standards for pharmacy professionals and is implicit when the customer attends the pharmacy.
- Requirements for consent documentation, for example, guidance is needed on when consent must be recorded and what forms of documentation are acceptable.
- Benefits pharmacist and pharmacy teams, for example, it would support staff delivering services to understand consent and safety requirements.
- Proposals need better alignment with products and clinical services, for example, standards must reflect the growing scope of pharmacy practice, including clinical and cosmetic services and rules should apply to medicines, devices, complementary products, and any product or service intended for administration or supply.

15. Changes or additions to the standards for registered pharmacies

15.1. Summary of themes

We asked respondents for their comments on whether there was anything else that could put patient safety at risk and should be changed or added to the standards for registered pharmacies before the full review? A quarter of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents identified several additional risks to patient safety that they felt should be addressed in the standards. The most prominent theme was the need for stronger governance, including clearer requirements for documenting, reporting, and responding to incidents, alongside improved regulatory oversight of all pharmacy services. Workforce pressures were also widely highlighted, with concerns about staffing levels, workload, skill mix, and staff wellbeing, and calls for clearer standards to ensure safe capacity. Respondents emphasised maintaining pharmacist oversight, autonomy, and accountability, particularly in the context of increasing delegation and remote or digital models, alongside safeguards to ensure clinical decisions remain under appropriate supervision. There were further concerns about the safe supply of medicines, especially in higher-risk areas and online services, and the need for clearer controls to prevent inappropriate supply. Finally, respondents raised issues about digital practices and commercial pressures, highlighting risks that technology or profit-driven decision-making could undermine clinical checks, professional judgement, and safe patient care.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Pharmacy governance – documenting, reporting, service approaches and regulatory approach
- Pharmacy workforce requirements and workload management
- Autonomy, delegation, supervision and oversight
- Safe supply of medicines
- Pharmacy digital practices, tools and services
- Commercial behaviour undermining pharmacy safety and service

15.2. Pharmacy governance – documenting, reporting, service approaches and regulatory approach

The most common theme overall and the strongest theme for organisations highlighted the need for stronger governance arrangements to reduce risks to patient safety, including clearer expectations for documenting, reporting, and responding to safety incidents, near-misses, and complaints, alongside improved audit and inspection approaches such as risk-based triggers. There were also calls to ensure that all pharmacy and related services, including private and emerging clinical services, fall within appropriate regulatory oversight, to avoid gaps in assurance. While recognising that not all risks can be addressed through regulation alone, respondents emphasised the continued importance of professional judgement alongside robust governance frameworks.

15.3. Pharmacy workforce requirements and workload management

In this theme respondents raised concerns about workforce capacity, workload pressures, and staffing arrangements as key risks to patient safety, with many calling for clearer standards on minimum staffing levels, appropriate skill mix, and safe workload limits. There was a strong view that increasing service demands are not always matched by adequate training, staffing, or physical space, leading to pressure on staff and potential risks to safe practice. Respondents emphasised the importance of staff wellbeing,

including rest breaks, workload management, and addressing burnout, alongside ensuring staff work within their competence with access to ongoing training and development.

15.4. Autonomy, delegation, supervision and oversight

A frequently cited theme for organisations was the importance of maintaining strong pharmacist oversight, autonomy, and accountability within pharmacy practice. Many highlighted that clinical tasks and decision-making must remain under the supervision of a pharmacist, and that authorisation processes should be a controlled professional responsibility rather than a mechanism to address workforce pressures. There were calls to ensure that non-pharmacist staff do not undertake clinical activities without appropriate oversight, and that pharmacists retain the authority to make decisions about service delivery, including limiting or stopping services where safety is at risk.

15.5. Safe supply of medicines

In a core theme for individuals and a lesser theme for organisation respondents highlighted concerns about the safe supply of medicines and products, emphasising that stronger safeguards are needed to prevent inappropriate or unsafe practice. Many noted the importance of ensuring prescription-only medicines are supplied only with valid prescriptions, alongside tighter controls for higher-risk areas such as aesthetic treatments and high-demand medicines, for example medicines for weight management, where there is potential for inappropriate or commercially driven supply. Respondents emphasised that distance-selling and remote services should not provide services requiring face to face clinical assessment when this poses safety risks, and that clear protocols and safeguards are needed to maintain safe decision-making. There were also concerns about self-selection and repeat purchasing of OTC/GSL medicines, particularly for vulnerable groups, with calls for improved monitoring and intervention where unsafe use or misuse may occur.

15.6. Pharmacy digital practices, tools and services

Some respondents highlighted the need for clearer expectations governing digital pharmacy practices, tools, and services, particularly to ensure safe operation of online pharmacies and telehealth models. Many emphasised that standards should explicitly address remote dispensing, supervision, and technology-enabled services, including clear expectations for accountability and oversight. Concerns were also raised about the use of digital systems potentially bypassing the clinical check, with strong support for maintaining this as a core pharmacist responsibility requiring professional judgement and human oversight.

15.7. Commercial behaviour undermining pharmacy safety and service

A common theme for individuals but not organisations respondents raised concerns that commercial pressures and business practices may undermine patient safety and professional judgement, particularly where pharmacists and staff are subject to performance targets, cost-cutting measures, or operational decisions driven by financial priorities. A small number of respondents highlighted risks associated with inappropriate promotion and supply of high-demand products, such as weight loss treatments, and concerns that profit-driven decision-making could lead to unsafe or unsuitable care. There were also concerns about owner or management influence over clinical and operational decisions, including stock choices, staffing levels, and service provision, which may conflict with safe practice.

15.8. Additional themes

In addition to the core themes outlined above, respondents had one additional common theme that did not appear frequently enough to meet the threshold for inclusion as a core theme for either individual or organisational respondents. This was:

- Premises, environment and equipment, for example, ensuring consultation rooms meet minimum standards for size, privacy, and fixtures, while maintaining appropriate standards of cleanliness and properly managed, maintained, and calibrated essential equipment.

16. Considerations for the full review of the standards for registered pharmacy

16.1. Summary of themes

We asked respondents for their comments on whether there was anything they would like to raise for us to consider when we carry out the full review of the standards for registered pharmacies? A fifth of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents highlighted several areas for consideration in the full review, with a strong focus on improving service delivery models to better support safe and efficient care, including clearer structures for clinical services, workflow management, and reducing operational pressures. Workforce and workload were key concerns, with calls for adequate staffing, rest breaks, training, and support to match expanding roles. There was also emphasis on strengthening premises and environment standards, ensuring pharmacies are fit for purpose as clinical settings with appropriate space, layout, and facilities to support safe practice. Additionally, respondents called for clearer standards and governance around the use of digital tools and emerging technologies, alongside recognition of the financial pressures facing pharmacies, which may impact their ability to implement changes and maintain safe, high-quality services.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Pharmacy service delivery approaches and standards
- Workload management and pharmacy workforce requirements
- Premises and environment standards
- Use of digital tools
- Financial uncertainty, funding and economic viability

16.2. Pharmacy service delivery approaches and standards

The most common theme overall and the most frequently cited by organisations highlighted the need to review and strengthen pharmacy service delivery models to better support safe and effective care. Many suggested adopting clearer approaches such as structured appointment systems for clinical services alongside flexible access for walk-in or OTC services, as well as improving queue management, use of space, and minimising interruptions to support safe workflows. There were also calls for a broader overhaul of systems and documentation, including more efficient and consistent processes to reflect increasing service complexity.

16.3. Workload management and pharmacy workforce requirements

Similarly to the view expressed in 15.3 respondents raised concerns about workforce pressures and workload management as key factors affecting patient safety, with many emphasising the need for

adequate rest breaks, manageable workloads, and sufficient staffing levels to support safe practice and staff wellbeing. There were calls for improved training and ongoing professional development, ensuring staff work within their competence as roles expand, alongside recognition that increasing responsibilities should be matched by appropriate rewards, career progression, and support.

16.4. Premises and environment standards

A core theme across the responses but more prevalent for organisations highlighted the need for stronger and more clearly defined premises and environment standards that reflect pharmacies as clinical healthcare settings rather than retail spaces. Many emphasised the importance of cleanliness, organisation, infection prevention and control, and well-designed workflows to support safe practice. There were also concerns about inadequate workspace, insufficient lighting, temperature or storage controls, which may increase the risk of errors and impact staff wellbeing. Respondents stressed that consultation areas must be fit for purpose, with sufficient size, equipment, privacy, and soundproofing to ensure confidential and effective patient care.

16.5. Use of digital tools

Some respondents called for clearer standards and greater scrutiny around the use of digital tools in pharmacy practice, particularly as systems such as PMRs, automation, and AI are increasingly used in service delivery. Many emphasised that digital systems should support structured clinical documentation, coding, consent recording, outcomes tracking, follow-up, and audit, rather than being limited to transactional functions. There were also concerns about variability in system capability and a lack of clear standards on validation, reliability, data security, and interoperability, alongside calls for stronger governance of emerging technologies such as robotics and remote clinical models.

16.6. Financial uncertainty, funding and economic viability

A small number of respondents raised concerns about the financial sustainability of community pharmacy, noting that ongoing funding pressures and economic constraints may impact the ability of pharmacies to maintain safe services and meet regulatory expectations. Many emphasised that limited capital and revenue funding can restrict investment in staffing, training, premises upgrades, and digital systems, all of which are needed to support safe and modern practice. There were also concerns about the cost and feasibility of implementing new standards, particularly for smaller contractors or those operating under tight margins.

16.7. Additional themes

In addition to the core themes outlined above, there were five additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Issues of online pharmacy safety, for example, ensuring online pharmacies meet standards equivalent to physical pharmacies.
- Regulatory clarity, for example, clarifying of standards
- Safe supply of clinical services and medicine, for example, services for aesthetic needs and for products on sale in registered pharmacies such as vapes and CBD.
- Accountability and responsibility boundaries, for example, clarifying and rebalancing responsibility and accountability across owners, managers/superintendents, registrants, and staff, addressing gaps where the manager is not a pharmacist.

- Patient privacy and dignity, for example, ensuring dignity during assessment and private consultations as well as maintaining GDPR compliance at all times which includes avoiding discussions of sensitive matters in non-private areas like the dispensary.
- Pharmacy team roles and responsibilities, for example, expectations around the role of pharmacy technicians and for the professional appearance of the pharmacy team.

Section E: Standards for Pharmacy Professionals

17. Annex to cover authorisation

17.1. Survey response table and analysis

Table 14: Views on agreement with our proposal to publish an annex to the standards for pharmacy professionals to cover authorisation (Base: All respondents to Section E)

Q17. Do you agree with our proposal to publish an annex to the standards for pharmacy professionals to cover authorisation?	Individuals		Organisations		Total	
Yes	236	78%	20	71%	256	78%
No	25	8%	3	11%	28	9%
Don't know	40	13%	5	18%	45	14%
Total N and % of responses	301	100%	28	100%	329	100%

When we have agreed and published the standards for Superintendent Pharmacists and the rules and standards for Responsible Pharmacists, we will be carrying out a full review of, and consultation on, the standards for pharmacy professionals. Ahead of the review, and in light of upcoming legislation on supervision and authorisation, we will be producing an annex to the standards for pharmacy professionals. The annex will set out what is expected of pharmacists and pharmacy technicians if a pharmacy decides to use authorisation. Views on the publication of this annex were sought as part of the consultation.

Over three quarters of respondents (78%) agreed with our proposal with a small percentage disagreeing (9%). The percentage of respondents in agreement was the same for individuals (78%) whereas the percentage of organisations who agreed with the proposal was slightly smaller (71%). Conversely the proportion of organisational respondents who disagreed with the proposal was slightly larger (11%) than that of individuals (8%). Overall, 14% of respondents indicated that they didn't know, including 18% of organisations and 13% of individuals.

17.2. Summary of themes

Just over a third of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents generally supported the proposal to publish an annex on authorisation, with both organisations and individuals commonly agreeing that authorisation represents a significant change requiring clear, consistent expectations to support safe implementation, and that an annex would

provide valuable clarity on roles, responsibilities, accountability and professional boundaries while promoting consistency across settings. However, while there was overall support some respondents, mainly organisations, called for more detailed and practical frameworks for authorisation, whereas others, more commonly individuals, raised concerns about the safe implementation of authorisation and whether the guidance is sufficiently robust, highlighting concerns around competence, accountability and potential risks to patient safety if there are not adequate safeguards.

Additionally, some individuals expressed concern that authorisation could be misused by employers to reduce costs or exert pressure on pharmacists, suggesting that while the annex may help mitigate this risk, it may not go far enough.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Provides clear, detailed guidance and standards for the profession
- Suggestions of what the guidance should cover
- Concerns about authorisation and the guidance provided on it
- Risk and prevention of exploitation by corporates or employers

17.3. Provides clear, detailed guidance and standards for the profession

In the most common theme for both organisations and individuals, respondents expressed support for the proposal emphasising that authorisation represents a significant change in practice and therefore requires explicit, consistent expectations to support safe implementation. Many felt an annex would offer much-needed clarity on roles, responsibilities, accountability, and professional boundaries for both pharmacists and pharmacy technicians, while also promoting consistency across settings.

17.4. Suggestions of what the guidance should cover

A core theme more prevalent for organisations was suggestions of additional content to further strengthen the guidance. Respondents suggested that the annex should provide comprehensive and practical guidance on authorisation, including clear expectations around training, resources, and professional support needed to implement it safely. Many emphasised the importance of establishing a structured framework defining what Responsible Pharmacists can and cannot authorise, who can be authorised and the documentation required, alongside clear limits and responsibilities to support consistent decision-making. There were also calls to ensure alignment with existing professional guidance, such as the Royal College of Pharmacy guidance to avoid duplication and promote consistency across the sector.

17.5. Concerns about authorisation and the guidance provided on it

Respondents raised a range of concerns about authorisation and the adequacy of the supporting guidance, particularly in relation to competence, confidence and patient safety. Some questioned whether all pharmacy technicians have the necessary skills or experience to take on authorised tasks, citing inconsistent training and concerns that individuals may be progressed without fully developing the required understanding or accountability. Others expressed a lack of confidence in their own ability to authorise safely, especially in community settings or when working as locums with limited opportunity to assess staff competence. Across comments, there was a consistent concern that if authorisation is implemented poorly or without sufficiently robust guidance and safeguards, it could have negative implications for patient safety, particularly in high-pressure environments.

17.6. Risk and prevention of exploitation by corporates or employers

In another core theme for individuals but not organisations, respondents raised concerns that the introduction of authorisation could be misused by employers or corporate organisations, potentially undermining professional judgement and patient safety. Many highlighted the risk that businesses may seek to reduce costs by relying more heavily on less qualified staff, using authorisation as a mechanism to support this rather than as a controlled professional decision. Some respondents noted that the proposed annex was necessary to help prevent this, however, others suggested it didn't go far enough expressing concerns that pharmacists could be pressured to authorise activities against their professional judgement, with responsibility remaining with them despite limited control over decisions.

17.7. Additional themes

In addition to the core themes outlined above, respondents had five additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Current annex too onerous or insufficient, for example, current annex creates ambiguity or complexity and increases or creates administrative burden.
- General support, such as the proposed approach was welcomed and described as a positive change.
- Appropriate use of authorisation to support workload, benefit patients and improve standards, for example, authorising pharmacy technicians to accuracy check and provide specific services would help pharmacists manage their workload leading to more positive outcomes for patients.
- Pharmacy technicians are capable and competent for authorisation.

18. Changes or additions to the standards for pharmacy professionals

18.1. Summary of themes

We asked respondents for their comments on whether there was anything else that could put patient safety at risk and should be changed or added to the standards for pharmacy professionals before the full review. A fifth of those who responded to this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents highlighted several additional risks to patient safety that they felt should be addressed immediately in the standards for pharmacy professionals. The most prominent theme was the need for clearer role definitions and accountability across the pharmacy team, ensuring staff understand their scope of practice and responsibilities, particularly as roles expand. There were also strong calls for more robust governance and safety systems, including clearer processes for risk management, documentation, prescribing oversight, and the use of digital tools. Concerns were raised about supervision and authorisation, with emphasis on maintaining pharmacist oversight and ensuring delegation is supported by clear boundaries, safeguards, and consistent processes. Respondents also highlighted variability in training and competence, calling for stronger requirements for assessment, ongoing development, and evidence of capability. Finally, workforce and workload pressures were identified as a risk to safe practice, with the need for adequate staffing, appropriate skill mix, and safe working conditions to support consistent patient care.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Role clarity

- Safety systems and prescribing governance
- Concerns about supervision and authorisation
- Assessments, training, qualifications and competency
- Staffing and workload pressures

18.2. Role Clarity

The most common theme overall and the most prevalent for organisations highlighted the need for greater clarity on roles and responsibilities across the pharmacy team, emphasising that the term “pharmacy professionals” can be too broad where distinctions are important for patient understanding and safety. Many called for clearer guidance to help all staff understand their individual scope of practice, accountability, and professional boundaries, particularly as roles evolve. There were also specific requests for clearer guidance on what Responsible Pharmacists can and cannot authorise, accountability, to ensure consistent decision-making and avoid confusion or inappropriate delegation.

18.3. Safety systems and prescribing governance

In this core theme for organisations but lesser theme for individuals the requirement for stronger safety systems and governance frameworks was raised, particularly with the expansion of digital technology and private services and as roles expand to include authorisation and prescribing activities. Many emphasised the importance of robust risk assessments, standard operating procedures, clear documentation of authorisation, regular audits, and well-defined governance processes to ensure safe and consistent practice, alongside clear, accessible guidance to reduce ambiguity. There were calls for formal induction processes for locums, and respondents also stressed the need for stronger expectations around incident reporting, risk management, and learning from errors and near-misses, as well as ensuring safe working environments. Concerns were raised about ensuring safe use of digital tools, including prescribing systems and automation, with appropriate oversight, validation, and accountability. In addition, respondents highlighted the importance of clear prescribing governance and oversight arrangements, to ensure accountability and maintain patient safety across increasingly complex service models.

18.4. Concerns about supervision and authorisation

A core theme for individuals but a less frequently expressed view from organisational respondents raised concerns about supervision and authorisation arrangements, particularly the risks associated with extending responsibilities to non-pharmacist staff without clear safeguards. Many highlighted that pharmacist oversight must remain central to clinical decision making, with concerns that allowing pharmacy technicians or other staff to take on supervisory or authorisation roles could compromise patient safety if not supported by sufficient competence, training, and clear boundaries. Respondents emphasised that authorisation processes must be clearly defined, consistently applied, and supported by robust governance, with strong supervision, accountability, the ability for pharmacy technicians to decline authorisation and patient centred decision making to ensure safe implementation.

18.5. Assessments, training, qualifications and competency

A common theme amongst individual respondents were concerns about assessments, training, qualifications, and competence across the pharmacy team, particularly in the context of expanded roles and responsibilities. Many emphasised the need for robust and consistent training standards, alongside clear evidence of competence before staff undertake extended or delegated tasks, with concerns about variability in knowledge and preparedness. There were calls for ongoing assessment, supervision, and

professional development to ensure staff remain up to date and able to work safely within their scope of practice.

18.6. Staffing and workload pressures

A small number of respondents highlighted that staffing levels and workload pressures present risks to patient safety, with many noting that understaffing can compromise the accuracy of dispensing, clinical checks, and overall service delivery. There were concerns that increasing demands, including wider NHS pressures such as medicine shortages and higher service volumes, are placing additional strain on pharmacy teams and affecting safe practice. Respondents emphasised the need to ensure adequate staffing and appropriate skill mix to support both accuracy and clinical checks, alongside sufficient capacity to deliver services safely. There were also calls for appropriate rest breaks and safe working conditions. Overall, respondents stressed the importance of maintaining a pharmacist presence and ongoing risk assessment to ensure staffing and workload are managed effectively to support safe, consistent patient care.

18.7. Additional themes

In addition to the core themes outlined above, respondents had three additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Digital, remote services, automation and AI, for example, the need to cover digital and remote authorisation including standards around the safe use of PMR systems, automation, AI tools, clinical decision support systems and data integrity.
- Risks of coercion or pursuit of commercial interest, for example, ensuring whistleblowing protections and processes are in place as well as preventing workplace cultures where staff are threatened or coerced into unsafe practices or profit motives override patient safety.
- Medication handling and supply safety, for example, regulating or preventing the use of blister packs or dosettes due to risk of inappropriate use or errors as well as preventing the reuse of returned medicines. Requirements for clear evidence of clinical checks on dispensing systems and before accuracy checks by pharmacy technicians as well as requirements for hygiene standards where clinical services are provided and the maintenance of a safe supply chain.

19. Considerations for the full review of the standards for pharmacy professionals

19.1. Summary of themes

We asked respondents for their comments on whether there was anything they would like to raise for us to consider when we carry out the full review of the standards for pharmacy professionals. Around one in seven respondents in this section left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Respondents highlighted several key areas for consideration in the full review of the standards for pharmacy professionals, particularly the need for standards to reflect the expanding scope of pharmacy practice, including clinical services, prescribing, public health roles, and increasing use of digital technologies. There were calls for clearer guidance on authorisation, including roles, responsibilities, accountability, and protections for staff, alongside improved regulatory oversight, enforcement, and accountability, especially for pharmacy owners. Respondents also emphasised the importance of strengthening expectations around competence, education, and ongoing professional development to match evolving roles. In addition, there were concerns about role clarity and maintaining distinct

professional identities, with a need for clearer boundaries and alignment across different standards to support consistent understanding, safe practice, and public trust

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Requirements for clinical services, digital advancements and expanded roles
- Regulatory oversight and enforcement
- More clarity on authorisation
- Competence, education and training
- Role clarity and protection of professional identity

19.2. Requirements for clinical services, digital advancements and expanded roles

The most common theme for both individuals and organisations highlighted the need for standards to better reflect the expanding scope of pharmacy roles, including the delivery of clinical services, independent prescribing, and contributions to public health and prevention. Many emphasised that standards should go beyond traditional supply and patient-facing activities to cover the full range of services now provided. There were also calls for clearer expectations around digital advancements, including the safe and effective use of AI-supported tools, digital systems, and remote care models, alongside ensuring appropriate digital competence among pharmacists and pharmacy technicians. In addition, respondents noted the importance of addressing the appropriate use of social media in professional practice.

19.3. Regulatory oversight and enforcement

In this core theme, more frequently cited by organisational respondents, the importance of stronger regulatory oversight and enforcement was emphasised to ensure standards are consistently understood and applied across the sector. Many called for more frequent and robust inspections, alongside clearer expectations on compliance, to provide assurance that standards are being met in practice. There were also requests for stronger enforcement measures and penalties where standards are not upheld, particularly in relation to risks to patient safety. Respondents highlighted the need to ensure all parties understand their obligations, with calls for clear guidance to support implementation. In addition, respondents raised the need for greater accountability of non-registrant pharmacy owners, with some suggesting additional standards or regulatory measures to ensure organisational decisions do not undermine professional practice or patient safety.

19.4. More clarity on authorisation

This core theme, also more common amongst organisations, called for clear guidance around authorisation arrangements, particularly in relation to roles, responsibilities, competence and accountability. Some respondents emphasised the importance of ensuring that accountability is clearly defined and appropriately shared or transferred, alongside consideration of indemnity arrangements and associated risks. In addition, respondents stressed the importance of clear rights and protections for pharmacy technicians, ensuring they can exercise professional judgement and are not placed under pressure to accept authorisation where they have concerns.

19.5. Competence, education and training

This core theme for individuals called for clear and consistent expectations regarding competence, education, training and continuous professional development across the pharmacy workforce, particularly in relation to the increasing complexity of clinical roles and service delivery. There were also

suggestions for the development of structured competency frameworks for senior or advanced roles, alongside clearer expectations for ongoing assessment and professional development. In addition, respondents noted challenges around the availability of Designated Prescribing Practitioners (DPPs) to support prescribing training.

19.6. Role clarity and protection of professional identity

Another core theme for individual respondents was concern about role clarity and protecting professional identity, with many noting that broad terminology could blur distinctions between pharmacists and pharmacy technicians. Respondents emphasised the need for clearer roles, responsibilities, and boundaries, so both professionals and patients understand who is delivering care, and highlighted risks that without this clarity public trust in the pharmacist role could be undermined. Respondents called for a clearer vision of how roles should evolve, alongside guidance on how the standards for pharmacy professionals align with Responsible Pharmacist and Superintendent Pharmacist standards, to ensure a coherent and consistent framework.

19.7. Additional themes

In addition to the core themes outlined above, respondents had two additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- System level issues, for example, supply chain risks, consistency across varied models of practice and different practice settings, decisions made at corporate level rather than at individual pharmacy level and multidisciplinary working.
- Interaction with patients and patient records, for example, communication, consent, safeguarding, maintaining professional boundaries during examinations, which interactions require a pharmacist, handing out prescriptions in absence of the pharmacist and access to patient records.

Section F: The impact of the proposals

20. The impact of the proposals on people sharing protected characteristics

20.1. Survey response chart and analysis

Figure 1: Views of all respondents (N = 404) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

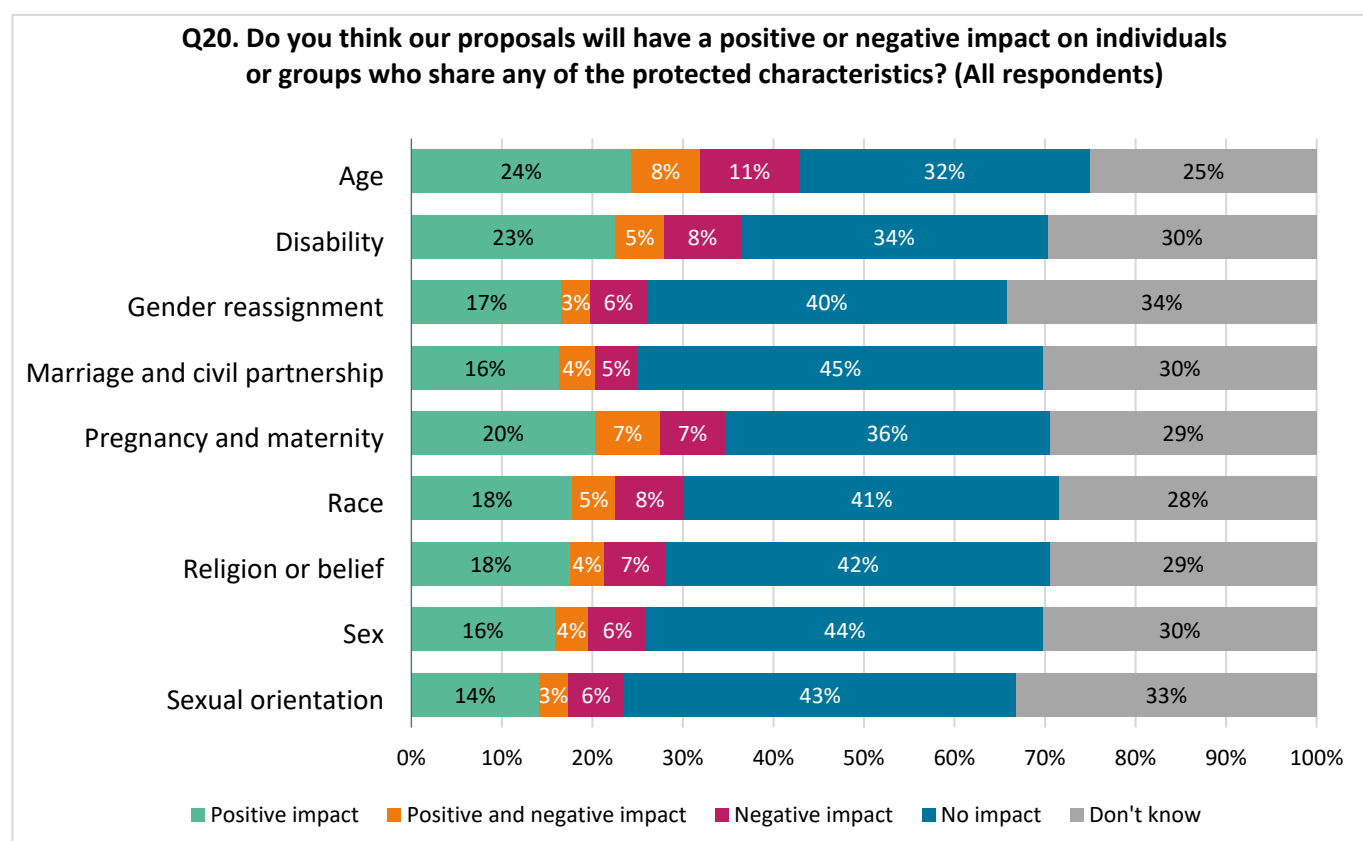


Figure 1 shows that the highest percentage of respondents (ranging from 32% to 45%) felt that our proposals would have no impact on each of the protected characteristics.

Between 14% and 24% of respondents felt there would be a positive impact on groups or individuals who share each of the nine protected characteristics. The protected characteristics on which respondents thought the proposals would have the largest positive impact were age (24%) and disability (23%). In contrast, more respondents (between 25% and 34%) did not know what the impact of the proposals would be.

Only a small proportion of respondents (between 5% and 11%) felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics, with age (11%) scoring the highest in this category. An even smaller proportion of respondents (ranging from 3% to 8%) indicated that the proposals would have both a positive and negative impact on each of the protected characteristics.

A full breakdown of individual and organisational responses to this question is available in [Appendix 7](#).

20.2. Summary of themes

Just under a fifth of all respondents left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

The themes highlight a mixed impact on people with protected characteristics, with some respondents expressing concern that changes regarding authorisation could disproportionately disadvantage certain groups, such as those from ethnic minority groups, those from certain religious groups, women, younger or disabled staff, by increasing exposure to power imbalances, bias and pressure to take on tasks beyond their competence, potentially affecting both staff wellbeing and patient safety. Others noted

that the proposals could have a positive effect by promoting more inclusive, equitable and transparent practice through clearer standards, improved consistency in decision making, and strengthened accountability across the pharmacy workforce.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Changes to authority, delegation, supervision and oversight negatively impact pharmacists and pharmacy technicians with protected characteristics
- Proposals promote inclusive, equitable, transparent and consistent practice.

20.3. Changes to authority, delegation, supervision and oversight negatively impact pharmacists and pharmacy technicians with protected characteristics

Those who commented on this area were mainly representing organisations raising concerns that changes to delegation, supervision, and authorisation may have a disproportionately negative impact on some pharmacy professionals with protected characteristics. For example, those from minority ethnic backgrounds, certain religious groups, younger staff, disabled staff and women may be more likely to experience power imbalances, microaggressions and cultural bias and feel pressured to accept tasks or authorisations beyond their competence or that are incompatible with their needs or beliefs. This creates a risk that staff may agree to undertake tasks outside their scope or comfort to avoid conflict or negative perceptions, with potential implications for patient safety.

A small number of respondents also noted that minimum experience requirements for certain roles, could disadvantage groups such as younger pharmacists and women who have had early career breaks due to pregnancy.

20.4. Promote inclusive, equitable, accountable, transparent and consistent practice

This theme was also more prevalent for organisational respondents who suggested that the proposals could have a positive impact on people with protected characteristics by promoting more inclusive, equitable, and consistent practice across the pharmacy sector. Some noted that clearer standards and expectations may improve transparency and consistency, helping to reduce variation in decision-making and support fairer treatment of both staff and patients. The proposals were also seen as strengthening accountability across all members of the pharmacy team, clarifying responsibilities and supporting a more structured and transparent approach to practice.

20.5. Additional themes

In addition to the core themes outlined above, there were three additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Increases workforce pressures, workload, stress and administrative burden, potentially disproportionately affecting part-time staff, who are predominantly women and older pharmacists
- General support suggesting the proposals should have a positive impact on those with protected characteristics
- Improves standards of professionalism, for example, the proposals could strengthen professionalism, accountability, and consistency across the pharmacy workforce, with potential benefits for individuals with protected characteristics through clearer expectations and stronger governance.

21. The impact of the proposals on other groups

21.1. Survey response chart and analysis

Figure 2: Views of all respondents (N = 404) on whether our proposals positively or negatively impact any other individuals or groups

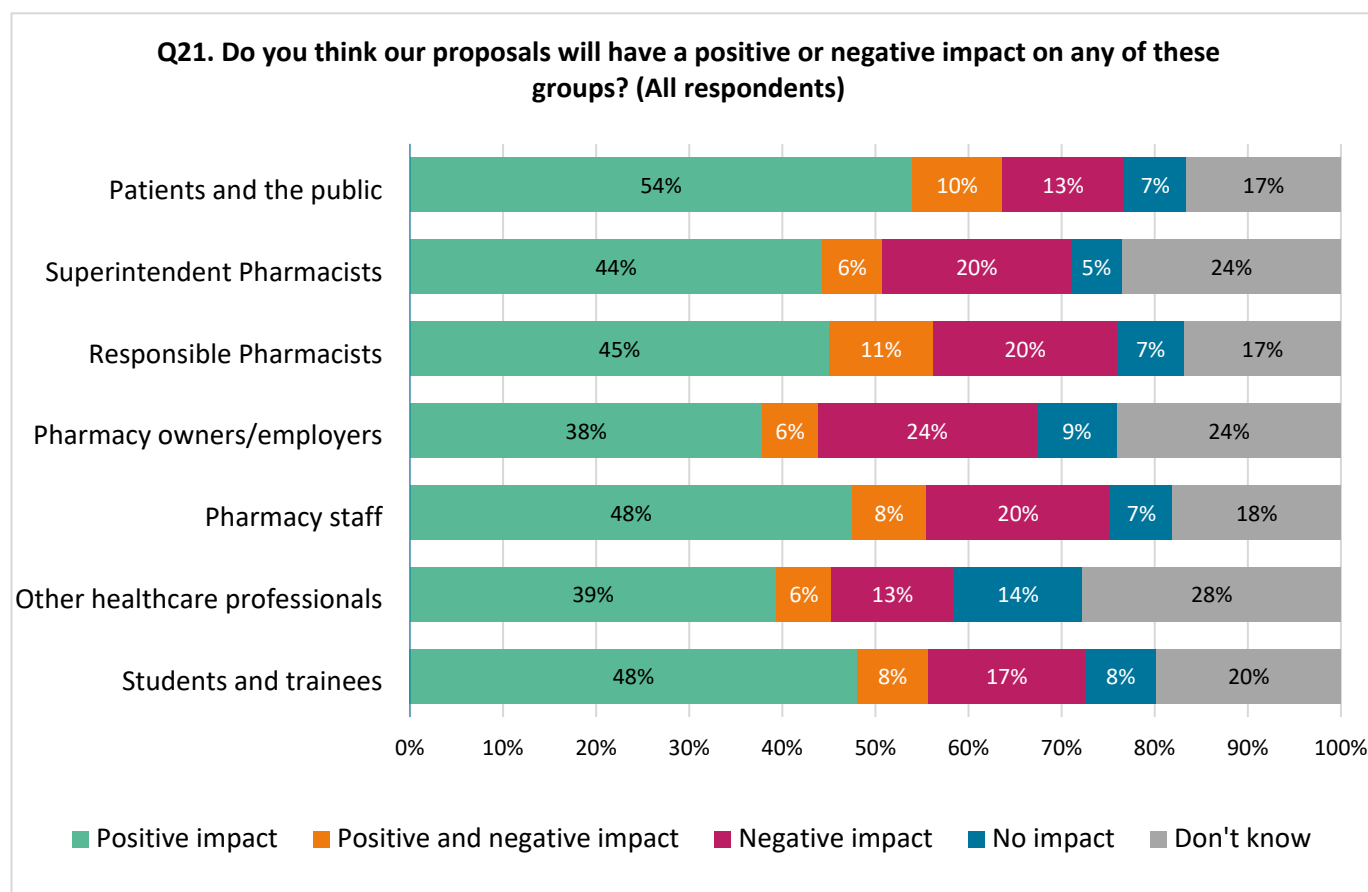


Figure 2 shows that the largest percentage of respondents (ranging from 38% - 54%) thought that the proposals would have a positive impact on the groups highlighted above with patients and the public (54%), pharmacy staff (48%) and students and trainees (48%) seen to benefit the most. At the other end of the range the lowest percent of respondents felt there would be a positive impact on pharmacy owners/employers (38%) and other health professionals (39%).

In contrast a smaller proportion (13% - 24%) felt that the proposals would have a negative impact on these groups with pharmacy owner/employers scoring highest (24%) and Superintendent Pharmacists (20%), Responsible Pharmacists (20%) and pharmacy staff (20%) coming next. A slightly larger proportion of respondents (17% - 28%) didn't know what the impact of the proposals would be.

A small percentage (between 5% and 14%) thought the proposals would have no impact, with other healthcare professionals (14%) being the highest in this section. A similar range of respondents (6% - 11%) indicated that the proposals would have both a positive and negative impact on each of the groups listed.

A full breakdown of individual and organisational responses to this question is available in [Appendix 8](#).

21.2. Summary of themes

Just over a fifth of all respondents left explanatory comments to this question. Set out below is an analysis of the themes found in their responses.

Overall, the themes indicate that the proposals are expected to deliver broadly positive impacts across all groups by improving clarity, governance, and consistency, which in turn enhances patient safety, service quality, and public confidence in pharmacy services. Patients are likely to benefit from better access, more reliable care, and improved experience, while pharmacy professionals, including Superintendent and Responsible Pharmacists, staff, and trainees, gain clearer roles, stronger accountability frameworks, and greater opportunities for development and career progression. However, these benefits are balanced by concerns that the changes may increase workforce pressures, workload, administrative burden and financial and resourcing challenges, particularly for pharmacy owners, employers and pharmacists, which could affect capacity, staff wellbeing and service sustainability if not adequately supported.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- Creates clarity
- Positive impact on Patient Access, Experience and Quality of Care
- Increases workforce Pressures, Workload, Stress, and Administrative Burden
- Negative impact on resourcing
- Positive impact on staff development and knowledge

21.3. Creates clarity

Respondents who commented on this theme, more commonly those from organisations anticipated that the proposals would have a broadly positive impact across all groups by creating greater clarity around roles, responsibilities and expectations, which improves overall understanding and supports safer, more consistent practice. Clearer standards were seen to enhance governance, accountability and transparency for patients and the public, increasing confidence in pharmacy services, while Superintendent and Responsible Pharmacists benefit from more defined leadership roles and clearer guidance on accountability and day-to-day responsibilities. It was suggested that pharmacy owners and employers may gain from better-defined regulatory expectations and risk management, and pharmacy staff, students and trainees may benefit from clearer supervision, delegation and development frameworks that reduce confusion and support professional growth. Other healthcare professionals were also expected to benefit through improved collaboration and trust driven by consistent standards.

21.4. Positive impact on patient access, experience and quality of care

Feedback from some respondents indicated the belief that the proposals would have a positive impact on patient access, experience and quality with improved standards and clearer governance expected to enhance patient safety. Respondents highlighted that better role clarity and processes could support more timely, consistent and accessible services, particularly benefiting patients with limited mobility, communication needs or specific consultation preferences.

21.5. Increases workforce pressures, workload, stress and administrative burden

Organisational respondents more frequently commented on this theme highlighting that, alongside potential benefits, the proposals may increase workforce pressures, workload, stress and administrative burden across pharmacy teams. Responsible Pharmacists were identified as potentially having greater

accountability in addition to increased workload and administrative demands. While Superintendent Pharmacists may also experience increased workload as well as challenges in balancing regulatory requirements with constraints from employers. It was anticipated that pharmacy owners and employers could bear additional compliance, governance and resource costs, including implementing new policies, systems and training, which could be particularly challenging in an already underfunded sector. Pharmacy staff, including trainees, may face increased responsibilities, expectations to take on expanded roles, and pressure to upskill, sometimes without corresponding support or remuneration, raising concerns about burnout, retention and workforce attrition. Respondents also noted risks that increased administrative demands and service pressures could affect collaboration and capacity across teams and with other healthcare professionals.

21.6. Negative impact on resourcing

Mostly organisational respondents identified a negative impact on resourcing, particularly for pharmacy owners and employers, who may be required to invest additional time, staffing and financial resources to implement and maintain the new standards, including governance processes, IT systems and training. There was also a warning that without adequate financial support, these added burdens could lead to under-resourcing, difficulties in recruiting or retaining staff, and in some cases potential service reductions or closures, which could indirectly impact patients by reducing access to services. While other groups such as Responsible Pharmacists, Superintendent Pharmacists and pharmacy staff may benefit from improved structures, they are also likely to feel the effects of constrained resources, including tighter staffing and increased workload expectations.

21.7. Positive impact on staff development and knowledge

Several respondents, largely from organisations reported that the proposals would have a positive impact on staff development and knowledge across all groups by enabling pharmacists, pharmacy technicians and non-registered staff to expand their scope of practice in line with their skills and capabilities, supporting more effective delivery of care. Pharmacy staff, students and trainees were seen as benefiting most directly through clearer pathways for progression, enhanced training opportunities, stronger supervision and the ability to take on extended responsibilities, which would build confidence, improve competence and support career development. Superintendent and Responsible Pharmacists were expected to benefit from more skilled and capable teams, allowing them to focus on higher-level clinical, leadership and governance roles, although some noted this may require additional upskilling for these roles as well. Pharmacy owners and employers could gain from a more balanced and efficient skill mix within teams, improving service resilience and workforce flexibility. Other healthcare professionals were also expected to benefit from increased confidence in a more highly trained pharmacy workforce, while patients and the public may experience improved quality of care delivered by more knowledgeable and capable staff.

21.8. Additional themes

In addition to the core themes outlined above, respondents identified four additional common themes. However, these did not appear frequently enough to meet the threshold for inclusion as core themes for either individual or organisational respondents. In order of prevalence, these were:

- Positive impact of operational efficiency and service continuity on all groups by ensuring consistent patient access, enabling better use of skill mix and delegation, supporting flexible workforce models, strengthening professional oversight, and enhancing collaboration.

- Promotes inclusive, equitable, accountable, transparent and consistent practice for all groups by clarifying roles and strengthening accountability, thereby improving governance, supporting workforce development, and increasing patient confidence, safety and collaboration.
- Helps pharmacy assurance, security, resilience and robustness across all groups through improved governance, clearer accountability frameworks, enhanced workforce support and development and more sustainable, reliable pharmacy services.

Analysis of feedback from other engagement activities

As well as seeking views through our consultation survey, we held virtual engagement sessions with

- pharmacy technicians
- trainee pharmacy technicians
- pharmacist students
- patients and public

Participants were based across England, Scotland, and Wales. For more details about our stakeholder engagement please see [Appendix 2: About the consultation](#).

To ensure the engagement was meaningful for all groups, we focused on the aspects of the draft Responsible Pharmacist rules and standards, and the Superintendent Pharmacist standards, that were likely to have the most impact on them. In particular, we explored their views on authorisation which includes the ability for pharmacists to authorise any trained member of the pharmacy team to hand out checked and bagged prescriptions in the pharmacist's absence and their ability to authorise registered pharmacy technicians to carry out or supervise the preparation, assembly, dispensing, sale, and supply of medicines.

During our discussions, several consistent themes emerged:

Governance, training and safety

Across all engagement groups, there was strong consensus that delegation and authorisation must be underpinned by effective governance. Pharmacy technicians highlighted the role of Responsible Pharmacists and Superintendent Pharmacists in establishing safe and positive organisational cultures and recommended that the standards explicitly require robust governance and risk assessment processes for authorisation.

Both patient and pharmacy technician groups emphasised the need for standardised training, clear competency requirements, reliable systems to prevent and manage errors and clear referral pathways to a pharmacist. Pharmacy technicians also expressed concerns about variations in training quality and sign-off processes across sectors, as well as supervising staff whose training they cannot be sure of.

Making sure that patient safety is not compromised, particularly when the pharmacist is absent, was a central concern especially for the patient focus group. Patients also stressed the importance of robust processes for raising concerns, reporting incidents, and providing feedback.

As long as appropriate governance is in place most groups expressed support for pharmacists authorising pharmacy technicians to undertake specified tasks and authorising trained team members to hand out checked and bagged prescriptions. The benefits highlighted included making better use of pharmacy technicians' skills, improving workflow and service continuity, reducing pressure on pharmacists and freeing their time to focus on clinical care, enhancing patient convenience, and increasing awareness and recognition of the pharmacy technician role particularly within community pharmacy.

Pharmacist accessibility

All groups stressed the ongoing need for pharmacists to remain accessible for advice and clinical input when required. They emphasised that systems must enable pharmacy technicians and other staff to refer to a pharmacist, when needed, even if this involves a patient waiting or returning later. The patient group noted that public confidence depends on this accessibility and highlighted specific clinical situations where direct access to a pharmacist was important which included those starting new or complex medicines and instances where side effects or medicine interactions need discussion.

Accountability

Participants raised questions about accountability and liability, particularly around who would be responsible if something went wrong during an authorised or delegated task. Pharmacy technicians questioned whether they would be ultimately accountable for mistakes made when supervising or handing out medicines, especially where unregistered staff were involved or where training and competence varied across sectors. They emphasised the need for clear, documented authorisation so everyone knows who is responsible. Locum arrangements added further uncertainty, as changing pharmacists could make it unclear who is accountable for authorising tasks. Patients echoed these concerns, wanting clarity about who is responsible if mistakes happen when the pharmacist is not present.

Ability to decline authorisation

The pharmacy technicians, trainees, and pharmacist student forums all supported the principle that pharmacy technicians should be able to decline authorisation when they feel it is unsafe.

There was concern that pharmacy technicians, particularly in community pharmacy, may be pressured by employers to accept authorisation and they should be empowered and feel safe to say no. These groups suggested that authorisation should be a collaborative process agreed between the pharmacist and pharmacy technician.

Suggestions for strengthening Responsible Pharmacist and Superintendent Pharmacist standards

The patient and public focus group suggested several ways to strengthen the Responsible Pharmacist rules and standards and the Superintendent Pharmacist standards. They recommended clarifying how the standards should be applied in different settings, making explicit reference to workforce wellbeing and learning cultures where staff feel able to speak up and learn from mistakes, and ensuring that the Superintendent Pharmacist standard on creating safe environments is clearly reflected within the Responsible Pharmacist standards.

Appendix 1: Summary of our proposals

The consultation sought views on several components: draft standards for Superintendent Pharmacists, draft standards for Responsible Pharmacists, draft rules for Responsible Pharmacists—covering responsibilities for the safe and effective running of pharmacy premises—and a draft annex to the standards for pharmacy professionals relating to authorisation and supervision. Collectively, these proposals aim to provide clearer expectations around professional leadership, governance, and oversight in pharmacy settings, as well as describe the knowledge, conduct, and performance required for Superintendent Pharmacists and Responsible Pharmacists to carry out their roles effectively.

We also asked for views on proposed changes to the standards for registered pharmacies and the standards for pharmacy professionals. We became aware of the need for these changes when developing the standards for Superintendent Pharmacists and Responsible Pharmacists.

The draft rules and standards were developed following new legislation that gave the GPhC the power to develop rules that set out the essential roles and responsibilities of Responsible Pharmacists, and to establish professional standards for Chief Pharmacists, Superintendent Pharmacists and Responsible Pharmacists.

The aim of this consultation is to get views on the proposed documents and changes from across the pharmacy sector and from patients and the public, and find out if there is anything else we should have included.

More detail about our proposals for rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists and the other proposed changes is available in the **[consultation document](#)**.

Appendix 2: About the consultation

Overview

The consultation was open for 14 weeks, beginning on 17 December 2025 and ending on 25 March 2026. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses
- we organised a series of stakeholder events aimed at pharmacy professionals, pharmacy service users, organisations and other interested parties
- we created a toolkit of materials for organisations to disseminate information about the consultation to their members, including a press release and a presentation
- we promoted the consultation through a press release to the pharmacy trade media and via our social media.

Survey

We received a total of **411** written responses to our consultation. **377** of these respondents identified themselves as individuals and **34** responded on behalf of an organisation.

Of these responses, **404** had responded to the consultation survey (**374** individuals and **30** organisations). The vast majority of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.

Alongside these, we received **seven** responses from individuals and organisations writing more generally about their views.

Pre-consultation stakeholder engagement events

A series of stakeholder engagement events sought feedback on our strengthening pharmacy governance work ahead of the launch of the consultation on the standards for Chief Pharmacists. These were aimed at pharmacy professionals, pharmacy service users, organisations, and other interested parties. The feedback from these events informed the development of the standards for Chief Pharmacists, the rules and standards for Responsible Pharmacists and the standards for Superintendent Pharmacists.

Across England, Scotland, and Wales we held over **65** virtual stakeholder events, some of which were follow-up meetings; we spoke at **one** conference, **one** pharmacy technician forum, **seven** Chief Pharmacist forums, were on the panel for **two** external webinars across England, Scotland, and Wales, as well as visiting **two** ambulance trusts. The events were attended by a mix of Chief Pharmacists, pharmacists, pharmacy technicians, people working in education and training, employers, pre-registration pharmacists, and representatives from professional bodies and trade bodies.

Stakeholder events

The questions in the online survey were also used as a structure for discussion in our stakeholder events, allowing us to capture people's views, and include them in our consultation analysis.

During the consultation period, across England, Scotland, and Wales, we spoke at **one** virtual pharmacy technician forum meeting, **one** virtual forum meeting for pre-registration trainee pharmacy technicians and **one** virtual student voice meeting for pharmacist students and trainee pharmacists.

In February 2026 we organised **one** patient focus group that took place online and was attended by **26** attendees who lived in various locations in England, Scotland, and Wales.

There were **197** attendees in total for these events.

We also held an online webinar open to all stakeholders which **388** people registered to attend.

Social media

We monitored social media activity during the consultation period and promoted the consultation.

Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period including notes from stakeholder events has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing, or heard them in meetings or events.

The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.

The term ‘respondents’ used throughout the analysis refers to those who completed the consultation survey. It includes both individuals and organisations.

Full details of the profile of respondents to the online survey is given in [Appendix 4](#).

For transparency, [Appendix 5](#) provides a list of the organisations that have engaged in the consultation through the online survey and email responses. A small number of organisations asked for their participation to be kept confidential and their names have been withheld.

The consultation questions are provided in [Appendix 6](#).

Quantitative analysis

The survey contained a number of quantitative questions such as yes/no questions and rating scales. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

A small number (less than 5) of multiple responses were received from the same individuals. These were identified by matching on email address and name. In these cases, the respondent’s most recent response was included in the quantitative analysis, and all qualitative responses were analysed.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%. Figures of less than 1% are represented as <1%.

All questions were mandatory and respondents had the option of selecting 'don't know'. Routing was used where appropriate to enable respondents to skip questions that weren't relevant. Skipped responses are not included in the tables for those questions.

Cells with no data are marked with a '0'.

Qualitative analysis

This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email and postal responses, and notes of stakeholder engagement events.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of written responses and analysis of feedback from stakeholder events using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes within each section presented in order of prevalence.

The consultation survey structure

The consultation survey was structured in such a way that open-ended questions followed each closed question or series of closed questions on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation proposals. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.

Appendix 4: Respondent profile: who we heard from

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. For all pharmacists and pharmacy technicians we asked what setting they usually worked in and for pharmacists, further questions were asked to identify whether they were a Responsible Pharmacist, Superintendent Pharmacist or Chief Pharmacist. For organisational respondents, there were questions about the type of organisation that they worked for. The tables below present the breakdown of their responses.

Category of respondents

Table 15: Responding as an individual or on behalf of an organisation (Base: all respondents)

Are you responding:	Total N	Total %
As an individual	374	93%
On behalf of an organisation	30	7%
Total N and % of responses	404	100%

Profile of individual respondents

Table 16: Countries (Base: all individuals)

Where do you live?	Total N	Total %
England	322	86%
Scotland	31	8%
Wales	13	3%
Northern Ireland	3	1%
Other	5	1%
Total N and % of responses	374	100%

Table 17: Respondent type (Base: all individuals)

Are you responding as:	Total N	Total %
Pharmacist?	311	83%
Pharmacy technician?	41	11%
Member of the public?	11	3%
Student or trainee pharmacist or pharmacy technician?	9	2%
Other?	2	1%
Total N and % of responses	374	100%

Table 18: Type of pharmacist: (Base: individual pharmacists). NB Respondents could select all that apply.

Are you a pharmacy owner or employer?	Total N	Total %
Responsible pharmacist	220	71%
Superintendent pharmacist	35	11%
Chief pharmacist	4	1%
None of the above	65	21%
Total N and % of responses	311	N/A

Table 19: Main area of work (Base: individuals excluding members of the public)

Sector	Total N	Total %
Community pharmacy (including online)	245	67%
Hospital pharmacy	37	10%
GP practice	22	6%
Primary care organisation	15	4%
Pharmaceutical industry	7	2%
Prison pharmacy	7	2%
Research, education or training	6	2%
Care home	1	<1%
Other	23	6%
Total N and % of responses	363	100%

Table 20: Size of community pharmacy (Base: individuals working in community pharmacy)

Size of pharmacy chain	Total N	Total %
Independent pharmacy (1 pharmacy)	36	15%

Size of pharmacy chain	Total N	Total %
Independent pharmacy chain (2-5 pharmacies)	33	13%
Small multiple pharmacy chain (6-25 pharmacies)	28	11%
Medium multiple pharmacy chain (26-100 pharmacies)	25	10%
Large multiple pharmacy chain (Over 100 pharmacies)	116	47%
Online-only pharmacy	7	3%
Total N and % of responses	245	100%

Profile of organisational respondents

Table 21: Type of organisation (Base: all organisations)

Please choose the option below which best describes your organisation	Total N	Total %
Organisation representing pharmacy professionals or the pharmacy sector	10	33%
Registered pharmacy	10	33%
NHS organisation or group	3	10%
Regulatory body	1	3%
Other	6	20%
Total N and % of responses	30	100%

Table 22: Type of registered pharmacy (Base: all registered pharmacy organisations)

Please choose the option below which best describes the registered pharmacy you represent	Total N	Total %
Independent community pharmacy (1 pharmacy)	3	30%
Independent community pharmacy chain (2-5 pharmacies)	2	20%
Small multiple community pharmacy chain (6-25 pharmacies)	1	10%
Medium multiple community pharmacy chain (26-100 pharmacies)	1	10%
Large multiple community pharmacy chain (Over 100 pharmacies)	1	10%
Other	2	20%
Total N and % of responses	10	100%

Monitoring questions

Data was also collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross-section of the population had been included in the consultation exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.

Appendix 5: Organisations

The following organisations engaged in the consultation through the online survey and email responses:

Association of Pharmacy Technicians UK (APTUK)

Baxter Healthcare

Boots UK

Camden Pharmacy/El Pharma Ltd

Community Pharmacy England

Community Pharmacy Humber

Community Pharmacy NI (CPNI)

Community Pharmacy Scotland

Community Pharmacy Wales

Company Chemists' Association

Directors of Pharmacy Scotland

Healthcare Improvement Scotland

Hearts pharmacy

HMW Healthcare Limited

Joined Up Care Derbyshire Workforce Strategy

Kadri Pharmacy

LLAIS

Medicines 4 U Ltd

National Pharmacy Association

NHS Grampian Area Pharmaceutical Committee

NPA & Clinichem Pharmacy

Paydens Ltd

Pharm@Sea Ltd

Pharmacy Law & Ethics Association

PrescQIPP CIC

Rowlands Pharmacy

Royal College of Pharmacy (previously Royal Pharmaceutical Society)

South West Senior Pharmacy Managers Group

The Pharmacist Cooperative

The Pharmacists' Defence Association

Welsh Pharmaceutical Committee

Appendix 6: Consultation questions

Standards for Superintendent Pharmacists

The role of the Superintendent Pharmacist

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

Yes

No

Don't know

If you selected 'Yes', please explain what requirements we should set, for example in terms of experience, skills, length of service or something else.

2. **When a Superintendent Pharmacist leaves their role or is unable to perform their legal and professional responsibilities, for example, due to an extended period of absence, do you think it is reasonable for the GPhC to require pharmacy owners to appoint a new permanent or interim Superintendent immediately?**

Yes

No

Don't know

Please explain your responses.

Standards for Superintendent Pharmacists

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

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

Yes

No

Don't know

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

Yes

No

Don't know

Please explain your responses

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

Yes

No

Don't know

If you have selected 'Yes', what standards do you think should be included?

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

Yes, I have some more comments that I have not already raised

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

If you have selected 'Yes', please give your additional comments.

Standards for Responsible Pharmacists

The role of the Responsible Pharmacist

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

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

Yes

No

Don't know

Please explain your response. If you have selected 'yes', what requirements should we set in terms of experience, skills, length of service or something else?

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

Standards for Responsible Pharmacists

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

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

Yes

No

Don't know

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

Yes

No

Don't know

Please explain your responses.

9. The Responsible Pharmacist has a key leadership role in the pharmacy. The Responsible Pharmacist is responsible for the day-to-day running of the pharmacy and for securing the safe and effective operation of the pharmacy, including during periods of absence. Are there any other standards you think should be in place for the Responsible Pharmacist to meet the requirements of this role?

Yes

No

Don't know

If you have selected 'Yes', what standards do you think should be included?

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

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

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

If you have selected 'Yes', please provide your additional comments. Rules for Responsible Pharmacists

11. Do you agree with our proposal to continue with the present 'one pharmacy' rule?

Yes

No

Don't know

Please explain your response.

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

Yes

No

Don't know

Please explain your response.

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

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

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

If you have selected 'Yes', please give your additional comments.

Standards for registered pharmacies

14. (a) Do you agree with the inclusion of 'any other product intended for supply or administration' under Principle 4 of the standards? (Point (a) above.)

Yes

No

Don't know

(b) Do you agree with the inclusion of a specific standard around consent? (Point (b) above.)

Yes

No

Don't know

Please explain your responses.

- 15. Is there anything else you think could put patient safety at risk and should be changed or added to the standards for registered pharmacies before the full review?**
- 16. Is there anything you would like to raise now for us to consider when we carry out the full review of the standards for registered pharmacies?**

Standards for pharmacy professionals

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

Yes

No

Don't know

Please explain your answer.

- 18. Is there anything else you think could put patient safety at risk and should be changed or added to the standards for pharmacy professionals before the full review?**
- 19. Is there anything you would like to raise now for us to consider when we carry out the full review of the standards for pharmacy professionals?**

Impact of the proposals

Impact on people sharing protected characteristics

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

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

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

Impact on other groups

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

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

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

Appendix 7: The impact of the proposals on people sharing protected characteristics

Individual and organisational responses

Figure 3 below shows that, for both individual and organisational respondents, the most commonly expressed view across all nine protected characteristics was that the proposals would have no impact. This view was more prevalent among organisations, where responses ranged from 43% to 57%, compared with 31% to 44% among individuals. For individual respondents, this view was most strongly expressed in relation to marriage and civil partnership (44%), sex (43%) and sexual orientation (43%). Among organisations, it was most pronounced for marriage and civil partnership, religion and belief, and race (all 57%).

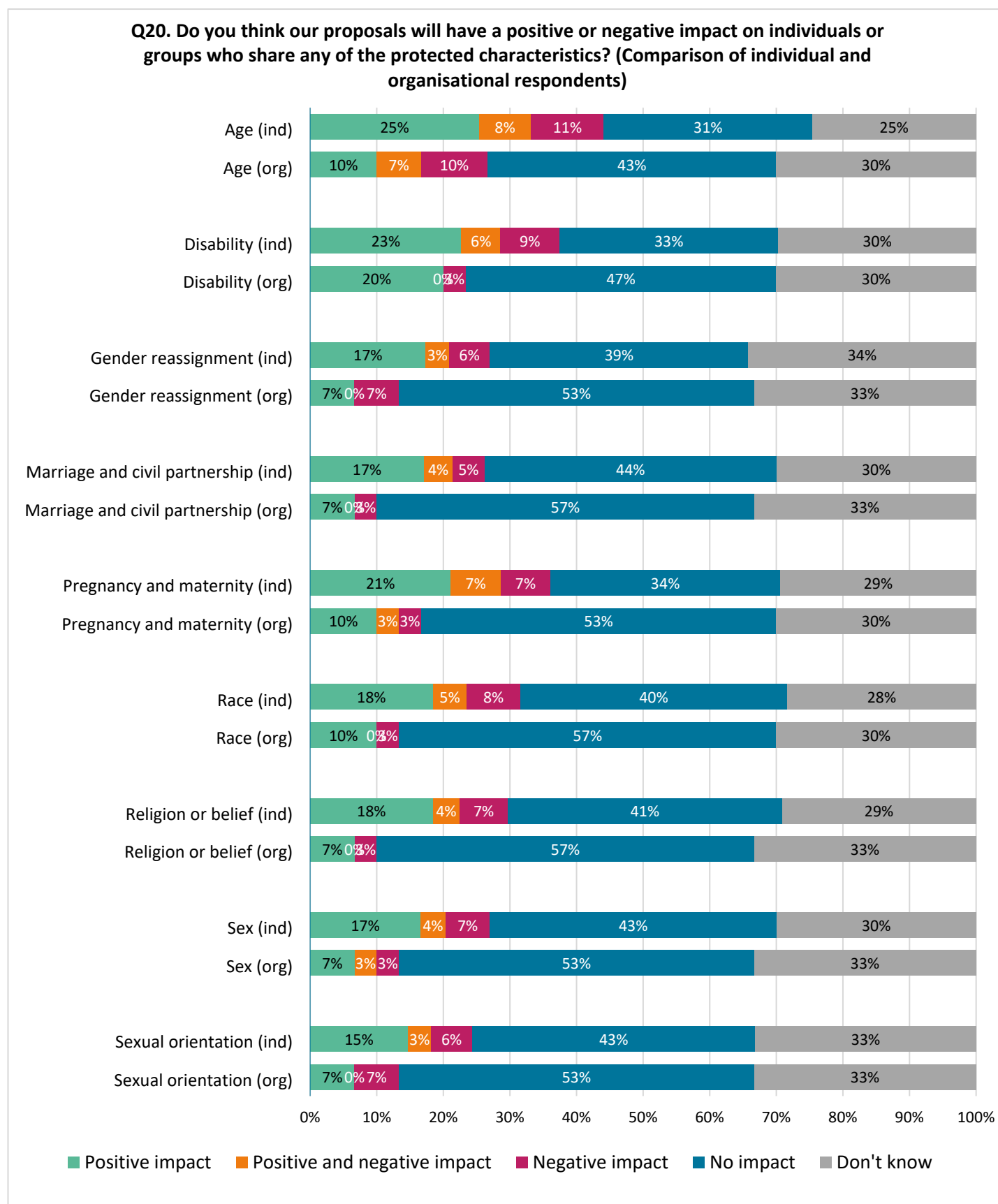
The next most frequently expressed response for both individuals and organisations was that respondents did not know whether the proposals would have an impact on people who share protected characteristics. The range of responses was similar across both groups, at 25%–34% for individuals and 30%–34% for organisations.

Relatively small proportions of respondents felt that the proposals would have a negative impact, with responses ranging from 5% to 11% among individuals and 3% to 10% among organisations. A larger percentage felt that the proposals would have a positive impact on those sharing protected characteristics, particularly among individual respondents (15%–25%) compared with organisations (7%–20%). Individuals most frequently identified age (25%) and disability (23%) as areas of positive impact, whilst with organisations disability (20%) was the most common.

Very few respondents considered that the proposals would have both a positive and negative impact, with responses ranging from 3% to 8% among individuals and from 0% to 7% among organisations.

NB. Please see [Section F](#) in the main body of the report for the chart showing the overall responses and further analysis.

Figure 3: Views of individual respondents (N = 374) and organisational respondents (N = 30) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010



Appendix 8: The impact of the proposals on other groups

Individual and organisational responses

Figure 4 below shows that the majority of both individual and organisational respondents felt that the proposals would have a positive impact on pharmacy staff (47% of individuals and 53% of organisations), patients and the public (53% of individuals and 47% of organisations), students and trainees (48% of individuals and 43% of organisations), and Superintendent Pharmacists (45% of individuals and 37% of organisations).

Among individual respondents, a predominately positive impact was also identified across the remaining groups, including Responsible Pharmacists (46%), other healthcare professionals (40%), and pharmacy owners or employers (39%). In contrast, organisational respondents were more mixed in their views. For Responsible Pharmacists, equal proportions felt the proposals would have a positive impact (33%) and a negative impact (33%). In relation to other healthcare professionals, a larger share of organisations (37%) said they did not know what the impact would be, compared with 33% who expected a positive impact. Similarly, for pharmacy owners and employers, organisational respondents were more likely to anticipate a negative impact (33%) or express uncertainty (33%) than predict a positive impact from the proposals (23%).

In comparison, a smaller proportion of both organisations and individuals expressed the view that the groups listed would be negatively impacted by our proposals, however the percentage was higher for organisations (range 10% - 33%) than individual respondents (range 13% - 23%). The groups where this view was most prevalent were pharmacy owner/employers (organisations 33%, individuals 23%), Superintendent Pharmacists (organisations 30%, individuals 20%) and Responsible Pharmacists (organisations 30%, individuals 19%).

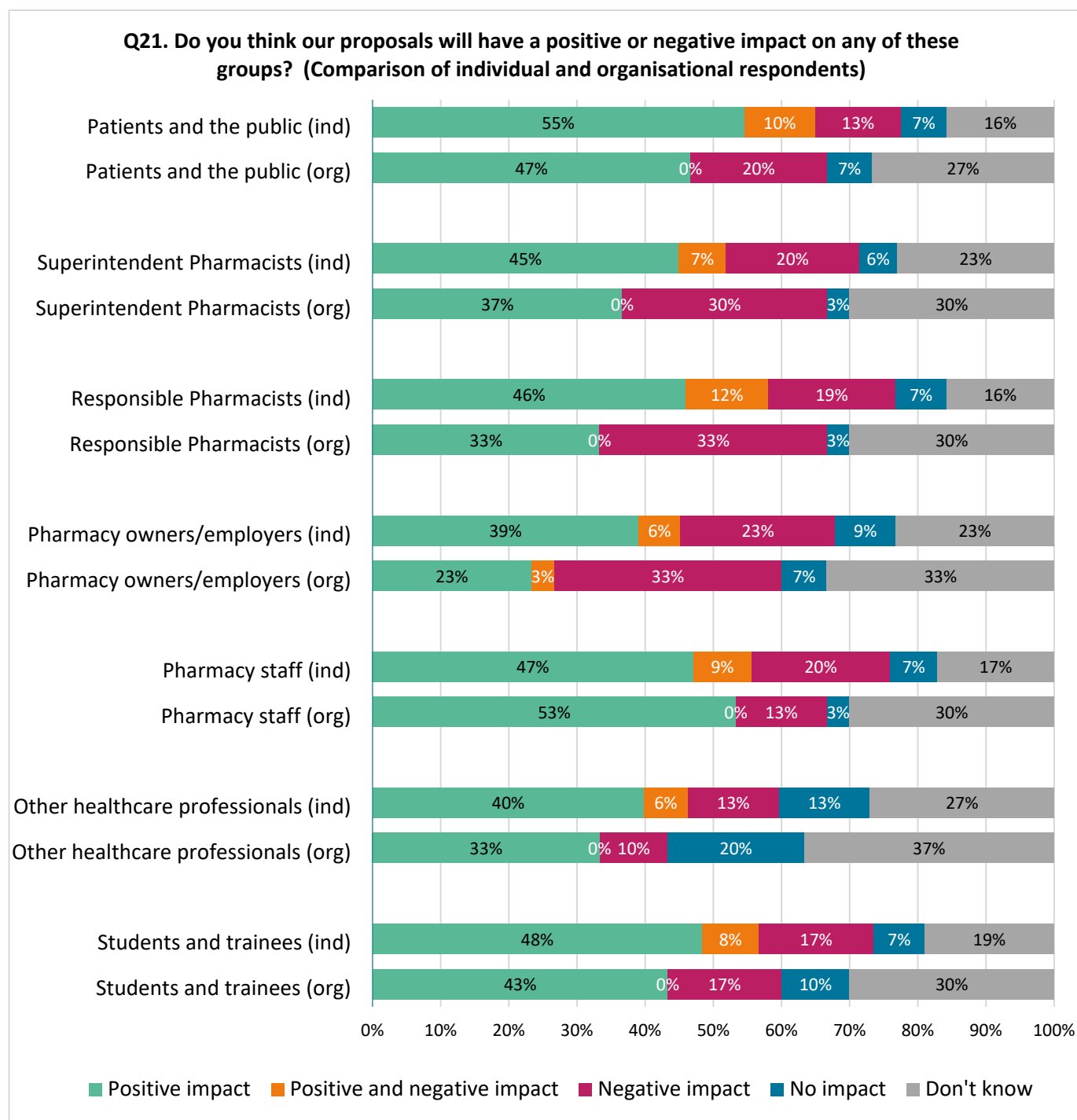
A slightly higher percentage of respondents indicated that they did not know what the impact of the proposals would be on the identified groups. This view was more common among organisational respondents, where responses ranged from 27% to 37%, compared with 16% to 23% among individual respondents.

Only a small proportion (range 3% - 20%) expressed the view that our proposals would have no impact on these groups. This view was most prevalent in relation to other healthcare professionals with 20% of organisations and 13% of individuals sharing this view.

Between 0% - 3% of organisations and 6% - 12% of individuals stated that our proposals would have a positive and negative impact on the groups

NB. Please see [Section F](#) in the main body of the report for the chart showing the overall responses and further analysis.

Figure 4: Views of individual respondents (N = 374) and organisational respondents (N = 30) on whether our proposals positively or negatively impact other individuals or groups





Equality Screening and Impact Assessment (ESIA)

Reviewing the Standards for the initial education and training standards of pharmacy technicians.

ESIA completed by	Kelly Veasey, <i>Senior Policy Officer (Education)</i>	08 June 2026
ESIA reviewed by	Farima Shah, <i>Senior Policy Officer (Education)</i>	08 June 2026
ESIA reviewed by EDI team	Anna Hermans	26 August 2025
		03 July 2026
ESIA approved by	Siobhan McGuinness, <i>Director for Scotland (pre-consultation version)</i>	08 June 2025
	Lynsey Cleland, <i>Chief Standards Officer</i>	07 July 2026

Executive Summary

This Equality Screening Impact Assessment (ESIA) provides an overview of the potential impacts of the revised Initial Education and Training of Pharmacy Technicians (IETPT) standards on individuals who share protected characteristics and other groups who may experience disadvantage. It is intended to support the (GPhC's) Council in determining whether the proposed standards should be approved or amended prior to implementation.

Between 2022 and 2026, the GPhC undertook extensive research and engagement under appropriate governance, including mixed-methods research, a webinar, forums with pharmacy professionals and patients and the public, scoping meetings, collaborative workshops, strategic discussions with Chief Pharmaceutical Officers and Statutory Education Bodies, iterative drafting with expert groups and a 12 week public consultation on the revised standards. This programme of work ensured that the revised standards were shaped by the experiences and expertise of pharmacy technicians, course providers, awarding organisations, employers, statutory education bodies and users of pharmacy services.



Overall stakeholders supported the proposed revisions, including raising the level of training to RQF/CQFW Level 4 (SCQF Level 7), strengthening digital capability, embedding environmental sustainability, enhancing multisector learning, and aligning pharmacy technician standards more closely with pharmacist domains and the four pillars of practice. While views varied on how these changes should be implemented, there was broad recognition that the direction of travel reflects the evolving role of pharmacy technicians and the increasing contribution they make to safe, effective and person-centred care across integrated healthcare systems.

The ESIA considers the potential impact of the proposed standards across all nine protected characteristics. Potential impacts relate primarily to delivery, flexibility, pastoral support and consistency of implementation, rather than to the standards' content. Annual monitoring of admissions and progression data will support early identification of any disparities affecting learners with protected characteristics.

The ESIA also examines wider factors that intersect with protected characteristics and may influence equitable access to training. These include socio-economic disadvantage, geographical barriers, caring responsibilities, workforce pressures, apprenticeship pathways, environmental sustainability, differential attainment and pastoral support capacity. Addressing these broader influences will be important to ensuring that learners from all backgrounds can progress successfully through RQF/CQFW level 4 (or SCQF level 7) training.

Mitigations proposed across the ESIA include a phased implementation of the new standards, flexible delivery models, strengthened digital inclusion, proportionate sustainability expectations, clear guidance and communication, annual monitoring of admissions and progression data, and continued engagement through the IETPT stakeholder implementation advisory group. These measures aim to support equitable access, reduce barriers and ensure that the revised standards are implemented sustainably and consistently across the sector.

Overall, the ESIA concludes that, while wider structural factors may influence learners' ability to meet the new standards, including the demands of Level 4 study, the mitigations outlined in this assessment provide a robust framework for supporting equity, reducing barriers and enabling the development of a confident, capable and future-ready pharmacy technician workforce.

1. Aims and purpose of the review

This impact assessment analyses the equality and diversity implications of the proposed changes to the standards for the initial education and training of pharmacy technicians 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.*

Furthermore, in line with our strategy, we remain committed to taking a proactive stance and making full use of our regulatory levers and influence to tackle discrimination and contribute to reducing health inequalities. We also aim to equip pharmacy teams to play their part to tackle discrimination and health inequalities, using our standards, learning outcomes, and guidance to help them do that.

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). We work to assure and improve standards of care for people using pharmacy services. Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services. We set standards for pharmacists, pharmacy technicians and pharmacies to enter and remain on our register. We seek assurance that pharmacists, pharmacy technicians and pharmacies continue to meet our standards, including by inspecting pharmacies. We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacist, pharmacy technician or pharmacy on our register. Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Purpose of the review

This review provides an opportunity to align the standards for the initial education and training for pharmacy technicians (IETPT) with the evolving pharmacy landscape, enabling pharmacy technicians to maximise their potential in a changing healthcare environment. Adopting a proactive approach to conducting an analysis of the equality, diversity and inclusion impact of our proposed standards and the potential trends or issues that apply to individuals who share protected characteristics, including the possible impact on these groups, helps maintain public confidence in our role as a regulator and make sure that we are not acting against the principles of a Convention right.

To inform our IETPT standards review, between 2022 and 2026 we carried out engagement and a mix method research report with a range of stakeholders, including but not limited to pharmacy technicians, pharmacy technician trainees, course providers, users of pharmacy services and individuals affected in any way by the proposed changes. We used their professional expertise and experiences of pharmacy care to shape and to ensure the new IETPT standards are adaptable and meet the needs of the profession and the public.



This impact assessment is intended to assist (GPhC's) Council in considering whether the changes to the IETPT standards should be approved and/or subject to further amendment before implementation. Further details will be explored in part two of this equality screening impact assessment (ESIA).

Context: Regulatory and legislative enablers and pharmacy reforms

The GPhC's **Vision 2030** sets out a clear ambition to enhance safe and effective pharmacy care at the heart of healthier communities. A key part of achieving this is setting and maintaining initial education and training standards that ensure pharmacists and pharmacy technicians have the knowledge, skills and behaviours needed to practise safely and confidently across a range of settings. To support this, the GPhC takes a cyclical approach to reviewing standards, ensuring the IETPT standards remain aligned with evolving professional practice, emerging needs and developments in knowledge, and continue to be relevant and effective over time.

Within the last decade, the pharmacy landscape has changed significantly, creating a need for a workforce trained with adaptable skills, values and behaviours to maintain person-centred care and respond to increasing demand for healthcare services.

One such significant change within the healthcare system has been the formalisation of Integrated Care Systems (ICS), designed to enhance coordination and collaboration across health and care services. Pharmacy technicians are integral members of both pharmacy and multi-disciplinary teams, playing a crucial role in achieving the goals of new pharmaceutical care models. Their involvement makes sure the safe and effective management of medications, and within ICSs, they will work more closely with other healthcare professionals to provide comprehensive, person-centred care.

Furthermore, since the publication of the GPhC IETPT standards in 2017, there have been a range of legislative changes and wider pharmacy reforms, including recent legislation enabling pharmacy technicians to supply and administer medicines under Patient Group Directions (DHSC, 2024) and forthcoming legislative changes that will enable pharmacist technicians to take responsibility for preparing, dispensing and supplying medicines. These developments highlight the need for education and training standards that continue to reflect the expanding responsibilities and expectations placed on the pharmacy workforce.

Initiatives such as Pharmacy First in England, Pharmacy First Scotland and Pharmacy First Plus in Scotland, and Pharmacy Delivering a Healthier Wales and Prescripsiwn Newydd - A New Prescription in Wales have increased the need for trainee pharmacy technicians to develop enhanced clinical and professional skills from the point of registration. These service models expand the delivery of patient-facing clinical care previously provided only by pharmacists and therefore require pharmacy technicians to exercise greater professional judgement and autonomy (DHSC, 2023).

As national post-registration frameworks are introduced to support the development of roles and careers paths in clinical practice, it will be essential that there is alignment with IETPT from the outset.



Pharmacy technicians are increasingly recognised for their ability to provide innovative technical solutions that address critical healthcare policy priorities. A notable example of this is the **National Competency Framework for Primary Care Pharmacy Technicians (2022)**, which supports pharmacy technicians and their employers to safely expand their roles within primary care settings.

The ongoing global digital transformation driven by advances in digital technologies, automation and artificial intelligence is reshaping healthcare and improving the safe and effective use of medicines (NHS, 2019; Sangave, 2022). To keep pace with these developments, pharmacy technicians need early exposure in their training to the benefits, limitations and risks of digital tools, enabling them to contribute confidently to the digital evolution of pharmacy practice.

This direction of travel is reflected in a range of UK-wide initiatives aimed at strengthening digital capability across the health and care workforce. In England, programmes such as the **Digital Readiness Education Programme by NHS England**, the **NHS Digital Academy**, alongside the integration of digital skills into academic curricula, are helping to build the knowledge and confidence needed for safer and more efficient care. Similar work is underway across the devolved nations.

In Scotland, NHS Education for Scotland has introduced the **Digital and Data Capability Framework** and associated learning pathways, and the Scottish Parliament has supported an amendment to the Care Reform (Scotland) Bill requiring all patients to have a digital care record to support secure data sharing (Robertson, 2025). Wales has developed the **Digital Strategy for Health and Social Care** offering an interactive tool and postgraduate learning to support staff development. Northern Ireland's focuses on embedding digital solutions across services and creating a digitally capable workforce.

These programmes and strategies aim to equip healthcare professionals with the digital skills needed to deliver safer, more integrated and efficient care in a rapidly evolving healthcare landscape.

There is also increasing commitment across the healthcare sector to advancing environmental sustainability. This is reflected in the GPhC's **GPhC Carbon net zero action plan for sustainable pharmacy regulation**, which highlights the importance of integrating environmental sustainability awareness into education and training standards to address both health risks and health inequalities (GPhC, 2024). Alongside this, initiatives such as the Royal Pharmaceutical Society's **Greener Pharmacy Guides and Toolkit**, provide practical steps to help pharmacy teams reduce their carbon footprint. These resources support the adoption of greener practices, enabling pharmacy professionals to contribute meaningfully to the climate emergency response while also improving services and reducing costs (RPS, 2025).

2. Research and engagement with our stakeholders

This section provides an overview of the research and engagement activities with our stakeholders between 2022 to 2026, carried out under appropriate governance and oversight, including the GPhC Education Programme Board.

Date	Activity	Summary
June 2022	Initial scoping meetings: discovery phase	Initial scoping meetings with limited number of stakeholders, to gauge their experience with the 2017 standards and what they consider needs changing/strengthening.
January 2023	ICF and CPWS research	Commissioned a mixed-method research piece externally on the effectiveness of the 2017 standards.
February 2024	Horizon scanning	Conducted desktop research on emerging themes in the pharmacy sphere and made recommendations for inclusion in the IETPT review.
May 2024	Webinar	Presented the results of the externally commissioned research to stakeholders.
2024	Second round of scoping meetings	Discussed themes we identified as part of the research and horizon scanning with stakeholders in 1:1 scoping meetings. Themes included RQF levelling, technology, environmental sustainability, and multi-sector training.
June 2024	Workshop on standards	Online workshop with stakeholders to edit standards in breakout groups.
July 2024	Workshop on learning outcomes	Online workshop with stakeholders to comment on learning outcomes.
September 2024	Workshop with Pharmacy Technician members of the accreditation panel	Workshop with accreditation panel to update them on the review of the IETPT standards and key findings of the research,

		and in turn gain their insight on the drafted standards.
October 2024	Strategy meeting with CPhOs and SEBs	The purpose of this meeting was to understand, at a strategic level, the direction of each GB country and SEB with regard to pharmacy technicians. As a result of this meeting, we decided to move forward with proposing minimum RQF/CQFW level 4 (or SCQF level 7).
March 2025	Learning outcome drafting groups initial meeting	Initial online meeting with a select group of stakeholders to explain their task of sense-checking the draft learning outcomes.
April – May 2025	Final round of pre-consultation scoping meetings	Discussed impacts of a change in RQF levelling from Level 3 to Level 4 RQF/CQFW, SCQF level 7 with stakeholders. Specifically, what potential impacts this may have on trainees, organisations, the public as well as any unintended consequences.
April 2026	Post- consultation learning outcome and standards drafting group review sessions	The learning outcome and standards review sessions were held across two meetings to review the standards and learning outcomes in light of the consultation feedback and make refinements only where items were missing or required revision. The group worked through the common comments and suggested revisions received during the consultation, using these sessions to test and validate

		changes. This ensured that the feedback was considered in context and that any amendments were grounded in a broad range of professional perspectives from the UK and wider sector.
From March 2026	GPhC Initial Education and Training of Pharmacy Technicians Advisory Group (IETPT)	The Initial Education and Training of Pharmacy Technicians Advisory Group (IETPT) was established to support the GPhC by overseeing the implementation of the 2026 IE&T standards for pharmacy technicians, advising on the route to registration for internationally-qualified pharmacy technicians, considering issues relating to the education and training pharmacy technicians and pharmacy support staff more broadly, and acting as a forum for hearing views from stakeholders across the sector.

The process of reviewing and updating the IETPT standards has been comprehensive and collaborative, involving key stakeholders at every stage. The discovery phase began in 2022 aimed at gathering preliminary feedback on the 2017 IETPT standards.

In January 2023, we commissioned **a mixed-methods research report** that included an online survey and semi-structured interviews with pharmacy technicians, employers, and course providers. The goal was to assess whether the current IETPT standards had impacted the skills and performance of pharmacy technicians trained and registered under these standards, in comparison to the previous 2010 standards (GPhC, 2023).

The research explored how the standards influenced the experiences of recently registered pharmacy technicians, employers, and course providers, offering insights into the implementation and effectiveness of the 2017 IETPT standards while identifying areas for further review.



While the 2017 standards were generally considered an improvement, several areas were identified for further consideration:

- Accuracy checking: there was perceived lack of clarity regarding the inclusion of a final accuracy checking qualification before registration and its role in the current standards.
- Preparation for increased responsibility: pharmacy technicians need better preparation for roles that involve greater responsibility and accountability, which may require raising the level of education and training courses.
- Supervision of training: particularly in community pharmacy, needs to be more consistent and structured to make sure there are timely opportunities for applying learning to practice.

In May 2023, we hosted a public webinar to share the findings of the research. Alongside this, we conducted in-house research, including desktop research on emerging themes within the sector. We also identified key themes that should be addressed in the IETPT standards review. These insights were used to inform our second round of scoping meetings, which took place throughout 2024. These meetings focused on themes identified through our research and horizon scanning, such as the increase of the RQF/CQFW level 4 (or SCQF level 7), digital technologies, environmental sustainability, and multi-sector training.

In June 2024, we organised an online workshop that brought together stakeholders to collaboratively review and edit the standards in breakout groups. This interactive session facilitated stakeholders to share their insights and suggestions. Through this active participation, we were able to gain valuable perspectives that helped refine the standards to better meet the needs of all involved.

Building on this, a similar process took place in July 2024, where our focus shifted towards developing the first draft of the learning outcomes. This session provided an opportunity for deeper discussions on how these outcomes could be enhanced to align more closely with evolving industry needs and remain relevant and impactful.

The feedback gathered was carefully reviewed and integrated into our ongoing review process. By continuously incorporating stakeholder input, we can make sure that the standards and learning outcomes remain dynamic and responsive to emerging trends.

In October 2024, we held a strategic meeting with the Chief Pharmaceutical Officers (CPhOs) and Statutory Education Bodies (SEBs). This meeting was intended to understand, at a strategic level, the direction of each country and SEB regarding pharmacy technicians. As a result of this discussion, the direction of the IETPT review was reframed, with the universal decision to move forward with proposals to mandate RQF/CQFW level 4 (or SCQF level 7) training.

In March 2025, we hosted the first meeting with our learning outcome drafting groups. This initial online session brought together a select group of stakeholders with expertise in pharmacy technician professional practice who were tasked with sense-checking the learning outcomes. This session built on

the valuable feedback and insights gathered during our earlier workshops in June and July 2024, where we reviewed and revised the standards and learning outcomes.

By incorporating the suggestions and concerns raised in those previous sessions, we were able to refine the focus of the learning outcomes and make sure they are aligned with both current needs and future expectations. The stakeholders in the March meeting were able to build on this foundation, offering additional clinical perspectives and providing a final layer of validation to make sure the outcomes are practical, relevant, and effective.

In April and May 2025, we completed the final round of scoping meetings ahead of the consultation phase. These focused on discussing the impacts of changing the RQF levelling from Level 3 to Level 4 RQF/CQFW, SCQF level 7, particularly examining potential consequences for trainees, organisations, the public, and any unintended effects.

Throughout our research and engagement, we used a variety of methods including forums, workshops and research (interviews and a survey) to engage with a diverse range of stakeholders, including trainee and newly qualified pharmacy technicians, course providers, the public, employers and statutory education bodies. They agreed on several key areas for improving pharmacy technician education and training. They emphasised the benefits of multisector training but noted that insufficient funding could be a barrier to implementation. There was consensus that the level should be raised to at least RQF/CQFW level 4 (or SCQF level 7) to reflect the evolving role of pharmacy technicians with adequate support provided for progression and entry requirements for courses.

Stakeholders also agreed on enhancing the IETPT standards to align more closely with those for pharmacists and the four pillars of practice (domains: person-centred care and collaboration, professional practice, leadership and management, and education and research). Increased autonomy for pharmacy technicians was universally supported, alongside flexible, adaptable standards that reflect the evolving role. There was also a focus on strengthening critical thinking, autonomy, and digital literacy-required to navigate the challenges of contemporary, integrated healthcare systems and services.

Minimum skills for registration should include final accuracy checking, medicine management, consultation skills, and quality improvement, with an emphasis on professional identity, accountability, and career development.

Following the closure of the public consultation in December 2025, all feedback was systematically reviewed and synthesised into a set of overarching themes. These themes captured recurring issues, areas of ambiguity, and suggestions for enhancement raised by individual respondents and organisations.

To strengthen and refine this thematic analysis, two dedicated review sessions were convened with the expert drafting group. These meetings focused on reviewing the standards and learning outcomes in

detail, with the aim of making refinements only where items were missing, unclear, or required revision based on the consultation evidence. The group worked collectively through the common consultation feedback comments and proposed amendments, using the sessions to test the feasibility, clarity, and sector relevance of each suggested change.

This iterative process ensured that all revisions were considered in context rather than in isolation. Proposed amendments were assessed against the full breadth of consultation feedback, the original intent of the standards, and the professional expertise represented within the group.

To add a further layer of assurance and ensure sustained engagement with the sector, we established the Initial Education and Training of Pharmacy Technicians Advisory Group from March 2026. The group provides a structured forum through which we can continue to hear directly from stakeholders across the profession, test emerging thinking, and discuss key issues as the review progresses and implementation of the 2026 IE&T standards begins. This ongoing dialogue helps us remain responsive to sector needs, supports transparency in our decision-making, and reinforces our commitment to collaborative regulation.

3. Screening for relevance to equality

While there is strong evidence supporting the revision of the IETPT standards to align more greatly with the evolving needs of the profession, it is crucial that any such revisions are implemented in a manner that remains inclusive and does not inadvertently disadvantage certain groups of learners. Inequality can affect learner populations across a range of demographics and can lead to disparities in meeting learning outcomes 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 and secondary research. 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 full discussion.
Disability	☒ ☐	See below for full discussion.
Sex	☒ ☐	See below for full discussion.
Gender reassignment	☒ ☐	See below for full discussion.

Issue	Yes/No	Comments
Marriage or Civil Partnership	☒ ☐	See below for full discussion.
Pregnancy or maternity	☒ ☐	See below for full discussion.
Race	☒ ☐	See below for full discussion.
Religion or belief	☒ ☐	See below for full discussion.
Sexual orientation	☒ ☐	See below for full discussion.
Welsh Language Scheme	☐ ☒	N/A.
Other identified groups or issues	☒ ☐	See below for full discussion.

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 is required, please move onto PART 2.*

Table 2: Screening record

ESIA completed by	Kelly Veasey, Senior Policy Officer (Education)	08 June 2026
ESIA reviewed by	Farima Shah, Senior Policy Officer (Education)	08 June 2026
ESIA reviewed by EDI team	Anna Hermans	26 August 2025 03 July 2026
ESIA approved by	Siobhan McGuinness, Director for Scotland (pre-consultation version) Lynsey Cleland, Chief Standards Officer	08 June 2025 07 July 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.

While each protected characteristic is considered separately for clarity, it is important to recognise that individuals are rarely affected by a single characteristic in isolation. Experiences of education and training are shaped by the interaction of multiple aspects of identity and socio-economic background. This ESIA therefore takes an intersectional approach to understanding potential impacts.

In developing this ESIA, we have also drawn on the secondary research and evidence-gathering undertaken prior to the consultation. This included reviewing existing literature, analysing available demographic and training data, and engaging with stakeholders throughout the consultation process to understand current delivery models and potential areas of impact. This work helped shape the proposals and provides an additional evidence base alongside the consultation findings.

Across awarding organisations, pharmacy technician trainees show variation in age, ethnicity, religion and disability status. The largest age groups tend to be under 24s, 25–34 and 35–44, with smaller but notable representation from trainees aged 45–54. Most trainees are White English, with others from Indian, Pakistani and Bangladeshi backgrounds. Religious affiliation is similarly varied, with Christian and Muslim trainees most commonly recorded, alongside smaller numbers of Hindu and Sikh trainees. A proportion of trainees disclose a disability, forming a meaningful minority of the cohort. Across all providers and awarding organisations, the majority of trainees identify as female. [All data correct as of December 2025.]

These patterns indicate that the proposed changes will affect a broad trainee population with differing backgrounds, experiences and support needs. This demographic context provides an important foundation for assessing potential impacts and ensuring a proportionate and fair analysis across protected characteristics. This demographic context sits alongside consultation feedback, which offered mixed views on whether the proposals would have direct impacts on protected groups.

Consultation feedback reflected a broad range of views on how the proposed standards might affect individuals with protected characteristics. Around one-third of respondents (33%) felt the proposals could negatively impact these groups, while 15% identified potential positive impacts. Most respondents (around 58%) reported no direct impact or were unsure. Feedback indicated that where respondents identified potential impacts, these were generally associated with delivery factors rather than with the content of the standards themselves.

Across all protected characteristics, consultation responses did not show a dominant view. Positive, negative and mixed responses were all below 20%, while the majority of respondents selected either ‘no



impact’ or ‘don’t know’. This indicates that most respondents did not perceive a clear protected-characteristic-related impact, and where views differed, they were spread across multiple categories without a single prevailing perspective. Given this distribution, the analysis in this ESIA draws more heavily on wider stakeholder engagement and secondary research to ensure a comprehensive and proportionate assessment of potential impacts.

It is also important to distinguish between consultation responses relating specifically to protected characteristics and those reflecting views on the proposals overall. When asked whether the proposals would have a positive impact on key groups, respondents gave much stronger positive responses: 73% for patients and the public, 59% for the pharmacy team, 56% for trainee pharmacy technicians, 43% for education and training providers, and 39% for pharmacy owners or employers. These overarching results suggest that respondents generally viewed the proposals as beneficial at a system level. However, this does not translate into clear views about protected-characteristic impacts, where responses were more mixed and most respondents selected ‘no impact’ or ‘don’t know’.

Several core themes also emerged from the consultation. A significant proportion of respondents (45%) highlighted potential negative impacts on employers and owners responsible for arranging and hosting trainee placements, often linked to workload, supervisory capacity and organisational readiness. Around 38% identified potential negative impacts on trainee pharmacy technicians, with comments focusing on stress, emotional wellbeing and the demands of Level 4 (or SCQF level 7) study. Conversely, 43% of respondents felt the proposals would benefit trainees and the wider pharmacy technician role, and 38% identified benefits for patients and the public. Around one-third (33%) raised potential negative impacts for individuals with protected characteristics, while 11% identified potential positive impacts. These themes provide important context for understanding how perceived impacts may intersect with protected characteristics.

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.

Stakeholders highlighted the move towards an RQF/CQFW Level 4 (or SCQF 7) qualification for pharmacy technicians is seen as an important development in recognising pharmacy technicians as key healthcare professionals who can deliver safe, effective and person-centred care. Stakeholders highlight that this shift provides an opportunity to enhance critical thinking, autonomy and digital literacy-competencies increasingly required across integrated care systems and services. This represents a



positive impact for learners of all ages, as enhanced digital and professional skills support long-term career development.

Stakeholders have also emphasised the value of the qualification in preparing learners for increased responsibilities. The overall consensus is that the increased qualification level will strengthen the profession and align the role more closely with the evolving demands of contemporary healthcare. These benefits apply across age groups and do not inherently disadvantage older or younger learners.

Alongside stakeholder insight, our demographic data shows a wide age range across the pharmacy technician workforce. The secondary research highlighted that older adults returning to education may experience different challenges from younger learners, such as those who have recently transitioned out of education. They are more likely to encounter specific obstacles when returning to education, such as a lack of familiarity with digital technologies, feelings of self-doubt or difficulty adjusting to new learning environments (Arlinghaus et al., 2019). These challenges may differ significantly for younger individuals, who may face issues related to limited experience or insufficient resources. These differences relate to prior educational exposure rather than age itself.

Digital technologies

Stakeholders also highlighted the importance of digital technologies across the profession, noting that learners of different ages may have varying levels of access, confidence and familiarity with these tools.

The pharmacy technician profession is increasingly adopting and expanding the use of digital technologies to enhance workflow efficiency, ensure medication safety, and improve patient and public care. This is a positive opportunity to strengthen digital literacy across all age groups.

This was well evidenced externally within the secondary research, **The Patient Safety Gap Report** (2025) reveals a significant challenge: individuals with sensory impairments often face barriers to accessing both written and verbal information during their medication journey. The report emphasises the urgent need for mandatory training, better communication tools, and updated systems to ensure equitable, safe, and person-centred care.

More widely, the NHS has a strong emphasis on the importance of digital training for healthcare professionals. Initiatives such as the **Digital Readiness Education Programme**, the **NHS Digital Academy**, and the integration of digital skills into academic curricula aim to enhance workforce capabilities.

These digital skills are of growing importance given the formalisation of ICSs. With access to shared digital records and prescribing systems, pharmacy technicians can support safer medication management, reduce errors, and contribute to smoother transitions of care between hospitals, GPs, and community services. Digital tools also enhance communication with other healthcare professionals,

allow for real-time stock control and medicines optimisation, and support remote and virtual care services.

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

These factors mean that some learners could be disproportionately disadvantaged if appropriate support is not in place. However, the potential disadvantage relates primarily to prior educational experience, digital familiarity, and wider circumstances rather than age itself. This means the overall impact of the proposed standards on age presents clear positive opportunities where digital inclusion is supported. With accessible learning materials and support, learners of all ages and backgrounds can meet the outcomes successfully.

With regard to the mandating of digital technologies while digital competency is expected at a practical ('does') Miller's level, the standards have been designed to minimise disadvantage by recognising that some learners may have had less exposure to digital tools. The wording therefore balances practical expectations with a strong knowledge-based approach that supports digital inclusion.

However, given the evidence above, we recognise that the increased academic level may present additional challenges for learners who have been away from formal study for some time or who have responsibilities outside their training. To ensure fairness, the revised standards emphasise transparent and consistent selection and admission processes, aligned with equality legislation such as the Equality Act 2010. The proposed requirement for annual analysis of admissions data will include age and other key characteristics to monitor how different groups are progressing, and documented action must be taken through our quality assurance processes if the analysis indicates that trainee pharmacy technicians may be disadvantaged. This provides ongoing assurance that any emerging age-related disparities can be identified and addressed.

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.

Professional connection

Stakeholders expect trainee pharmacy technicians to have the opportunity to connect with pharmacy professionals, including pharmacy technicians. Encouraging peer relationships- particularly through access to experienced pharmacy professionals - offers valuable learning opportunities. Collaborating with colleagues fosters a supportive environment where learners gain practical experience, develop essential skills, and benefit from diverse perspectives. These interactions can actively help to promote inclusion and help bridge knowledge gaps by connecting learners with professionals from varied backgrounds. This represents a positive impact for learners with a disability, as structured peer support can reduce isolation and strengthen belonging.

Disability and accessibility



Alongside stakeholder expectations around professional connection, our secondary research highlights that learners with disabilities may experience different barriers depending on their individual needs, the learning environment, and the accessibility of digital and physical resources. These impacts relate to access barriers and ableism rather than disability itself, and include issues such as inaccessible digital platforms, inconsistent availability of reasonable adjustments, limited use of assistive technologies, and physical environments that are not designed inclusively.

Digital technologies and assistive tools

As the pharmacy technician profession continues to evolve, the adoption and expansion of digital technologies is becoming increasingly vital, not only to enhance workflow efficiency and ensure medication safety but also to improve patient and public safety and care. They have the potential to streamline processes, creating benefits for all learners.

Evidence shows that digital technologies can significantly enhance accessibility and inclusion by providing assistive tools such as screen readers, speech-to-text software, and adaptive input devices. Furthermore, emerging technologies like artificial intelligence (AI) are becoming increasingly prominent within the pharmacy profession. Such advancements are particularly beneficial in areas such as managing patient records, processing prescriptions, and assisting with medication dispensing. When digital inclusion is supported, these represent clear positive impacts for learners with disabilities and for the wider profession, as they enable more equitable participation and strengthen the overall capability of the pharmacy workforce.

Digital platforms enabling connection

Additionally, the option to connect with pharmacy professionals, including pharmacy technicians, can be effectively facilitated by digital tools like video conferencing and online forums. Evidence shows that these platforms can help enable learners with disabilities to engage with colleagues and participate in discussions without the need for travel, overcoming physical barriers and enabling broader participation. This supports equitable access across diverse training environments.

Disability declaration and inclusive design

Understanding how many learners identify as disabled can be challenging, as disability status is self-declared and influenced by factors such as personal choice, stigma or uncertainty about what constitutes a disability. This reinforces the importance of proactive inclusive design rather than relying on disclosure.

Vocational routes and Level 4 accessibility

Vocational routes are often well suited for learners who benefit from practical, skills-based approaches, and they can offer greater accessibility for individuals whose disabilities or learning differences may affect engagement with traditional academic pathways. The proposed qualification provides a route to an RQF/CQFW Level 4 (or SCQF Level 7) award -equivalent to the first year of university -while maintaining a strong vocational focus. This ensures that learners can develop industry-specific skills in a

way that is applied, flexible and supportive of diverse learning needs. This can be a positive impact for learners who benefit from applied learning.

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

We have concluded that disability-related impacts are individual and manageable through reasonable adjustments.

While challenges such as physical barriers or logistical difficulties in accessing multiple training sites may arise, the proposed standards require that trainee pharmacy technicians have opportunities to connect with pharmacy professionals-including pharmacy technicians who can serve as role models and provide professional support-and that systems are in place to facilitate peer discussions. These mitigations support equitable access without altering the standards or the required learning outcomes.

With regard to the mandating of digital technologies these discussions have helped shape wording that recognises the need to stay current with technological advancements while remaining sensitive to the differing levels of access and support available across learning environments. The aim is to promote effective use of data and digital tools to improve clinical outcomes and patient and public safety, while acknowledging that not all learners and professionals experience equal access to digital resources. This balances expectations with digital inclusion.

More broadly, the proposed standards help support learners with disabilities by embedding principles of equality, diversity and inclusion throughout pharmacy technician education and training. They ensure that all those involved are trained and kept up to date on relevant legislation and inclusive practices, fostering awareness of the diverse needs within the trainee cohort. The standards also require that systems are put in place to monitor and analyse trainee progress annually by protected characteristics, allowing identification of any differences in attainment and informing appropriate responses. This provides ongoing assurance that any emerging disparities can be addressed.

Reasonable adjustments and special considerations are required in teaching, learning and assessment to minimise disadvantage while maintaining the integrity of learning outcomes and assessment standards. These mitigations support equitable access without altering the standards or the required learning outcomes.

Sex

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

With 86% of pharmacy technicians being female (GPhC, 2023a), consideration of sex is essential when assessing the potential impact of the proposed revisions to the IETPT standards. Increased time commitments, travel requirements and enhanced educational expectations may present particular challenges for women, especially those with caregiving duties or working irregular hours. These impacts may also affect men, particularly those with shared or primary caregiving responsibilities, however the demographic profile of the profession means that women are more likely to be affected.



Although stakeholders did not raise sex-specific concerns in isolation, issues relating to work–study balance, caregiving responsibilities, and flexibility of training were recurring themes throughout engagement. These themes intersect strongly with sex, given the gendered distribution of unpaid care and the high proportion of women in the profession.

This is consistent with the secondary research drawn on for this ESIA, which highlights how work–study pressures and caregiving responsibilities can disproportionately affect women across health and education settings. Balancing education and training with employment and care responsibilities can significantly affect learners’ ability to access and complete education and training. Learners are working while studying, and the demands of combining professional responsibilities with structured learning can create time and flexibility pressures. Research shows that individuals in non-traditional working patterns or roles with variable workloads often face additional challenges in finding consistent time for education and training, particularly when they also have caregiving duties (Arlinghaus et al., 2019).

While caregiving responsibilities have historically been more pronounced for women, men also experience similar pressures, especially in households where caregiving is shared or where men are primary carers. These challenges are not uniform; individuals of any sex may experience differing levels of difficulty depending on factors such as socioeconomic status, access to support networks, or the nature of the caregiving role- for example, caring for young children or elderly relatives (Javornik, 2023). This highlights that impacts are intersectional rather than sex-specific.

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

Given the demographic profile of the profession and the evidence on work–study pressures, there is potential for disproportionate impact on women if additional time, travel or study demands are not supported appropriately. However, the underlying issue relates to caregiving responsibilities and working patterns, which can affect individuals of any sex. This means the overall impact of the standards on sex is neutral, with risks arising only where flexibility is limited.

While potential equality impacts have been considered, appropriate measures have been put in place to minimise them. The delivery model of IETPT encourages flexibility and inclusivity from the outset, with a variety of learning formats such as face-to-face, remote or blended. Flexibility within the delivery model is especially important for learners with additional family and care responsibilities, enabling them to balance these commitments alongside their studies. This helps to support equitable access across sexes and wider intersectional considerations.

To support this, opportunities for trainee pharmacy technicians to connect with pharmacy professionals - including pharmacy technicians who can act as mentors and role models-have been carefully worded, stating that systems must be in place to facilitate these professional connections and peer discussions among trainees.

More broadly, the proposed standards embed principles of equality, diversity and inclusion throughout pharmacy technician education and training, requiring all involved to be 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. This helps identify whether any groups may be experiencing disadvantage and informs appropriate responses. This provides ongoing assurance that any emerging sex-related concerns can be addressed through documented action within our quality assurance processes

Reasonable adjustments and special considerations are required in teaching, learning and assessment to accommodate diverse needs. This can help address sex-related barriers -such as the need for flexible scheduling, additional support, or adjustments linked to caregiving responsibilities - while maintaining the integrity of learning outcomes and assessment standards.

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.

This characteristic was not raised directly by stakeholders during engagement activities. However, the absence of stakeholder comment does not indicate an absence of potential impact. Given the wider evidence base and the known challenges faced by transgender learners, it was important to consider this characteristic in light of existing external research.

In the context of pharmacy technician education and training, reviewing secondary research was therefore essential to understand the potential barriers that transgender learners may face, particularly where these intersect with other characteristics such as disability, mental health or socioeconomic status. These can include physical discomfort from medical treatments such as hormone therapy or surgeries, as well as emotional and social difficulties. It is important to recognise that transgender learners are not a homogeneous group, and the impact of these challenges is further shaped by intersectionality, where multiple characteristics interact to influence experience.

Transgender learners often fear discrimination, bullying or a lack of understanding, which can negatively affect their sense of belonging and overall experience in education and training. Evidence from Stonewall (2023) highlights the lack of dedicated support and resources for transgender learners, contributing to increased stress, isolation and academic struggles.

The UCAS report (2023) further underscores these challenges, showing that transgender applicants are more likely to report disabilities (47%) and mental health conditions (22%) compared to their non-LGBTQIA+ peers. Additionally, 17% of transgender students report negative experiences -primarily due to bullying - which can contribute to lower academic achievement and higher dropout rates.

These challenges are also linked to wider factors such as disability and socioeconomic status, which can shape the academic experiences and outcomes of transgender learners. While disparities in wellbeing are most apparent during the application process, they tend to decrease once learners are enrolled.

Transgender learners, particularly those from disadvantaged backgrounds, often experience delays in completing their courses, although those who graduate generally achieve similar academic outcomes to their peers (UCAS, 2023).

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

We have concluded from the secondary research and wider evidence base that these impacts are indirect and can be effectively managed through proportionate support and reasonable adjustments.

Potential equality impacts have been carefully considered, with measures implemented to reduce any negative effects. From the outset, the delivery model of IETPT promotes flexibility and inclusivity by offering a range of learning formats, including face-to-face, remote and blended. This represents a positive impact as flexibility is particularly important for transgender learners, who may require environments that respect their identity and provide a sense of safety and inclusion.

To support this, the standards specify that systems must be in place to enable trainee pharmacy technicians to connect with pharmacy professionals-including pharmacy technicians who can serve as mentors and role models-and to support peer discussions among trainees.

More broadly, the proposed standards embed principles of equality, diversity and inclusion throughout pharmacy technician education and training, requiring all involved to be 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. This helps identify any disparities in attainment and informs appropriate responses. This provides ongoing assurance that any emerging disparities can be addressed.

Reasonable adjustments and special considerations in teaching, learning and assessment are mandated to accommodate diverse needs. This may include gender-related considerations-such as flexible scheduling, access to appropriate facilities, or tailored pastoral support-while maintaining the integrity of learning outcomes and assessment standards.

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.

This characteristic was not raised directly by stakeholders during engagement activities. However, related discussions on caregiving, work-study balance and flexibility indicate that marital or partnership status may interact with these factors for some learners. These impacts are intersectional and relate primarily to caring responsibilities and working patterns, rather than marital or civil partnership status itself.

Given these themes and recognising the demographic profile of the pharmacy technician workforce, it was important to review secondary research on how marital or civil partnership status may influence participation in education and training.



Marriage and civil partnerships are key considerations when it comes to employee rights, especially for pharmacy technician trainees who hold employee status and are protected under the Equality Act 2010. This legislation ensures that individuals are not discriminated against in the workplace based on their marital or civil partnership status. Equivalent protections apply in Northern Ireland under separate legislation.

The Office for National Statistics (ONS, 2023) reports that nearly half (46.9%) of adults in England and Wales were married or in a civil partnership as of 2021. The median age at marriage for opposite-sex couples was 35.3 years for men and 33.2 years for women, with same-sex couples marrying at a slightly older age. Given that 48.4% of apprentices in 2023/24 were aged 25 or older, it can be inferred that a significant proportion of these individuals - particularly women - are likely within the age range where marriage or civil partnership is common (Murray, 2025). This indicates demographic relevance rather than inherent disadvantage, with any potential impacts arising from intersecting factors such as caregiving responsibilities, work–study balance and flexibility of training.

Research highlights that women are more likely than men to take on unpaid caring responsibilities, which can affect their capacity to engage in training or undertake additional study alongside work. These factors may be particularly relevant for pharmacy technician trainees, given the predominantly female composition of the register and the age profile at which many individuals may be married or in long-term partnerships.

Ensuring that training providers offer appropriate flexibility and support will therefore be important in mitigating any disproportionate impacts on learners whose family or caring responsibilities intersect with their marital or civil partnership status.

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

Given the demographic profile of the profession and the evidence on how marital or partnership status intersects with caring responsibilities, there is potential for disproportionate impact on learners whose family or caring commitments affect their ability to meet increased time, travel or study requirements. This may be particularly relevant for married women or those in long-term partnerships who take on a greater share of unpaid care. However, the standards are not found to create direct disadvantage, and any potential impacts relate to intersecting factors such as caregiving responsibilities, work–study balance and flexibility of training.

While potential equality impacts have been considered, appropriate measures have been put in place to minimise them. The delivery model encourages flexibility and inclusivity from the outset, offering a variety of learning formats such as face-to-face, remote or blended. Flexibility within the IETPT delivery model is especially important for learners with additional family and caring responsibilities, enabling them to balance these commitments alongside their studies. This helps to support equitable access across marital statuses.

More broadly, the standards embed principles of equality, diversity and inclusion throughout pharmacy technician education and training. They require all involved to be 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. This helps identify any disparities in attainment and informs appropriate responses. This provides ongoing assurance that any emerging disparities can be addressed.

Reasonable adjustments and special considerations are required in teaching, learning and assessment to accommodate individual needs, including those linked to marital or partnership status- such as flexible scheduling or additional support-while maintaining the integrity of learning outcomes and assessment standards.

Pregnancy/maternity

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

While stakeholders did not explicitly raise pregnancy or maternity concerns, they did highlight related issues such as caregiving responsibilities, work–study balance and the need for flexible approaches. These insights are directly relevant, as pregnancy and early parenthood often intensify the same pressures. These impacts are intersectional and relate primarily to caring responsibilities, physical recovery and financial pressures, rather than pregnancy or maternity status itself.

Given these themes and recognising the increased academic and practical demands of the proposed qualification, it was important to review secondary research on how pregnancy and early parenthood affect participation in education and training.

RQF/ CQFW Level 4 (or SCQF Level 7)

The introduction of an RQF/CQFW Level 4 (or SCQF Level 7) course is likely to require greater time commitments, more intensive study and rigorous assessments, alongside extensive practical work-based experience.

Other considerations

These increased demands may be more difficult for pregnant learners to manage, particularly during pregnancy and after childbirth when additional caregiving responsibilities, physical recovery and sleep deprivation may impact their ability to fully engage with the course requirements (Chao et al., 2023). These challenges relate to wider circumstances and are influenced by intersecting factors such as physical recovery, early parenthood and the need for flexible study arrangements.

Financial barriers also pose a significant challenge to educational participation. Affordable childcare is essential for enabling parents to participate fully in education and training. However, the UK's current childcare system, which is demand-driven and relies on a mix of tax and benefit programmes, can be complex and difficult to navigate. This variability in financial support-exacerbated by childcare service



hours that may not align with course schedules- can make childcare less viable, particularly for families with limited resources (Chao et al., 2023; Javornik, 2023).

Evidence has also shown that pregnancy and early parenthood are significant factors contributing to educational disruption and retention rates, particularly among women; highlighting that discriminatory practices in admissions increase social and economic inequalities, limiting long-term opportunities. Conversely, inclusive policies and fair access to education for pregnant learners are linked to higher retention rates and improved academic achievement (Equality and Human Rights Commission, 2014). This demonstrates the importance of consistent, fair admissions processes.

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

Given the increased study demands of a Level 4 RQF/CQFW (or SCQF level 7) qualification and the external research on pregnancy-related barriers, there is potential for disproportionate impact on pregnant learners and new parents, particularly women. These impacts relate to physical recovery, childcare availability, financial pressures and the ability to meet time and travel requirements.

Potential equality impacts have been carefully considered, with measures implemented to minimise any negative effects. From the outset, the delivery model promotes flexibility and inclusivity by offering a range of learning formats, including face-to-face, remote and blended options. This flexibility is particularly important for learners who are pregnant, including those pausing their studies for maternity leave or resuming afterwards, as it enables them to balance their health and family responsibilities alongside their studies. To support this, the proposed standards specify that systems must be in place to enable trainee pharmacy technicians to connect with pharmacy professionals-including pharmacy technicians who can act as mentors and role models-and to facilitate peer discussions among trainees. This helps to support neutrality of impact while maintaining the integrity of standards and learning outcomes.

More broadly, the standards embed principles of equality, diversity and inclusion throughout pharmacy technician education and training. They require all staff involved to receive ongoing training in relevant legislation and inclusive practices. Additionally, systems must be in place to understand and monitor trainee diversity and to analyse progress annually by protected characteristics. This helps identify any disparities in attainment and informs appropriate responses. This provides ongoing assurance that any emerging disparities can be addressed.

Reasonable adjustments and special considerations in teaching, learning and assessment are required to accommodate diverse needs, including pregnancy- and maternity-related considerations such as flexible scheduling, adjusted deadlines or additional support.

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.

Stakeholders did not explicitly raise race as a standalone issue, but they highlighted concerns about fairness in admissions, digital access and the need for support. These themes are directly relevant, as evidence shows that racial disparities in education often intersect with socio-economic disadvantage, digital access, and prior educational experience rather than race alone. This means any potential impacts relate to wider structural factors.

Racial and minority groups often face systemic inequalities, discrimination and under-representation, which can affect academic progress and sense of belonging. Research shows that minority learners may experience unconscious bias or microaggressions, reduced access to mentorship and fewer networking opportunities, all of which can hinder progression.

Socio-economic disadvantage is a significant factor. Learners from lower-income backgrounds or those who are first-generation students may lack financial resources, access to technology or quiet study spaces, and may have limited informal support networks. These factors can compound existing barriers to educational attainment.

Digital technologies, racial disparities and the digital divide

Digital tools and AI-driven systems have the potential to reduce disparities by offering personalised learning and preparing learners for the technologies used in modern pharmacy practice. Adaptive learning systems can support diverse learners by tailoring content to individual needs (Gandolfi et al., 2021; Gottschalk & Weise, 2023).

However, the digital divide remains a significant barrier. Learners from underfunded communities may lack reliable internet, up-to-date devices or digital literacy resources (Tudor, 2023). Digital inclusion is key to maintaining neutrality of impact across racial groups.

Level 4 (or SCQF Level 7) qualification

The move to an RQF/CQFW Level 4 (or SCQF Level 7) qualification is seen by stakeholders as an important step in recognising pharmacy technicians and strengthening critical thinking, autonomy and digital literacy. Stakeholders emphasised its value in preparing learners for expanded responsibilities, including final accuracy checking and multi-sector experience.

However, first-generation learners-who are often from minority backgrounds -may lack the social or familial support networks needed to meet the expectations of higher-level study (Coombs, 2022). They may also be more reliant on financial support to pursue training. These impacts relate primarily to socio-economic and contextual factors, with race intersecting where minority learners are more likely to experience financial pressures or limited informal support networks.



The qualification remains accessible through Level 2 science entry requirements, providing a vocational route equivalent to the first year of university and supporting progression for learners from diverse educational backgrounds.

Enhanced EDI requirements

The proposed standards require education providers and employers to ensure fair, transparent and legally compliant admissions processes. Regular analysis of admissions data, including for ethnic and minority groups, can help identify and address disparities and build trust in the system.

This is particularly important given evidence from the European Commission Subgroup on Equality Data (2022), which shows that individuals from minority communities may hesitate to engage in feedback processes due to past experiences of data misuse or unfulfilled promises of change. Visible and consistent regulatory action can help rebuild confidence and improve data quality.

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

The evidence indicates that racial and minority groups may face intersecting barriers related to socio-economic disadvantage, digital exclusion and limited access to informal support networks. These factors could influence their ability to meet the increased academic, digital and placement-based demands of a Level 4 RQF/CQFW (or SCQF level 7) qualification. There is also potential for disparities in admissions outcomes if processes are not applied consistently and transparently. However, the standards are not found to create direct disadvantage, with any potential impacts arising from wider structural and socio-economic factors rather than race itself.

Regarding the mandating of digital technologies, we have engaged with pharmacy educators, employers, recently registered professionals and trainee pharmacy technicians. This engagement helped shape wording that highlights the importance of keeping up with technological advancements to use data and digital tools effectively for improving clinical outcomes and patient and public safety.

While proficiency is expected at a 'does' (Miller's) level, we recognise that learners from minority racial backgrounds may face challenges in accessing these technologies outside of training or may have less familiarity with them due to broader social and educational factors. The wording aims to reduce disadvantage by maintaining a knowledge-based approach while encouraging digital inclusion and supporting learners who may experience barriers.

The proposed standards place greater emphasis on fairness in selection and admissions, with clear and consistent criteria applied transparently and in line with equality legislation. This supports a more inclusive and equitable pathway into the profession. Admissions data will be reviewed annually, including analysis by race and other key characteristics, to identify whether any groups may be experiencing disadvantage, with documented action taken through our quality assurance processes where this is indicated. This provides ongoing assurance that any emerging race-related impacts can be identified and addressed.



Collecting and examining this data is essential to monitor progress and ensure that any differences in attainment are understood and addressed.

Reasonable adjustments and special considerations in teaching, learning and assessment are mandated to accommodate diverse needs. This may include tailored support, flexible scheduling or additional guidance for learners who experience intersecting barriers linked to race, socio-economic status or digital access, while maintaining the integrity of standards and learning outcomes.

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.

Stakeholders did not explicitly raise religion or belief during engagement activities. However, their broader comments on fairness, inclusion and the consistent application of standards are directly relevant, as these principles underpin equitable treatment of learners across all religious and belief backgrounds. Any potential impacts relate to flexibility in training delivery rather than religion or belief itself.

Considerations

Religion and/or belief are key considerations in relation to employee rights, particularly for pharmacy technician trainees who hold employee status and are protected against discrimination under the Equality Act 2010. This legislation ensures that individuals are not treated unfairly in the workplace based on their religion or belief.

The Office for National Statistics (ONS, 2023) highlights the diversity of the UK's religious landscape. In 2021, 37.2% of people in England and Wales reported having no religion, while Christianity remained the largest faith group at 46.2%. This reflects a broad range of religious and non-religious identities across the population.

Internal demographic

Our internal data (GPhC, 2023a) broadly aligns with national trends. The majority of pharmacy technicians identify as Christian (33.4%), followed by Muslim (5.5%), while 31.7% report having no religion. This indicates a diverse workforce with a wide range of religious and non-religious beliefs represented.

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

The diversity of religious and belief backgrounds within the pharmacy technician workforce means that learners may have differing needs related to prayer, religious observance, dietary requirements or scheduling constraints linked to religious festivals. While the proposed standards do not introduce requirements that directly disadvantage learners based on religion or belief, there is potential for indirect impact if training delivery does not allow reasonable flexibility or if placement environments vary in their accommodation of religious needs.

In settings such as apprenticeships or workplaces, learners may observe religious practices that affect schedules, holidays or other aspects of their roles. Acknowledging this diversity is essential to ensuring that no learner is unfairly disadvantaged due to their religion or beliefs.

The new direction of the standards places emphasis on fairness in selection and admissions, with criteria applied consistently, transparently and in accordance with equality legislation. Admissions profiles will be analysed annually by key characteristics, including religion or belief, with actions taken where analysis indicates that any groups may face disadvantage. This supports a more inclusive and equitable pathway into the profession.

This monitoring helps identify disparities in attainment and informs appropriate responses. Reasonable adjustments and special considerations in teaching, learning and assessment are mandated to accommodate diverse needs. This may include considerations such as flexible scheduling, alternative arrangements for assessments or tailored support, ensuring that learners of all religious and belief backgrounds can participate fully while maintaining the integrity of standards and learning outcomes.

Sexual orientation

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

Stakeholders did not explicitly raise sexual orientation during engagement activities. However, their broader comments on fairness, inclusion, and the need for pastoral support across diverse learner groups are directly relevant, as these themes align closely with the challenges identified in the external research for LGBTQIA+ learners.

Sexual orientation, identity and participation in education

Sexual orientation interacts closely with gender identity, and both shape how individuals perceive and construct their identities. Sexual orientation should therefore be understood within a broader intersectional context and socio-economic status, all of which can influence a learner's ability to access and progress through the proposed IETPT pathway. Readers may find it helpful to review the section on gender reassignment, as the experiences of LGBTQIA+ learners often overlap.

Research shows that LGBTQIA+ learners frequently face unique challenges in further education. They are more likely than their non-LGBTQIA+ peers to disclose mental health conditions or disabilities, reflecting the additional pressures they may experience throughout their academic journey (Stonewall, 2023). Many also feel uncertain about being open regarding their sexual orientation or gender identity due to concerns about discrimination or a lack of support from teaching staff, employers or supervisors.

These concerns are compounded by experiences of homophobia, transphobia, misgendering or marginalisation within peer groups or institutional cultures (UCAS, 2023). Such experiences can negatively affect academic engagement, wellbeing and progression.

External research also highlights the importance of a data-driven approach to evaluating inclusion policies. Regular analysis of admissions data can help identify whether learners of different sexual



orientations may be experiencing disadvantage with documented action taken through our quality assurance processes where this is indicated

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

The evidence indicates that LGBTQIA+ learners may face intersecting barriers related to mental health, due to LGBTQIA+ phobia, discrimination and concerns about disclosure, which could influence their ability to engage fully with the demands of the IETPT pathway. There is also potential for disparities in admissions or progression if learning environments do not foster psychological safety or if support structures vary across providers.

The proposed standards are designed to prioritise fairness in selection and admissions. This includes applying criteria consistently and transparently, and ensuring processes fully comply with equality legislation that protects against discrimination based on sexual orientation. Annual analysis of admissions data will help identify whether LGBTQIA+ learners may be experiencing disadvantage. Where this is indicated, documented action will be taken through our quality assurance processes. This supports a more inclusive and equitable pathway into the profession.

This monitoring also supports the identification of any disparities in attainment and informs appropriate responses. Reasonable adjustments and special considerations in teaching, learning and assessment are mandated to accommodate diverse needs. This may include considerations such as flexible scheduling, tailored support or additional guidance for learners who experience barriers linked to sexual orientation, while maintaining the integrity of learning outcomes and assessment standards.

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 the IETPT standards 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.

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 discussed earlier within this ESIA and shape a learner's privilege or disadvantage. By researching and including these broader influences, our review of the IETPT standards can be both comprehensive and nuanced.

Cost of living and economic disadvantage

The cost-of-living crisis may create additional barriers for learners from lower-income backgrounds. Rising living costs can make it more difficult to afford essential aspects of further education, including study materials, transport to work and training, and wider living expenses. This economic pressure can reduce participation, increase financial stress and heighten the risk of learners delaying or discontinuing their studies. These impacts are likely to be more prevalent among learners who already face discrimination linked to race, disability, sex, or combinations of these characteristics.

Limited access to technology also presents challenges. Post-Covid-19, digital devices and reliable broadband have become essential for engaging with education and training (Haleem et al., 2022). Learners from lower socio-economic backgrounds or rural communities may have restricted access to devices, shared equipment within households, or limited digital literacy (Learning Hive, 2025). These barriers may disproportionately affect learners who already experience marginalisation due to existing racial or gender inequalities, particularly as the proposed standards embed digital technologies and encourage peer interaction throughout IETPT.

Stakeholders raised concerns about the financial pressures associated with the proposed Level 4 (SCQF level 7) qualification, including the cost of study materials, travel and the wider economic context. They also highlighted the risk that digital requirements could exacerbate inequalities for learners with limited access to devices or connectivity.

Economic disadvantage intersects with multiple protected characteristics and can influence a learner's ability to meet the academic, digital and placement-based demands of the proposed standards. Ensuring equitable access to training therefore requires careful consideration of affordability, digital inclusion and the broader financial pressures affecting learners.

Insights on Level 4 (SCQF level 7) qualification and wider EDI considerations

Through our engagement, stakeholders identified several interrelated equality, diversity and inclusion considerations linked to the proposed move to an RQF/CQFW Level 4 (SCQF Level 7) qualification. A key concern was the potential emergence of a "two-tier" perception between pharmacy technicians trained under the 2017 standards and those meeting the new Level 4 requirements. Stakeholders noted that the enhanced learning outcomes across the four pillars of practice-clinical, education, leadership and research-could be viewed as placing existing registrants at a comparative disadvantage in relation to future employment or progression opportunities.

However, these concerns must be understood in the context of the evolving role of pharmacy technicians and the fact that the 2017 standards are approaching ten years old. The proposed changes aim to reflect the increased scope, complexity and expectations of the role. Clear and proportionate transitional arrangements may help mitigate perceptions of inequity.

Stakeholders also highlighted the potential impact on access to progression and workforce mobility, particularly for pharmacy support staff. Increasing the qualification level may widen the gap between current minimum entry requirements (RQF/CQFW Level 2 or SCQF Level 5) and Level 4, creating additional barriers for those seeking to progress into pharmacy technician roles via vocational or non-traditional routes. This is particularly relevant given wider workforce pressures, including pharmacy technician vacancy rates of around 20% reported in the 2024 Community Pharmacy Workforce Survey.

Concerns were also raised about the future of apprenticeship pathways. Early discussions with Skills England indicate that the apprenticeship standard is expected to be revised in parallel with the introduction of the new IETPT standards. Skills England have signalled that work to update the standard will begin during the next revision cycle, with the aim of ensuring that apprenticeship routes remain aligned with the new requirements. This anticipated timeline broadly aligns with the GPhC's phased implementation and provider approval activity, offering reassurance that apprenticeship pathways will continue to be available.

Skills England have also indicated their intention to work closely with the GPhC throughout this process, including seeking support to identify appropriate stakeholders for the employer standards development group. This coordinated approach is intended to support continuity of access and minimise disruption for prospective apprentices.

Stakeholders further noted that cost and capacity pressures may reinforce access challenges. Level 4 programmes are typically more resource-intensive than Level 3, and in a context of constrained funding—particularly within community pharmacy—there is a risk that employers may reduce the number of training places they can offer. There may also be longer-term cost implications associated with expectations of higher remuneration for more highly trained staff, as well as potential impacts within NHS managed sectors where pharmacy technicians often enter at Agenda for Change Band 4. While workforce pay and funding are outside the regulator's remit, these factors may indirectly affect participation, progression opportunities and overall workforce sustainability.

To mitigate these concerns the GPhC will be separating out agreement of the standards from the implementation plan. This is to allow further engagement with stakeholders, especially community pharmacy stakeholders – and especially community pharmacy stakeholders in England – to mitigate the challenges of implementing new standards.

Finally, stakeholders emphasised that strengthened entry requirements are intended to ensure applicants are adequately prepared for the academic and scientific demands of Level 4 study (or SCQF level 7). This is designed to reduce attrition and avoid situations in which learners are inadvertently set up to fail.

The impact of caring responsibilities

There is a growing body of evidence on students and trainees in further and higher education who provide unpaid care to a family member, partner, friend or neighbour living with a disability, illness or long-term condition. Research shows that caring responsibilities create significant barriers to education, including the daily challenge of balancing study with care, financial strain and difficulties accessing appropriate support.

Student carers often report negative impacts on academic attainment and reduced participation in wider aspects of education, such as placements, extracurricular activities and social opportunities (Runacres et al., 2021). These pressures can lead to persistent absence, reduced study time, missed deadlines and lower attainment. For learners on programmes with mandatory placements, these challenges are often intensified, as placement hours add to the difficulty of keeping up with academic requirements (Day, 2021). Support for student carers varies widely across institutions, contributing to inconsistent experiences and outcomes.

Stakeholders raised the impact of caring responsibilities as a concern. They highlighted that financial pressures, limited flexibility and increased academic expectations could disproportionately affect learners with caring duties. Stakeholders also noted that in England and Wales, students studying more than 21 hours per week cannot claim Carer's Allowance, while access to bursaries varies by location (Carers Trust, 2025). These inconsistencies may exacerbate the challenges faced by student carers.

Stakeholders emphasised that the enhanced demands of a Level 4 qualification-particularly increased study time, placement requirements and higher academic expectations-may intensify pressure on student carers, increasing the risk of burnout, reduced performance or disengagement from training.

Caring responsibilities intersect with multiple protected characteristics, including sex, disability, race and socio-economic status. Learners with caring duties may find it more difficult to meet the time, travel and placement-based requirements of the proposed standards. Ensuring equitable access therefore requires careful consideration of flexibility, support structures and the wider financial and practical pressures affecting carers.

Geographical barriers.

Learners living in rural or remote areas may face significant geographical barriers that limit their ability to access the same learning opportunities as those in more urban settings. Limited or unreliable public transport, higher travel costs and long journey times can make it difficult to attend multisector or multisite placements (RSN, 2023). To help address this, bursaries and funding support-such as those offered by the Leverhulme Trade Charities Trust and various NHS-based grants-are available to assist with travel costs and improve access to placements.

Rural and remote areas may also have fewer healthcare professionals available, reducing opportunities for face-to-face learning, mentoring and the development of peer relationships. These factors can contribute to unequal access to high-quality training experiences.

Stakeholders raised geographical barriers as a concern. They highlighted challenges in accessing multisector or multisite placements, the limited availability of supervisors and mentors in sparsely populated regions and the practical difficulties associated with travel, cost and time. Stakeholders noted that these issues could exacerbate existing inequalities and may require additional support or flexibility in programme delivery.

Stakeholders also emphasised that enhancing the skills of those involved in IETPT may pose challenges for some providers and employers. Many have already invested significantly in retraining and upskilling supervisors following the 2017 standards, and further changes may place additional pressure on capacity, particularly in rural settings.

Geographical barriers intersect with socio-economic status, digital access, and workforce capacity, influencing learners' ability to meet placement requirements and engage fully with the proposed standards. Ensuring equitable access to training therefore requires consideration of travel, supervision availability and the differing resource constraints across regions.

Environmental sustainability awareness

Integrating environmental sustainability into pharmacy technician education can help foster eco-friendly practices, reduce waste and promote responsible resource use. It supports trainee pharmacy technicians to understand the environmental impact of healthcare, including links to public health and health inequalities. Embedding sustainable practices-such as reducing waste, optimising procurement and ensuring safe disposal of medicines and medical devices-encourages long-term skills that contribute to a more sustainable pharmacy sector.

This approach aligns with the GPhC's wider commitment to greener thinking and supports broader UK healthcare strategies, including the NHS ambition to achieve net-zero carbon emissions (NHS, 2019; OfHI, 2019). It also reflects government priorities for sustainable healthcare (GPhC, 2024).

Some stakeholders raised concerns that mandating environmental sustainability could disproportionately affect learners or providers in certain settings-such as aseptics-or those without the funding to implement sustainability initiatives. However, funding streams exist to support organisations adopting greener practices, including those highlighted in the RPS Greener Pharmacy Guide.

Stakeholders also contributed to discussions on the appropriate Miller's level for sustainability-related learning outcomes. Their input helped ensure that expectations are proportionate and achievable across diverse training environments.

Enhancement of Equality, Diversity and Inclusion (EDI) throughout the standards and learning outcomes

The IETPT standards strengthen EDI by requiring data collection from the admissions phase. This enables providers to identify learners who may require specific accommodations or adjustments, whether related to disability, cultural background or other individual needs.

Standards 1.4 and 1.5 reinforce fairness by requiring that selection and admission processes are applied consistently, transparently and without bias, in full compliance with equality legislation. Standards 3 and 6 emphasise the importance of timely, constructive feedback for all trainee pharmacy technicians. This helps ensure equal opportunities to understand progress, address learning needs and reduce gaps that may arise from unconscious bias or systemic barriers.

Embedding EDI throughout the standards supports a fair, inclusive learning environment where all trainees can succeed. It also strengthens accountability and ensures that providers take proactive steps to identify and address inequalities.

Addressing differential attainment

Robust data collection and tracking enable education providers to identify differences in performance and progression among trainee groups. Analysing this data helps highlight where certain demographics may be underperforming or facing barriers, supporting targeted interventions such as mentoring, tailored support or additional guidance.

However, learners with protected characteristics may be reluctant to engage in EDI-related initiatives-such as surveys or feedback mechanisms-due to concerns about privacy, data misuse or scepticism about whether their input will lead to meaningful change. Research (Stonewall, 2023; Freeman & Stephenson, 2024) shows that individuals from marginalised groups often experience research fatigue and reduced trust where previous EDI efforts have lacked follow-through.

Standards 1 and 2 further embed EDI by emphasising dignity, fairness and respect, and by requiring trainee pharmacy technicians to recognise diversity, avoid allowing personal beliefs to interfere with person-centred care and apply ethical, moral and evidence-based judgement.

The GPhC has launched work to explore differential attainment in pharmacy education. The initial focus will be pharmacist education but the GPhC intend to use the learning from this to inform considerations in respect of pharmacy technician education and training.

Pastoral support capacity

During scoping meetings, some providers expressed concerns about the proposed enhancements to course requirements, particularly the increased academic levelling. While stakeholders recognised the long-term benefits of raising standards, they also highlighted potential challenges for learners who already report difficulty meeting current demands within the two-year training period.

Providers noted that their academic support and pastoral services are already operating at full capacity, constrained by limited financial resources and increasing demand. They were concerned that additional requirements could place further strain on these services, potentially affecting their ability to support learners effectively throughout their training.

Pastoral support is a critical component of learner success, particularly for those with additional needs or intersecting barriers. Ensuring that providers have the capacity to deliver effective support will be essential to maintaining equity, reducing attrition and enabling all learners to meet the expectations of the proposed standards.

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

These impacts relate to wider structural factors. While some challenges extend beyond our remit, we are committed to continuing to work with stakeholders and supporting equality and inclusion through the following measures:

Phased implementation

During on-going engagement, a longer phased approach to implementation on the new standards was identified as a key mitigation. Specifically, phasing may allow employers, education providers and learners time to adapt to increased requirements, support workforce planning, and help maintain training capacity during transition. It may be particularly beneficial for smaller employers, including those in community pharmacy, who may require additional time to adjust to the increased resource and cost implications associated with RQF/CQFW level 4, SCQF level 7.

Alongside phasing, a flexible and proportionate approach to implementation may help mitigate potential barriers linked to increased qualification requirements. This could include consideration of different delivery models and transitional arrangements that support accessibility for a diverse range of learners, including those entering from pharmacy support roles or non-traditional routes.

Stakeholders also highlighted the importance of recognising the resource and funding context in which these changes will be implemented. While funding decisions sit outside the regulator's remit, the higher cost and longer duration may impact employer capacity to offer training places, particularly in financially constrained sectors. A flexible implementation period may help employers to plan and manage these pressures, while still enabling the longer-term benefits of a more highly trained workforce to be realised.

At the same time, the move to RQF/CQFW level 4, SCQF level 7 is expected to bring benefits in terms of workforce capability, consistency and preparedness for evolving roles, supporting pharmacy technicians to meet the increased clinical, leadership, education and research expectations of practice. Over time, this may contribute to improved patient care, service delivery and professional recognition. Balancing these long-term benefits with short-term implementation challenges will be important in ensuring that changes are both sustainable and equitable.

However, stakeholders noted that phased and flexible approaches could also introduce complexity, for example where multiple cohorts are trained under different standards concurrently, or where variations in implementation lead to inconsistency in experience. Clear timelines, consistent communication and well-defined transitional arrangements will therefore be important to balance flexibility with clarity and minimise unintended inequity.

Digital Access and Inclusion

With regard to the mandating of digital technologies, we have engaged extensively with pharmacy educators, employers, recently registered, and trainee pharmacy technicians. This helped us shape wording that emphasises the need to stay current with technological advancements to effectively use data and digital tools for improving clinical outcomes and patient and public safety. While proficiency is expected at a 'does' level, the standards recognise that learners from other disadvantaged groups may face barriers to accessing these technologies outside of training or may have less familiarity with them. The wording is therefore designed to minimise disadvantage by maintaining a knowledge-based approach while encouraging digital inclusion.

Equality Diversity and Inclusion

We will maintain monitoring of admissions and progression data by protected characteristics, sharing insights with providers. We will lead transparent communication about data use to build trust and support meaningful engagement. This monitoring helps identify disparities in attainment and informs appropriate responses.

Communication and Implementation

We will use clear, accessible communication and collaborate with stakeholders to promote inclusive adoption of standards. We will encourage ongoing feedback to monitor the effectiveness of mitigation efforts and adapt as necessary through our quality assurance processes.

Guidance will be published alongside the standards to provide clarity, context, and practical support for stakeholders affected. This will help with effective and consistent implementation of the proposed new standards.

Environmental sustainability

Extensive input from stakeholders in the pharmacy sector, including educators, employers, and recently registered and trainee pharmacy technicians, informed decisions on the appropriate level for learning outcome related to environmental sustainability. This included consideration of how they should be reflected within education and practice, with levels set to be proportionate to the role and scope of pharmacy technicians. This approach supports flexibility in implementation across different sectors, allowing organisations to respond in ways that reflect their operational context and resource constraints, while upholding the profession's commitment to environmentally sustainable pharmacy care.

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 the initial education and training of pharmacy technicians. 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, it will be necessary to allow sufficient time for implementation and for at least one cohort of students to complete a full programme of study aligned to the revised new standards. As the new IETPT standards will likely be published in 2026, the point at which the first cohort completes will depend on how quickly education providers are able to design, obtain approval for, and introduce programmes. While some providers may be in a position to implement programmes earlier-potentially enabling a first cohort to complete around 2030-the flexibility afforded means that timelines may vary, and some programmes may be introduced later.

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:

In view of this ESIA, and while equality impacts have been identified, the policy is a justified and a proportionate means of achieving a legitimate aim, and therefore, the recommendation is to proceed with proposed standards.

Table 3: Full Equality Impact Assessment record

ESIA completed by	Kelly Veasey, <i>Senior Policy Officer (Education)</i>	08 June 2026
ESIA reviewed by	Farima Shah, <i>Senior Policy Officer (Education)</i>	08 June 2026
ESIA reviewed by EDI team	Anna Hermans	26 August 2025
		03 July 2026
ESIA approved by	Siobhan McGuinness, <i>Director for Scotland (pre-consultation version)</i>	08 June 2025
	Lynsey Cleland, <i>Chief Standards Officer</i>	07 July 2026

References

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.

Association of Pharmacy Technicians UK (APTUK), 2022. *National Competency Framework for Primary Care Pharmacy Technicians*. Association of Pharmacy Technicians UK: London.

Authority of the House of Lords, 2016. *Overlooked and left behind: improving the transition from school to work for the majority of young people*. House of Lords: London.

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

Carers Trust, 2025. *Written evidence by Carers Trust (FES0251)*. Available from: <https://committees.parliament.uk/work/8883/further-education-and-skills/publications/written-evidence/> [Accessed 11 August 2025].

Chao, S.-Y., Perelli-Harris, B., Berrington, A. & Blom, N., 2023. Sleep hours and quality before and after baby: Inequalities by gender and partnership. *Advances in Life Course Research*, 55, p.100518.

Community Pharmacy England, 2024. *Annual workforce survey*. Community Pharmacy England: London.

Coombs, H., 2022. First-in-Family Students. *HEPI Report 146*. Bristol.

Cooney, P., 2025. *Exploring the relationship between race and technology*. CCG: London.

Department of Health (DoH), 2023. *Pharmacy Technician Regulation & Development Project*. Department of Health: Belfast Northern Ireland.

Department of Health and Social Care (DHSC), 2024. *Proposal for the use of patient group directions by pharmacy technicians*. Department of Health and Social Care: London.

Department of Health and Social Care (DHSC), 2023. *Pharmacy supervision*. Department of Health and Social Care: London.

Day, C., 2021. An Empirical Case Study of Young Adult Carers Engagement and Success in Higher Education. *International Journal of Inclusive Education* 25 (14): 1597–1615.

Equality Act, 2010. *Public Sector Equality Duty under section 149*. Available from: <https://www.legislation.gov.uk/ukpga/2010/15/section/149>. [Accessed 9 March 2025].

Equality and Human Rights Commission, 2014. *What equality law means for you as an education provider – further and higher education*. Equality and Human Rights Commission: London.

European Commission, 2022. *High Level Group on Non-discrimination, Equality and Diversity*. European Commission: Brussels.

Eynon, R. and Helsper, E., 2011. Adults learning online: digital choice and/or digital exclusion? *New Media and Society*, 13 (4). pp. 534-551.

Freeman, J., and Stephenson, R., 2024. *Trans and non-binary student experiences in higher education*. Available from: <https://www.hepi.ac.uk/2024/05/23/trans-and-non-binary-student-experiences-in-higher-education/> [Accessed 15 April 2025].

Gandolfi, E., Ferdig, E. R. and Kratoski, A., 2021. A new educational normal an intersectionality-led exploration of education, learning technologies, and diversity during COVID-19. *Technology in Society*, August 2021, 101637

General Pharmaceutical Council (GPhC), 2020. *Our Vision 2030*. Available from: <https://www.pharmacyregulation.org/about-us/our-organisation/vision-and-strategy> [Accessed 14 February 2025].

General Pharmaceutical Council (GPhC), 2021. *Standards for the initial education and training of pharmacists*. General Pharmaceutical Council: London.

General Pharmaceutical Council (GPhC), 2023. *Research on the Standards for the Initial Education and Training of Pharmacy Technicians*. General Pharmaceutical Council: London.

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

General Pharmaceutical Council (GPhC), 2023a. *The GPhC register as of 30 September 2023 - Diversity data tables*. General Pharmaceutical Council: London.

Genomics Education Programme, 2024. *New framework for upskilling the pharmacy workforce in genomics*. NHS England: London.

Gottschalk, F. and Weise, C., 2023. *Digital equity and inclusion in education: An overview of practice and policy in OECD countries*. Organisation for Economic Co-operation and Development (OECD): Paris, France.

Gottschalk, F. and Weise, C., 2023. *Digital equity and inclusion in education: An overview of practice and policy in OECD countries*. Organisation for Economic Co-operation and Development (OECD): Paris, France.

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

Haleem, A., Javid, M., Qadri, A.M. and Suman, R., 2022. Understanding the role of digital technologies in education: A review. *Sustainable Operations and Computers*. V3, pp. 275-285.

Health Education Improvement Wales (HEIW), 2025. **Strategic Workforce Plan for Genomics - HEIW**. HEIW: Wales.

HSC, 2025. *Northern Ireland Genomics Medicine Centre*. Available from: **<https://research.hscni.net/northern-ireland-genomics-medicine-centre>**. [Accessed 17 February 2025].

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

Learning Hive, 2025. *Digital Poverty and its Impact on Education Inequality*. Available from: **<https://www.learninghive.co.uk/blog/digital-poverty-and-education-inequality>** [Accessed 9 April 2025].

Mirza, H. and Warrick, R., 2024. Race and ethnic inequalities. *Oxford Open Economics*. 3 (1), 365–452.

Murray, A., 2025. *Apprenticeship statistics*. House of Commons Library: London.

NHS Confederation, 2022. *Integrated care systems (ICS): parliamentary briefing*. NHS: London.

NHS Education for Scotland, 2025. *Pharmacy technicians*. Available from: <https://www.nes.scot.nhs.uk/our-work/pharmacy/pharmacy-technicians/> [Accessed 14 February 2025].

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

Office for Health Improvement and Disparities, 2022. *Climate and health: applying All Our Health*. Office for Health Improvement and Disparities: London.

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 12 May 2025].

Patient Safety Commissioner, 2025. *The Safety Gap Safety and Accessibility of Medicines and Medical Devices for people with sensory impairment*. Patient Safety Commissioner: London.

Reynolds, A.L., Manges, M.E., McCabe, E.A., Kashani, B., Mercado Irizarry, E. & Reslink, A., 2025. *Examining the Intersection of Sexual Orientation and Gender on Outness and Identity*. *Journal of LGBTQ Issues in Counseling*, 19(2).

Robertson, J., 2025. *Integrated digital patient care records to be created following law change*. Available from: **<https://pharmaceutical-journal.com/article/news/integrated-digital-patient-care-records-to-be-created-following-law-change>** [Accessed 12 June 2025].

Royal Pharmaceutical Society (RPS) Wales, 2019. *Pharmacy: Delivering a Healthier Wales Summary guide*. RPS Wales: Pontprennau.

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

Rural Services Network (RSN), 2023. *Rural areas hardest hit by transport poverty* <https://rsnonline.org.uk/rural-areas-hardest-hit-by-transport-poverty> [Accessed 9 April 2025].

Runacres, J, Herron, D, Buckless K, and Worrall. S. 2021. Student Carer Experiences of Higher Education and Support: A Scoping Review. *International Journal of Inclusive Education* 28 (7): 1275–1292.

Runacres, J, Herron, and Cust, F., 2025. Supporting carers in higher education: a qualitative longitudinal study. *International Journal of Inclusive Education* pp 1-18.

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 17 February 2025].

Scottish Strategic Network for Genomic Medicine (SSNfGM), 2025. **Home - Scottish Strategic Network for Genomic Medicine**. Available from: **Home - Scottish Strategic Network for Genomic Medicine** [Accessed 17 February 2025].

Stonewall, 2023. *What is the experience of lgbt+ students in education?* Stonewall: London.

The Department for Work Pensions, 2024. *The employment of disabled people 2024*. The Department for Work and Pensions: London.

The Office for National Statistics (ONS), 2023. *Marriages in England and Wales: 2020*. The Office for National Statistics: London.

Tudor, S., 2023. *Digital exclusion in the UK: Communications and Digital Committee report*. House of Lords: London.

UCAS, 2023. *Next steps LGBT students*. Available from: <https://www.ucas.com/about-us/news-and-insights/ucas-reports/next-steps-ucas-report-lgbt-students> [Accessed 11 April 2025].

Vabulas, G., 2021. *Talent and Technology: Building bridges to employment for disabled people*. Policy Connect: London.

