General Pharmaceutical Council

Council meeting – October 2026

Thursday, 15 October 2026

Public business

Time	Mins	Standing Items	
12.15	5	**Welcome and Declarations of Interest – public items**	Gisela Abbam
		Minutes of the July Public meeting - Minutes of the public session on 16 July 2026 - Workshop Summary 17 Sept 2026 *For approval*	**26.10.C.07** Gisela Abbam
		Actions and Forward Plan *For noting*	**26.10.C.08** Gisela Abbam
		Substantive items for decision and discussion	
		Regulatory functions	
12.20	15	**Board Assurance Framework Report** *For discussion*	**26.10.C.09** Kathie Cashell
13.35	15	**Registered Pharmacists Standards and Rules and Superintendent Pharmacists Standards** *For approval*	**26.10.C.10** Lynsey Cleland
12.50	15	**Review of Board of Assessors governance arrangements** *For approval*	**26.10.C.11** Lynsey Cleland
13.05	10	**Variation to the Standards for the Education and Training of Pharmacist Independent Prescribers**	**26.10.C.12** Lynsey Cleland
13.15		**LUNCH**	
		Governance, finance and organisational management	
13.45	15	**Council Appointments and Reappointments 2027** *For approval*	**26.10.C.13** Paul Cummins
14.00	20	**Annual Equality, Diversity and Inclusion Report including report on protected characteristics of pharmacists in managing concerns**	**26.10.C.14** Lynsey Cleland

		For noting	
14.20	**10**	**Break**	
		Items for reporting	
14.30	**10**	**Professional Standards Authority: annual performance review 2025/26** *For noting*	**26.10.C.15** Kathie Cashell
14.40	**10**	**Standards for the education and training of internationally-qualified pharmacists wanting to register in Great Britain – Consultation analysis and next steps** *For noting*	**26.10.C.16** Lynsey Cleland
14.50	**20**	**Annual Registrants' Perception Survey Findings** *For noting*	**26.10.C.17** Roz Gittins
15.10	**10**	**Strategic Communications and Engagement - Chair and Chief Executive update** *For noting*	**26.10.C.18** Kathie Cashell
15.20	**20**	**Committee Minutes** • Quality and Performance Assurance 7 May 2026 • Audit and Risk Committee 4 June 2026 • Audit and Risk Committee 10 Sept 2026 • Quality and Performance Assurance Committee 25 Sept 2026 *For discussion and noting*	**26.10.C.19** Gisela Abbam
15.40	**20**	**Any other business**	
16.00		**Meeting close**	

Date of next meeting: 10 December 2026

General Pharmaceutical Council

Minutes of the Public Council meeting on 16 July 2026

To be confirmed on 15 October 2026

Minutes of the public items

Present:

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

Apologies: Penny Mee-Bishop, Raliat Onatade, Ade Williams

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, Raliat Onatade and Ade Williams.

1.2 Observers were welcomed to the meeting.

2. Declarations of interest

2.1 The Chair reminded members to make declare any interests relevant to agenda item.

3. Minutes of the last meeting

3.1 The minutes of the confidential session held on 14 May were approved as a true and accurate record of the meeting.

4. Actions and Forward Plan

4.1 Council noted the actions and forward plan.

5. Strategic Communications and Engagement – Chair and Executive update

5.1 Kathie Cashell (KC) provided an update on communications and engagement activity.

5.2 KC highlighted the organisation's continued commitment to engaging with registrants and stakeholders, and to convening discussions on issues where wider system action is required.

5.3 Members noted positive engagement on the issue of fake pharmacies, including an MP roundtable held in partnership with the All-Party Parliamentary Group for Pharmacy. Discussions focused on the scale of the issue and opportunities for further action. The public awareness campaign on fake pharmacies had been well received, generating engagement across social media and national media outlets.

5.4 KC highlighted the development of a new communications and engagement strategy and thanked the communications team for their work.

5.5 Council congratulated Gisela Abbam (GA) on receiving an OBE.

5.6 During discussion, members highlighted developments relating to prescribing of cannabis-based medicines and wider medicines supply issues. It was noted that ongoing work and forthcoming guidance would provide an opportunity for Council to consider the topic in more detail at a future meeting.

5.7 Council noted the report.

6. Annual Report and Accounts 2025-26

6.1 Jonathan Bennetts (JB) introduced the Annual Report and Accounts (ARA) and sought Council's approval for the Chair and Chief Executive to sign the accounts and Letter of Representation.

6.2 Council noted that members had previously reviewed the document, comments had been incorporated, and the Audit and Risk Committee (ARC) had recommended the report for approval. Minor amendments would be made before publication.

6.3 Neil Buckley (NB) thanked JB, Vanessa Clarke and the wider team for their work on the accounts and acknowledged the contribution of both external and internal auditors. ARC formally recommended approval of the ARA and Letter of Representation.

6.4 Members discussed opportunities to communicate the year's achievements to colleagues in a more accessible format. KC noted the importance of celebrating achievements and reflected on how key outcomes could be presented in a more digestible way for staff and stakeholders.

6.5 **Decision**: Council approved the Annual Report and Accounts 2025-26 and authorised the Chair and Chief Executive to sign the accounts and Letter of Representation.

7. Initial Education and Training Standards for Pharmacy Technicians

7.1 Lynsey Cleland (LC) introduced the item and summarised consultation feedback received on the proposed standards.

7.2 Council noted that some stakeholders had expressed concerns regarding implementation and associated risks of the proposed increase level of study. LC emphasised the GPhC's responsibility to ensure that standards are reasonable, proportionate, and support public protection.

7.3 LC explained that approval of the standards and implementation planning would be treated separately. Further stakeholder engagement on implementation arrangements was underway. Subject to approval, a three-year implementation period would support transition to the revised standards, with implementation expected to progress at different rates across the countries of Great Britain.

7.4 Members welcomed the extensive engagement undertaken to date and noted the positive feedback received regarding the GPhC's willingness to work closely with stakeholders on implementation.

7.5 Members highlighted the need for clear explanations of the rationale for change and the benefits of the new standards.

7.6 **Action**: Future communications should explain the proposals in plain English and avoid unnecessary technical language wherever possible.

7.7 KC noted that a communications plan, including information for current pharmacy technicians, was being prepared.

7.8 **Decision**: Council approved the revised Initial Education and Training Standards for Pharmacy Technicians, including the move to RQF Level 4 (SCQF 7) qualification requirements.

8. Standards and Rules for Responsible Pharmacists and Standards for Superintendent Pharmacists consultation feedback analysis

8.1 Lynsey Cleland (LC) introduced the consultation feedback analysis. Council noted that no decision was being sought at this stage and that further engagement and policy development were required.

8.2 LC outlined the consultation findings, noting areas of stakeholder agreement as well as issues where views differed significantly.

8.3 It was noted that final proposals would be presented to Council in October 2026 to meet the required implementation timetable.

8.4 Members supported the proposed approach and highlighted the value of supplementary guidance, continued stakeholder engagement and clear implementation support for registrants.

8.5 Discussion included practical issues relating to superintendent pharmacist appointments and the importance of maintaining safe and effective pharmacy leadership arrangements.

8.6 LC outlined the next steps, including stakeholder engagement sessions and workshops involving Council members.

8.7 Council noted the report.

9. Board Assurance Framework Report

9.1 Jonathan Bennetts (JB) presented the quarter one (April to May 2026) and year-end performance reports.

9.2 Council noted that year-end performance had been reported extensively through the Annual Report and Accounts and therefore focused discussion primarily on quarter one performance.

9.3 JB highlighted a small number of areas where performance was behind target and outlined planned developments to future reporting. Members welcomed the clearer presentation and integrated overview provided by the report.

9.4 Council noted positive progress across several measures and suggested that future reports include greater emphasis on trend information over time.

9.5 JB advised that the organisation remained within its reserves target range and that emerging financial pressures were being managed through ongoing forecasting and monitoring.

9.6 Members discussed recent staff survey findings relating to inclusion and workplace experiences. It was noted that survey questions had been refined to improve clarity and that further analysis and engagement would continue. KC highlighted ongoing work to strengthen the organisation's EDI approach, including support from external expertise.

9.7 Council discussed trends in concerns received by the GPhC and noted that while overall volumes remained high, case complexity had increased. Dionne Spence (DS) outlined work underway to explore opportunities for improving signposting and reducing inappropriate referrals into regulatory processes.

9.8 Council noted the report.

10. Committee Minutes

10.1 Council noted that committee minutes were not yet available and would be presented at the next meeting.

11. Any other business

11.1 There was no other business.

11.2 The meeting closed at 3.13pm. The next Council meeting will take place on 15 October 2026 in person.

General Pharmaceutical Council

Council Workshop Summary

Online

Thursday, 17 September 2026

Attendees

Gisela Abbam (Chair)

Yousaf Ahmad

Neil Buckley

Anita Charlesworth

Dianne Ford

Ann Jacklin

Tim Jaggard

Gareth Powell

Raliat Onatade

Ade Williams

Apologies: Penny Mee-Bishop, Rose Marie Parr, Selina Ullah, Aamer Safdar, Liam Anstey -Director for Wales

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 Sharp	Associate Chief Operating Officer – People and Culture
Siobhan McGuinness	Director for Scotland
Damian Day	Head of Education (Item 1 only)

Emily Wilding	Senior Business Planning and Reporting Manager
Stuart Heaney	Head of Programme Management and Operational Services
Rob Jones	Head of Assurance
Frances Brown	Interim Senior Council Secretary (notes)

Item 1: Variation to the Standards for the Education and Training of Pharmacist Independent Prescribers

Purpose

Council considered a proposed technical variation to the standards for pharmacist independent prescribing training to clarify that pharmacists practising in the Crown Dependencies (Jersey, Gurnsey and the Isle of Man) are eligible to undertake accredited prescribing courses.

Key Messages

- Under the Pharmacy Order, the GPhC can register pharmacists and pharmacy technicians intending to practise in Great Britain, Jersey, Gurnsey or the Isle of Man. Pharmacists practising in the Crown Dependencies following the same registration requirements as those practising in the UK (Great Britain or Northern Ireland).
- Existing independent prescribing standards refer to experience in a pharmacy setting in the "UK", but do not explicitly mention Crown Dependencies.
- The requirement originated from standards developed by the Royal Pharmaceutical Society and was adopted by the GPhC in 2010.
- There has never been any policy intention to exclude pharmacists practising in the Crown Dependencies from independent prescribing training.
- The issue came to light because course providers have interpreted the standards differently:
    - Some providers regarded "UK" as including Crown Dependencies.
    - Others did not, resulting in inconsistent access to training.
- The proposed variation is a technical clarification only:
    - No changes to course content.
    - No changes to supervision arrangements.
    - No change in policy intent.
- Targeted consultation on the proposed variation was undertaken with relevant stakeholders rather than a full 12-week public consultation due to:
    - The limited and technical nature of the change.
    - The need to provide urgent clarity before the next intake of prescribing courses.
- Stakeholders consulted, including chief pharmacists in the Crown Dependencies, course providers and the Pharmaceutical Society of Northern Ireland, were supportive.
- GPhC also informed relevant government officials in England, Scotland and Wales and intends to notify the PSA.

Questions and Discussion

- Members asked about the small risk of legal challenge noted in the paper.
- Officers explained that any challenge would most likely concern whether sufficient consultation had been undertaken rather than the substance of the change.
- It was emphasised that those impacted had been consulted and were supportive.
- Members queried whether the ambiguity could have been identified sooner.
- Officers acknowledged this was essentially an oversight and stated that, had it been identified during the 2022 standards review, the clarification would have been made then.

Wider review of standards

- Members asked whether similar issues might exist elsewhere within GPhC standards and policies.
- Officers confirmed they would undertake a retrospective review and due diligence exercise to identify any other unintended exclusions or ambiguities.

Communications

- Members suggested public communications should clearly state that:
    - This was an oversight being corrected.
    - There was no deliberate policy intention to exclude pharmacists working in the Crown Dependencies from being eligible to enrol in independent prescribing courses.

Outcome

- Council members expressed strong support for the proposal.
- The paper was described as clear, proportionate and well-evidenced.
- Council approved the proposed variation to the standards.

Strategic Planning Review and Regulatory Model Discussion

Kathie Cashell (KC) introduced the strategic planning discussion, explaining that the current Delivery Plan had been approved shortly after she joined the organisation and was intended to provide stability whilst a broader review of priorities was undertaken.

The Executive had subsequently begun work on a longer-term planning framework to provide a clearer roadmap for delivery of Council's strategic objectives over the coming years. The purpose of the discussion was to share emerging thinking, seek Council's views and challenge, and inform both the revised Delivery Plan due to come to Council in October and the development of a longer-term plan for 2027 onwards.

No decisions were sought from Council at this stage.

Regulatory Model

KC explained that whilst the GPhC has a clear understanding of its statutory functions, there is currently no agreed regulatory model setting out how regulatory activities fit together, the principles that underpin decision-making and how the organisation delivers regulation.

The Executive considered that a regulatory model would:

- Provide greater clarity across the organisation.
- Support consistent decision-making.
- Reduce silo working.
- Clarify regulatory policies and priorities.
- Support future planning and organisational improvement.
- Provide a framework for responding to changes in the sector.

The model presented was described as a first draft and intended as a starting point for further discussion and development with Council.

Council Discussion

Regulation model

- **Question:** Should the model place greater emphasis on evidence-based decision-making rather than stakeholder views?
- **Executive response:** The Executive agreed that evidence-based decision-making should be a core principle underpinning the regulatory model and would be reflected in future development of the framework.

Enforcement versus Remediation

- **Question:** The model refers to enforcement, but the GPhC tends to adopt a remedial approach. How does an enforcement approach sit with the current regulatory practice?
- **Executive response:** The Executive agreed that this was a fundamental regulatory policy question. Further consideration is required regarding the balance between enforcement and remediation and whether a consistent approach should apply across all regulatory functions.

Proactive Regulation and Horizon Scanning

- **Question:** Should the model include a stronger emphasis on prevention, anticipation, horizon scanning and promoting good practice rather than primarily reacting to issues?
- **Executive response:** The Executive agreed this was an important strategic question. Future work will consider whether the organisation wishes to adopt a more proactive and forward-looking regulatory approach and what that would mean for priorities and resource allocation.

Leadership Standards

- **Question:** How will the new leadership standards be regulated, and where do they fit within the proposed model?
- **Executive response:** The Executive acknowledged that this highlighted a wider issue regarding whether the regulatory approach should be consistent across different functions or tailored to specific areas. Further work will be required to address this.

Resources and Operating Model

- **Question:** Is the current organisational structure and resources, including how resources are distributed, capable of supporting the proposed regulatory model?
- **Executive response:** The Executive agreed that the regulatory model must be considered alongside organisational design, workforce planning and resource allocation. Future work will look at these issues collectively.

Escalation and Governance

- **Question:** The model does not clearly show escalation routes or Council's role when standards are not met. How would this operate in practice?
- **Executive response:** The Executive accepted that escalation processes, intervention points and governance arrangements require further development as the model evolves.

Equity

- **Question:** Should equity be more explicitly reflected within the model and its underpinning principles?
- **Executive response:** The Executive stated that equity is an important part of the model and agreed that this would be considered as part of further development.

Measuring Success

- **Question:** There is significant focus on enforcement and areas of concern, but less visibility of areas where standards are being met successfully. How will the organisation demonstrate regulatory impact?
- **Executive response:** The Executive agreed there is a need to better articulate and communicate the impact of regulation and the positive outcomes achieved through the organisation's work.

Organisational Health Check

Emily Wilding presented findings from a health-check exercise undertaken across all regulatory functions. The exercise assessed:

- Demand.
- Capacity.
- Capability.
- Risk.
- Opportunities for improvement.

The findings were considered alongside organisational risks, PSA findings and financial planning assumptions.

- The review found that services are generally being delivered effectively, but it also highlighted themes relating to organisational resilience, capacity, productivity, workforce capability and future sustainability.
- The Executive noted that the findings aligned closely with organisational risks and external feedback and reiterated that organisational performance remained strong, including performance against PSA standards.

Council Discussion

Productivity

- **Question:** How can Council be assured that resources are being used effectively and productively?
- **Executive response:** The Executive acknowledged that productivity measures are not yet sufficiently mature to provide that assurance. Developing meaningful productivity and performance measures is a key area of work over the coming months.

Capacity and Demand

- **Question:** How is the organisation assessing whether demand exceeds available capacity?
- **Executive response:** The Executive agreed that understanding capacity, demand and workload pressures is an important aspect of future planning and forms part of the work currently underway.

Collaboration with Other Regulators

- **Question:** Has there been sufficient consideration of collaboration with other regulators to improve efficiency and reduce duplication?
- **Executive response:** The Executive noted that this had not been a specific focus of the health-check process but agreed it would be valuable to consider as part of future work.

Workforce Performance

- **Question:** How will Council be assured that high performance is being recognised and poor performance addressed?
- **Executive response:** The Executive confirmed that workforce performance, productivity and organisational development will form part of future work and discussions with the Finance and Performance Committee.

PSA Standards

- **Question:** Has the organisation assessed the revised PSA standards against the previous framework?
- **Executive response:** The Executive confirmed that workshops had been held with the PSA and a fuller assessment would be brought through the appropriate governance route. Initial indications suggested the organisation was well positioned against the revised standards.

Emerging Priorities

The Executive outlined four emerging regulatory priorities identified through the health checks, risk assessments and strategic planning work:

- Fitness to Practise.
- Education.
- Awarding Gap.
- Pharmacy Regulation.

The Executive advised that these priorities would form the basis of a revised Delivery Plan to be brought to Council in October, together with clear deliverables and milestones for the remainder of the year.

Work is also underway to develop supporting priorities relating to productivity, workforce planning, organisational design, data, insight and technology.

Council Discussion

Equality, Diversity and Inclusion

- **Question:** EDI and organisational culture do not appear prominent within the emerging priorities. How will these areas be reflected?
- **Executive response:** The Executive acknowledged this point. Whilst addressing the awarding gap is currently the most significant EDI-related priority, wider EDI work will be reflected more clearly in future iterations of the plan.

Strategic Alignment

- **Question:** It is difficult to see how the various elements of the planning process fit together.
- **Executive response:** The Executive explained that the priorities presented focus on the next six months, whereas the longer-term planning work will combine strategic priorities, capacity, resources and financial assumptions into a coherent framework. This will support future decisions about priorities and trade-offs.

Longer-Term Planning

- **Question:** How will short-term priorities connect to the longer-term strategic direction?
- **Executive response:** The Executive confirmed that further strategic planning work would continue through the autumn and that a longer-term plan would be brought back to Council in the New Year.

Future Sector Developments

- **Question:** How will future developments across areas such as hospital pharmacy be reflected within planning?
- **Executive response:** The Executive agreed this highlighted the importance of horizon scanning and maintaining sufficient organisational agility to respond to changes across the pharmacy sector.

Technology and Transformation

- **Question:** How is the organisation considering transformational delivery models, particularly considering financial pressures and expectations around technology-enabled productivity?
- **Executive response:** Work is underway to develop internal and external AI strategies and to explore opportunities for transformation. The Executive noted that this work must be considered alongside organisational capacity, resources and future financial constraints, and further proposals will be brought back to Council.

Conclusion

- Council was broadly supportive of the direction of travel outlined by the Executive.
- Members welcomed the development of a formal regulatory model, supported the proposed short-term priorities and recognised the value of the health-check exercise.
- Council's feedback focused primarily on strengthening the longer-term strategic vision, clarifying the organisation's regulatory philosophy, improving understanding of capacity and

resource allocation, and ensuring future planning incorporates proactive regulation, horizon scanning and transformational opportunities.

General Pharmaceutical Council

Council Action Log and Forward Look – October 2026

Status	Minutes	Action	Lead	Update	Due date
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	This action will be taken forward as part of stakeholder engagement mapping and come to Council as part of the broader Communications and Engagement strategy in December.	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.

Item	12-Dec-26		18-Feb-27		18-Mar-27	13-May-27	16-17 Jun 2027	15-Jul-27		16-Sep-27		09-Dec-27	
	(in person)		(in person)		Workshop (online)	Workshop (online)	Away Day	(in person)		(in person)		(in person)	
	Public	Private	Public	Private	Private	Private	Private	Public	Private	Public	Private	Public	Private
Standing item													
Declarations of Interest	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓
Minutes of previous meetings and actions	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓
Forward Plan	✓		✓					✓		✓		✓	
Strategic communications and engagement report	✓												
Chief Executive's Report	✓												
Board Assurance Framework (Quarterly Performance Report)													
Audit and Risk Committee (ARC) Minutes	✓		✓					✓		✓		✓	
Quality Performance Assurance Committee (QPAC) Minutes	✓		✓					✓		✓		✓	
Finance and Planning Committee (FPC) Minutes		✓		✓					✓		✓		✓
People and Culture Committee (PCC) Minutes		✓		✓				A	✓		✓		✓
Governance & Assurance													
Assurance and Appointments Committee annual report to Council	✓									✓			
Annual Report and Accounts sign off								✓					
Annual Equality, Diversity and Inclusion Report								✓		✓			

Item	12-Dec-26		18-Feb-27		18-Mar-27	13-May-27	16-17 Jun 2027	15-Jul-27		16-Sep-27		09-Dec-27	
	(in person)		(in person)		Workshop (online)	Workshop (online)	Away Day	(in person)		(in person)		(in person)	
	Public	Private	Public	Private	Private	Private	Private	Public	Private	Public	Private	Public	Private
Council Appointments and Reappointments													
Committee Annual Reports to Council									✓				
PSA Performance Review 2025-2026										✓			
Review of Board of Assessors governance arrangements										✓			
Strategic Risk Review Register		✓											✓
Terms of Reference Review								✓					
Scheme of Delegation													
Finance & Resources													
Annual Delivery Plan and Budget 2027-28			✓										
Six-month review of delivery plan													
Fees Strategy & Charging	✓											✓	
Standing Financial Instructions		✓											✓
Regulation & Standards													
RP standards and Rules and SP standards (final for approval)													
RP standards and rule and SI standards consultation feedback analysis													
Registered Pharmacists Standards and Rules and Superintendent Pharmacists Standards													
Technical changes to IP standaards - Isle of Man and Channel Islands													
Revised IET standards for Pharmacy Technicians													

Item	12-Dec-26		18-Feb-27		18-Mar-27	13-May-27	16-17 Jun 2027	15-Jul-27		16-Sep-27		09-Dec-27	
	(in person)		(in person)		Workshop (online)	Workshop (online)	Away Day	(in person)		(in person)		(in person)	
	Public	Private	Public	Private	Private	Private	Private	Public	Private	Public	Private	Public	Private
Education Function Review (confidential)													
Route to Registration for Internationally qualified Pharmacists (Consultation analysis)													
Route to registration for internationally qualified Pharmacists (Approval of Standards)			✓										
Registrant survey final report													
Pharmacy Regulatory Effectiveness Programme (PREP)													
Key considerations and developments in Scotland & Wales	✓												
Inspection Strategy	✓												
Fitness to Practice													
Enforcement: Fitness to Practice Progress Update	✓												

General Pharmaceutical Council

Board Assurance Report

Year 2026/2027, to 31st August 2026



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Board Assurance Report

Year 2026/2027, to 31st August 2026

Section A: Executive Summary

1. This report provides Council with an update on delivery of the GPhC's 2026/27 Delivery Plan. Owing to the timing of this meeting, the report reflects the position at end August 2026.
2. **Overall judgement.** Overall confidence in delivering the 2026/27 Delivery Plan is judged to be **Amber**. We made good progress during July and August, including:
    - **Online pharmacy safety**: We published our report on tackling fake online pharmacies and unregulated medicines, alongside public awareness activity to help people access medicines and pharmacy services safely online, and are working with parliamentarians, regulators and other stakeholders to take forward its recommendations.
    - **Education:** We published the initial education and training standards for pharmacy technicians, with supporting guidance now in development.
    - **Fitness to Practise** performance improved in several areas during July and August, with hearing outputs remaining on track, investigation timeliness continuing to improve and further reductions in the oldest cases.
    - **Registration:** In July and August, we processed and approved 2,506 pharmacist applications to join the register compared with 2,026 in Q2 last year, while maintaining our service performance.
    - **Equality, diversity and inclusion**: We convened a sector roundtable to discuss creating a pharmacy alliance on anti-racism, bringing partners together to consider shared priorities and action.
    - **Planning**: We developed our regulatory model and principles to strengthen our framework for planning and prioritisation, supporting clearer decisions about where to focus our effort and resources.
3. 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. Within Fitness to Practise, hearing outputs remain on track and progress has been made in reducing older cases and improving investigation performance. However, overall Fitness to Practise caseloads remain higher than planned, reflecting higher than anticipated conversion rates of cases progressing through the process. Inspection activity remains below planned levels due to lower available inspector capacity than originally assumed. Actions are underway in both areas to improve delivery during the second half of the year. More detailed information, including actions being taken, is provided in Section C.
4. **Risk.** The strategic risk register is currently under review so the position reported here reflects our position at the end of August. The two red-rated risks remain focused on Fitness to Practise timeliness and historic casework quality. Mitigations include additional investment in Fitness to Practise capacity, increased hearings capacity, targeted aged-case reduction activity and strengthened quality assurance arrangements.
5. Amber-rated risks primarily relate to the organisation's long-term capacity and capability to deliver its strategy. Key themes include workforce resilience, financial sustainability, cyber and information security, data and insight capability, and the impact of wider health system reforms. Activity is underway across each area to strengthen organisational resilience, improve planning and forecasting, and ensure the organisation remains well positioned to respond to future demands and changes in the external environment.

6. **Regulatory and organisational performance**. Overall performance to the end of August is broadly in line with expectations across most areas. However, Fitness to Practise and Inspection activity continue to require management attention.

    a. **Fitness to Practise (Amber)** – Several key performance measures improved during August. Investigation timeliness was ahead of its August target with 64% of investigations completed within 40 weeks against a target of 51% and the number of older cases continued to reduce. However, hearing effectiveness was just below target, with 78 % of scheduled hearings concluded at first listing against a target of 85%. Investigation caseloads remain above planned levels, reflecting higher than anticipated conversion rates and continuing workload pressures. Additional casework resource and targeted overtime are being put in place to strengthen decision-making capacity and reduce caseload volumes. The revised Delivery Plan reflects this additional investment and the continued focus on reducing caseloads and improving timeliness.

    b. **Inspection activity (Amber)** – 750 inspections had been completed by the end of August against a target of 840. Re-inspection timeliness also remains below target. Performance has been affected by lower than planned inspection capacity and competing regulatory demands including a secondment to Fitness to Practise triage activity. Recruitment is underway to increase capacity, and the onboarding process has been reviewed and streamlined to reduce the time taken for new inspectors to become operational. In addition, contingency funding has been allocated to support increased inspection activity as part of the refreshed Delivery Plan priorities. While these actions are expected to improve performance during the remainder of the year, the target of 2,000 inspections is unlikely to be achieved: current forecasting indicates approximately 1,800 inspections by year end.

7. **People.** The workforce position remains broadly stable, with voluntary turnover, sickness absence and vacancy rates all within target, and low levels of formal employee relations activity. Employee feedback continues to highlight positive experiences of colleague relationships, flexibility and public purpose, alongside concerns relating to career progression, pay and recognition, workload and capacity, and organisational change. Workforce planning, recruitment and organisational development activity continue to focus on strengthening capacity in priority areas and improving the overall employee experience.

8. **Information Governance**. Statutory information request volumes have increased by around 10% compared with the same period last year, with 27 Freedom of Information requests and 11 Subject Access Requests received during July and August. Despite increased volumes and complexity, 100% of requests were responded to within statutory deadlines. We continue to monitor demand and emerging trends.

9. **Finance.** The financial position remains stable and ahead of forecast. The organisation reported a year-to-date surplus of £0.73m, £0.08m ahead of forecast, and the latest risk-adjusted forecast indicates a £0.13m year-end deficit, an improvement of approximately £0.42m against the original budgeted deficit of £0.55m. The key financial challenge remains establishing a sustainable medium-term operating model and financial position, with longer-term financial sustainability remaining outside risk appetite.

10. **Delivery Plan: targeted improvement activity.** Progress against the Delivery Plan remains broadly positive but is judged Amber, with five of the twelve programmes requiring ongoing management attention. While some programmes are experiencing delivery slippage and risks to timescales, all remain within agreed tolerances and there are currently no Red-rated programmes. More detailed information is provided in Section C.

11. **Equality, diversity and inclusion**. Equality, diversity and inclusion remains a cross-cutting priority across the Delivery Plan. During the period, work progressed on the programme to address awarding gaps in pharmacy education. We also took forward actions arising from our Anti-Racism Action Plan following the

publication of our anti-racism and discrimination statements earlier this year, including holding a roundtable to discuss creating a pharmacy alliance on anti-racism.

12. **Planning, performance and risk review**. We are strengthening the way we bring together planning, performance, risk, workforce and financial information to support organisational prioritisation and decision making. Building on the regulatory model work discussed with Council, this has informed the six-month review of the 2026/27 Delivery Plan and the refreshed priorities presented to Council and will support the development of the 2027/28 Delivery Plan and longer-term planning framework.
13. **Overall conclusion.** Delivery of the 2026/27 Delivery Plan remains broadly on track. Performance improved during July and August, most KPIs are rated Green, there are no Red-rated programmes, and the financial position remains ahead of forecast. While Fitness to Practise and Inspection activity continue to require focused management attention, progress is being made in a number of key areas and targeted actions are underway to address remaining delivery challenges. Ongoing planning work will ensure organisational resources remain aligned to the priorities with the greatest impact on delivery of the Strategic Plan.

Section B: Council Scorecard

RISKS

Aug 26 Strategic risk register overview				
RAG rating	Q1	Q2	Q3	Q4
Red	0	2		
Amber	10	9		
Green	1	0		

Strategic Risk Profile

Our Strategic Risk are being reviewed, the data contained within this report reflects the risk register in August 2026

Our two red-rated risks relate to Fitness to Practise timeliness and historic casework quality. Both remain subject to enhanced management oversight, targeted improvement activity and regular reporting to Executive and Council.

To note:

The Q2 judgement is informed by the available July and August performance data and supporting evidence, recognising that not all KPIs are yet available for reporting

Aug 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	Performance remains mixed, with improving throughput but continued caseload pressures
Inspection	A	Performance remains 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 August

DELIVERY PLAN: Targeted improvement actions

SA	Overall RAG	Projects	Amber Projects
SA1	Amber	Green: 3 Amber:3	• Changes to the Revalidation Framework • Pharmacist Registration Assessment • Enforcement Improvement Programme
SA2	Green	Amber: 1	• Closing the Awarding Gaps in Pharmacy
SA3	Green	Green: 4 Amber: 1	• Data & Reporting

Overall RAG reflects confidence in delivery of the Strategic Aim as a whole, rather than a simple aggregation of individual project ratings. Amber-rated projects are being actively managed and, unless otherwise stated, are not expected to prevent achievement of the wider Strategic Aim.

FINANCE

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

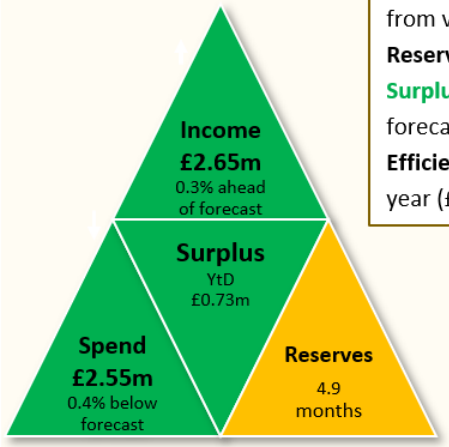
Income – £0.04m ahead of forecast.

Spend – £0.06m below forecast, mainly from vacancies and lower IT spend.

Reserves - 4.9 months at the end of Aug

Surplus – £0.73m, £0.08m ahead of forecast.

Efficiency savings – £331k delivered this year (£0.8m cumulative).



Outlook – Positive position driven largely by temporary factors; replanning will focus on long-term financial sustainability

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 to the end of August 2026. It focuses on services where performance, risk or delivery issues have the greatest bearing on overall assurance and confidence in delivery. The commentary reflects the latest available August performance information and should be read alongside the KPI data in Annex A.

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. Performance improved in several areas during August, including investigation timeliness, and the reduction of older cases. Whilst investigation caseload volumes remain higher than planned due to an unexpected increase in the proportion of concerns being opened, performance continues to improve across a number of key measures:

    a. Initial assessment timeliness remained within target at 4.1 weeks.
    b. The number of cases open longer than four years reduced to 39 and those under three years down to 65. Cases open longer than two years remained broadly stable at 133 against a year-end target of 100.
    c. Investigation performance improved, with 64% of investigation cases completed within 40 weeks in August. Whilst performance remains below the year-end aspirational target of 80%, month-on-month performance continues to improve and reflects sustained focus on increasing throughput and progressing older cases.
    d. Open Fitness to Practise caseload levels, including triage, increased from 1,569 in July to 1,630 in August, against a year-end target of 1,000. much of this work will close over the next few weeks as triage capacity increases although higher than anticipated conversion rates of cases progressing through the process have also increased investigation caseload beyond capacity.

4. Workforce capacity and workload volumes continue to affect performance. Action is focused on increasing casework capacity, reducing decision-making queues, improving individual productivity and progressing older cases. Hearing effectiveness also remains below target, with a higher proportion of part-heard cases requiring additional hearing time and contributing to capacity pressures across the service. Additional resource has been agreed, including use of the contingency fund, alongside targeted overtime and additional decision-writing capacity. Fitness to Practise remains a priority for investment and management focus for the remainder of the year. As part of planning for 2027/28, the Fitness to Practise Improvement Programme is also being reviewed to ensure activity remains focused on delivering the greatest operational benefit.

5. The year-end target for reducing the number of open Fitness to Practise cases remains challenging. The target for the percentage of Investigating Committee decisions completed within 50 weeks is not expected to be achieved. This measure was set on the basis of cases entering the process during

2026/27, whereas current performance is significantly affected by older cases progressing through the system. Given the current caseload profile, our priority is to reduce the backlog of older cases rather than improve performance against this measure.

6. While the actions being taken are expected to improve the overall position, there will be limited time to demonstrate sustained improvement ahead of the next PSA assessment. This therefore remains an area of risk. If improvement continues as planned, we expect to enter 2027/28 in a far stronger position from which to demonstrate sustained progress

Inspection delivery (Amber)

7. Inspection activity remains below plan, with 750 inspections completed cumulatively in the year to the end of August, compared with a target of 840 by this point in the year. Re-inspection timeliness also remains below target at 70.0% (year to date is 75%) against the target of 90%.

8. Performance has been affected by lower than planned inspection capacity, with available capacity around 13% below planned activity. This reflects a combination of staff departures, the time to recruit and onboard new inspectors, and competing regulatory demands, including the temporary secondment of an Inspector to support Fitness to Practise triage activity. Increased Enforcement volumes have also affected turnaround times and inspection throughput.

9. Contingency funding has been allocated to increase capacity through additional inspector recruitment and temporary support from the Clinical team. The team has also reviewed and streamlined its onboarding process to enable new inspectors to become operational more quickly. While these actions are expected to improve performance during the remainder of the year, inspection activity is unlikely to meet its aim of completing 2,000 inspections during 2026/27, with the latest forecast indicating around 1,800 inspections by year end. The focus for the remainder of the year will be on increasing inspection capacity and throughput, developing the Pharmacy Regulation Strategy and understanding the workforce and resource requirements needed to deliver it, while continuing to balance regulatory risk with time since last inspection.

Finance.

10. Our financial position remains stable and ahead of forecast. At the end of August:

    a. the organisation reported a year-to-date surplus of £0.73m, £0.08m ahead of forecast.
    b. income is £0.04m above forecast, driven by higher than anticipated registration and application activity.
    c. expenditure is £0.06m below forecast, primarily due to vacancy savings and lower than anticipated IT development expenditure.
    d. the latest forecast indicates a small year-end deficit, a 1.1% improvement from the original budgeted deficit of £0.55m, although the final position will depend on recruitment timelines, delivery assumptions and the utilisation of contingency budgets.
    e. we continue to deliver efficiencies across the organisation, with £331k of savings identified this year and cumulative savings of £0.8m against the £1.1m target.

11. A contingency provision was included within the budget to support developing areas of the delivery plan where resource requirements could not be fully defined at the time of budget setting, and to provide flexibility to address emerging priorities. Consistent with the proposed priorities set out in the six-month review of the Delivery Plan, we are now allocating this funding to strengthen delivery in key areas. This includes investment to reduce Fitness to Practise caseloads and improve

timeliness, develop the Education Strategy, and increase inspection capacity and regulatory expertise over the remainder of 2026/27.

12. Overall, financial performance remains stable. The finalisation of the two-year fee decision has materially strengthened the organisation's medium-term financial position and has advanced progress towards closing the previously growing deficit gap. However, longer-term financial sustainability remains outside risk appetite. While the current year position is ahead of forecast, much of the improvement is driven by temporary factors. The key focus over the coming months is the replanning exercise, which will align priorities, resources and operating assumptions to establish a financially sustainable medium-term operating model. This will be supported by development of a medium-term financial plan and improved measures of organisational capacity, productivity and throughput to strengthen planning, prioritisation and resource allocation decisions. Emerging financial pressures and risks will continue to be monitored through regular forecasting and financial planning processes.

Delivery Plan: targeted improvement activity

13. This section provides a more detailed update on delivery of the targeted improvement activity set out in the 2026/27 Delivery Plan.

14. **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 much of the improvement activity set out in the Delivery Plan. Activity to the end of August included:
    a. Continued progress on the Responsible Pharmacist standards and rules and Superintendent Pharmacist standards, including analysis of the consultation feedback, with the final standards and rules being presented to Council for approval at this.
    b. Published the initial education and training standards for pharmacy technicians on 11 August and commenced development of supporting guidance and implementation planning, including significant stakeholder engagement as agreed by Council.
    c. Completed analysis of consultation responses on the review of education and training standards for internationally qualified pharmacists and shared initial findings with stakeholders.
    d. The independent review of the Education function was completed, and implementation planning activity has commenced.
    e. Published guidance for newly qualified prescribing pharmacists.
    f. Progressed governance reforms for the Board of Assessors, with the review of governance arrangements being presented to Council at this meeting.
    g. Continued work on changes to the revalidation framework. Following agreement of the next phase of the programme, work is now progressing to develop policy options and future approaches to revalidation.
    h. Progress continues the Fitness to Practise improvement programme, with a number of planned improvements delivered during the period. The programme moved from Green to Amber following slippage in some areas of delivery, although this is not currently expected to affect overall programme outcomes.

15. **Actions/Next steps:** During the remainder of the year, we will continue to focus on improving Fitness to Practise performance, including strengthening performance oversight and quality assurance, improving case progression and productivity, maintaining targeted action to reduce backlogs and progressing the Pharmacy Complaints Resolution Service. Alongside this, we will develop our Pharmacy Regulation Strategy and take forward actions from the pharmacy ownership review; develop a new Education Strategy and implementation plan; and establish our regulatory model and principles. Together, this work will strengthen how we regulate, provide clearer direction for education and training, and support continued improvement in Fitness to Practise.

16. **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. Activity to the end of August focused on:

    a. Published the report from our parliamentary roundtable on tackling fake online pharmacies and unregulated medicines. The report received national and trade media coverage, was shared with MPs and key stakeholders, and is now informing wider engagement with Government and partners to progress its recommendations.

    b. Continued activity to improve online medicines safety through stakeholder engagement and public awareness activity aimed at helping people identify registered pharmacies and make informed decisions about obtaining medicines online.

    c. Worked with regulatory and sector partners on medicines safety, including the advertising of weight management medicines and safe prescribing of propranolol, and agreed a new Memorandum of Understanding with the Advertising Standards Authority.

    d. Continued work to strengthen the regulation of pharmacy businesses, including progressing actions from the pharmacy ownership review, further consideration of regulatory powers relating to premises and developing information sharing agreements.

    e. Progressed work to address awarding gaps in pharmacy education. Following recruitment of a data analyst, work is underway to confirm the baseline data, establish a monitoring and accountability framework, and engage with sector partners on actions to reduce awarding gaps. While delivery remains behind the original schedule, the programme is now moving into implementation.

    f. Held a sector roundtable to progress development of a pharmacy alliance on anti-racism, and consider shared priorities and actions

17. **Actions/Next steps:** Activity under Strategic Aim 2 will continue in line with the refreshed priorities arising from the six-month Delivery Plan review. Work will continue to strengthen the regulation of pharmacy businesses through improved collaboration, information-sharing and regulatory oversight arrangements. Activity to address the awarding gap in pharmacy education will focus on developing and implementing a monitoring framework, strengthening the evidence base and deepening engagement with universities and sector partners. Follow-up activity arising from the parliamentary roundtable on fake online pharmacies and unregulated medicines will also continue. Council should expect to see increasing evidence of delivery milestones, regulatory reform activity and emerging outcomes across these programmes during the course of the year

18. **Strategic Aim 3**: Build a skilled, agile and inclusive organisation is judged to be **Green**. Delivery is progressing broadly as planned across the improvement activity set out in the Delivery Plan. Activity to the end of August included:

a. Completed follow-up engagement in response to the Pulse survey and discrimination survey. Feedback has been used to identify priorities for action, including leadership, inclusion, speaking-up arrangements, and training.

b. Our key people indicators remain stable, with voluntary turnover, sickness absence and vacancy rates all remain within target, providing a positive overall picture of workforce stability.

c. Received Reasonable Assurance from the internal audit of sickness absence management. The review confirmed that the overall framework is operating effectively and identified a number of improvements which are now being implemented.

d. Progressed the six-month review of the Delivery Plan, drawing on organisational health checks, strategic risks, financial planning and Council feedback. This work is informing development of a clearer regulatory model, refreshed organisational priorities and a longer-term planning framework.

e. Continued progress on the Data and Reporting programme. Work is underway to improve the quality of management information available to the organisation, improving management information and reporting to support decision-making and organisational oversight. Elements of the programme remain behind schedule and continue to require management attention

f. Workforce Experience and IT Services returned to Green during August following progress on improvements to staff technology and IT services, including the IT applications review and laptop replacement programme. Executive approved business cases and work is now underway for the Education CRM, and myGPhC Pharmacy Phase 2, including the collection and publication of pharmacy services information.

g. Continued work on the organisation's long-term financial sustainability, including development of the fees strategy and planning activity to support a sustainable operating model for future years.

19. Strategic Aim 3 is judged Green because delivery is progressing broadly as planned. While Data and Reporting remains Amber and requires management attention, there are no Red-rated programmes, and the overall portfolio remains broadly on track. Activity during the period focused on strengthening organisational planning, people, technology, data and financial sustainability.

20. **Actions/Next steps:** Activity will continue to support delivery of the organisation's priorities relating to organisational capability, the regulatory model, data, technology and financial sustainability. Particular focus will be placed on implementing the refreshed Delivery Plan, developing the regulatory model, strengthening management information and reporting, progressing the Technology Roadmap, and ensuring organisational resources remain aligned to strategic priorities. 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.

21. **Conclusion.** Overall, delivery of the targeted improvement activity set out in the Delivery Plan is progressing broadly as planned across all three Strategic Aims. Strategic Aim 1 remains Amber, reflecting the continued challenge of improving Fitness to Practise performance and reducing caseloads, while Strategic Aims 2 and 3 remain Green with activity progressing broadly as expected. Although a number of programmes remain at an early stage and several require

ongoing management attention, there are currently no Red-rated programmes and the overall portfolio remains broadly on track. The organisation continues to make progress in establishing the capability, capacity and governance arrangements needed to support delivery of the 2026/27 Delivery Plan and longer-term strategic objectives.

Delivery Plan KPIs (Position at end of August 2026)

1. This annex presents performance against the Delivery Plan KPI framework using the latest available information to the end of August 2026.
2. Key reporting notes:
    a. **KPIs shown in bold** are those explicitly included within the 2026/27 Delivery Plan.
    b. **TBC** indicates that a KPI, target or reporting methodology is under development.
    c. Gender and ethnicity pay gap KPIs are reported annually.
    d. All Delivery Plan KPIs are included in this report. Additional charts and analysis have been provided for areas with the greatest influence on overall organisational performance.
3. As the performance framework continues to mature, reporting will continue to evolve to provide Council with a clearer view of organisational performance and delivery against strategic objectives.

Regulatory and Organisational Performance – July and August 2026/27

Education (data will be available at Q3)

KPI	Target	Q1	July 26	Aug-26
% 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	Q1	July 26	Aug-26
Percentage of revalidation submissions reviewed	≥ 2.5%	0.3%	0.6%	**1.4%**
Percent of 2026 revalidation reviews sent within deadline	≥ 95%	0%	100%	**100%**
Time taken to approve pharmacist applications	≤ 21 working days (median)	0	11	**17**
Time taken to approve pharmacy technician applications	≤ 21 working days (median)	0	2	**5**

Fitness to Practise Amber

KPI	Target	Q1	July 26	Aug-26
Number of open FtP cases	≤ 1,000 by 31 Mar 2027	1,504	1,569	**1,630**
Time taken to complete initial assessment	≤ 5 weeks (median)	3.6	4.3	**4.1**
% investigation cases completed within 40 weeks	≥ 80%	42%	55%	**64%**
% investigating committee decisions completed within 50 weeks	≥ 80%	0%	0%	**0%**
Number of completed FtPC hearings (cumulative)	≥ 120 by 31 Mar 2027	23	34	**42**
% scheduled hearings concluding at first listing	≥ 85%	83%	79%	**78%**
Number of FtP cases open longer than 2 years	≤ 100 by 31 Mar 2027	142	132	**133**
Number of FtP cases open longer than 4 years	0 by 31 Mar 2027	41	39	**39**

Inspection Amber

KPI	Target	Q1	July 26	Aug-26
Number of completed pharmacy inspections (cumulative)	≥ 2,000 by 31 Mar 2027	416	598	**750**
Time taken from inspection to finalisation of report	≤ 20 working days (average)	17.5	17.7	**16.5**
Time taken to serve enforcement notices	≤ 5 working days (average)	4.5	-	**4.4**
% of re-inspections undertaken within 6 months	≥ 90%	74%	81%	**70%**

Customer Services Green

KPI	Target	Q1	July 26	Aug-26
Average time to answer telephone calls	≤ 10 secs (average)	5	6	**6**
Percentage of emails actioned within 2 days	≥ 95%	100%	100%	**100%**

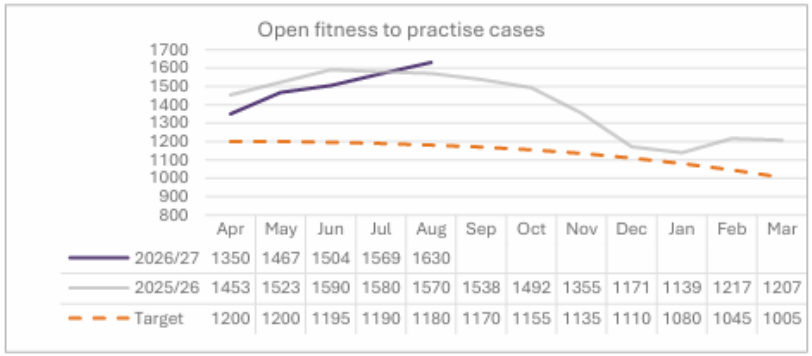
Corporate Services Green

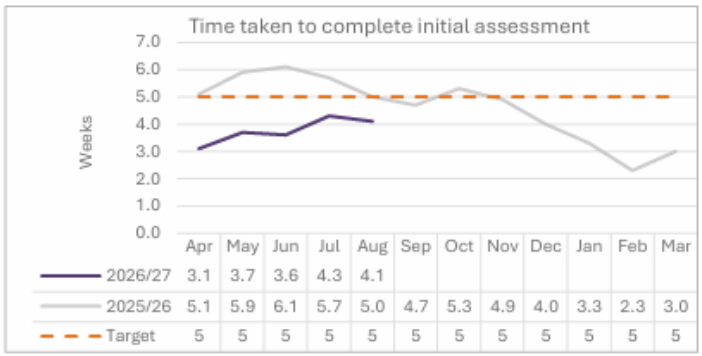
KPI	Target	Q1	July 26	Aug-26
Average time to respond to stage 1 complaints	≤ 15 days (average)	14.4	7.8	**7.5**
Average time to respond to stage 2 complaints	≤ 20 days (average)	19.0	NA	**19.5**
Voluntary turnover rate	≤ 16%	9.5%	10.2%	**10.5%**
Sickness absence rate	≤ 4%	1.5%	2.1%	**2.1%**
Vacancy rate	≤ 7%	6.1%	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%	99.6%	99.9%	**99.9%**
Number of priority 1 incidents	≥ 2 incidents	0	0	**0**
Variance to budget	-£0.55M by 31 Mar 2027	£0.35M	£0.58	**£0.73M**
Cumulative cost savings	≥ £1.1M by 31 Mar 2027	£0.77M	£0.80M	**£0.83M**
Income – Actual vs Forecast	≤ 3%	-	2.3%	**-0.8%**
Expenditure – Actual vs Forecast	≤ 3%	-	2.3%	**-0.1%**

Delivery Plan KPIs – Further Information (Position at end of August 2026)

Fitness to practise

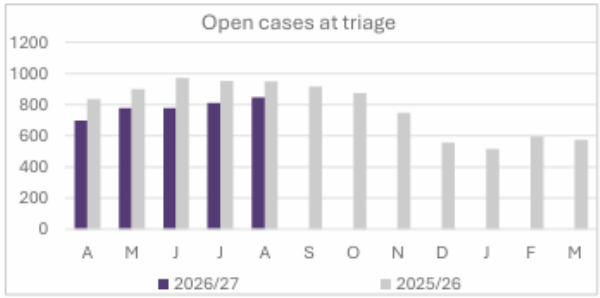
ID	KPI description	Target	Aug forecast	Aug 26	YTD
D-FTPa	Number of open fitness to practise cases	≤ 1,000 by 31 March '27	1,180	1,630	-
D-FTPb	Time taken to complete initial assessment	≤ 5 weeks (median)	-	4	4

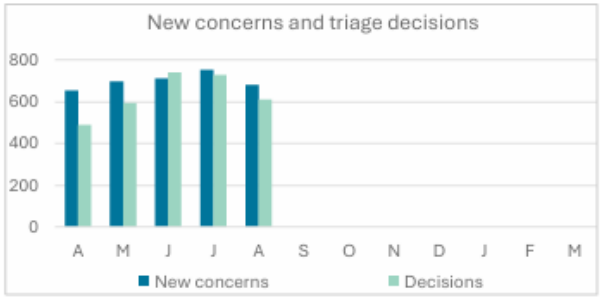


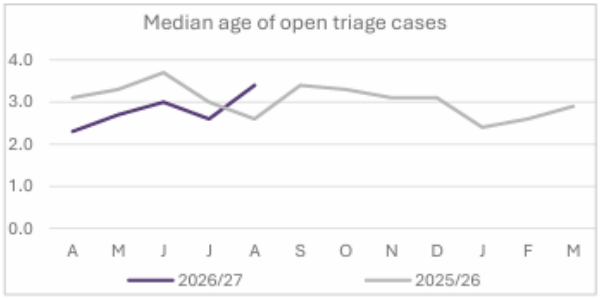


Total concerns received (year to date)	
2026/27	2025/26
4,173	3,343

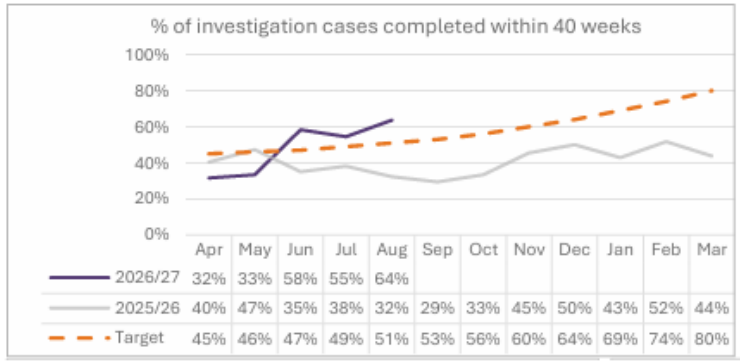
Triage Conversion Rate (year to date)	
2026/27	2025/26
TBC	TBC

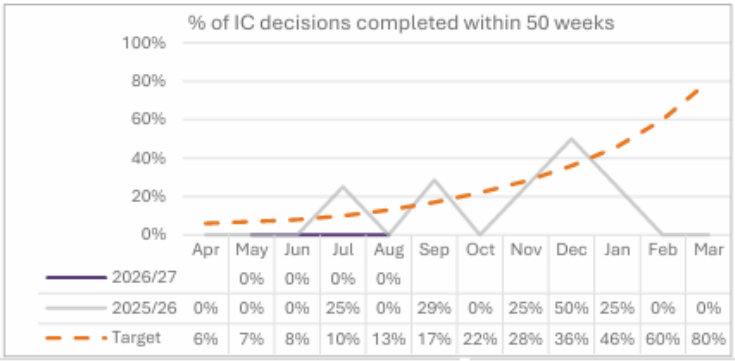






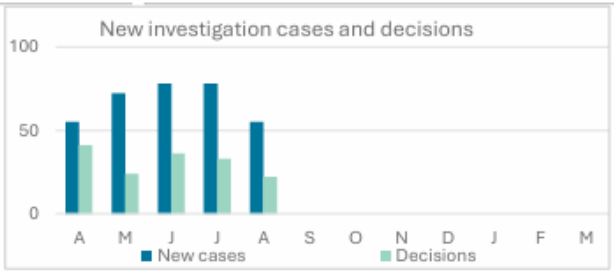
ID	KPI description	Target	Aug forecast	Aug 26	YTD
D-FTPc	% of investigation cases completed within 40 weeks	≥ 80% by 31 March '27	51%	64%	-
D-FTPd	% of investigating committee decisions completed within 50 weeks	≥ 80% by 31 March '27	13%	0%	-

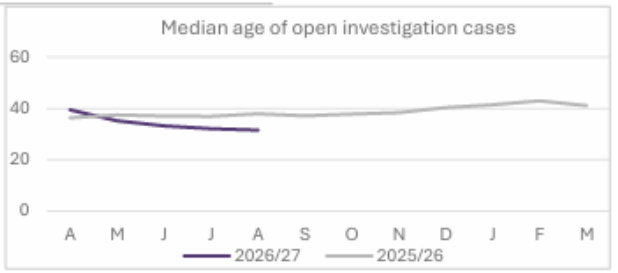


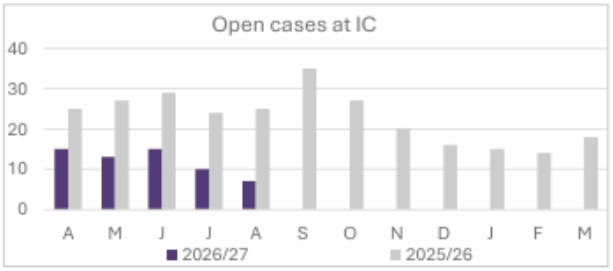


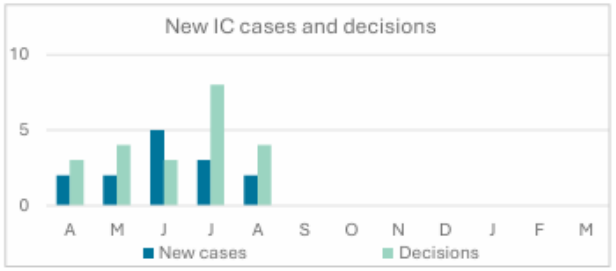
D-FTP-d: This KPI is not expected to achieve its year-end target. The target was set for concluding new cases entering the process from April 2026. Performance data in this report includes the full IC caseload, as there are not yet enough new cases to report against the target. Older cases are currently being prioritised, which continue to adversely affect reported timeliness.

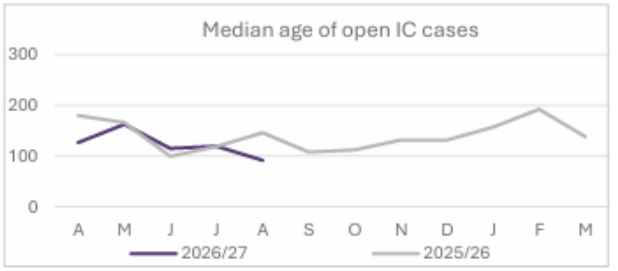




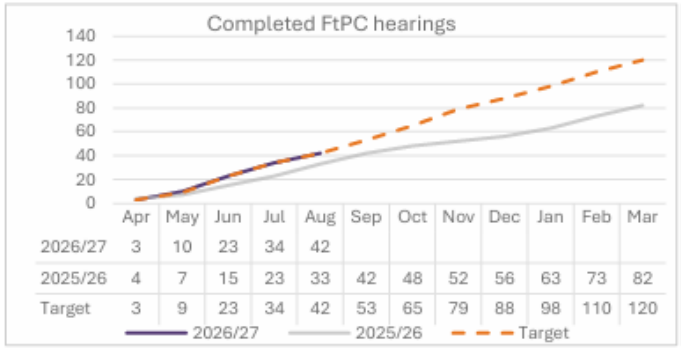


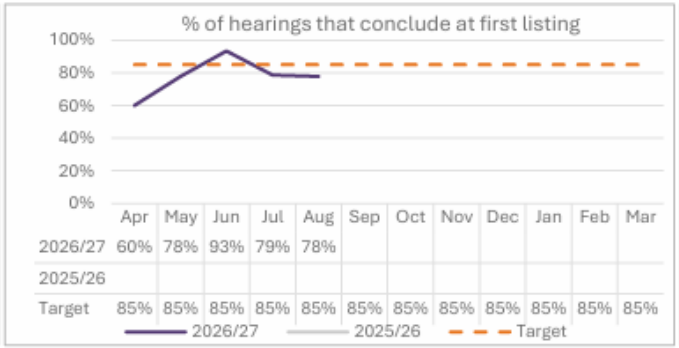


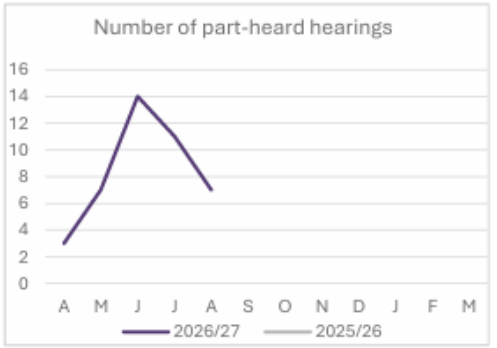


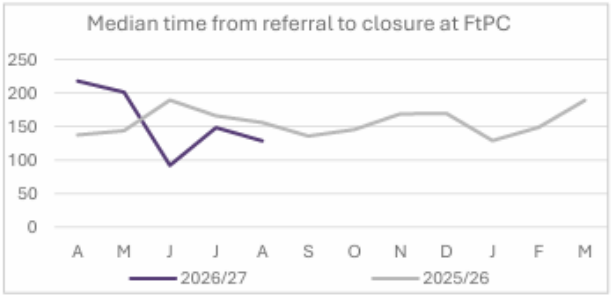


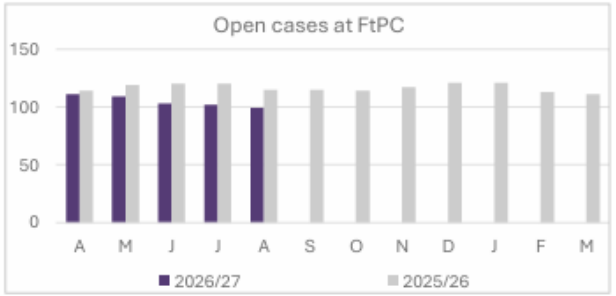
ID	KPI description	Target	Aug forecast	Aug 26	YTD
D-FTPe	Number of completed FtPC hearings (cumulative in financial year)	≥ 120 by 31 March '27	42	42	-
D-FTPf	Percentage of scheduled hearings that conclude at first listing	≥ 85%	-	78%	81%

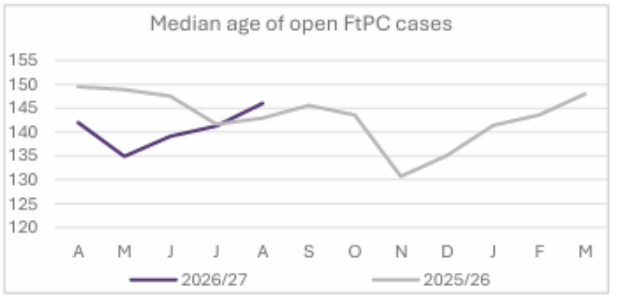




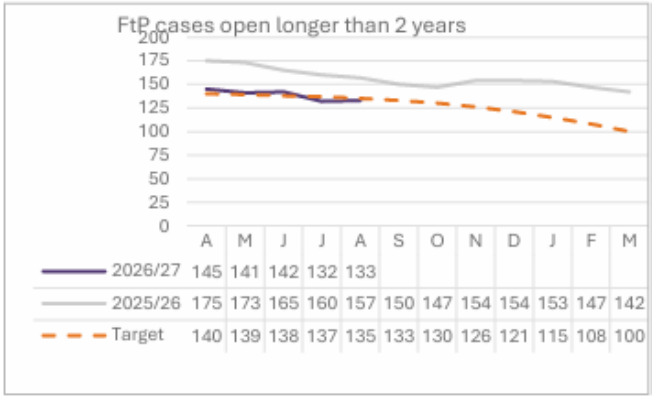


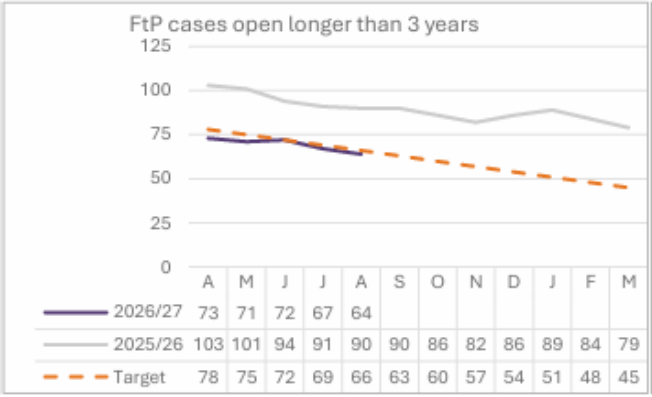


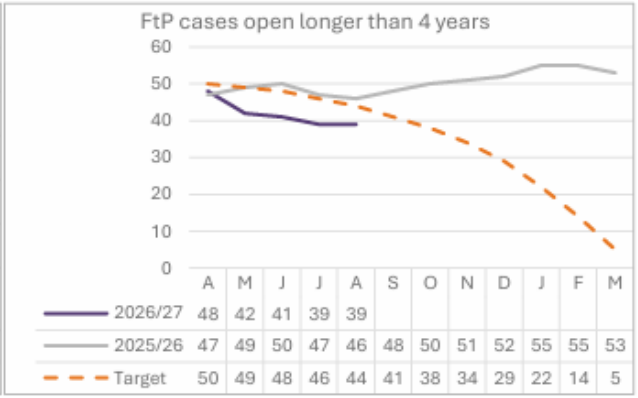




ID	KPI description	Target	Aug forecast	Aug 26	YTD
D-FTPg	Number of fitness to practise cases open longer than 2 years	≤ 100 by 31st March '27	135	133	-
FTP1	Number of fitness to practise cases open longer than 3 years	≤ 40 by 31 March '27	66	64	-
FTP2	Number of fitness to practise cases open longer than 4 years	≤ 5 by 31 March '27	44	39	-

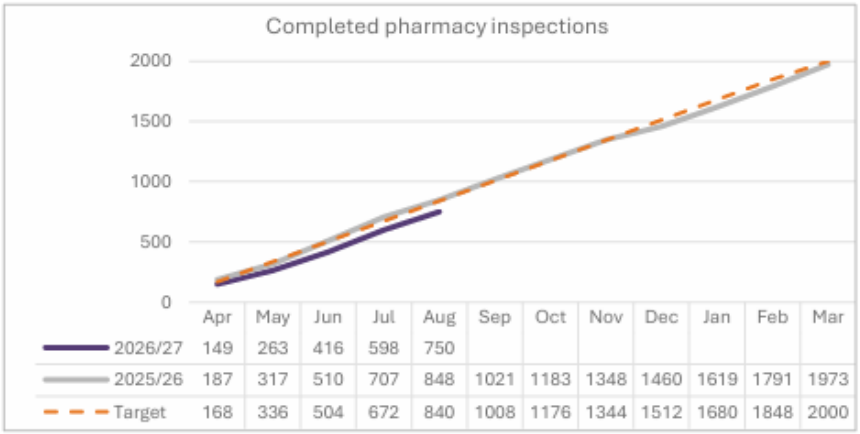


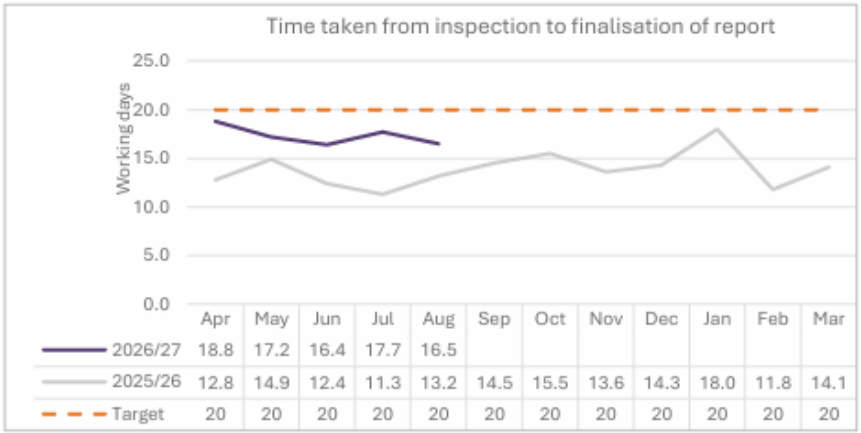




Inspection

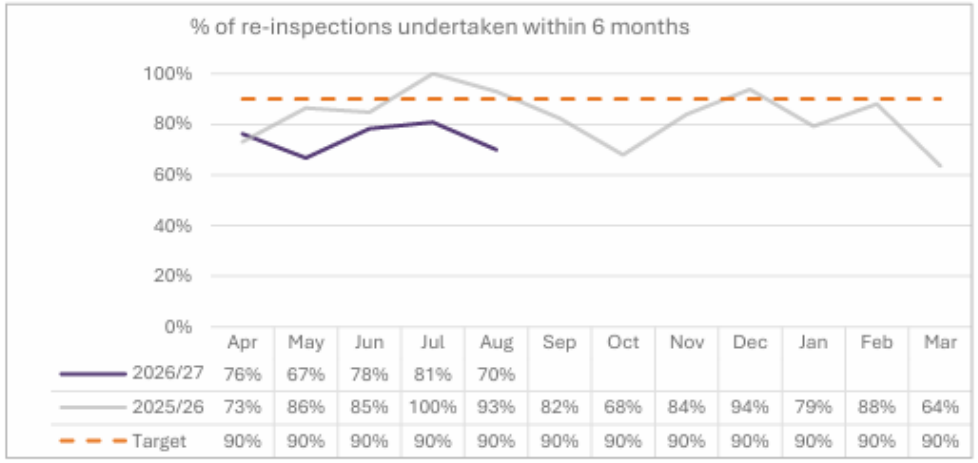
ID	KPI description	Target	Aug forecast	Aug 26	YTD
D-INSP	Number of completed pharmacy inspections	≥ 2,000 by 31st March '27	840	750	-
INSP1	Time taken from inspection to finalisation of report	≤ 20 working days (average)	-	17	17
INSP2	Time taken to serve enforcement notices	≤ 7 working days (average)	-	4	5





	FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Time taken to serve enforcement notices	2026/27	3	6	#N/A	#N/A	4							
	2025/26	6	#N/A	#N/A	3	5	16	4	4	#N/A	4	3	6

ID	KPI description	Target	Aug forecast	Aug 26	YTD
INSP3	% of re-inspections undertaken within 6 months	≥ 90%	-	70%	76%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2026/27	76%	67%	78%	81%	70%							
2025/26	73%	86%	85%	100%	93%	82%	68%	84%	94%	79%	88%	64%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Delivery Plan: targeted improvement activity (Position at end of August 2026)

This annex provides a high-level overview of progress across targeted improvement activity supporting delivery of the Strategic Plan. Commentary is provided only where delivery is rated Amber, where the RAG status has changed since the previous reporting period, or where activity is transitioning from development into delivery. All other projects and programmes remain on track with no material change to report.

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

Strategic Aim 1 - -Active Projects and Programmes

Project/Programme	Overall RAG July	Overall RAG August	Direction of travel	Commentary /exception or comment
New superintendent and responsible pharmacist standards and rules	G	**G**	←→	
Initial education and training standards for pharmacy technicians review project	G	**G**	←→	
Review of education and training standards for Internationally Qualified Pharmacists	G	**G**	←→	
Pharmacist registration assessment	A	**A**	←→	Three workstreams have experienced slippage and staffing capacity remains a delivery risk. A contingency plan is being developed to support delivery against revised timescales.
Changes to revalidation framework project	A	**A**	←→	Phase 2 activity was delayed pending wider organisational decisions. Revised timelines and next steps have now been agreed and implementation planning is underway.
Fitness to Parctise improvement programme -	G	**A**	↓	Several workstream activities have experienced delays, resulting in the programme moving to Amber. The delays are not currently expected to have a significant impact on overall delivery.

SA1 -Development Activity -

- **Review of Standards for Registered Pharmacies and Pharmacy Professionals** – Project due to start in December 2026
- **Review Approach to Delivering our Statutory Education and Training Functions** – Initial consultancy activity underway.
- **Education CRM** - Approved by Executive on 1 September; project now moves into delivery.

Strategic Aim 2 Active Projects and Programmes

Project/Programme	Overall RAG July	Overall RAG August	Direction of travel	Commentary /exception or comment
Closing the awarding gaps in pharmacy	-	**A**	-	Accreditation assessment and desk-based review activity is behind the original schedule. Recruitment of a data analyst has strengthened capacity and work is progressing against revised plans.

Strategic Aim 3 - -Active Projects and Programmes

Project/Programme	Overall RAG July	Overall RAG August	Direction of travel	Commentary
Data and reporting programme/ Data lake development	A	**A**	←→	Consultancy support is now in place and programme timelines are being reviewed. Delivery of Power BI reporting for inspections remains on track, with development for FtP reporting scheduled as the next phase.
Technology roadmap - workforce experience & IT services programme	A	**G**	↑	The programme has returned to Green following agreement of the consultancy contract. Delivery of the laptop replacement programme remains on schedule.
MyGPhC and CRM fee increase changes	G	**G**	←→	
Fees Strategy project	G	**G**	←→	
MyGPhC for pharmacy phase 1	G	**G**	←→	

SA2 -Development Activity -

- **myGPhC for pharmacy phase 2** – Approved by Executive on 1 September 2026 and has now transitioned into delivery.

General Pharmaceutical Council

Rules and standards for Responsible Pharmacists, standards for Superintendent Pharmacists and variations to the standards for registered pharmacies and standards for pharmacy professionals

Meeting paper for Council on 15 October 2026

Public business

Purpose

To agree the Rules and standards for Responsible Pharmacists, standards for Superintendent Pharmacists and variations to the standards for registered pharmacies and standards for pharmacy professionals.

Recommendations

The Council is asked to **AGREE** the**:**

- Rules for Responsible Pharmacists (Appendix 1)
- standards for Responsible Pharmacists (Appendix 2)
- standards for Superintendent Pharmacists (Appendix 3)
- variations to the standards for registered pharmacies (Appendix 4)
- variations to the standards for pharmacy professionals (Appendix 5)

Introduction

1.1 In **July** 2026, we published the outcome of the consultation on new rules and standards for Responsible Pharmacists and the standards for Superintendent Pharmacists. The consultation also sought views on variations to the existing standards for registered pharmacies and pharmacy professionals that were identified during the development of the new standards.

1.2 The development of rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists are 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.

1.3 **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.

1.4 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.

1.5 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.

1.6 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]

1.7 The phased commencement of the supervision changes is to allow time for us to develop and publish our new rules and standards, and the professional leadership bodies to develop and publish guidance documents to support safe and consistent implementation.

1.8 A full formal public consultation on the new rules and standards was undertaken from 17 December 2025 to 25 March 2026. The consultation analysis was considered by Council in July and can be found **here** (page 145). There was consensus agreement for the majority of the consultation proposals. However, in some areas, despite overall support, there were some strongly opposing views, as well as requests for further clarification. Council agreed that these issues required further consideration and targeted stakeholder engagement before the rules and standards could be finalised.

1.9 This work has been undertaken, and the rules and standards detailed in Appendix 1-5 are now being presented to Council for approval and publication in advance of the second phase of supervision changes coming into force on 10 December 2026.

2. Rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists

2.1 Since July we have carried out further targeted engagement with relevant stakeholders to support the finalisation of the rules and standards.

2.2 The key issues raised through consultation feedback that required further consideration and clarification prior to finalising the rules and standards were:

Minimum requirements to become a Superintendent Pharmacist

2.3 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.

2.4 During the consultation 57% of respondents supported the introduction of setting additional minimum requirements in the standards to become a Superintendent Pharmacist, with respondents suggesting a range of requirements 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 post-registration professional development requirements.

2.5 We have further engaged with stakeholders on this issue and while it is clear that there is support for introducing additional minimum requirements to become a Superintendent Pharmacist, there is no consensus on what these requirements should be. It is also recognised that various organisations, including professional leadership bodies, representative organisations and post-registration education and training providers, could have an important role to play in any such requirements. While there may be benefits in introducing additional minimum post-registration requirements to becoming a Superintendent Pharmacist, there are also risks if there is not careful consideration of the implications, including any potential unintended consequences, of these requirements. Further work and discussions are needed with stakeholders from across the pharmacy sector to explore the proposals in more detail. There is insufficient time to do this before 10 December 2026 when the second stage of **The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025** comes into effect and the standards for Superintendent Pharmacists need to be published. Therefore, we will be returning to this topic after the publication of the standards.

2.6 Although we are not proposing to introduce additional post-registration requirements for pharmacists to become a Superintendent Pharmacist in the standards at this time, it is important to note that Superintendent Pharmacists have a professional obligation to ensure they have the necessary skills, competence and experience for the role and are required to demonstrate and maintain their competence through their annual revalidation which provides a robust ongoing framework for assuring competence.

Immediate appointment of a Superintendent Pharmacist

2.7 Retail pharmacy businesses 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. During the consultation 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.

2.8 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 proposals. Consultation feedback highlighted the need for greater clarity

about the expectations, with concerns expressed about how an 'immediate' appointment should be applied in practice.

2.9 Succession and contingency planning are key elements for effective governance and business continuity. Appropriate arrangements must be in place to maintain compliance with the legal requirements of operating a retail pharmacy business and to support safe and effective delivery of pharmacy services. However, we recognise that it can be operationally challenging to respond to unexpected absences or vacancies, particularly in smaller organisations.

2.10 Stakeholders have raised concerns about the practicalities of appointing a new Superintendent Pharmacist 'immediately' if the existing Superintendent Pharmacist leaves their role or is unable to perform their legal and professional responsibilities. Having considered these practicalities, we propose to replace the term 'immediately' with '28 days' as being a reasonable and proportionate timeframe for appointing a new Superintendent Pharmacist. For clarity, we also propose to define an 'extended absence' as an absence of 28 days or more.

2.11 We are also proposing to carry out further work with stakeholders to explore how succession and contingency planning can be embedded within organisational business planning so that key leadership roles can be filled without impacting patient safety and the lawful operation of a pharmacy business

The Responsible Pharmacists two-hour absence rule

2.12 The Medicines Act requires that every registered pharmacy has a Responsible Pharmacist in charge to secure the safe and effective running of the retail pharmacy business at or from that premises. The Responsible Pharmacist is required to be present in the pharmacy, other than in accordance with the absence provisions set out in supporting regulations. We consulted on retaining the current rule that enables a Responsible Pharmacist to be absent from the pharmacy for up to two hours. 74% of consultation respondents agreed with this proposal, saying that it provided a clear and consistent expectation for Responsible Pharmacists, balancing patient safety with operational flexibility and ensures there is appropriate professional oversight when the pharmacy is undertaking registerable activity. Many respondents, including patients and the public, felt that patients should have access to a pharmacist for clinical advice when needed and maintaining the two-hour rule supports public confidence that appropriate oversight remains available. However, some respondents expressed strong opposition to retaining the two-hour absence rule, which we felt was important to explore further.

2.13 Several important points were raised during the targeted stakeholder engagement regarding the rigidity of the current absence rule and the need to take account of changing ways of working and technological developments. Stakeholders also made a range of suggestions about what could replace the two-hour absence rule to enable a more risk-based flexible approach. However, there was not a clear consensus view on alternative proposals to the current rule, and any alternative option(s) will need to be appropriately considered and fully consulted on to ensure patient safety and maintain public confidence in pharmacy. There is not sufficient time to do this before the second stage of **The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025** comes into effect and the new rules and standards for Responsible Pharmacists need to be

published. Therefore, given the overall support from consultation respondents, we are proposing to retain the current two-hour absence rule at this time.

2.14 However, we have taken account of consultation feedback about emergency situations or exceptional circumstances that may result in the Responsible Pharmacist being absent from a pharmacy for more than two hours and the impact this may have on patients accessing medicines they urgently require. We have made an amendment to the standards for Responsible Pharmacists to clarify our expectations around the use of professional judgement in these circumstances to maintain patient care.

2.15 We also recognise the value in exploring with stakeholders across the pharmacy sector whether alternative approaches to the current two-hour absence rule could provide a proportionate and effective framework. This will be considered as part of future work after the publication of the new rules and standards for Responsible Pharmacists.

Clarity of roles and responsibilities

2.16 There were requests in the consultation feedback for further clarity between 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

2.17 The standards have been reviewed and amendments made in response to the feedback received to make sure that the respective responsibilities are clear throughout and fully align with legislative requirements.

2.18 We had proposed to include a standard around the pharmacy environment and premises within the standards for Superintendent Pharmacists;

Standard 5: Make sure the pharmacy environment and premises safeguard the health, safety and wellbeing of patients and the public.

However, taking account of consultation feedback, and recent engagement activity and early planning for reviewing the standards for registered pharmacies, we are proposing not to include this standard in the standards of Superintendent Pharmacists. We want to ensure that the two sets of standards have clear and complementary purposes, avoiding duplication and making sure that requirements sit within the framework best placed to address them. The existing standards for registered pharmacies already contain requirements in respect of the pharmacy premises, the environment, and the services delivered from them and the forthcoming review of these standards will consider any further requirements in respect of this. We therefore consider that these areas would continue to be more appropriately addressed within the standards for registered pharmacies than within the standards for Superintendent Pharmacists.

2.19 Following the additional stakeholder engagement, the following areas have been identified to be taken forward as part of a future work programme:

- **Additional criteria to become a Superintendent Pharmacist:** this work will explore possible criteria that could provide a reliable indicator of competence when becoming or appointing a Superintendent Pharmacist.
- **Succession and contingency planning:** this work will explore how succession and contingency planning can be embedded within organisational business planning so

that key leadership roles can be filled without impacting patient safety and the lawful operation of a pharmacy business.

- **Responsible Pharmacist absence**: work will explore alternatives to the current two-hour absence rule and whether they could be effectively monitored and enforced.

2.20 Taking these areas forward separately will allow the GPhC to work across the pharmacy sector to undertake the necessary research, evidence gathering and stakeholder engagement to further progress these important issues without delaying publication of the new rules and standards.

3. Variations to the standards for registered pharmacies and pharmacy professionals

Standards for registered pharmacies

3.1 During the development of the standards for Superintendent Pharmacists, we identified two areas within the standards for registered pharmacies that require updating ahead of the full review of these standards planned for 2027. These changes are intended to provide greater clarity and support patient safety:

- The current standards refer specifically to medicines and medical devices. This limits our ability to take regulatory action where poor practice relates to other services provided by pharmacies, or to unregulated products supplied through pharmacies. We therefore proposed extending Principle 4 of the standards for registered pharmacies to include "any other product intended for supply or administration."
- While the standards for pharmacy professionals address consent, the current standards for registered pharmacies do not. As pharmacies increasingly provide clinical services, including examinations, diagnosis, and hands-on treatments, it is important that the standards include a specific requirement relating to obtaining and managing consent.

3.2 Given that a substantial majority of consultation respondents supported both proposals, we propose incorporating these variations into the standards for registered pharmacies as detailed in Appendix 4.

3.3 We will commence a full review of the standards for registered pharmacies next year, where we will consider the other feedback received through the consultation.

Standards for pharmacy professionals

3.4 To take account of the forthcoming legislation on supervision and authorisation, we consulted on an annex to the existing standards for pharmacy professionals to set out what is expected of pharmacists and pharmacy technicians if a pharmacy decides to use authorisation.

3.5 As the majority of respondents agreed with our proposal, we propose including an annex to the standards for pharmacy professionals. This can be found in Appendix 5 for Council's agreements.

3.6 We will commence a full review of the standards for pharmacy professionals next year, where we will consider the other feedback received through the consultation.

4. Next steps

4.1 Subject to Council approval, we plan to publish the rules and standards before 10 December 2026.

4.2 The rules will need to be laid before Parliament, and we are working with DHSC colleagues on the timetable for this.

4.3 We will continue to work closely with the Royal College of Pharmacy and APTUK to make sure that the supporting guidance they are producing is aligned with our regulatory rules and standards.

4.4 Once the rules and standards have been approved and published, we will take forward the three areas identified for future work as set out in section 2.19.

5. Equality and Diversity Implications

5.1 An Equality Screening and Impact Assessment (ESIA) covering the new rules and standards for Responsible Pharmacists, and the new standards for Superintendent Pharmacists has been updated to consider our recent engagement work. This is included in the supporting paper pack and will be published on the GPhC website.

6. Communications

6.1 We plan to publish the rules and standards before 10 December 2026, subject to Council approval.

6.2 We will share the new rules and standards and the variations to the existing standards with pharmacists and pharmacy technicians and all other key audiences through targeted emails, Regulate (our regular e-bulletin), the pharmacy trade press, presentations and events, social media and through other networks.

7. Resource implications

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

8. Risk implications

8.1 There is a risk that the rules and standards may not fully meet stakeholder expectations. While we have undertaken further engagement, particularly in areas where consultation responses revealed divergent views, including minimum requirements for Superintendent Pharmacists, the two-hour absence rule, and accountability arrangements, some stakeholders may remain dissatisfied with the final proposals. This could affect stakeholder confidence and hinder the consistent implementation of the standards. To mitigate this risk, we will continue to explore these areas through a future programme of work and consider whether further policy development is required.

8.2 If the rules and standards are not agreed, implementation of the supervision legislation could be delayed. This would postpone intended improvements to governance arrangements, clarity of accountability, and support for the safe and effective delivery of pharmacy services.

9. Monitoring and review

9.1 The implementation of the new rule and standards will be monitored through stakeholder feedback and inspection findings, fitness to practise data and other relevant sources of data and intelligence. Regular updates and any further actions taken in response to implementation considerations will be provided to the Executive, Council, and published on our website.

9.2 The standards for Superintendent Pharmacists, and those for Responsible Pharmacists will be reviewed on the normal review cycle of 3 – 5 years, or sooner where required in response to the future work outlined in section 2.19.

10. Recommendations

The Council is asked to **AGREE** the**:**

- Rules for Responsible Pharmacists (Appendix 1)
- standards for Responsible Pharmacists (Appendix 2)
- standards for Superintendent Pharmacists (Appendix 3)
- variations to the standards for registered pharmacies (Appendix 4)
- variations to the standards for pharmacy professionals (Appendix 5)

Annette Ashley, Head of Policy and Standards

Tejal Davda, Senior Policy Manager

Lynsey Cleland, Chief Standards Officer and Deputy Registrar

05/10/2026

General Pharmaceutical Council

Appendix 4:

Variations to the standards for registered pharmacies

Extracts from the standards for registered pharmacies

Current text is plain; amendments are underlined and in red.

Principle 1:

The governance arrangements safeguard the health, safety and wellbeing of patients and the public.

Governance arrangements' includes having clear definitions of the roles and accountabilities of the people involved in providing and managing pharmacy services. It also includes the arrangements for managing risks, and the way the registered pharmacy is managed and operated.

Standards

1.1 The risks associated with providing pharmacy services are identified and managed

1.2 The safety and quality of pharmacy services are reviewed and monitored

1.3 Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability

1.4 Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate

1.5 Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided

1.6 All necessary records for the safe provision of pharmacy services are kept and maintained

1.7 Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services

1.8 Children and vulnerable adults are safeguarded

1.9 Care, treatment and pharmacy services are only provided with the consent of the relevant person

Principle 4:

The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public.

'Pharmacy services' covers all pharmacy-related services provided by a registered pharmacy including the management of medicines, advice and referral, and the wide range of clinical services pharmacies provide. The management of medicines includes arrangements for obtaining, keeping, handling, using and supplying medicinal products and medical devices, as well as security and waste management. Medicines and medical devices are not ordinary commercial items. The way they are managed is fundamental to ensuring the health, safety and wellbeing of patients and the public who receive pharmacy services.

Standards

4.1 The pharmacy services provided are accessible to patients and the public

4.2 Pharmacy services are managed and delivered safely and effectively

4.3 Medicines, medical devices and any other product intended for supply or administration are:

- obtained from a reputable source
- safe and fit for purpose
- stored securely
- safeguarded from unauthorised access
- supplied to the patient safely
- disposed of safely and securely

4.4 Concerns are raised when it is suspected that medicines, medical devices or any other products intended for supply or administration are not fit for purpose.

Principles 2, 3 and 5

<No change>

Appendix 1 The Medicines (Pharmacies) (Responsible Pharmacist) Rules 2026

Preamble

Made: [Date]

Laid before Parliament: [Date]

Coming into force: [Date]

At the Council Chamber, Whitehall on the [Date]

By the Lords of His Majesty's Most Honourable Privy Council

The General Pharmaceutical Council has made the Medicines (Pharmacies) (Responsible Pharmacists) Rules 2026, which are set out in the Schedule to this Order, in exercise of the powers conferred by sections 72A(6) – (7A) and 84A(1) of the Medicines Act 1968.

In accordance with section 84A(4) of that Act, the General Pharmaceutical Council published draft rules and invited representations to be made to it about the draft by the Secretary of State, the Scottish Ministers, the Welsh Minister and such other persons appearing to it appropriate to consult about the draft.

By virtue of section 84A(5) of that Act, such rules cannot come into force until approved by order of the Privy Council.

The Privy Council, having taken these Rules into consideration, are pleased and do approve them.

1. Citation and commencement

1. These Rules may be cited as the Medicines (Pharmacies) (Responsible Pharmacist) Rules 2026 and come into force on [date].

2. Interpretation

2. In these Rules —

“inspector” means an inspector appointed by the General Pharmaceutical Council under article 8 (1) of the Order;

“the Act” means the Medicines Act 1968;

"the Order" means the Pharmacy Order 2010/231;

*"*authorising pharmacist” means a “registered pharmacist” as defined in article 3 (1) of the Order but does not include a Superintendent Pharmacist unless the Superintendent Pharmacist is also performing the role of the Responsible Pharmacist;

“pharmacist" means a *"registered pharmacist"* as defined in article 3(1) of the Order;

“pharmacy staff” means any pharmacist, pharmacy technician, or any other person who is working at or from the premises in question in a role connected to the retail pharmacy business;

"pharmacy technician" means a *"registered pharmacy technician"* as defined in article 3(1) of the Order;

“premises” means the premises at or from which the retail pharmacy business is carried on;

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“responsible pharmacist” means a “registered pharmacist” as defined in article 3 (1) of the Order performing the duties described in sections 70, 71, 72 and 72A(1) of the Act.

“retail pharmacy business” means the business in respect of which the responsible pharmacist has a duty under section 72A(1) of the Act;

3. Absence of the responsible pharmacist

(1) The maximum period for which the responsible pharmacist may be absent from the premises is two hours during the pharmacy’s business hours.

(2) If there is more than one responsible pharmacist during the pharmacy’s business hours, the maximum period in paragraph (1) relates to the combined total period of absence for all of them.

(3) The responsible pharmacist must not be absent from the premises unless the arrangements in paragraph (4) or (5) have been put in place.

(4) Where it is reasonably practicable for the responsible pharmacist to be contactable throughout the period of absence, arrangements must ensure that the responsible pharmacist can —

(a) be contacted by other pharmacy staff throughout the period of absence; and

(b) return to the premises with reasonable promptness if, in the opinion of the responsible pharmacist, this is necessary to secure the safe and effective running of the pharmacy business.

(5) For any period of absence where it is not reasonably practicable to put in place the arrangements specified in paragraph (4), arrangements must ensure that another pharmacist is both available and contactable to provide advice to pharmacy staff.

(6) The retail sale of medicinal products on a general sale list at or from the premises may continue during the period of absence of the responsible pharmacist.

(7) In this rule —

“business hours” means the period during which the pharmacy business is operational on any day;

“day” means the 24-hour period beginning and ending at midnight;

"operational" means that one or more members of staff are undertaking at the premises substantive activities forming part of the carrying on of a retail pharmacy business at or from those premises whether or not the premises are open to the public.

4. The Pharmacy Record

(1) The particulars which must be included in the pharmacy record are—

(a) the responsible pharmacist’s name;

(b) any number associated with the responsible pharmacist’s registration in the register maintained under article 19 of the Pharmacy Order 2010;

(c) the date and time at which the responsible pharmacist became the responsible pharmacist;

(d) the date and time at which the responsible pharmacist ceased to be the responsible pharmacist; and

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(e) in relation to any absence of the responsible pharmacist from the premises on a day on which they were the responsible pharmacist —

(i) the date of the absence;

(ii) the time at which the absence commenced; and

(iii) the time at which the absence ended.

(2) The pharmacy record must be kept—

(a) in writing;

(b) in electronic form; or

(c) in both forms.

(3) The pharmacy record must be available at the premises for inspection by—

(a) the person carrying on the pharmacy business;

(b) the superintendent pharmacist, if any;

(c) the responsible pharmacist;

(d) pharmacy staff; or

(e) an inspector.

(4) The person carrying on the pharmacy business must secure that the pharmacy record is preserved for a period of not less than five years commencing on—

(a) in the case of a record in electronic form, the day on which it is created;

(b) in the case of a written record, the last day to which the record relates.

(5) In this rule –

"inspector" means an inspector as defined at article 3(1) of the 2010;

5. Authorisations

(1) A responsible pharmacist must take such steps as are necessary to ensure they are aware of any authorisations:

(a) given to a pharmacy technician which are in force for the duration of the period they hold the role of responsible pharmacist at the premises;

(b) given to any other member of pharmacy staff in relation to the sale or supply of medicinal products dispensed by or under the supervision of a pharmacist who is absent or treated as absent

(2) Where the responsible pharmacist forms the view, with due regard to patient safety, that any authorisation given to a pharmacy technician may adversely impact the safe and effective running of the retail pharmacy business, they may vary or withdraw such authorisation.

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(3) Where the responsible pharmacist forms the view, with due regard to patient safety, that any authorisation given to a member of pharmacy staff in relation to the sale or supply of medicinal products dispensed by or under the supervision of a pharmacist who is absent or treated as absent may adversely impact the safe and effective running of the retail pharmacy business, they may vary or withdraw such authorisation.

(4) Where the responsible pharmacist varies or withdraws an authorisation they must:

> (a) in relation to an authorisation given to a pharmacy technician, inform the pharmacy technician of that as soon as reasonably practicable;
>
> (b) in relation to the sale or supply of medicinal products dispensed by or under the supervision of a pharmacist who is absent or treated as absent, inform the member of pharmacy staff of that as soon as reasonably practicable.

(5) In this rule –

"authorisation" means an authorisation given under sections 10(1A)(b) and 10A of the Act to a pharmacy technician, or an authorisation given under regulation 220B(1)(b) of the Human Medicines Regulations 2012.

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Explanatory Note

These Rules make provision about the duties of responsible pharmacists who are required, by virtue of section 72A of the Medicines Act 1968 (the Act), to secure the safe and effective running of a pharmacy business at the premises from which it is carried on.

Rule 3(1) and (2) specifies the maximum permitted period that a responsible pharmacist may be absent from the premises during the pharmacy's business hours. Rule 3(3) provides that certain arrangements must be made in the event of the responsible pharmacist's absence. Rule 3(4) provides that where it is reasonably practicable for the responsible pharmacist to be contactable throughout the period of absence, arrangements must cover both being contactable during the period of absence and return to the premises with reasonable promptness if necessary. Rule 3(5) then provides that arrangements must cover another pharmacist being available and contactable if it is not practicable to make arrangements under rule 3(4). Rule 3(6) provides expressly that the retail sale of medicinal products on a general sale list may continue from the premises during the period of absence.

Rule 4 specifies the record which the responsible pharmacist must make and keep, which persons must be allowed to inspect the record and the period for which the person carrying on the pharmacy business must keep the record.

Rule 5 sets out the duty of a responsible pharmacist to make themselves aware of any authorisations given to pharmacy technicians under section 10(1A)(b) and 10A of the Act or pharmacy staff under regulation 220B(1)(b) of the Human Medicines Regulations 2012. Where the responsible pharmacist considers an authorisation may adversely impact the safe and effective running of the pharmacy business they may vary or withdraw such authorisation and where they do so they must communicate that to the pharmacy technician and pharmacy staff.

An impact assessment has not been produced for this instrument as only a negligible impact on the private or voluntary sectors is foreseen.

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General Pharmaceutical Council

Appendix 2 - Standards for Responsible Pharmacists

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About us

The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and registered 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 pharmacists, pharmacy technicians and pharmacies to enter and remain on our register.

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

Introduction

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022

When we use the terms 'pharmacists' and 'pharmacy technicians' in these standards we mean pharmacists and pharmacy technicians registered with the GPhC.

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022 has given the GPhC the power to make rules and set standards that describe the role and professional responsibilities of Responsible Pharmacists, as well as the conduct, ethics and performance expected of them.

These standards – and the accompanying rules, **The Medicines (Pharmacies) (Responsible Pharmacist) Rules 2026** which were developed alongside these standards – apply in England, Scotland and Wales. The Pharmaceutical Society of Northern Ireland are responsible for producing the standards and regulations for Responsible Pharmacists in Northern Ireland.

One of the aims of these standards is to clarify the relationship between pharmacy owners, Superintendent Pharmacists and Responsible Pharmacists, making clear the accountability of each role. In turn, this will strengthen pharmacy governance to support better use of the skill mix in pharmacy teams. This will allow teams to deliver more clinical services and direct patient care in the community, as well as supporting wider Health and Social Care services and delivering safe and effective care to patients and the public.

Developing these Responsible Pharmacist standards is part of a programme of work to strengthen pharmacy governance. The programme also covers the production of rules for Responsible Pharmacists, professional standards for Chief Pharmacists, and professional standards for Superintendent Pharmacists.

The role of Responsible Pharmacists

The Medicines Act 1968 was amended in 2009, and the **Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008** came into force on 1 October 2009. This introduced the role of the Responsible Pharmacist in connection with the lawful running of a retail pharmacy business.

Every registered pharmacy must have a Responsible Pharmacist present in the pharmacy. This is a legal requirement – a pharmacy must not operate without a Responsible Pharmacist being signed into the pharmacy record and in charge. The introduction of the **Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022** does not change that requirement.

Criteria

The owner of a retail pharmacy business must appoint a Responsible Pharmacist, who is a registered pharmacist, to be in charge of the registered pharmacy premises. The Responsible Pharmacist is responsible for the registered pharmacy premises when it is operational, for the duration of the period when their details are entered in the pharmacy record as being the Responsible Pharmacist.

A pharmacist must only assume responsibility for a registered pharmacy, and enter their details in the pharmacy record as being the Responsible Pharmacist, if they are satisfied they can fully comply with all the professional and legal requirements in respect of this role.

There are legal requirements which the Responsible Pharmacist must comply with, which include:

- being responsible and accountable for securing the safe and effective operation of the pharmacy business carried on at or from the premises in question, so far as concerns the retail sale and supply of medicinal products at or from those pharmacy premises, and the assembly, preparation or dispensing with a view to retail sale or supply
- **displaying a notice** that gives the name of the Responsible Pharmacist on duty, their GPhC registration number and states the fact that they are currently in charge of the pharmacy business carried on at or from those premises
- making and keeping records on the day-to-day running of the pharmacy
- only being responsible for one pharmacy premises at a time
- only being absent from the pharmacy premises for a maximum of 2 hours during the pharmacy's business hours. If there is more than one Responsible Pharmacist during a business day, the total time when any of them is absent must not be more than two hours in a 24-hour period beginning and ending at midnight.
- if reasonably practicable, the Responsible Pharmacist must be contactable by other pharmacy staff while they are absent. The Responsible Pharmacist must also be able to return to the pharmacy premises with reasonable promptness, if they consider this is necessary to secure the safe and effective running of the pharmacy business at or from those premises. If this is not possible, arrangements must be made to make sure that another pharmacist is available and contactable to give advice.

The Responsible Pharmacist must have organisational oversight of, and be responsible for the day-to-day management of, an individual pharmacy premises. This includes making sure that all pharmacy related services are delivered so that the health, safety, and wellbeing of patients and the public are safeguarded. Services include:

- the management and supply of medicines and medical devices
- other products intended for supply or administration; and
- the provision of any clinical advice and/or services.

A Responsible Pharmacist cannot perform their role in any location other than the pharmacy premises where their details are entered into the pharmacy record.

Keeping records

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022 removes responsibility from Responsible Pharmacists to establish, maintain and keep under review standard operating procedures (SOPs). This is now the responsibility of Superintendent Pharmacists.

The duty for Responsible Pharmacists to make certain records is also removed. However, there are some records which Responsible Pharmacists must ensure are kept and are contemporaneous and accurate. These records relate to the day-to-day running of the pharmacy premises, examples of which include:

- the Responsible Pharmacist record
- records of interventions and consultations
- controlled drugs records
- records of authorisations put in place, varied, or withdrawn

This reflects the central role of the Responsible Pharmacist in maintaining legal compliance and managing risk while their details are entered in the pharmacy record as the Responsible Pharmacist in charge of a pharmacy premises. These must then be shared with the Superintendent Pharmacist if there is one, or alternatively the pharmacy owner. It is the responsibility of the Superintendent Pharmacist to check these records and store them securely and for a prescribed period, and to make sure that any necessary follow-up action is taken.

It is the responsibility of the Superintendent Pharmacist and Pharmacy Owner (the responsibilities of the pharmacy owner are set out in our Standards for registered pharmacies), to make sure that all records are properly maintained and are kept for a prescribed period.

Absence

The Responsible Pharmacists can be absent from the pharmacy premises for a maximum of 2 hours during the pharmacy's business hours. If there is more than one Responsible Pharmacist during a business day, the total time when any of them is absent must not be more than two hours in a 24-hour period beginning and ending at midnight.

A pharmacist is treated as being absent from premises that are a registered pharmacy if they are at the pharmacy, but:

- not available to intervene in the transaction in question, or
- not in a position to intervene in the transaction in question

For example, they may be in a consultation room with a patient.

'Business hours' is defined in The Medicines (Pharmacies) (Responsible Pharmacist) Rules 2026 as the period during which the pharmacy business is operational on any day. "Operational" is also defined in The Medicines (Pharmacies) (Responsible Pharmacist) Rules as any time when one or more members of

staff are undertaking substantive activities forming part of the carrying on of a retail pharmacy business at or from those premises (whether or not the premises are open to the public). Substantive activities forming part of the carrying on of a retail pharmacy business are those set out in section 10 and section 72A of the Medicines Act 1968 and include:

- the preparation of medicinal products
- the assembly of medicinal products
- preparing a stock of medicinal products
- the dispensing of medicinal products
- the sale or supply of medicinal products (including those on the general sales list) at or from the pharmacy premises
- offering or exposing medicinal products for sale or supply at or from the pharmacy premises.

The only exceptions to the 2-hour absence provision is in an emergency situation where delays to the Responsible Pharmacist returning after 2 hours are unforeseen and unavoidable, and patient care could be compromised. In this situation, the Responsible Pharmacist must use their professional judgement to determine the best course of action. On returning to the pharmacy premises, the Responsible Pharmacist must provide a written record of events, including an explanation of why they were absent for more than two hours and the time at which their absence ended. This record must then be made available to the GPhC as soon after the event as reasonably practicable.

Whilst the law permits the Responsible Pharmacist in charge of a pharmacy premises to be absent for a maximum of 2 hours during business hours, the Responsible Pharmacist's legal duty to secure the safe and effective running of the retail pharmacy business at those premises when the activities listed in section 10 and section 72A of the Medicines 1968 are being performed, continues during their absence from the pharmacy premises. Responsible Pharmacists must therefore satisfy themselves and be able to demonstrate how they continue to meet their legal duties when they are not physically present at the pharmacy premises. Responsible Pharmacists must consider and determine whether they can be contactable by pharmacy staff throughout their absence and able to return to the pharmacy premises promptly if necessary to secure the safe and effective running of the pharmacy premises, before they leave the premises during business hours.

What to consider before taking on the role of the Responsible Pharmacist

Responsible pharmacists must consider the context in which the pharmacy premises operates and the needs of the pharmacy premises they are responsible for meeting, which include (but is not limited to):

- how the pharmacy services are delivered – that is, in a traditional in-person way, at a distance, on the internet and so on
- the range of services provided, including those provided by a third party, agent or contractor
- the skill mix, knowledge and experience of staff in the pharmacy team, as well as the number of staff in the team
- understanding the needs of patients and people who use their pharmacy services.

Before taking on the role of Responsible Pharmacist, the pharmacist must:

- recognise and understand the extra professional and legal responsibilities they will have

- make sure they can fully comply with the professional and legal responsibilities of a Responsible Pharmacist, and
- satisfy themselves that they have the appropriate competencies and experience to safely and effectively fulfil the duties of the Responsible Pharmacist before taking on the role.

Authorisation and supervision

The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 makes changes to the **Medicines Act 1968** and the **Human Medicines Regulations 2012** that will be fully in force with effect from 10 December 2026 and which will:

- allow pharmacists to authorise (without directly supervising) registered pharmacy technicians to carry out, or supervise others in carrying out, the preparation, assembly, dispensing, sale and supply of medicines
- allow pharmacists to authorise any member of the pharmacy team to hand out checked and bagged prescription only medicines without a pharmacist being present
- allow pharmacy technicians working in hospital aseptic facilities to take the main responsibility for preparing, assembling and dispensing medicinal products that do not have a specials manufacturer's licence

This new legislation around supervision is intended to support more effective use of the skills of every member of the pharmacy team. The legislation is 'enabling' in its effects, not mandatory. The legal changes do not change the responsibility that each pharmacist and pharmacy technician has to use their professional judgement in deciding which activities to take responsibility for or delegate to others, or the professional responsibility to make sure that they work within their competence at all times.

The legal changes do not:

- allow 'remote' supervision, this means that a pharmacist cannot fulfil their responsibilities to supervise pharmacy staff whilst being at a different location to the pharmacy premises where their details are entered in the pharmacy record as the Responsible Pharmacist
- remove the need for pharmacists to carry out appropriate clinical checks linked to the dispensing process. Pharmacists must still carry out the clinical check on a prescription to make sure that it is appropriate for the patient.

Under section 10 of the **Medicines Act 1968**, pharmacists are entitled to carry out, or supervise the carrying out of, tasks of preparation, assembly and dispensing of medicinal products that do not have a manufacturing licence. This applies even if the product is altered in a way that means it is no longer supplied in line with the terms of its product licence, if it has one, as long as what is done is carried out in:

- a registered pharmacy
- a hospital
- a health centre, or
- a Scottish care home service

The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 amends the **Medicines Act 1968** to allow a pharmacist to authorise a pharmacy technician to either:

- carry out these tasks, or
- with the permission of the pharmacist, to supervise others to carry out these tasks.

Who can authorise

Authorisation can only be given by a registered pharmacist, and must take place in Great Britain in:

- a registered pharmacy
- a hospital
- a Scottish care home service, or
- a health centre

In giving an authorisation, a pharmacist must have due regard to patient safety.

Where a pharmacist authorises someone else, the pharmacist remains responsible and professionally accountable for tasks performed by another person under the terms of the authorisation. That is because it is not possible to delegate something to someone else and completely hand over accountability to the person who has been delegated.

If something goes wrong, the extent and degree of responsibility, accountability and liability of the authorising pharmacist and any other individuals, for example, a pharmacy technician and/or other members of the pharmacy team, involved in performing tasks under an authorisation, will depend on the facts and circumstances unique to each situation. Where there is an investigation into what happened and who is responsible, the courts and/or we will decide how to apportion accountability.

The authorising pharmacist role is distinct from the Responsible Pharmacist and Superintendent Pharmacist roles (but, in practice, all three roles could be fulfilled by one person in a retail pharmacy setting). If a pharmacy premises has a separate Responsible Pharmacist and a Superintendent Pharmacist, **only** the Responsible Pharmacist or an authorising pharmacist can authorise. This will provide clear lines of accountability and responsibility.

For the purposes of these Standards and The Medicines (Pharmacies) (Responsible Pharmacist) Rules 2026, an authorising pharmacist is defined as a pharmacist registered with the GPhC but does not include a Superintendent Pharmacist unless the Superintendent Pharmacist is also performing the role of the Responsible Pharmacist.

Using authorisation

The pharmacy's standard operating procedures must include instructions covering the ways any authorisation may be given, recorded, changed, or withdrawn.

Authorisation can be:

- general or specific, and contain conditions or restrictions
- given orally or in writing. Our expectation is that authorisation will be provided in writing, with oral authorisation being used only in an emergency. If oral authorisation is used, the authorising

pharmacist must make a full written record of the authorisation as soon as possible and in any event no later than by the end of the business day on which the authorisation is made

- changed or withdrawn by the pharmacist who gives the authorisation.

To show that an authorisation has been accepted, it must be signed by both the authorising pharmacist and the person being authorised.

Authorising Pharmacist

The authorising pharmacist must:

- write a full record of the authorisation on the day that the authorisation is made, in line with the instructions set out in their standard operating procedures
- make sure that the Responsible Pharmacist is informed of all authorisations as they are made, or as soon as reasonably practicable afterwards, and in any event no later than the end of the business day on which the authorisations are made
- submit written records of all authorisations they have made on that business day to the Responsible Pharmacist, and make sure these records are submitted on the same day the authorisations are made
- make sure authorisation is used appropriately. This includes making sure the pharmacy technician being authorised, or in the case of handing out checked and bagged prescription items, any member of pharmacy staff being authorised, is:
  - competent and has the appropriate education, training, skills and experience, that is, the task is within their scope of practice
  - willing to take on the task
  - clear about the responsibility and accountability they will be assuming
  - clear about the limits and extent of what is being authorised
  - at regular intervals as necessary, review authorisations they have given and exercise their professional judgment in deciding whether the authorisations should continue. A contemporaneous written record of the review, including the date and time the review took place, as well as the outcome (authorisation to continue, authorisation varied, or authorisation withdrawn) must be recorded and submitted to the Responsible Pharmacist on the same business day the review took place.

When providing any authorisation, a pharmacist must have proper regard to patient safety. If they do not:

- it may constitute misconduct for the purposes of impairing their fitness to practise, and
- we may open an investigation into concerns we receive about their fitness to practise
- we may also investigate the impact unsafe authorisations have upon the pharmacy premises' ability to run safely and effectively and meet our Standards for registered pharmacies.

Every authorisation by a pharmacist, including authorisations to supervise other staff members, must state that the authorised task can only be done at or from the registered pharmacy premises named in the authorisation.

A pharmacist can authorise a pharmacy technician to carry out a variety of tasks, including:

- preparing or dispensing medicinal products in line with prescriptions supplied after the authorisation is given
- procuring the preparation or dispensing of medicinal products in line with prescriptions supplied after the authorisation is given.

A pharmacist can also authorise a registered pharmacy technician to supervise someone else in:

- preparing or dispensing medicinal products in line with prescriptions supplied after the authorisation is given, or
- procuring the preparation or dispensing of medicinal products in line with prescriptions supplied after the authorisation is given.

A pharmacy technician must be authorised to supervise another member of staff to do something.

A pharmacist can authorise any suitably trained and competent member of the pharmacy team, not just pharmacy technicians, to hand out checked and bagged prescription items in the absence of a pharmacist or a pharmacist treated as absent.

Pharmacists must make sure that any member of the pharmacy team who is authorised to carry out or supervise a task has the appropriate knowledge and skills to do this. This responsibility also applies to locum pharmacists. When pharmacy staff are authorised to hand out checked and bagged prescription items, there must be procedures in place for if:

- a patient specifically asks for advice from a pharmacist, or
- a patient mentions or produces information that means they need to talk to a pharmacist.

The pharmacy's standard operating procedures and 'sale of medicines protocols' must include clear instructions on the conditions under which:

- a sale or supply should not go ahead, and
- there needs to be a discussion between the patient and the pharmacist.

Pharmacy technicians

The pharmacy technician must:

- make sure they have the appropriate education, training, skills and experience for the task(s) being authorised and are working within their scope of practice
- be willing to take on the task(s) being authorised
- be clear about the responsibility and accountability they will be assuming
- be clear about the limits and extent of what is being authorised, and work within this.

Pharmacy technicians can say 'no' to an authorisation for several reasons, including if:

- they think the task is outside their scope of practice, or
- they do not feel confident or safe in carrying out the task.

The role of the Responsible Pharmacist

The **Responsible Pharmacist** must:

- check that all authorisations made in the pharmacy, during the time they are signed in, are in line with the relevant standard operating procedures
- submit all checked authorisation records to the Superintendent Pharmacist if there is one, or the pharmacy owner, for them to store appropriately.

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.

If a Responsible Pharmacist varies or withdraws an authorisation given by another pharmacist, they must make a written record of their reason(s) and clearly set out the changes they have made. This record must be created contemporaneously on the business day the decision is made and include the time and date of the decision. The Responsible Pharmacist must inform the person or persons acting under the authorisation, e.g. the pharmacy technician and/or the entire pharmacy team, of their decision to vary or withdraw the authorisation as soon as reasonably practicable.

There is more **guidance from the Royal College of Pharmacy (RCPharm) on how to undertake authorisation**, which is available on their website.

Other points to consider when authorising

Controlled drugs

There are no changes with reference to the handling and dispensing of controlled drugs under the new provisions.

Aseptic facilities

The GPhC does not regulate aseptic facilities. Please see the RCPharm updated standards for the Quality Assurance of Aseptic Preparation which gives information on the supervision legislation which allows pharmacy technicians in hospital aseptic facilities to take the main responsibility for preparing, assembling and dispensing medicinal products that do not have a manufacturer's 'specials' licence.

Clinical trials

During clinical trials, hospital and health centre pharmacies and dispensaries can assemble medicinal products for investigation without needing a manufacturing licence. The new arrangements for authorisation by pharmacists – and supervision by pharmacy technicians – will apply, in a simplified way, to the assembly of these 'investigational' medicinal products.

Pharmacist who is absent or treated as absent

If a pharmacist is going to be absent, or treated as absent, and they have dispensed or supervised a checked prescription item(s) which is then ready for sale or supply at or from a registered pharmacy, the pharmacist can authorise any member of the pharmacy staff to make the final supply of that medicine

to or for a patient. The RCPharm has produced guidance on how to undertake authorisation and it is available on their website.

The standards for Responsible Pharmacists

The standards for Responsible Pharmacists set out their professional responsibilities, as well as the knowledge, conduct, ethics and performance required of a Responsible Pharmacist if they are to support the pharmacy, and its staff, in delivering safe and effective pharmacy services.

The Responsible Pharmacist is responsible for the safe and effective day-to-day running of the pharmacy business, when it is operating. Being operational means one or more members of staff are undertaking substantive activities forming part of the carrying on of a retail pharmacy business at or from those premises (whether or not the premises are open to the public), and includes preparation, assembly, dispensing and sale or supply of medicines, including those on the general sale list.

Responsible pharmacists must meet the following standards:

1. **Prioritise patient safety**
2. **Provide the leadership and management needed to ensure the safe and effective operation of the pharmacy premises**
3. **Make sure, if using authorisation, to authorise responsibly, have regard to patient safety, and make clear the lines of accountability**
4. **Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services**

The standards are designed to be 'outcome focused'. This is to acknowledge the different circumstances of individual registered pharmacy premises. We have provided examples of how the standards can be met in practice, but we accept that there may be multiple ways of achieving each outcome. We want to give Responsible Pharmacists the flexibility to exercise their professional judgement in the interests of patients and the public. Responsible Pharmacists must decide how to meet these standards and their other legal and professional responsibilities, while taking account of the requirements of the pharmacy premises they are responsible for.

The standards are also a statement of what patients and those working with Responsible Pharmacists can expect of them. They are essential in making sure that patients and the public receive safe and effective care.

Applying the standards

The standards for Responsible Pharmacists are all equally important and must be met during the times when the registered pharmacist is signed into the pharmacy record as the Responsible Pharmacist.

Responsible Pharmacists are directly accountable for meeting the standards set out in this document and must be able to justify their conduct and the decisions they make. However, they also share responsibility with the pharmacy owner and Superintendent Pharmacist for ensuring:

- the safe and effective running of the pharmacy premises, and
- safe provision of pharmacy services at or from the pharmacy premises.

It is therefore vital that pharmacy owners, Superintendent Pharmacists and pharmacy staff are familiar with these standards and that they work together to support the Responsible Pharmacist in performing their role(s) and responsibilities. This is to ensure patients and the public are kept safe when using pharmacy services.

Alongside these standards, Responsible Pharmacists must also comply with their legal responsibilities, and with the GPhC's **Standards for Pharmacy Professionals** and other relevant standards.

Responsible Pharmacists should also be familiar with:

- any supporting guidance published on our website, and
- guidance produced by other relevant regulatory bodies or pharmacy organisations, such as the Care Quality Commission (CQC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), and the Medicines and Healthcare products Regulatory Agency (MHRA).

Responsible Pharmacists should also keep up to date with, and apply, national guidance and best practice guidance. Following guidance is an important part of making sure that our standards are met.

There may be times when Responsible Pharmacists are faced with conflicting legal and professional responsibilities. Or they may face complex situations that involve having to balance competing priorities. Both the standards for pharmacy professionals and these standards provide a framework to help and support Responsible Pharmacists to use their professional judgement and make difficult decisions. We expect Responsible Pharmacists to act in the best interests of patients and the public, and to consider these standards, their legal duties and any relevant guidance when making decisions, including those covering medicines legislation.

How to demonstrate that the standards are being met

There are several ways that Responsible Pharmacists can show that they are meeting the standards, including:

- during a regulatory inspection discussion, and by demonstrating that the GPhC standards for Responsible Pharmacists and those for registered pharmacies are being met
- during a regulatory inspection discussion with another regulatory body: for example, CQC, HIS, or HIW (this may be the case if the pharmacy has an agreement with a third party to provide a service such as prescribing regulated by the CQC, HIS or HIW).
- by referring to the requirements of their role as a Responsible Pharmacist when carrying out their revalidation work
- through investigation, if a concern is raised with the pharmacy or the regulator:
  - by a member of staff, a patient or a member of the public, or
  - through inspections or other regulatory actions carried out by the GPhC, CQC, HIS, or HIW
- during regular performance reviews with their line manager.

If a Responsible Pharmacist does not meet these standards we may investigate concerns about their fitness to practise. This could result in the GPhC taking enforcement action against the pharmacy, the pharmacy owner, the Superintendent Pharmacist, the Responsible Pharmacist, or all four. It is important to note that each case is considered individually, and that enforcement action is not necessarily taken if a standard is not met.

Standard 1: Prioritise patient safety

As the person in charge of the day-to-day running of a pharmacy premises, Responsible Pharmacists have significant responsibilities for and influence over the culture, governance and environment of the pharmacy premises. This includes making sure that:

- the standard operating procedures are followed
- pharmacists and pharmacy technicians working at the pharmacy meet the standards for pharmacy professionals, and
- all pharmacy staff maintain the safe and effective delivery of pharmacy services

The Responsible Pharmacist must:

- **Make patient safety a priority and take action to protect the wellbeing of patients and the public, including supporting staff to report incidents, near misses and errors**
- **Make sure that all pharmacy staff are aware of, and meet, all relevant legislation and standards, as well as following the standards and guidance set by other regulators and membership bodies**
- **Be clear and share with the pharmacy staff, the vision and strategy needed to safeguard the health, safety and wellbeing of patients and the public by managing and delivering safe and effective pharmacy services, including clinical advice and services, the management and supply of medicines and medical devices and any other product intended for supply or administration**
- **Make sure that all pharmacy staff are aware of, and follow, the standard operating procedures**
- **Work with all pharmacy staff to meet the needs of patients, including managing information to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services**

Examples of how to meet this standard

Here are some examples of how Responsible Pharmacists can meet this standard. It is not meant to be a complete list, and should be used as a prompt and not as a checklist:

- Make sure pharmacy staff understand their impact and the wider impact of pharmacy on patients
- Make sure that patients know how to raise a concern or complaint, and then deal with any complaints or concerns in an appropriate and timely way
- Provide opportunities for patients to give feedback
- Appropriately use available research, technology and innovation to enhance safety and improve services
- Work with the Superintendent Pharmacist/pharmacy owner to adapt and innovate to meet the changing needs of patients, and changes to how services are delivered at, or from, the pharmacy premises
- Provide professional support and expert pharmacy advice to colleagues
- Empower pharmacy staff to use their professional judgement in the interests of patients and the public

- Appropriately manage personal or organisational goals, incentives or targets so that their own professional judgement – or that of the pharmacy team – is not compromised, and that safe and effective care can continue to be delivered
- Set an example for the whole team, including people who are working towards registration as a pharmacist or pharmacy technician
- Use interventions such as medication safety bulletins, quality improvement schemes and barcode scanning technology to ensure medication safety.

Standard 2: Provide the leadership and management needed to ensure the safe and effective operation of the pharmacy

During the time the Responsible Pharmacist is signed into the pharmacy record, they are responsible for making sure the pharmacy team provide safe and effective care and pharmacy services. This includes registered pharmacy professionals and unregistered staff. The skill mix needed at each pharmacy premises will depend on the needs of patients and the public, which may change over time. Responsible Pharmacists need to be aware of these changing needs – as well as changes to the way services are delivered – and must develop a team with the right skills, knowledge and experience. Responsible Pharmacists need to work with the Superintendent Pharmacist or pharmacy owner to continually assess staffing levels and the appropriateness of the skill mix. This needs to be done within the context of each individual pharmacy premises and in line with changing services, workload and feedback, to ensure patient safety.

The Responsible Pharmacist must:

- **Make sure that the notice with their name and registration number is clearly displayed within the pharmacy premises. In online pharmacies this can be done in various ways, including on the digital platform associated with the pharmacy, or it can be communicated to people when medicines are supplied**
- **Work collaboratively with the Superintendent Pharmacist (if there is one), the pharmacy owner and the pharmacy team, to contribute to:**
  - **shared organisational and system objectives**
  - **governance meetings, and**
  - **third-party meetings**
- **Be aware of the skill mix needed by the pharmacy team to deliver safe and effective pharmacy services in their setting, and work with the Superintendent Pharmacist (or the pharmacy owner if there is no Superintendent Pharmacist) to put this in place**
- **Support and value staff, and consider their safety, health and wellbeing**
- **Show leadership in delivering inclusive care and reducing health inequalities**
- **Promote equality of opportunity and make sure that all forms of discrimination in interactions with colleagues, patients and the public are identified, challenged, and acted on**
- **Develop a safe culture where staff feel confident and supported to challenge behaviours such as discrimination, bullying and harassment**
- **Create and maintain a culture of equality, diversity and inclusion where:**
  - **people (including staff, patients and the public) are treated as equals, with dignity and respect, and**
  - **staff meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences**
- **Make sure that staff feel confident and supported to speak up when they have concerns or things go wrong**

- **Encourage and support a culture of continuous learning and development where staff feel safe to report errors and near misses, and can learn from them**
- **Lead by example, taking responsibility for their own professional growth and development**

Examples of how to meet this standard

Here are some examples of how Responsible Pharmacists can meet this standard. It is not meant to be a complete list, and should be used as a prompt and not as a checklist:

- Make sure that gaps in the skills, knowledge and experience of the pharmacy team are identified and that the necessary actions are taken to close those gaps
- Make sure pharmacy staff have regular development reviews and that any development needs are met
- Encourage pharmacy staff to work collaboratively, including with other healthcare professionals
- Understand their role and responsibilities in tutoring and supervising trainee pharmacists and trainee pharmacy technicians
- Make sure that within three months of starting in their role, any unregistered pharmacy staff are enrolled on the education and training courses needed to meet the competency level required for their role
- Help to improve the experience and healthcare outcomes of patients and members of the public who use their pharmacy services
- Work with the Superintendent Pharmacist to make sure systems are in place so that the team can provide feedback – for example if asked to perform training or asked to carry out activities outside the scope of their normal ones
- Identify good practice and guidance and share with all relevant staff
- Demonstrate good decision-making skills that positively affect how pharmacy services are delivered and solve problems in a timely way
- Empower staff to handle challenging situations confidently and professionally, whether that means having the right conversations with managers or knowing when and how to raise a concern
- Promote policies and procedures that support staff to raise concerns in line with the duty of candour. This is the professional responsibility to be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress
- Keep up to date with developments in the pharmacy sector, including sustainable healthcare practices, and apply any relevant learning to their organisation

Standard 3: Authorise responsibly and make sure there are clear lines of accountability

Pharmacists, including Responsible Pharmacists, now have the option to authorise certain tasks to be carried out by or under the supervision of registered pharmacy technicians. When authorisation is used appropriately it can:

- help manage workload
- free up pharmacists' time for clinical work
- support pharmacy technicians in expanding their scope of practice, and
- provide development opportunities for the team

When authorisation is used, the Responsible Pharmacist must:

- **Make sure that authorising pharmacists and the staff being authorised are aware of – and follow – the relevant standard operating procedures**
- **Make sure authorisation is used appropriately. This includes making sure the pharmacy technician being authorised is:**
  - **competent and has the appropriate education, training, skills and experience – that is, the task is within their scope of practice**
  - **willing to take on the task**
  - **clear about the responsibility and accountability they will be assuming**
  - **clear about the limits and extent of what is being authorised**
- **Make sure authorisation records are accurate and complete**

All authorising pharmacists are responsible and accountable for the authorisations they make. If tasks are authorised to an appropriate person, such as a pharmacy technician, the responsibility and accountability for carrying out the task then rests with both the authorising pharmacist and the pharmacy technician. However, the Responsible Pharmacist must be aware of all authorisations given by other registered pharmacists which are in force during the time that they are signed in the pharmacy record as the Responsible Pharmacist.

Details of all authorisations, including those given orally, must be recorded accurately in writing and kept for five years. It is the responsibility of the Superintendent Pharmacist or the pharmacy owner if the retail pharmacy business is not required by law to appoint a Superintendent Pharmacist, to put systems in place to record authorisation decisions and to maintain that system. However, it is the responsibility of the authorising pharmacist and the Responsible Pharmacist (if they are not the authorising pharmacist) to make sure that the records made are complete and accurate. This will reduce errors and foster a culture of transparency and accountability.

If the Responsible Pharmacist believes that an authorisation made by another registered pharmacist does not meet patient safety obligations, poses a risk to the safe and effective running of the pharmacy premises and undermines their ability to meet their responsibilities, they can amend or withdraw that authorisation. However, they must make a record of their reason(s) and clearly set out the changes they have made.

It is the responsibility of the Responsible Pharmacist to make sure that all authorising pharmacists:

- are aware of the relevant standard operating procedures
- know how to authorise correctly
- know what can or can't be authorised
- know that the appropriate records must be made and submitted to the Responsible Pharmacist for checking by the end of the day, at the latest, on which the authorisation is made.

Examples of how to meet this standard

Here are some examples of how Responsible Pharmacists can meet this standard. It is not meant to be a complete list and should be used as a prompt and not as a checklist:

- Allow pharmacy technicians to use their professional judgement when they have been authorised to undertake certain tasks such as the preparation, assembly, dispensing and sale or supply of medicine
- Make sure pharmacy staff are aware of their responsibilities and those of others in the team, and the reporting structure
- Make sure that pharmacy staff maintain and continue to develop their competence: for example, through training, CPD events, coaching and mentoring
- Provide appropriate resources so that pharmacy staff can carry out authorised responsibilities safely and effectively
- With the Superintendent Pharmacist, if there is one, monitor and review the safety of authorisations, including incidents, errors and near misses.

Standard 4: Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services

When a Responsible Pharmacist is signed into the pharmacy record, they must have organisational oversight of the management at that pharmacy premises. This includes how pharmacy services are delivered at or from the pharmacy premises, and how any associated risks are managed. Having strong, clear governance in place is essential to provide safe, effective and good-quality services to patients and the public, and to safeguard their health, safety and wellbeing, as well as that of the pharmacy staff.

Responsible Pharmacists must:

- **Maintain accurate records on the pharmacy's day-to-day operations to ensure transparency and accountability**
- **Oversee and ensure compliance with legal and regulatory requirements**
- **Have oversight of, and make sure that there is effective management of, all pharmacy services and staff working at or from the pharmacy for which they are responsible**
- **Establish and communicate clear lines of reporting, including how to escalate major incidents, concerns and patient safety risks to the Superintendent Pharmacist or pharmacy owner**
- **Make sure staff know, understand and follow the pharmacy's clinical governance framework**

Examples of how to meet this standard

Here are some examples of how Responsible Pharmacists can meet this standard. It is not meant to be a complete list and should be used as a prompt and not as a checklist:

- Take part in audits and quality improvement projects, and work with the Superintendent Pharmacist if there is one, to make sure the team are aware of and participate in them
- Depending on the services provided by the pharmacy premises, maintain accurate records of the day-to-day business carried on at or from the pharmacy premises. This could include dispensing and clinical records
- Develop a process to get feedback from staff and patients, which includes feedback about interventions, errors and incidents. They should make sure that the process is:
  - reviewed regularly
  - appropriately managed, and
  - shared with the Superintendent Pharmacist, or the pharmacy owner if there is no Superintendent Pharmacist
- Make sure the Superintendent Pharmacist, if there is one, or if not, the pharmacy owner, is aware of any concerns raised under the pharmacy's whistleblowing policy
- Make sure everyone in the pharmacy team knows and understands the procedures in place at the pharmacy premises, and their own duties and responsibilities and those of other members of the team
- Maintain the systems which are in place to anticipate, identify and respond to risks

- Work with the Superintendent Pharmacist if there is one, or if not, with the pharmacy owner, to make sure risk assessments are carried out that are specific to the pharmacy premises and team, and that all staff are consulted and involved
- Successfully manage and lessen clinical, safety, environmental and reputational risk
- Build effective relationships and work in partnership with others, including the pharmacy owner, Superintendent Pharmacist and the pharmacy team
- Work with the Superintendent Pharmacist if there is one, to contribute to the development and review of policies
- If providing services at a distance, including online, make sure that pharmacy staff use the systems in place to confirm the identity of patients requesting medicines
- Regularly review and share with the Superintendent Pharmacist if there is one, or if not with the pharmacy owner, all internal and external complaints and concerns.

General Pharmaceutical Council

Appendix 3 - Standards for Superintendent Pharmacists

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Standards for Superintendent Pharmacists

About us

The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and registered 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 pharmacists, pharmacy technicians and pharmacies to enter and remain on our register.

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

Introduction

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022

When we use the terms 'pharmacists' and 'pharmacy technicians' in these standards we mean pharmacists and pharmacy technicians registered with the GPhC.

The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022 has given the GPhC the legal powers to set standards that describe the role and professional responsibilities of Superintendent Pharmacists, as well as the conduct, ethics and performance expected of them.

These standards for Superintendent Pharmacists apply in England, Scotland and Wales. The Pharmaceutical Society of Northern Ireland are responsible for producing the standards for pharmacists in Northern Ireland.

One of the aims of these standards is to clarify the relationship between pharmacy owners, Superintendent Pharmacists and Responsible Pharmacists, making clear the accountability of each role. In turn, this will strengthen pharmacy governance to support better use of the skill mix in pharmacy teams. This will allow teams to deliver more clinical services and direct care in the community, as well as supporting wider Health and Social Care services and delivering safe and effective care to patients and the public.

Developing these Superintendent Pharmacist standards is part of a programme of work designed to strengthen pharmacy governance. The programme also includes producing professional **standards for Chief Pharmacists**, and rules and professional standards for Responsible Pharmacists.

The role of a Superintendent Pharmacist

The Medicines Act 1968 sets out the legal duty of the Superintendent Pharmacist to be responsible for securing the safe and effective running of a retail pharmacy business in connection with the retail sale and supply of medicinal products.

A Superintendent Pharmacist must be appointed by a body corporate if it is to lawfully own and operate a retail pharmacy business. A Superintendent Pharmacist must be appointed if:

- a registered pharmacy is owned by a body corporate.
- there is a change in ownership of a registered pharmacy, and the new owner is a body corporate, or
- a new Superintendent Pharmacist is replacing a previous Superintendent Pharmacist of an existing body corporate

Criteria

The Medicines Act 1968 sets out the criteria a pharmacist must meet if they are to perform the role of the Superintendent Pharmacist. These must be met in full by all Superintendent Pharmacists.

The Superintendent Pharmacist must:

1. be a pharmacist who maintains their registration with the GPhC, and
2. be a senior manager of the retail pharmacy business who has the authority to make decisions affecting the running of the retail pharmacy business in connection with the retail sale and supply of medicinal products. This includes having a significant role in:
    - making decisions about how the whole or a substantial part of the activities of a retail pharmacy business are managed or organised, or
    - the actual managing or organising of the whole or a substantial part of the activities of a retail pharmacy business, and
3. notify the GPhC in writing confirming their name and that they are the Superintendent Pharmacist for the retail pharmacy business. This notice provided to the GPhC must be signed by the Superintendent Pharmacist and signed on behalf of the retail pharmacy business

The Superintendent Pharmacist therefore must have organisational oversight of, and be professionally responsible for, the management of each individual pharmacy owned by the retail pharmacy business. This includes providing clinical oversight and being accountable for the business's professional management at all times, including outside of business hours. The Superintendent Pharmacist's role involves setting, maintaining and communicating robust standard operating procedures, policies and procedures. This includes setting out within the standard operating procedure how the **legislation allowing pharmacists to authorise registered pharmacy technicians** to carry out, or supervise others carrying out, the preparation, assembly, dispensing and sale and supply of medicines is applied and recorded in each pharmacy. You can find more information on authorisation and supervision in the standards for Responsible Pharmacists, and in the annex for the standards for pharmacy professionals. The Royal College of Pharmacy has also produced **guidance on how to undertake authorisation**.

The Superintendent Pharmacist must make sure each individual pharmacy within the retail pharmacy business has appropriate indemnity arrangements in place for all pharmacy services provided.

What to consider before taking on the role of Superintendent Pharmacist

Taking on the role of the Superintendent Pharmacist is a professional responsibility and the Superintendent Pharmacist is directly accountable for meeting these standards. Before taking on the role of Superintendent Pharmacist, pharmacists must use their professional judgement to assess whether they:

- recognise and understand the additional professional and legal responsibilities associated with the role
- have the appropriate knowledge, skills and experience to carry out the responsibilities properly while acting within the limits of their professional competence, and
- make sure they have sufficient capacity, resources and support from the owner(s) of the retail pharmacy business or businesses to perform the role safely and effectively

As part of this assessment, pharmacists must consider the context of each individual pharmacy for which they are responsible. This includes (but is not limited to):

- the full range of pharmacy services provided, including those provided by a third party, agent or contractor
- how the pharmacy services are delivered – that is, in a traditional in-person way, at a distance, on the internet and so on
- the skill mix, knowledge and experience of staff in the pharmacy team, as well as the number of staff in the team
- understanding the needs of patients and people who use pharmacy services

This is not a one-off assessment made when taking on the role; Superintendent Pharmacist's should keep these considerations under review throughout their time in the role, particularly when there are significant changes to the pharmacy business, its services, workforce or operating model.

Performing the Superintendent Pharmacist role for more than one retail pharmacy business

Following changes to the law, a Superintendent Pharmacist can be responsible for retail pharmacy businesses owned and operated by more than one legal entity. This involves being responsible for multiple registered pharmacy businesses with different owners.

If a Superintendent Pharmacist chooses to perform the role in these circumstances, they must make sure they meet these standards. They must also make sure they have the skills, experience, commitment, time and resources in place to ensure they carry out their legal, professional and regulatory responsibilities safely and effectively, ensuring each pharmacy business for which they are responsible operates safely and effectively in providing pharmacy services to patients and the public.

Superintendent Pharmacists responsible for registered pharmacy businesses across different legal entities may encounter are range of issues when performing their role which they need to be satisfied they can effectively manage. These include (but are not limited to):

- Different and possibly complex business ownership structures

- Different governance frameworks, including different standard operating procedures, policies and procedures
- Different pharmacy services (including clinical services which involve direct patient care) which may vary by each retail pharmacy business
- Different commercial interests
- Different legal, regulatory and contractual requirements that need to be met across different nations the pharmacy business may operate in

Changes to the Superintendent Pharmacist

If a Superintendent Pharmacist is away from work for an extended period of 28 days or more, for example due to sickness, the Superintendent Pharmacist and the pharmacy owner should discuss – and come to an agreement about – whether the role and responsibilities of the Superintendent Pharmacist and the standards for Superintendent Pharmacists can still be met during this time.

If a Superintendent Pharmacist leaves their role, or it is decided that the Superintendent Pharmacist is not able to perform their legal and professional responsibilities during an extended period of absence of 28 days or more, the pharmacy owner must appoint a replacement Superintendent Pharmacist (on an interim or permanent basis) within 28 days of the former Superintendent Pharmacist leaving their role, or within 28 days of the Superintendent Pharmacist's extended absence.

At all times, the GPhC must be able to identify the Superintendent Pharmacist in charge of a retail pharmacy business. To ensure this, the GPhC must:

- receive written notification signed by both the **pharmacy owner** and **newly appointed Superintendent Pharmacist** no later than 28 days from the date the former Superintendent Pharmacist left the role, stating the name and registration number of the new Superintendent Pharmacist who has been appointed (whether permanent or interim) on behalf of the retail pharmacy business
- receive written notification from the **former Superintendent Pharmacist** of a retail pharmacy business that they have stopped performing the role. Written notice must be received by the GPhC within 28 days from with the date the Superintendent Pharmacist stops being the Superintendent Pharmacist for the retail pharmacy business

Failure to appoint a Superintendent Pharmacist by a body corporate may put the pharmacy's registration at risk.

The standards for Superintendent Pharmacists

The standards for Superintendent Pharmacists set out their professional responsibilities, as well as the knowledge, conduct, ethics and performance required of a Superintendent Pharmacist if they are to support each retail pharmacy business, and its staff, in delivering safe and effective pharmacy services.

Superintendent Pharmacists must meet the following standards:

1. **Provide strategic and professional leadership**
2. **Develop a workforce with the right skills, knowledge and experience**
3. **Delegate responsibly and make sure there are clear lines of accountability**

4. Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services

The standards are designed to be 'outcome focused'. This is to acknowledge the different circumstances of individual pharmacy businesses. We have provided examples of how the standards can be met in practice, but we accept that there may be multiple ways of achieving each outcome. We want to give Superintendent Pharmacists the flexibility to use their professional judgement in the interests of patients and the public. Superintendent Pharmacists must decide how to meet these standards and their other legal and professional responsibilities, while taking account of the requirements of the pharmacies they are responsible for.

The standards are also a statement of what patients and those working with Superintendent Pharmacists can expect of them. They are essential in making sure that patients and the public receive safe and effective care.

Applying the standards

The standards for Superintendent Pharmacists are all equally important and must be met at all times.

Superintendent Pharmacists are directly accountable for meeting the standards set out in this document and must be able to justify their conduct and the decisions they make. However, they also share responsibility with the pharmacy owner and Responsible Pharmacist for ensuring:

- the safe and effective running of the pharmacy, and
- safe provision of pharmacy services at or from the registered premises

It is therefore vital that pharmacy owners and Responsible Pharmacists are familiar with these standards and that they work together to support the Superintendent Pharmacist in performing their role(s) and responsibilities. This is to ensure patients and the public are kept safe when using pharmacy services.

Alongside these standards, Superintendent Pharmacists must also meet the GPhC's **standards for pharmacy professionals** and any other relevant **standards.** They must also take into account supporting guidance we publish on our website**.** Superintendent Pharmacists should follow any guidance that applies to them which is produced by other regulatory bodies and inspectorates, for example:

- the Care Quality Commission (CQC)
- Healthcare Improvement Scotland (HIS)
- Healthcare Inspectorate Wales (HIW), and
- the Medicines and Healthcare products Regulatory Agency (MHRA)

Superintendent Pharmacists should also keep up to date with and apply national guidance and best practice guidance. Following guidance is an important part of making sure that our standards are met.

There may be times when Superintendent Pharmacists are faced with conflicting legal and professional responsibilities. Or they may face complex situations that involve having to balance competing priorities. Both the standards for pharmacy professionals and these standards provide a framework to help and support Superintendent Pharmacists use their professional judgement and make difficult decisions. We expect Superintendent Pharmacists to act in the best interests of patients and the public, and to consider these standards, their legal duties and relevant guidance when making decisions.

How to demonstrate that the standards are being met

There are several ways that Superintendent Pharmacists can show that they are meeting the standards, including:

- during a regulatory inspection discussion
- during a regulatory inspection discussion with another regulatory body: for example, CQC, HIS, or HIW (this may be the case if the pharmacy has an agreement with a third party to provide a service such as prescribing regulated by the CQC, HIS or HIW)
- by referring to the requirements of their role as a Superintendent Pharmacist when carrying out their revalidation work
- through investigation, if a concern is raised with the regulator:
    - by a member of staff, a patient, a member of the public, or
    - through inspections or other regulatory actions carried out by the GPhC, CQC, HIS, or HIW
- during the regular performance reviews with their line manager

If a Superintendent Pharmacist does not meet these standards we may investigate concerns about their fitness to practise. This could result in our taking enforcement action against the pharmacy, the pharmacy owner, the Superintendent Pharmacist, or all three. It's important to note that each case is considered individually, and that enforcement action isn't necessarily taken if a standard(s) is not met.

Standard 1: Provide strategic and professional leadership

Superintendent Pharmacists have significant responsibilities and influence over the culture and environment of the retail pharmacy business. This includes setting the strategic direction that is needed to maintain the safe and effective delivery of pharmacy services at or from pharmacy premises. Superintendent Pharmacists also provide clinical oversight and professional leadership and management to the pharmacy workforce and support the management and best use of medicines.

Superintendent Pharmacists must:

- **Have a clear vision and strategy to deliver safe and effective pharmacy services**
- **Lead by example, taking responsibility for their own professional growth and development**
- **Influence and work collaboratively with others, to meet the needs of patients and the public, and contribute to shared organisational and system objectives**
- **Show leadership in delivering inclusive care and reducing health inequalities**
- **Promote equality of opportunity and make sure that all forms of discrimination in interactions with colleagues, patients and the public are identified, challenged, and acted on**

Examples of how to meet this standard

Here are some examples of how Superintendent Pharmacists can meet this standard. It is not meant to be a complete list, and should be used as a prompt and not as a checklist:

- Set a positive example for the whole pharmacy workforce including people working towards registration as a pharmacist or pharmacy technician.

- Appropriately use research, technology and innovation to enhance safety, and improve services, taking into account the needs and available resources of the pharmacy.
- Build effective relationships and work in partnership with stakeholders including the pharmacy owner, Responsible Pharmacist and pharmacy workforce.
- Keep up to date with developments in the pharmacy sector and adapt and innovate to meet the changing needs of patients and how pharmacy services are delivered in the context of each individual pharmacy.
- Provide professional support and expert pharmacy advice to colleagues, or make sure that the team has access to someone suitable who can provide this.
- Empower pharmacy staff to exercise their professional judgement in the interests, and for the safety, of patients and the public.
- Empower all pharmacy staff to handle challenging situations confidently and professionally, whether that means having the right conversations with managers, or knowing when and how to raise a concern.
- Appropriately manage personal and organisational goals, incentives or targets so that their professional judgement, or that of anyone in the pharmacy workforce, is not compromised in the delivery of safe and effective care.
- Demonstrate good decision-making and problem-solving skills and be able to analyse and interpret complex data and information, to positively affect how pharmacy services are delivered.
- Develop, implement and communicate the business continuity plans for individual pharmacies, taking into account the requirements, risks and recovery strategies of the pharmacy.
- Consider the environmental impact of pharmacy services and the role of the pharmacy in supporting sustainable healthcare, identifying opportunities to reduce the pharmacy's environmental footprint without compromising safe and effective care.

Standard 2: Develop a team with the right skills, knowledge and experience

The Superintendent Pharmacist is responsible for making sure the whole pharmacy workforce, including unregistered staff, provide safe and effective care and pharmacy services. The skill mix needed at each pharmacy will depend on the needs of patients and the public, which may change over time. Superintendent Pharmacists need to be aware of these changing needs, as well as changes to the way services are delivered, and develop a workforce with the right skills, knowledge and experience. Superintendent Pharmacists need to work with the Responsible Pharmacist to continually assess staffing levels and the appropriateness of the skill mix within the context of each individual pharmacy and in line with changing services, workload, and feedback, to ensure patient safety.

Superintendent Pharmacists must:

- **Have systems in place to work with the Responsible Pharmacist to assess and identify the skills, knowledge and experience needed for the delivery of safe and effective pharmacy services in each of the pharmacies for which they are responsible**
- **Have systems in place for Responsible Pharmacists to raise concerns, escalate risks, and seek support**
- **Make the best use of resources, and get the right skill mix to deliver safe and effective pharmacy services**
- **Make sure succession and contingency planning is in place for key leadership roles like the Superintendent Pharmacist and Responsible Pharmacist so that they can be filled without impacting patient safety**
- **Value pharmacy staff and support their health and wellbeing**
- **Create and maintain a culture of equality, diversity and inclusion where:**
    - **people (including pharmacy staff, patients and the public) are treated as equals, with dignity and respect, and**
    - **pharmacy staff meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences**
- **Develop a safe culture where pharmacy staff feel confident and supported to challenge behaviours such as discrimination, bullying and harassment**
- **Make sure that pharmacy staff feel confident and supported to speak up when they have concerns or things go wrong**
- **Promoting a culture of continuous learning and development where pharmacy staff feel safe to report errors and near misses, and can learn from them**

Examples of how to meet this standard

Here are some examples of how Superintendent Pharmacists can meet this standard. It is not meant to be a complete list, and should be used as a prompt and not as a checklist:

- Encourage pharmacy staff to work collaboratively, including with other healthcare professionals.

- Empower pharmacists and pharmacy technicians to use their professional judgement when supervising and authorising the preparation, assembly, dispensing and the sale or supply of medicines.
- Develop and review organisational workforce policies, procedures and training requirements – for example, around equality, diversity and inclusion, such as that on building 'cultural competence'.
- Develop and promote policies and procedures that support pharmacy staff to raise concerns in line with the duty of candour. This is the professional responsibility to be open and honest with patients when something goes wrong with their treatment or care which cases, or has the potential to cause, harm or distress.
- Understand the role and responsibilities involved in undertaking the tutoring, mentoring and supervision of trainee pharmacists and trainee pharmacy technicians.
- Develop recruitment and retention strategies, as well as succession and contingency planning, to manage staffing levels in the context of each individual pharmacy and ensure key leadership roles can be appropriately filled in a timely manner.
- Make sure that pharmacy staff maintain and develop their competence – for example, through training, carrying out CPD, and coaching and mentoring. Make sure that unregistered pharmacy staff are enrolled on any education and training courses needed to meet the competency level needed for their role.
- Keep training records and up-to-date education and training plans for all pharmacy staff, including when innovation and new technologies are introduced.
- Allow all pharmacy staff access to appropriate rest breaks, and adequate protected time to carry out training and induction, or to meet development needs.
- Make sure regular development reviews are carried out to identify gaps in skills, knowledge and experience so that necessary actions can be taken, such as developing a training strategy.
- Make sure systems are in place so that the workforce can provide feedback and suggestions – for example, about the need for additional training.
- Identify good practice and share it with all relevant pharmacy staff.
- Make sure staff in their organisation know who the Superintendent Pharmacist is and can contact them, if required.

Standard 3: Delegate responsibly and make sure there are clear lines of accountability

Superintendent Pharmacists have wide-ranging responsibilities and often need to delegate to make sure services are delivered safely and effectively. To make sure this happens, Superintendent Pharmacists must delegate responsibly. As senior leaders when delegating, Superintendent Pharmacists are responsible and accountable for making sure lines of accountability are clear. Details of delegation must be recorded, including who is accountable and responsible. Records must be kept up to date and reflect any changes in delegated responsibilities or the staff involved. This will reduce errors and foster a culture of transparency and accountability.

Superintendent Pharmacists must:

- **Provide clarity about the roles, responsibilities and accountabilities of the pharmacy team**
- **Carry out appropriate risk assessments and only delegate to people who have the relevant skills, knowledge and experience, and who are confident about assuming the extra responsibility**
- **Put procedures in place to make sure that when tasks are delegated, the person is:**
    - **competent and has the appropriate education, training, skills and experience – that is, the task is within their scope of practice**
    - **willing to take on the task**
    - **clear about the responsibility and accountability they will be assuming**
    - **clear about the limits and extent of what is being delegated**
- **Communicate effectively and record delegation decisions accurately**

Examples of how to meet this standard

Here are some examples of how Superintendent Pharmacists can meet this standard. It is not meant to be a complete list and should be used as a prompt and not as a checklist:

- Make sure appropriate resources are in place so that pharmacy staff can carry out tasks effectively.
- Offer training and ongoing support to pharmacy staff to perform their new responsibilities.
- Allow pharmacy staff to refuse a delegated task if they have a good reason – for example, if they:
    - feel the task is outside their scope of practice, experience or training, or
    - lack confidence in their ability to assume that level of responsibility.
- Make sure pharmacy staff are aware of their responsibilities and those of others in the team, and the governance and reporting structures.

Standard 4: Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services

Superintendent Pharmacists must have organisational oversight of the management and operation of the pharmacy or pharmacies of which they are Superintendent Pharmacist of, including:

- the management of medicines, medical devices or any other product intended for supply or administration, and
- how all pharmacy services are delivered

These services can include:

- prescribing and clinical services where direct care is provided to patients
- services provided by a third party, and
- unregulated services linked to the pharmacy

A key part of the Superintendent Pharmacist's role is to establish, strengthen and maintain clear governance. This includes setting, maintaining and communicating robust standard operating procedures, policies and procedures – including how authorisations to carry out or supervise tasks are given, recorded, changed or withdrawn in each pharmacy. The standard operating procedure for authorisations needs to specifically set out the requirement that authorisations must be accurately recorded in writing on the day they are given. You can find more information on authorisation and supervision in the standards for Responsible Pharmacists and in the annex for the standards for pharmacy professionals. **The Royal College of Pharmacy has also produced guidance on how to use authorisation.**

Superintendent Pharmacists are also responsible for the effective management of clinical, safety, financial and reputational risk across all the pharmacy services provided. They must anticipate, identify, monitor and respond to risks at both a local and organisation level. Risk assessments must consider the circumstances of each pharmacy, including:

- the staff working in it
- the pharmacy services provided, and
- the activities of third parties, agents or contractors

Superintendent Pharmacists must review and update risk assessments whenever services change, or when new risks are identified.

Superintendent Pharmacists must:

- **Identify and manage the risks associated with providing all pharmacy services, including those provided at a distance**
- **Have oversight of – and make sure that there are standard operating procedures in place for – the effective management of all pharmacy services**
- **Keep and maintain all the necessary records for the safe provision of pharmacy services**
- **Make sure there are procedures in place to obtain and document consent for the pharmacy services being delivered**

- **Make sure regular audits and incident reviews are carried out on all the services provided, including any clinical services, and that any recommendations are actioned**
- **Establish and communicate clear lines of reporting**
- **Make sure there is a process to get feedback from pharmacy staff, patients and the public – which includes feedback about interventions, errors and incidents – and that the process is reviewed regularly and appropriately managed**
- **Take appropriate steps to deal with concerns that have been raised, and if necessary, escalate to the appropriate body, including to us**
- **Manage information to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services**
- **Make sure medicines, medical devices and any other products intended for supply or administration are:**
  - **obtained from a reputable source**
  - **safe and fit for purpose**
  - **stored securely**
  - **safeguarded from unauthorised access**
  - **supplied to the patient safely**
  - **disposed of safely and securely**

Examples of how to meet this standard

Here are some examples of how Superintendent Pharmacists can meet this standard. It is not meant to be a complete list and should be used as a prompt and not as a checklist:

- Regularly assess and review the safety and quality of the pharmacy services provided – including those provided by a third-party business, agent or contractor.
- Have oversight of – and contribute to – the development and review of policies and standard operating procedures.
- Make sure the necessary records are kept and are up to date, accurate and stored in line with the information security policy.
- Plan and use resources effectively, considering any environmental impact alongside any financial, audit and budgetary requirements.
- Have systems in place to anticipate, identify and respond to risks, making sure pharmacy staff can contribute to identifying and managing risks and understand the outcome of risk assessments.
- Make sure everyone in the pharmacy workforce knows and understands the procedures in place, as well as their own duties and responsibilities and those of others.
- Make sure pharmacy staff know how to handle private information and have a working knowledge of data protection requirements and General Data Protection Regulations (GDPR).

- Regularly review and act on internal and external complaints and concerns, including any concerns raised under a whistleblowing policy.
- Make sure the details of the Superintendent Pharmacist are visible on any digital platforms used, to help patients and the public know who has oversight for their safety and care when using the pharmacy.
- If providing services at a distance, including online, make sure there are systems in place to confirm the identity of patients requesting medicines and to identify inappropriate requests for medicines.

General Pharmaceutical Council

Review of the Board of Assessors Governance Arrangements

Meeting paper for Council on 15 October 2026

Public Business

Purpose

To review and agree revised governance arrangements for the Board of Assessors (BoA).

Recommendations

The Council is asked to agree:

- the proposed amendments to the GPhC's Scheme of Delegation
- the new terms of reference for the BoA

And note:

- the supporting principles document for the role and ways of working of the BoA

1. Introduction

1.1 The GPhC's Council has established the Board of Assessors (BoA), a group of independent expert advisors, to support the delivery of the assessment trainee pharmacists are required to pass in order to be eligible to register as a pharmacist in the UK. This assessment is known as the as the Common Registration Assessment (CRA) and is jointly delivered by the GPhC and The Pharmaceutical Society of Northern Ireland ("the Society").

1.2 The BoA governance arrangements are defined in the Scheme of Delegation and supporting role and remit document and have been largely unchanged from the inception of the GPhC in 2010. There was a review of the arrangements in 2017 by an external contractor, but this did not result in any significant changes. The Council has undertaken a review of the competency framework, skills and roles required for the delivery of their duties, and there is ongoing work to review the scope of governance committees and advisory groups. It would therefore seem appropriate that a review of the BoA governance arrangements is undertaken to take stock of the current position and ensure the appropriate balance of responsibilities and accountabilities.

1.3 The Council has overall responsibility and accountability for the holding of and delivery of the CRA. Under the current Scheme of Delegation, the Council delegates the authority to the BoA to hold and deliver the assessment on behalf of Council. The extent to which this includes policy making is unclear within the current delegations and the BoA does not have

authority to make associated financial decisions in relation to the CRA. There is also a lack of clarity about the lines of responsibility and decision making on aspects of the operational delivery of the assessment and an external perception that the BoA has full responsibility and ownership for operational delivery of the CRA, rather than the Council and its staff. This presents a governance risk for both the Council and the BoA.

1.4 To address the issues and establish clarity of responsibility and accountability, we have conducted a review of the existing Scheme of Delegation and developed Terms of Reference for the BoA to rebalance current arrangements and provide clarity on respective roles and responsibilities. A supporting document outlining the principles governing the BoA role has also been developed to supplement the Scheme of Delegation and Terms of Reference but does not form part of the formal governance arrangements.

1.5 The key change is to provide clarity in respect of Council's responsibility for the CRA and explicitly position the BoA as an expert advisory structure, with responsibility, within the Council's policies, for setting the assessment, maintaining the assessment standard, ensuring the academic integrity and professional credibility of the assessment and providing advice to Council on the CRA.

1.6 It is proposed that the BoA be positioned as a non-statutory 'structure', rather 'committee' under section 6 of the Scheme of Delegation to clearly reflect the independent advisory function of the Board and recognise its different role and membership composition from the other non-statutory Committees, which are all governance committees of Council.

1.7 The positioning of the BoA as a non-statutory structure also aligns with academic board structures in other organisations and institutions.

1.8 The review of governance arrangements has been discussed with the BoA. The detailed proposals have been developed in collaboration with the Chair of the BoA, with input from the GPhC's governance team. While the proposed changes do not represent a significant change to how the BoA has been operating in practice, the updated governance documents will address any ambiguity about accountabilities, responsibilities and decision making in respect of the CRA going forward.

2. Key components of the revised governance arrangements

2.1 The proposed revisions to the Scheme of Delegation and new Terms of Reference for the BoA are detailed in the Appendix. The supporting principles document has also been provided for information.

2.2 The proposed key roles of responsibilities in respect of the CRA are:

GPhC Council:

Under the Pharmacy Order, the Council is responsible for developing and holding, or causing to be held, registration assessments (art 44(1)(b)).

It sets the strategic direction and maintains overall legal accountability for the integrity, security, and quality of assessments such as the CRA, ensuring policies adhere to statutory requirements including the Pharmacy Order 2010 and Equality Act 2010.

Chief Executive and Registrar:

The Chief Executive and Registrar is responsible for the day-to-day financial, operational delivery and resourcing decisions in respect of the CRA including:

- Entering into arrangements with providers to deliver the CRA and scrutinising their delivery and performance and holding them to account
- Ensuring the necessary and appropriate processes, procedures and arrangements are in place for the Council to comply with its legal responsibilities in connection with the effective delivery of the CRA and
- Holding the Executive lead and operational team to account for the effective delivery of the assessment

Board of Assessors

The BoA are responsible for:

- Matters relating to the content and validity of the assessment as a delegated function. This includes the framework for the assessment, the quality assurance and validity of the questions at each sitting and setting and maintaining the standard through the mark awarding process.
- Overseeing policies and seeking assurance on the operational delivery of processes for appeals, nullifications and reasonable adjustments in so far as they relate to the academic integrity and professional credibility of the CRA
- Providing independent advice and guidance to the Council and Executive in respect of the content, performance and future development of the CRA.

3. Summary of Key Benefits of the proposed changes

There are a number of benefits to undertaking this review and implementing the proposed changes, including

- Ensuring that the BoA are positioned as an expert independent advisory structure in relation to the provision of a robust, fair and credible CRA.
- Providing transparency of ownership of the CRA resting with Council allowing for clear lines of accountability, communication and governance.
- Ensuring clarity on decision making, particularly in relation to policy and where decisions have financial or resource related implications.
- Aligning the BoA with other non-statutory GPhC committees, structures and processes with regard to terms of reference and appointment processes.

4. Equality and diversity implications

4.1 The composition of the BoA is defined in the terms of refence and includes a requirement that all four nations of the UK are represented on the BoA to reflect that the CRA is jointly delivered by the Council and the Society

4.2 Appointments to the BoA will be in line with established processes and procedures for the GPhC's Associates and Partners group and the organisation's wider commitment to equality, diversity and inclusion.

5. Communications

5.1 The revised governance arrangements have been discussed the BoA. The detailed proposals were developed in collaboration with the Chair of the BoA and have been shared with the wider Board.

5.2 Should the changes be approved, these will be appropriately communicated internally and externally with an agreed implementation plan and timeline for the review of additional documents and processes.

6. Resource implications

6.1 Changes to the BoA governance arrangements will be met within existing resources. If the revisions to the Scheme of Delegation and new Terms of Reference are agreed there will need to be a review of associated documentation and systems.

6.2 The effective date, should the changes be approved, will be from 15th October with a transitional period to align policy and operational processes.

7. Risk implications

7.1 There is a risk that unclear governance arrangements lead to confusion as to Council's role and that of the BoA resulting in the BoA making decisions in respect of the CRA that are separate to the corporate planning process. This risk features within our corporate risk register and is rated at 12 which sits outside of risk appetite. The actions outlined within this paper are designed to mitigate this risk and bring it within stated risk appetite. There are no exceptional budgetary requirements required to manage this risk.

8. Monitoring and review

8.1 The BoA will prepare an annual report to the GPhC Council and the Society on the performance of the CRA

8.2 The BoA Terms of Reference will be reviewed annually by the BOA and any proposed changes recommended would be approved by Council.

9. Recommendations

The Council is asked to agree:

- the proposed amendments to the GPhC's Scheme of Delegation
- the new terms of reference for the BoA

And note:

- the supporting principles document for the role and ways of working of the BoA

Ruth Exelby, Head of Trainee Pharmacist Assessment
General Pharmaceutical Council

28/09/2026

General Pharmaceutical Council

Board of Assessors Terms of Reference

GPhC (Policy reference number XXX) Version 0.2

This policy sets out the delegated remit and function of the GPhC Board of Assessors (BoA)



Policy details

Policy reference	GPhC (Policy reference number XXX)
Version	0.2
Policy author	Ruth Exelby, Head of Trainee Pharmacist Assessment
Approved for issue by	Council, 15 October 2026
Effective from	16 October 2026
Next review	18 October 2027

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1. Terms of reference and delegated authority

1.1 The GPhC's Council has established the Board of Assessors ("the BoA") as an independent expert advisory structure to support the delivery of the assessment trainee pharmacists are required to pass in order to be eligible to register as a pharmacist in the UK. This assessment is known as the as the Common Registration Assessment ("CRA") and is jointly delivered by the GPhC and The Pharmaceutical Society of Northern Ireland ("the Society").

1.2 The BoA is a non-statutory, non-executive structure and has no powers except as set out in these Terms of Reference.

1.3 In accordance with article 44 (1) (b) (i) of the Pharmacy Order 2010 ("the Order") the Council is responsible for holding or causing to be held assessments in respect of approved qualifications, or any education, training or experience leading to an approved qualification.

1.4 Under the Council's Scheme of Delegation, the Council delegates the following aspect of its responsibilities under article 44 (1) (b) (i) of the Order to the BoA which acts in its capacity as an expert advisory structure to:

- Set and maintain the standard and quality of the CRA
- Set and maintain the assessment design and framework of the CRA
- Ensure the academic integrity and professional credibility of the CRA
- Provide advice to the Council on the CRA

The BoA's specific remit under each of these areas is set out in 2.0 below.

2. Remit of the Board of Assessors

The remit of the BOA is in four areas:

2.1 Assessment Standards and Quality

- Set and maintain the assessment standard of the CRA.
- Approve standard-setting and standard maintaining methodologies for the CRA.
- Agree pass marks and assessment outcomes.
- Assure the validity, reliability, fairness, defensibility and robustness of the assessment.
- Ensure that the assessment standard reflects the requirements for safe and effective pharmacy practice at the point of registration and aligns with the GPhC's Initial Education and Training Standards.
- Review question performance and assessment effectiveness.

2.2 Assessment Design and Framework

- Approve the assessment framework and regulations.
- Approve assessment content linked to the assessment framework.
- Oversee the quality assurance of questions, materials and compiled assessments.

2.3 Academic Integrity and Professional Credibility

Approve policies and frameworks relating to:

- appeals.
- reasonable adjustments.

- nullifications; and
- misconduct or disciplinary matters.

2.4 Advice to Council

- Provide expert advice to the Council on matters relating to the CRA.
- Recommend strategic developments to the assessment.
- Advise on developments in education and assessment methodology which may have implications for the strategic direction of the CRA.
- Escalate matters that may affect the protection of the public, public confidence in pharmacy, or the professional credibility or the defensibility of the assessment.
- Provide trends and reflection in respect of candidate performance.

2.5 The BoA shall ensure that all policies and work within its remit take account of and promote the GPhC's and the Society's culture and values, and commitment to equality, diversity and inclusion.

3. Accountability and reporting

3.1 The BoA is accountable to the Council.

3.2 The BoA shall report annually to the Council on its work and in doing so shall provide the Council with an annual report on the performance of the CRA.

3.3 The BoA shall provide an annual report to the Society in respect of the performance of the candidates in the CRA, delivered on their behalf as a joint assessment

3.4 The Chair of the BoA will meet with the Council and the Society to present the report.

3.5 The BoA may also submit separately to the Council its advice on issues where it considers that the Council and the Society should take action in respect of the CRA.

4. Composition and Terms of Office

4.1 The BoA members, including the Chair, are appointed through arrangements agreed by the Council.

4.2 The BoA shall have no more than fifteen members but may operate with fewer while a vacancy exists, provided the quorum is maintained

4.3 The BoA members are to consist of UK registered pharmacists and lay- members and include representation from England, Scotland, Wales and Northern Ireland. Competency requirements and preclusions to being a member of the BoA shall be detailed in the relevant job description. Members of the BoA shall be appointed in accordance with the GPhC's established process for Associates and Partners and shall be subject to the Code of Conduct for Associates and Partners.

4.4 The Council will appoint one of the members of the BoA to be the Chair, having regard to the necessary skills, knowledge and experience required to effectively discharge the role and responsibilities of the Chair.

4.5 The BoA Chair will annually appoint a member of the BoA with the appropriate experience required to effectively discharge the role and responsibilities of the Chair, to sit in their absence.

4.6 Terms of office for members are for four years, with the option of reappointment for another four years in accordance with the arrangements agreed by the Council.

4.7 Terms of office for the Chair are for four years, with the option of reappointment for another four years in accordance with the arrangements agreed by the Council.

5. Quorum

5.1 A quorum shall be 8 members of the BoA, including the Chair or a nominated deputy.

6. Frequency and scheduling of meetings

6.1 The BoA shall meet a for a minimum of one content review and two post assessment reviews per sitting of the CRA, one policy review day and one development day each year. These meetings will be a mixture of virtual and in person meetings depending on the purpose of the meeting.

6.2 The BoA frequency and scheduling of meetings shall support the cycle of the CRA delivery model.

6.3 Additional ad hoc meetings may require attendance, subject to sufficient notice, but will not form part of the minimum attendance requirements for Board members.

7. Attendance

7.1 Only members shall be entitled to attend BoA meetings. The Chief Standards Officer and Deputy Registrar (GPhC) and the Head of Regulatory Strategy ("the Society) may attend as observers.

7.2 Council members and other GPhC and Society employees may attend meetings at the invitation of, or with the agreement of, the Chair of the BoA.

7.3 The BoA may request any member of GPhC staff attend a meeting to provide information the BoA may reasonably require to facilitate discussions, or discharge its role and remit. All GPhC staff are directed to co-operate with any reasonable request made by the BoA.

7.4 The BoA may ask any or all non-members to withdraw from all or part of a meeting if it so decides. In such an instance, the Chair shall ensure that a proper record is made of the meeting.

7.5 The BoA may seek advice from or co-opt onto the Board individuals who have specialist knowledge or experience that can support the work of the BoA as required, subject to the agreement of the appropriate budget holder. These individuals are entitled to provide advice and information to the BoA but will not be entitled to take part in decision making at meetings and will not be members of the BoA for the purposes of the BoA being quorate.

8. Secretariat

8.1 The GPhC's Chief Executive & Registrar shall ensure that appropriate secretariat support is provided to the Chair and to the BoA.

9. Monitoring and compliance

9.1 These terms of reference are reviewed annually by the BoA and any proposed changes will be submitted to Council in the BoA annual report in February for determination by the Council, in line with the Scheme of Delegation.



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General Pharmaceutical Council

Scheme of delegation

GPhC0048 Version ~~1.4~~1.5

The Scheme of Delegation sets out who has the authority to make decisions within the General Pharmaceutical Council, including the matters reserved to the Council or delegated to the Chief Executive and Registrar, or to other non-statutory committees or structures.



Policy details

Policy reference	GPhC0048
Version	~~1.4~~1.5
Policy author	Paul Cummins, Chief of Staff
Approved for issue by	Council, ~~15 October 2024~~15 October 2026
Effective from	~~15 October 2024~~15 October 2026
Next review	01 September 2027, or in line with any relevant legislative or other governance changes, as required.

Version control tracker

Version	Approved date	Description of change	Amendments by
1.2	July 2020 – by Council	Complete overhaul and refresh of the previous Scheme of Delegation dated June 2014, to reflect legislative, operational and other organisational changes.	Laura McClintock, Chief of Staff
1.3	8 September 2022 – by Council	Updates to Section 6 '*Matters delegated to the non-statutory committees or other structures*', to include the details of the new Quality and Performance Assurance Committee, as well as minor updates to language. No other major or substantive changes required since the last review of the scheme in 2020.	Laura McClintock, Chief of Staff
1.4	12 September 2024 – by Council	Update to Section 2.2 to include an explicit reference about the Council's role in relation to culture and values.	Laura McClintock, Chief of Staff
1.5	15 October – by Council tbc.	Update to Section 4.3 to clarify the Council's role in developing and holding registration assessments, and update to Section 6.3 to clarify the responsibilities associated with holding registration assessments which the Council delegates to the Board of Assessors	Paul Cummins, Chief of Staff

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1. Introduction

1.1 The Pharmacy Order 2010 imposes statutory functions on the Council of the General Pharmaceutical Council and on its Registrar. In practice, many of these functions will be carried out by the GPhC's employees, within the terms of the legislation and the policies set by the Council.

1.2 The Scheme of Delegation ('the Scheme') takes account of a number of factors relating to the GPhC's functions under the Pharmacy Order 2010 including:

- making Rules is a statutory responsibility of the Council itself and cannot be delegated[1]
- some functions are expected to be discharged by the Council
- some functions are the statutory responsibility of the Registrar (these are not covered in the Scheme, but are summarised in **Appendix A** for completeness)
- some functions are carried out by statutory committees (as set out in legislation), while others are delegated to non-statutory committees (these are described in **Section 6** below)

2. Purpose

2.1 The Scheme is intended to facilitate the efficient and effective functioning of the GPhC. It is based on subsidiarity, so as to maximise effectiveness and efficiency, and to allow the GPhC to respond promptly to changes in circumstances.

2.2 This means that decisions are taken at the lowest level competent to take them, enabling the Council to focus on those tasks that only the Council can or should perform, such as

- setting organisational culture and values and ensuring these are embedded.
- approving vision, strategy and budget.
- reviewing corporate performance and holding the executive to account.
- approving regulatory policy.
- setting professional standards.
- taking the final decision on matters of strategic significance, or which pose a substantial risk to the organisation.

2.3 Other than where functions are delegated to committees or other structures, the Council regards the Chief Executive & Registrar (CE&R) as its single point of delegation and holds this position accountable for meeting the Council's expectations for organisational performance.

2.4 The CE&R may delegate functions further and will be held accountable by the Council for the discharge of all functions delegated under the Scheme. This accountability is demonstrated through monitoring reports submitted to the Council.

3. Scope

3.1 Overall, the Scheme sets out:

[1] Under Article 18(3) of the Pharmacy Order 2010, the Council may delegate any of its functions to the Registrar **except** the power to make Rules.

- matters reserved to the Council;
- matters delegated to the CE&R (which may also be carried out by persons nominated by the CE&R)
- matters delegated to non-statutory committees or other structures

Exercise of delegated powers

3.2 Where power is delegated under the Scheme, the power must be exercised in a manner which is consistent with relevant legislation, including the Pharmacy Order 2010, the General Pharmaceutical Council (Constitution) Order 2010 and with the Council's policies. References in the Scheme to powers under legislation are references to the Pharmacy Order 2010 unless otherwise stated.

3.3 In particular, the decision-maker must have regard to articles 6(1), 6(1A) and 6(2) of the Order which underlines that the GPhC's over-arching objective in exercising its functions is the protection of the public. In exercising its functions, the Council (including its staff and committees) must have proper regard to the interests of persons using or needing the services of registrants, the interests of all registrants and prospective registrants; and the interests of persons carrying on a retail pharmacy business at or from a registered pharmacy.

3.4 The decision-maker must also recognise that lawful exercise of a statutory power requires not only compliance with the conditions laid down for its performance but also with the principle that all statutory powers must be exercised in good faith, in a reasonable manner and for their proper purpose.

Withdrawal of delegated powers

3.5 The Scheme remains in force unless and until it is amended or revoked by the Council.

4. Matters reserved to the Council

4.1 The Council retains responsibility for determining the strategy of the GPhC and setting the GPhC's policy, to a level where the Council can accept any reasonable interpretation of its policy.

4.2 The power to make Rules under the Order is reserved to the Council by virtue of arts 4(7) and 18(3) of the Order and cannot be delegated.

4.3 In addition to making Rules, the Council retains responsibility for the following functions which, to the extent that it is lawful to do so, may only be delegated by means of a specific resolution of the Council:

Regulatory functions

1. Setting the standards to be met in connection with the carrying on of a retail pharmacy business at or from a registered pharmacy (art 7(1));
2. Setting standards of proficiency for the safe and effective practice of pharmacy which it is necessary for a person to achieve in order to be entered in Part 1 or 2 of the register as a pharmacist or a pharmacy technician (art 42(1)(a));
3. Setting standards of education, training & experience that providers must meet to enable a person to achieve the standards of proficiency set under art 42(1)(a) and any requirements to

be satisfied for admission to and continued participation in education and training for prospective pharmacists or pharmacy technicians (art 42(1)(b));

4. Setting the criteria by reference to which the standards of education, training & experience that providers must meet to enable a person to achieve the standards of proficiency set under art 42(1)(a) are set (art 42(6)(a));
5. Setting standards of proficiency for the safe and effective practice of pharmacy which it is necessary for a registrant to maintain in order to have an entry in Part 1 or 2 of the register renewed (art 43(1)(a));
6. Setting standards relating to the conduct, ethics and performance expected of registrants (art 48(1)(a));
7. Setting standards of continuing professional development which it is necessary for a registrant to maintain in order to continue to meet the standards of proficiency set under art 43(1)(a) (art 43(1)(b));
8. Consulting such persons as the Council considers appropriate on the development of criteria by reference to which compliance with the standards of continuing professional development (CPD) set under art 43(1)(b) is to be monitored (and under art 43(3)(b) publishing those criteria as it considers appropriate) (art 43(3)(a);
9. Adopting and maintaining a framework relating to requirements and conditions to be met by registrants in respect of their CPD (arts 43(4)(a) & (5));
10. Requiring registrants to complete an annual declaration of compliance with the framework and to submit their CPD records to the Registrar for review (art 43(4)(b));
11. Approving rules, standards and criteria for the purposes of consultation (arts 5(1), 36(6), 43(3)(a), 66(3));
12. Setting the criteria to be taken into account in deciding whether to grant approvals of courses, qualifications, tests, providers or premises under art 42 (art 42(6)(b));
13. Refusing or withdrawing approval of a course, qualification, test, institution or other provider (art 47(2)(b));
14. Determining the programmes, courses and the amount and type of education, training or experience required to obtain an annotation in respect of a specialisation (art 44(1)(a)(i)-(ii));
15. Developing and holding, or causing to be held, registration assessments (art 44(1)(b))

~~15.~~16. Approving qualifications outside Great Britain as attesting to a standard of proficiency that it is necessary to achieve in order to be entered in Part 1 or Part 2 of the register (arts 21(1)(d)(i) and 22(1)(c)(i));

~~16.~~17. Publishing or providing in such manner as it sees fit guidance to registrants, employers or others in respect of the standards for the education, training, supervision and performance of persons who are not registrants but who provide services in connection with those provided by registrants (Sch 1, para 6(2));

~~17.~~18. Determining threshold criteria stating types of allegations that should not be referred to the Investigating Committee (art 52(2)(a));

~~18.~~19. Determining, in the light of advice from the Appointments Committee, the minimum competencies required for appointment as a chair, deputy chair or other member of a statutory committee (Sch 1, para 5(1) and Statutory Committees and their Advisers Rules, R9);

~~19.~~20. Approving the procedure for suspension or removal of a statutory committee member, or the removal of a person on a reserve list, by the Appointments Committee (Sch 1, para 5(1) and Statutory Committees and their Advisers Rules, R14);

~~20.~~21. Determining fees to be charged in connection with entry to the pre-registration scheme and registration assessment for prospective pharmacists, and the assessment of overseas-qualified pharmacists (art 65(1));

Governance and finance

~~21.~~22. Approving the Council's standing orders and any other policies regulating the Council's own procedures (Sch 1, para 3(5));

~~22.~~23. Approving the Council's standing financial instructions (Sch 1, para 3(1));

~~23.~~24. Appointing the external and internal auditors, following consideration of any recommendation of the Audit & Risk Committee (Sch 1, paras 3(1) and 7(3));

~~24.~~25. Approving the Council's annual budget and business plan (Sch 1, para 3(1));

~~25.~~26. Approving any report, plan or accounts to be submitted to the Privy Council (Sch 1, paras 7(4) & 8(2);

~~26.~~27. Approving all borrowing of monies by the GPhC, with the exception of any overdraft which is offset against funds in other GPhC accounts (Sch 1, para 3(2)(a));

~~27.~~28. Acquiring or disposing of any freehold or leasehold interest in land and property, or other interest in land (Sch 1, para 3(1));

~~28.~~29. Determining and reviewing the organisation's overall investment policy, objectives, risk appetite and target returns (Sch 1, para 3(1));

~~29.~~30. Determining the remuneration and expenses policies applying to members of the Council (Sch 1, sub-para 3(2)(g));

~~30.~~31. Determining the organisation's approach to risk and monitoring strategic risks to the achievement of the Council's objectives (Sch 1, para 3(1));

~~31.~~32. Establishing or abolishing any non-statutory committee, sub-committee or working group of the Council and agreeing its remit, terms of reference and standing orders (art 4(7) and Sch 1, paras 3(2)(d)-(f));

~~32.~~33. Appointing, or agreeing arrangements for the appointment of, members to any non-statutory committee, sub-committee or working group (art 4(7) and Sch 1, paras 3(2)(d)-(f));

~~33.~~34. Appointing an appointments team led by the Chair of Council and including two other Council members (one lay, one registrant), and an external assessor, advised by the Director of People, to define and oversee the recruitment process for the Chief Executive & Registrar and to make a recommendation to the Council on this appointment (art 18(1));

~~34.~~35. Appointing or removing the Chief Executive & Registrar (art 18(1));

~~35.~~36. Suspending a member provisionally under standing orders, pending a decision of the Privy Council on whether or not to suspend that member under GPhC Constitution Order, para 7(4) (Standing Orders);

~~36.~~37. Publishing, in such manner as it sees fit, reports of routine inspections, special inspections and other visits to registered pharmacies by inspectors, and the reports may include an account of the outcomes of those inspections and visits (art. 9(3))

~~37.~~38. Approving the Council's scheme of delegation (Sch 1, para 3(1));

Equality, diversity and inclusion

~~38.~~39. Approving the GPhC's equality and diversity scheme (Sch 1, para 3(1)), including any equality, diversity and inclusion strategy.

~~39.~~40. Approving any report, plan or accounts to be submitted to the Privy Council, which includes a requirement to publish a "description of the arrangements that the Council has in place to ensure that it adheres good practice in relation to equality and diversity" (Sch 1, paras 8(1)(a))

Please note that in addition to the statutory reporting requirements in the Pharmacy Order, the Council remains responsible for overseeing the work that the GPhC carries out to demonstrate compliance with the Public Sector Equality Duty under Section 149 of the Equality Act 2010. This requires the GPhC, in the exercise of its functions, to have due regard to each of the statutory objectives, including the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

4.4 The Council is also responsible for making decisions in relation to any matter in which the person who would otherwise have delegated authority to act has an actual or potential interest.

5. Matters delegated to the Chief Executive & Registrar (CE&R) (art 18(3))

5.1 The remit of the CE&R is to direct the affairs and manage the resources of the GPhC within the framework established by the Council. In exercising their remit, the CE&R has delegated authority to act in any matter that is not expressly reserved to the Council.

5.2 The CE&R is accountable to the Council for their decisions and must provide such reports as the Council may require in order to carry out its role effectively.

5.3 The CE&R has a responsibility to inform the Council at the earliest opportunity of any matters which may represent a significant regulatory, strategic, legal, financial or reputational risk or issue for the Council.

5.4 The CE&R is responsible, within the Council's policies, for:

Regulatory functions

1. Determining the information to be contained in lists derived from the register (art 19(6));
2. Establishing arrangements for the publication and inspection of lists derived from the register (art 19(7));
3. Notifying all GB providers concerned with the education and training of prospective registrants of the standards and requirements set by the Council under art 42(1)(b) (art 42(3)(a));
4. Taking steps to satisfy the Council that the standards and requirements it has set under art 42(1)(b) are being met (art 42(3)(b));
5. Publishing the criteria by reference to which the standards of education, training & experience that providers must meet to enable a person to achieve the standards of proficiency set under art 42(1)(a) are set (art 42(6)(a));
6. Publishing the criteria to be taken into account in deciding whether to grant approvals of courses, qualifications, tests, providers or premises under art 42 (art 42(6)(b));
7. Maintaining and publishing the Council's list of approved courses, qualifications, institutions, providers and tutors, and those which were approved but are no longer approved, together with the periods for which approval was given (art 42(7));
8. Approving, or arranging with others to approve:
    - courses of education or training which would confer the standards of proficiency for the safe and effective practice of pharmacy set by the Council (art 42(4)(a));
    - such other courses of education or training as the Council considers appropriate (art 42(4)(b));
    - qualifications granted following success in an assessment taken as part of an approved course (art 42(4)(c));
    - such tests of competence, or of proficiency in the knowledge and use of English, as the Council may require (art 42(4)(d));
    - institutions or other providers, including tutors, of postgraduate education and training leading to an approved qualification, including determining that such providers are properly organised and equipped for conducting the whole or part of an approved course (art 42(4)(e));
    - premises as suitable for postgraduate education & training leading to an approved qualification (art 42(4)(f));
    - a course of education or training run outside GB which is intended to lead to an approved qualification, or an institution or other provider of such a course of education or training (art 42(5)(a)-(b));
9. Imposing probationary or remedial arrangements or conditions on an institution or other provider in relation to a course, qualification or test (art 47(2)(a)), subject to the Registrar

notifying the Council of the use of this delegated power;

10. Establishing, maintaining and publishing lists of premises to be used as training establishments (art 44(1)(d));
11. Appointing visitors from those appointed under the governance arrangements for associates to visit any particular place, institution or other provider for the purposes of the Order relating to education, training, assessments or tests (art 45(4) & (6));
12. Sending visitors' reports to the institution or other provider concerned and notifying it of the period within which it may comment on the report (art 45(9));
13. Publishing visitors' reports and any responses to such reports, where the respondent has asked for this to be published (art 45(12));
14. Notifying an institution or other provider when the GPhC is considering imposing probationary or remedial arrangements or conditions, or is considering refusing or withdrawing approval of a course, qualification, test, institution or provider, and informing it of the period within which it may make observations on the matters raised (art 47(4));
15. Notifying an institution or other provider of a decision to impose probationary or remedial arrangements or conditions, or to refuse or withdraw approval of a course, qualification, test, institution or provider, and of the right of appeal (art 47(6));
16. Using best endeavours, when approval of a course, institution or provider is withdrawn, to secure that any person undertaking that course or studying with that institution or provider at the time is given the opportunity to attend an approved course conducted by an approved institution or provider (art 47(8));
17. Determining the education, training or experience required to address fitness to practise matters (art 44(1)(a)(iii));
18. Issuing confirmation of good standing to registrants (Sch 1, para 3(1));
19. Determining whether an exempt person is 'appropriately qualified' as a pharmacist or as a pharmacy technician under the General Systems Regulations (arts 21(1)(c) and 22(1)(b));
20. Determining whether an exempt person is 'appropriately qualified' as a pharmacist where that person does not have a qualification in pharmacy which has been designated by the Privy Council as an approved qualification and who does not fall under the General Systems Regulations (art 21(1)(d)(ii)(aa));
21. Determining whether an exempt or non-exempt person is 'appropriately qualified' as a pharmacist where that person holds a qualification in pharmacy obtained outside Great Britain which has not been approved by the Council as attesting to the standard set by the Council (art 21(1)(d)(ii)(bb));
22. Determining whether an exempt person is 'appropriately qualified' as a pharmacy technician where that person does not fall under the General Systems Regulations (art 22(1)(c)(ii)(aa));
23. Determining whether an exempt or non-exempt person is 'appropriately qualified' as a pharmacy technician where that person holds a qualification in pharmacy obtained outside Great Britain which has not been approved by the Council as attesting to the standard set

by the Council (art 22(1)(c)(ii)(bb));

24. Determining whether an applicant for registration should meet additional education, training or experience requirements and determining the nature of those requirements (art 20(1)(a)(iii)),
25. Determining whether an applicant has the necessary knowledge of English and requesting further evidence, information or documents or requiring the applicant to undergo an examination or other assessment (art 23A(4) and (6));
26. Determining the form and manner of application for registration (including annotation of the register), renewal of registration, voluntary removal from and restoration to the register and the information to be provided. (arts 23(1)(a), 27(1)(b), 31(1)(a), 37(3)(a) This also includes determining the form and manner of applications relating to premises under the Medicines Act 1968);
27. Determining the form of notices of registration (art 26(2));
28. Consulting upon rules, standards and criteria approved for consultation by the Council (arts 5(1), 36(6), 43(3)(a), 66(3));
29. Publishing the standards or criteria set and rules made by the Council (arts 36(2), 42(2), 43(2), 43(3)(b), 48(2));
30. Publishing the CPD framework adopted by the Council (art 43(6));
31. Publishing or providing information about the regulation of pharmacists, pharmacy technicians and pharmacy premises (Sch 1, para 3(1));
32. Publishing or providing guidance agreed by the Council to registrants, employers or others in respect of the standards for the education, training, supervision and performance of persons who are not registrants but who provide services in connection with those provided by registrants (Sch 1, para6(2));
33. Appointing, from members appointed by the Appointments Committee, the members of panels to hear appeals or conduct particular fitness to practise proceedings, in line with any decisions on the composition of panels made by the chair of the Fitness to Practise Committee under the Statutory Committees and their Advisers Rules (Sch 1, para 5);
34. Determining the form of documents provided for in rules covering the procedures and rules of evidence of the statutory committees (art 61(6));
35. Making arrangements for the GPhC to be represented at any appeal or fitness to practise proceedings (art 61(2));
36. Publishing the particulars of orders and decisions made by the Investigating, Fitness to Practise and Appeals committees, and the reasons for them (arts 40(11)-(12), 54(5)(c), Sch 1, para 3(1));
37. Requiring information or documentation from a registrant or a third party to assist the GPhC in carrying out functions under the Order (art 49(1));
38. Seeking a court order where a person has failed to provide information or documentation required under art 49(1) from a registrant or a third party to assist the GPhC in carrying out

functions under the Order (art 49(4));

39. Disclosing information relating to the fitness to practise of particular registrants, of all registrants or of groups of registrants, in the public interest (art 50(1)-(2));
40. Seeking an extension by a court of an interim order made by the Fitness to Practise committee (art 56(5));
41. Approving fees to be charged under art 65(1) of the Pharmacy Order other than charges in connection with entry to the pre-registration scheme and registration assessment for prospective pharmacists, and the assessment of overseas-qualified pharmacists (art 65(1));

Governance, finance and organisational management

42. Conducting and defending all proceedings (other than criminal prosecutions brought under Sch 1 para 3(2)(b)) brought by or against the GPhC in any court, tribunal or arbitration (Sch 1, para 3(1));
43. Instituting criminal prosecutions under any enactment (Sch 1, para 3(2)(b));
44. Advising the Privy Council that a person has ceased to be a member of the Council (Constitution Order, para 6);
45. Notifying the Privy Council if the Council has suspended a member provisionally under standing orders, pending a decision of the Privy Council on whether or not to suspend that member under the Constitution Order, para 7(5);
46. Terminating a provisional suspension of a Council member under standing orders if the Privy Council decides not to suspend that member (Constitution Order, para 7(6));
47. Maintaining and publishing the register of members' interests, including gifts and hospitality (Sch 1, para 4);
48. Keeping the accounts and preparing the annual accounts of the GPhC (Sch 1, para 7(1));
49. Administering the GPhC's finances including, but not limited to, the day to day control of those finances (Sch 1, para 3(1));
50. Approving guidance on expenses for witnesses (Sch 1, para 3(1));
51. Arranging any insurance on behalf of the GPhC (Sch 1, para 3(1));
52. Tendering, awarding and varying contracts (Sch 1, para 3(1));
53. Approving the terms of any other agreements or transaction (Sch 1, para 3(1));
54. Approving the Council's bank mandates (Sch 1, para 3(1));
55. Managing any property owned by the GPhC, or in which the GPhC has an interest, including the submission of planning and building consent applications (Sch 1, para 3(1));
56. Determining and administering the GPhC's employment procedures and processes (Sch 1, para 3(2)(c));
57. Appointing or removing all other employees of the GPhC (Sch 1, sub-para 3(2)(c)), including inspectors (art 8(1)) and any Deputy Registrar (art 18(4));
58. Determining the remuneration packages and terms & conditions for employees of the GPhC, within the overall remuneration framework agreed by the Remuneration Committee

(Sch 1, para 3(2)(i));

59. Determining the remuneration packages and terms & conditions for non-employees who are not covered by the Remuneration Committee's remit (such as CPD reviewers, medical assessors, adjustments panel, European pharmacy professional application evaluators, return to the register application evaluators, question writers) (Sch 1, para 3(2)(i));
60. Approving the GPhC's Publication Scheme under the Freedom of Information Act 2000 (Sch 1, para 3(1));
61. Publishing the GPhC's reports, plans and accounts approved by the Council for submission to the Privy Council (Sch 1, paras 7(4)(a) & 8(1));
62. Approving the GPhC's Welsh Language Scheme (Sch 1, para 3(1));
63. Approving the annual report to the Welsh Language Commissioner on how we have met our obligations under the Welsh Language Scheme (Sch 1. para 3(1));
64. Approving the procedure for dealing with organisational complaints (Sch 1, para 3(1));
65. Approving submissions to the Professional Standards Authority for the purpose of the annual performance review (Sch 1, para 3(1)).

6. Matters delegated to non-statutory committees or structures

Non statutory committees

6.1 The following non-statutory committees and structures have delegated responsibilities within the Council's policies:

- **Audit & Risk Committee** (art 4(7) and Sch 1, para 3(1))

  The Council has established the Audit & Risk Committee to support the Council by reviewing the comprehensiveness and reliability of assurances and internal controls in meeting the Council's oversight responsibilities. The Audit & Risk committee reviews internal and external audit arrangements and advises the council on the implications of assurances provided in respect of risk and control.

- **Finance & Planning Committee** (art 4(7) and Sch 1, para 3(1))

  The Finance & Planning Committee is responsible for providing the Council with assurance on the continuing efficiency and effectiveness of the organisation. This includes overseeing business and financial planning, to ensure that they align with the with the overall strategy set by the Council as well as overseeing and monitoring the implementation of the GPhC's investment strategy and policy, and other investment activities.

- **Quality & Performance Assurance Committee** (art 4(7) and Sch 1, para 3(1)

  The Council has established the Quality & Performance Assurance Committee (QPAC) to support the Council by overseeing and monitoring the measurement and management of quality and performance across the range of the Council's activities, to enable the Council to carry out its oversight responsibilities.

- **Workforce Committee** (art 4(7) and Sch 1, para 3(1)(g)-(j))

The Council has established a Workforce Committee to support the Council by providing assurance that there are appropriate systems in place for remuneration for council members, employees and others and associated workforce matters.

- **Assurance and Appointments Committee** (art 4(7) and Statutory Committees and their Advisers Rules, Rules 6, 9 & 14)

  The assurance and appointments committee is accountable, but operates at arm's-length from the Council, and is responsible for the selection and recruitment of statutory committee members.

6.2 The delegated responsibilities for each Committee are set out in more detail in their respective Terms of Reference, as approved by the Council.

Board of Assessors (art 4 (7) ~~-~~and Sch 1, para 3 (1)

~~6.3 The Board of Assessors has responsibility, within the Council's policies, for:~~

- ~~Developing and holding, or causing to be held, registration assessments (art 44(1)(b))~~
- ~~Determining the arrangements under which assessments under art 44(1)(b) will be held including: dealing with disciplinary matters relating to candidates or prospective candidates; agreeing adjustments for candidates with specific needs related to any protected characteristic; considering candidate appeals and awarding results (art 44(1)(b)(iii)).~~

6.3 The GPhC Council has established the Board of Assessors which acts as an expert advisory structure and has responsibility, within the Council's policies, for:

- Setting and maintaining the standard and quality of assessments for the purposes of art 44 (1) (b), which includes setting and maintaining the assessment design and framework , ensuring the assessment academic integrity and professional credibility , and providing advice to Council on the assessment including (but not limited to) monitoring registration assessment data and reviewing candidate performance to ensure the assessment standard is maintained, and
- Determining the policy and frameworks under which assessments under art 44(1)(b) will be held including: dealing with disciplinary matters relating to candidates or prospective candidates; agreeing adjustments for candidates with specific needs related to any protected characteristic; considering candidate appeals and awarding results (art 44(1)(b)(iii)).

6.4 The delegated responsibilities for the Board of Assessors are set out in more detail in their Terms of Reference, as approved by the Council

7. Application of the Scheme

7.1 The Chief Executive & Registrar will be responsible for the application of the Scheme and will be accountable to the Council for ensuring that:

- decisions on matters reserved to the Council are referred to the Council;
- decisions on matters delegated to a non-statutory committee or other structure are referred to that committee or structure; and
- decisions on matters delegated to the CE&R are consistent with relevant legislation and with the Council's policies.

8. Monitoring and compliance

8.1 The Council is responsible for the Scheme of Delegation and will review the Scheme every two years, or in line with relevant legislative or other change.

8.2 Compliance with the scheme, or specific aspects of the scheme, is monitored in a number of different ways, including through performance monitoring and other assurance mechanisms such as internal audit and review.

8.3 If you have any questions about the Scheme, please contact the Executive Office and Governance Team.

9. Supporting documents

9.1 The core legislation including the Pharmacy Order 2010, associated procedural rules and key governance policies and procedures are available on the GPhC website.

10. Appendices

10.1 **Appendix A** below sets out the statutory functions of the Registrar.

Appendix A: Statutory duties and powers of the Registrar under the Pharmacy Order 2010

The main duties and powers of the Registrar under the Pharmacy Order 2010 are summarised below. These are not included in the Scheme of Delegation as they are statutory functions of the Registrar and are shown here for ease of reference. The Registrar also has a number of statutory functions under procedural rules and other legislation such as the Medicines Act 1968.

Establishment, maintenance of and access to the Register

The Registrar must:

- establish and maintain the Register of pharmacist, pharmacy technicians and pharmacy premises (art 19(1))
- in such manner as the Registrar sees fit, compile lists comprising information in or derived from entries in the Register (art 19(5)).

Entitlement to entry in Part 1 or Part 2 of the Register

The Registrar is to determine whether applicants are entitled to be entered in Part 1 or, as the case may be, Part 2 of the Register (art 20(1)) and to determine whether such entries may be renewed (art 20(2)).

The Registrar may, in certain circumstances, require an applicant for registration to undertake additional education, training or experience (art 20(1)(a)(iii)).

Pre-entry requirements in respect of qualifications and additional education, training or experience: pharmacists

The Registrar may require:

- certain applicants for registration holding overseas qualifications to undertake additional education, training or experience (art 21(1)(d)(ii)(bb));
- certain exempt applicants for restoration to the Register to undertake additional education, training or experience but only where this is consistent with the EU Treaties and Directive 2005/36/EC (art 21(4));
- applicants for registration to meet requirements as to additional education which comprise or include reaching an adequate standard of proficiency in the knowledge and use of English (art 23A).

Pre-entry requirements in respect of qualifications and additional education, training or experience: pharmacy technicians

The Registrar may require:

- certain applicants for registration holding overseas qualifications to undertake additional education, training or experience (art 22(1)(c)(ii)(bb));
- certain exempt applicants for restoration to the Register to undertake additional education, training or experience but only where this is consistent with the EU Treaties and Directive 2005/36/EC (art 22(2));
- applicants for registration to meet requirements as to additional education which comprise or include reaching an adequate standard of proficiency in the knowledge and use of English (art 23A).

Form, manner and content of applications for entry or for renewal of an entry in the Register: pharmacists and pharmacy technicians

The Registrar may refuse to enter an applicant in the Register or refuse to renew the entry of an applicant in the Register, if the applicant fails to comply with, or if in respect of the applicant there is a failure to comply with registration rules (art 23(2)).

If a registrant fails to comply with registration rules relating to a renewal application, the failure may be treated as misconduct and the Registrar must consider whether or not to refer the matter to the Investigating Committee or the Fitness to Practise Committee (art 23(3)).

Notification by the Registrar: entry & renewal

The Registrar must, within one month, acknowledge an application for registration in Part 1 or Part 2 of the Register and inform the applicant of any missing document required.

The Registrar must, within three or four months (depending on the basis of the application) of receiving all the documents required for a registration application, notify the applicant of the result of the application.

The Registrar must, within one month, acknowledge an application for renewal of registration in Part 1 or Part 2 of the Register and inform the applicant of any missing document required.

The Registrar must, within one month of receiving all the documents required for a renewal application, notify the applicant of the result of the application.

Duration of entry

The Registrar must remove entries from Parts 1 & 2 of the Register when they cease to be valid (art 25(3) and must send the person concerned a statement of the reasons for the removal (art 25(4)).

Notice of entry in the Register

The Registrar must send registrants written notice of their entries in the Register (arts 26(1)-(3)).

Specialisations: registrants and registered pharmacies

Where the Registrar decides not to enter, renew or restore an annotation in respect of a specialisation of an entry in the Register of a registrant or a registered pharmacy, or to remove such an annotation from the Register, the Registrar must send a notice to the person concerned stating the reasons for the decision and the right of appeal to the Appeals Committee (arts 27(2)-(3)).

Registrants' duties with regard to their entries

If the Registrar sends two notices to a registrant in Part 1 or Part 2 of the Register and, in each case, receives no reply within a specified time, the Registrar may remove the registrant from the Register (art 28(2)).

If a registrant in Part 1 or Part 2 of the Register fails to comply with rules about information to be provided by registrants, the Registrar may remove the registrant from the Register (art 28(3)).

The Registrar must send a notice to any person removed from the Register under art 28(2)-(3) stating the reasons for the removal and the right of appeal to the Appeals Committee (art 28(4)).

Corrections to the Register

The Registrar must keep the Register correct and up to date (art 29(1)).

If the Registrar determines that an entry of a registrant or pharmacy in the Register has been fraudulently procured or incorrectly made, the Registrar may, subject to any provisions in rules, remove the registrant or registered pharmacy from that part of the Register (art 29(3)). The Registrar must then send a notice to the person concerned stating the reasons for the removal and the right of appeal to the Appeals Committee (arts 29(5)-(6)).

Fitness to practise matters before entry or renewal of an entry

The Registrar may, subject to any provisions in rules, remove a registrant from Part 1 or 2 of the Register if the Registrar is satisfied that:

(a) the registrant's fitness to practise was impaired as a result of prescribed circumstances or because of a health problem at the time of the registrant's entry in the Register or at the time of a renewal application; and

(b) the registrant had not informed the Registrar of those circumstances or that problem in advance (arts 30(1)-(2)).

If a registrant in Part 1 or Part 2 of the Register fails to comply with rules about fitness to practise matters before entry or renewal of an entry, the Registrar may remove the registrant from the Register (art 30(3)).

The Registrar must send a notice to the person concerned stating the reasons for the removal and the right of appeal to the Appeals Committee (art 30(5)).

Voluntary removal from the Register

Where the Registrar refuses an application for voluntary removal from the Register, the Registrar must send the applicant a statement giving notice of the refusal and the reasons for it (art 31(2)).

Indemnity arrangements

The Registrar may, subject to any provisions in rules, refuse to enter a person in, or to restore a person's entry in, the Register where that person has failed to comply with rules concerning information to be provided to the Registrar on indemnity arrangements (art 32(8)).

The Registrar may remove a registrant from the Register where that person is in breach of requirements in rules or the Order relating to the requirement to have in force an indemnity arrangement which provides appropriate cover, or may refer the matter as an allegation of misconduct (art 32((9)).

Where the Registrar refuses to enter a person in, or restore a person to, the Register, or removes a person from the Register, the Registrar must send a notice to the person concerned stating the reasons for the decision and the right of appeal to the Appeals Committee (art 32(10)).

Temporary entry with regard to emergencies involving loss of human life or human illness etc.

If the Secretary of State advises the Registrar of a state of emergency, the Registrar may:

- enter appropriate persons in Part 1 or Part 2 of the Register during the emergency and may make such entries subject to conditions (arts 34(1)-(4))
- remove a person registered under this article from the Register if the Registrar has grounds for suspecting that the person's fitness to practise is impaired, and must remove such persons from the Register when the Secretary of State advises that the emergency no longer exists (art 34(5))
- make available information to assist with the identification of persons entered in the Register under this article in such manner as the Registrar sees fit (art 34(9)).

Temporary annotations with regard to emergencies involving loss of human life or human illness etc.

If the Secretary of State advises the Registrar of a state of emergency, the Registrar may:

- annotate entries in Part 1 or Part 2 of the Register to allow such persons to order drugs, medicines & appliances during the emergency (art 35(1))
- remove such an annotation if the Registrar has grounds for suspecting that the person's fitness to order drugs, medicines & appliances is impaired, and must remove such annotations when the Secretary of State advises that the emergency no longer exists (art 35(3)).

Restoration to the Register of persons or premises removed from the Register

The Registrar may restore a person or a registered pharmacy to the Register in accordance with rules (arts 37(1)-(2)).

Where restoration of a person is granted subject to compliance with an undertaking with regard to CPD and the person breaches that undertaking, that breach may be treated as misconduct and the Registrar must consider whether or not to refer the matter to the Investigating Committee or the Fitness to Practise Committee (art 37(4)).

Where the Registrar refuses an application for restoration to Part 1, 2, 4 or 5 of the Register, the Registrar must send the applicant a notice stating the reasons for the refusal and the right of appeal to the Appeals Committee (art 37(5)).

Where the Registrar refuses an application for restoration to Part 3 of the Register, the Registrar must send the person concerned a notice stating the reasons for the refusal and the right of appeal to the Appeals Committee (art 37(6)).

Appeals to the Appeals Committee

The Registrar may extend the deadline for giving notice of an appeal where he is satisfied that the person did not receive the statement of the reasons for the appealable decision within 14 days of it being sent (art 40(4)).

Continuing Professional Development

The Registrar may, in accordance with rules, remove a registrant from the Register or impose other remedial measures where the registrant has failed to comply with the CPD framework or made a false declaration about his compliance (art 43(8)(a)).

Where the Registrar removes a registrant from the Register as above, he must send the person concerned a notice stating the reasons for the decision and the right of appeal to the Appeals Committee (art 43(8)(c)).

Impairment of fitness to practise

If a registrant fails to comply with rules about information to be provided to the Registrar on fitness to practise matters that arise while registered, the failure may be treated as misconduct and the Registrar must consider whether or not to refer the matter to the Investigating Committee or the Fitness to Practise Committee (art 51(6)).

Initial action in respect of allegations

Except in such cases as are provided for in rules, the Registrar must refer all fitness to practise allegations to the Investigating Committee or, as appropriate, the Fitness to Practise Committee and must inform the registrant concerned and the person, if any, who made the allegation accordingly (art 52(1)-(4)).

Once a decision has been taken to refer the allegation to the Investigating Committee or the Fitness to Practise Committee, the Registrar must:

- require from the registrant concerned details of any person by whom the registrant is employed or engaged to provide services relating to pharmacy, or with whom the registrant has arrangements to provide such services;
- notify any such persons of the investigation;
- notify the Secretary of State, Scottish Ministers and Welsh Ministers of the investigation; and
- notify the Department of Health, Social Services and Public Safety in Northern Ireland of the investigation where the registrant is also registered in Northern Ireland (art 52(5)).

Where a registrant fails to provide details as above, the failure may be treated as misconduct and the Registrar may refer the matter to the Committee that is considering the allegation, the Registrar may seek an order of the relevant court requiring the requested details to be supplied (art 52(6)).

Consideration by the Investigating Committee

If the Investigating Committee closes a case without referring it to the Fitness to Practise Committee, the Registrar must inform the person concerned and the person who made the allegation, if any, of the Investigating Committee's decision and any action it is taking (art 53(2)).

If the Investigating Committee refers an allegation to the Fitness to Practise Committee, the Registrar must inform the person concerned and the person who made the allegation, if any, of the referral and, where relevant, of the Investigating Committee's opinion that the Fitness to Practise Committee should consider making an interim order (art 53(3)).

Consideration by the Fitness to Practise Committee

If the Fitness to Practise Committee determines that the fitness to practise of the person concerned is not impaired, the Registrar must inform the person concerned and the person who made the allegation, if any, of the Committee's decision and any warning or advice given by the Committee (art 54(5)).

If the Fitness to Practise Committee gives a warning or a direction, the Registrar must send the person concerned a notice of the reasons for the warning or direction and of any right of appeal (art 54(8)).

Professional performance assessments

If the Registrar has, in accordance with rules, ordered an assessment of a registrant's professional performance (art 55(1)) and the registrant fails to produce any records required by an individual assessor or an assessment team, the Registrar may seek a court order requiring the records to be produced (art 55(7)).

Interim orders

If an interim order is made, revoked or varied, the Registrar must send the person concerned a notice of the order, revocation or variation (art 56(4)).

Restoration of names to the Register: fitness to practise

If a person who has been removed from the Register by the Fitness to Practise Committee applies for restoration, the Registrar must refer the application to the Fitness to Practise Committee (art 57(1)).

The Registrar may, if the rules so provide, determine whether any, and if so what, additional education, training or CPD is required before an applicant may be restored to the Register (art 57(3)(c)).

Where the Fitness to Practise Committee refuses an application for restoration, the Registrar must send the applicant a notice stating the reasons for the refusal (art 57(5)).

If the Fitness to Practise Committee directs that an applicant's restoration to the Register shall be conditional on them complying with specified requirements, or directs that a person may make no further applications for restoration, the Registrar must send that person a notice stating the reasons for the decision and, in the case of a direction that a person may make no further applications for restoration, their right of appeal (art 57(10)).

Interim measures pending a direction taking effect

If the Fitness to Practise Committee makes an order to suspend a registrant's registration forthwith or to impose conditions on their registration forthwith, pending the coming into force of a direction, the Registrar must send that person a notice stating the contents of the order and their right of appeal (art 60(6)).

Rules in respect of proceedings

The Registrar may, if the rules so provide, request a review of a direction for suspension or conditional entry in the Register (art 61(2)(e)(iii)(aa)).

Registration in respect of provision of occasional pharmacy services (pharmacists)

Where a visiting practitioner is entitled to be entered in Part 4 of the Register, the Registrar must give effect to that entitlement (Sch 2, Pt 1, para 2(1)).

The Registrar may refuse to enter a visiting practitioner in Part 4 of the Register if, in the Registrar's opinion, that person is not so entitled. If the Registrar refuses to enter a visiting practitioner in Part 4 of the Register, the Registrar must send the practitioner a notice stating the reasons for the decision and the right of appeal (Sch 2, Pt 1, paras 2(3)-(4)).

If a person ceases to be entitled to provide occasional pharmacy services, the Registrar may remove them from Part 4 of the Register (Sch 2, Pt 1, paras 2(5)-(6)).

Entitlement to provide occasional pharmacy services after the first year: renewals (pharmacists)

If a visiting practitioner has been removed from Part 4 of the Register for reasons other than the cessation of his entitlement, and that person applies to have his entitlement renewed, the renewal will only be granted if the Registrar decides, after having regard to the fact of the removal and the reasons for it, that the entitlement should be renewed (Sch 2, Pt 1, para 6(4)).

If the Registrar refuses to renew the entry of a visiting practitioner in the Register, the Registrar must send the practitioner a notice stating the reasons for the refusal and the right of appeal (Sch 2, Pt 1, para 6(9)).

Registration in respect of provision of occasional pharmacy services (pharmacy technicians)

Where a visiting practitioner is entitled to be entered in Part 5 of the Register, the Registrar must give effect to that entitlement (Sch 2, Pt 2, para 10(1)).

The Registrar may refuse to enter a visiting practitioner in Part 5 of the Register if, in the Registrar's opinion, that person is not so entitled. If the Registrar refuses to enter a visiting practitioner in Part 5 of the Register, the Registrar must send the practitioner a notice stating the reasons for the decision and the right of appeal (Sch 2, Pt 2, paras 10(3)-(4)).

If a person ceases to be entitled to provide occasional pharmacy services, the Registrar may remove them from Part 5 of the Register (Sch 2, Pt 2, paras 10(5)-(6)).

Entitlement to provide occasional pharmacy services after the first year: renewals (pharmacy technicians)

If a visiting practitioner has been removed from Part 5 of the Register for reasons other than the cessation of his entitlement, and that person applies to have his entitlement renewed, the renewal will only be granted if the Registrar decides, after having regard to the fact of the removal and the reasons for it, that the entitlement should be renewed (Sch 2, Pt 2, para 14(4)).

If the Registrar refuses to renew the entry of a visiting practitioner in the Register, the Registrar must send the practitioner a notice stating the reasons for the refusal and the right of appeal (Sch 2, Pt 2, para 14(9)).

Imposing, revoking or varying conditions on registered pharmacy premises

The Registrar may make the entry of premises entered in Part 3 of the Register of pharmacist, pharmacy technicians and pharmacy premises subject to such conditions as the Registrar considers it necessary to impose for the purpose of securing the safe and effective practice of pharmacy at those premises; and may vary or revoke any such conditions (section 74D of the Medicines Act 1968).

Non-compliance with improvement notices

The Registrar must refer certain cases of non-compliance with Improvement Notices to the Fitness to Practise Committee under section 80(1)(c) or (1A) of the Medicines Act 1968 (grounds for disqualification in certain cases) (art 14 (4A)). (Improvement notices may be issued where there is a failure to meet standards or conditions relating to standards)

Please note that you should always refer to the relevant legislation for full details of the Registrar's statutory functions and powers.

For GPhC staff, please also refer to the Authority Framework for detailed guidance and information about delegated authority to act for the Registrar, including the exceptions list.



General Pharmaceutical Council
25 Canada Square, London E14 5LQ
www.pharmacyregulation.org

General Pharmaceutical Council

Variation to the Standards for the Education and Training of Pharmacist Independent Prescribers

Meeting paper for Council on 15 October 2026

Public Business

Purpose

To vary the GPhC's *Standards for the Education and Training of Pharmacist Independent Prescribers* to incorporate technical amendments, enabling UK-qualified pharmacists practising in the Crown Dependencies (Jersey, Guernsey and the Isle of Man) to enrol on GPhC-accredited pharmacist independent prescribing courses and, upon successful completion, to receive an annotation to their entry in the GPhC register.

Recommendation

Council is asked to **AGREE** a variation to the *Standards for the Education and Training of Pharmacist Independent Prescribers* to incorporate technical amendments detailed in Appendix 1.

1. Introduction

1.1 One of the core responsibilities of the GPhC is to set standards for the education and training of pharmacists and pharmacy technicians, and to quality assure courses based on them. The GPhC is the regulator for pharmacy in Great Britain (England, Scotland and Wales); the regulation of pharmacy in Northern Ireland is the responsibility of the Pharmaceutical Society of Northern Ireland (the Society). The GPhC works closely with the Society in a number of areas, including setting standards for the education and training of pharmacists on a UK-wide basis.

1.2 The Crown Dependencies (comprising Jersey, Guernsey and the Isle of Man) do not form part of the UK. They are self-governing possessions of the British Crown.

1.3 The GPhC's legal framework which came into force in 2010 sets out the requirements to be satisfied for a person to be registered as a pharmacist or pharmacy technician with the GPhC. This includes a provision which states that person is not entitled to be registered as a pharmacist or pharmacy technician or for their registered entry to be renewed, if they do

not intend to practise as a pharmacist or as a pharmacy technician in Great Britain, the Channel Islands (Jersey and Guernsey) or the Isle of Man[1].

1.4 The GPhC understands that Jersey and Guernsey law requires pharmacists wishing to practise in those jurisdictions to register both with the authorities locally and with the GPhC. The Isle of Man Government does not hold its own register of pharmacists and instead requires pharmacists intending to practise on the Isle of Man to be registered with the GPhC.

1.5 Registering with the GPhC requires all applicants to satisfy the GPhC's criteria for registration. Being entered in the GPhC's register is evidence that a pharmacist's education and training have been recognised by the GPhC as meeting the standard of proficiency for the safe and effective practice of pharmacy, irrespective of where those qualifications were obtained.

1.6 Pharmacists registered with the GPhC who have not trained under the GPhC's 2021 *Standards for the Initial Education and Training of Pharmacists* must successfully complete a post- registration accredited independent prescribing course before they can be annotated on the register as an Independent Prescriber (IP).

1.7 The *Standards for the Education and Training of Pharmacist Independent Prescribers* (hereafter 'the Standards') set entry requirements for IP courses. These requirements include the need for applicants to 'have relevant experience in a pharmacy setting in the **UK**'. There is no reference within the Standards to the Crown Dependencies.

1.8 Entry requirements for IP courses were set originally by the Royal Pharmaceutical Society of Great Britain and were adopted by the GPhC when it assumed responsibility for the regulation of pharmacy in Great Britain in 2010. When the Standards were updated in October 2022, the entry requirement that an applicant's prior experience must have been undertaken in the UK was not revisited, but there was not an intentional policy intent to preclude pharmacists who are practising in the Crown Dependencies from enrolling on accredited IP courses

1.9 It has come to light that some (not all) course providers have interpreted the UK as including the Crown Dependencies and have allowed pharmacists practising in those jurisdictions to enrol on courses and train for their IP annotation. The number of IP-annotated pharmacists on our register with a registered address in a Crown Dependency is as follows:

a) 20 Jersey IP pharmacists (in total there are 91 pharmacists with an address in Jersey registered with the GPhC);

b) 8 Guernsey IP pharmacists (there are 43 pharmacists with a Guernsey address registered with the GPhC); and

c) 38 Isle of Man IP pharmacists (there are 74 pharmacists with an Isle of Man address registered with the GPhC).

These pharmacists have applied for and have completed their training in good faith and have received an IP annotation to their entry on the GPhC register in line with established criteria.

1.10 Taking account of all of the above, it is reasonable, necessary and proportionate, and in the interests of patients, the public and professionals, to vary the IP course requirements within the Standards with immediate effect to:

[1] Article 20 (3) of the Pharmacy Order 2010

a) allow GPhC and/or Society registered pharmacists with relevant pharmacy experience gained in the Crown Dependencies to enrol on accredited IP courses, train in the Dependencies and upon successful completion of the course, to receive an IP annotation on their Register entry;

b) permit the Designated Prescribing Practitioners (DPPs) who supervise GPhC and/or Society pharmacists enrolled on an IP course, to practise in the UK and/or in the Crown Dependencies; and

c) formally confirm that GPhC-registered pharmacists in the Crown Dependencies with an IP annotation retain their IP annotation, subject to satisfying the GPhC's requirements for retaining/renewing IP annotation.

2. Remedial options

2.1 To address the anomaly outlined in this paper, we have considered the following options:

a) Do nothing –this would involve retaining the existing entry requirements that require applicants to have relevant experience in a UK pharmacy setting. There was not a deliberate policy intent to preclude pharmacists who are registered with the GPhC and practising in the Crown Dependencies for enrolling on accredited IP courses and the consequences of retaining and applying existing requirements this would be:

   a. explicitly bar GPhC and/or Society registered pharmacists who have post-registration experience of pharmacy practice gained solely in the Crown Dependencies from training as Independent Prescribers on GPhC-accredited courses;

   b. remove the IP annotations of pharmacists in the Crown Dependencies obtained prior to 15 October 2026 who did not have relevant experience in a pharmacy setting in the UK at the time they completed the accredited IP course; and

   c. compromise the provision of pharmacist IP services in the Crown Dependencies.

b) To vary the requirements within the standards with immediate effect as follows:

   a. to allow GPhC/Society registered pharmacists with relevant pharmacy experience gained in the Crown Dependencies to enrol on accredited IP courses and train in the Dependencies and upon successful completion of the course to receive an IP annotation on their Register entry;

   b. to permit DPPs who supervise GPhC/Society registered pharmacists enrolled on an IP course, to do so in the UK and/or the Crown Dependencies; and

   c. formally to confirm that GPhC-registered pharmacists in the Crown Dependencies with a current IP annotation retain their IP annotations, subject to satisfying the GPhC's requirements for retaining/renewing them.

2.2 The amendments proposed in 2.1.b are presented fully in Appendix 1.

2.3 The technical amendments proposed do not alter course content in any way, nor dilute the requirement for the supervision of prescribers-in-training by experienced prescribers.

2.4 Currently, pharmacists in the Crown Dependencies are enrolled on accredited IP courses due to commence in the Autumn Term 2026-2027. To manage expectations, we have

notified course providers of the situation and have advised them to continue to accept applications for training, pending Council's decision.

3. Consultation and engagement

3.1 The Pharmacy Order[2] expressly provides that before setting, varying or withdrawing any standards or requirements under the Order, the Council must consult such persons as it considers appropriate including, where it considers appropriate, persons appearing to it to represent:

- registrants;
- employers of registrants;
- professional bodies or organisations appearing to the Council to represent registrants;
- users of the services of registrants;
- persons or bodies commissioning or funding the services provided by registrants or at registered pharmacies;
- persons carrying on a retail pharmacy business at a registered pharmacy; and
- persons or bodies providing, assessing, regulating or funding education and training for registrants or prospective registrants.

and the Council must consult the Scottish Ministers, the Welsh Ministers and the Secretary of State for Health and Social Care.

3.2 The proposed variation to the Standards is a technical amendment to clarify that GPhC/Society registered pharmacists who are practising solely in the Crown Dependencies are eligible to enrol on accredited IP courses.

3.3 In advance of seeking a decision from Council, we carried out a targeted consultation with the Chief Pharmacists and their delegates in the Crown Dependencies and with all accredited IP course providers, and with the Society, seeking their views on the issues and our proposals.

3.4 We received a joint response from the Crown Dependencies and responses from 13 accredited course providers. The feedback we received was unanimous and unequivocal in expressing strong support for option 2.1.b outlined above and recommended to Council.

3.5 In their responses, stakeholders noted option 2.1.b will improve equality of access to prescribing training, enabling pharmacists to complete their learning in practice within their local healthcare systems, which in turn, supports patient care, workforce development, and the expansion of prescribing services in the Crown Dependencies.

3.6 Pharmacy leaders in the Crown Dependencies expressed concerns that if the Standards are not varied as proposed, the impact for pharmacists in those jurisdictions will be detrimental to them professionally and have significant effects on pharmacy services in the Crown Dependencies.

3.7 The Society also expressed their support for the proposed course of action.

[2] Article 5 of the Pharmacy Order 2010

3.8 We have notified officials within the Department of Health and Social Care (DHSC) and the Chief Pharmaceutical Officers for England, Scotland, and Wales of the issues outlined in this paper including our recommendation to Council that they vary the eligibility criteria within the Standards.

3.9. We will inform the Professional Standards Authority (PSA) of our actions and the rationale behind them.

4. Equality and diversity implications

4.1 The course standards include an Equality, Diversity and Fairness standard and the Admissions standard also includes equality, diversity and fairness requirements. These remain unchanged by the proposed amendments.

4.2 The proposed amendments will ensure equity of access to independent training courses for pharmacists registered with the GPhC/the Society who reside and/or practise in the Crown Dependencies.

5. Communications

5.1 In advance of Council's decision, the GPhC issued a holding position to IP course providers, as mentioned in 2.4 above.

5.2 Council's decision will be communicated directly to the Chief Pharmacists for Jersey, Guernsey, the Isle of Man, and all IP course providers

5.3 We will also communicate Council's decision to the DHSC, the Chief Pharmaceutical Officers for England, Scotland and Wales, the PSA, the Society and other stakeholders

5.4 If Council agree to vary the IP standards, we will publish the updated IP standards on our website as soon as reasonably practicable after the Council meeting.

6. Resource implications

6.1 The recommended action can be absorbed into existing resource and capacity.

7. Risk implications

7.1 As pharmacists practising in the Crown Dependencies are registered with the GPhC and have therefore had their professional qualifications recognised by the GPhC and are expected to comply with our Standards for Pharmacy Professionals, we have not identified risks to patients or the public in allowing registered pharmacists in those locations to train on GPhC-accredited IP courses and receive a register annotation as an IP.

7.2 There is no evidence of fitness to practise or patient safety concerns in respect of GPhC registered annotated independent prescribers with an address in the Crown Dependencies and there was not an intentional policy decision to preclude pharmacists in the Crown Dependencies from undertaking IP training when the standards were last updated in 2022.

7.3 All pharmacist independent prescribers registered with the GPhC are now required to demonstrate annually, in at least one of their revalidation records, how they have maintained their prescribing skills and remain fit to practice. This requirement provides assurance that GPhC registered pharmacist independent prescribers can practise safely and effectively and mitigates risk to patients and the public.

7.4 Failing to make the proposed technical amendments to the Standards and provide clarification in respect of the ability of pharmacists practising in the Crown Dependencies to enrol on IP courses would compromise the provision of pharmacist independent prescribing services in the Crown Dependencies and in turn patient care in those jurisdictions.

8. Monitoring and review

8.1 Through accreditation activity the GPhC will confirm that course providers are aware of Council's decision and its implications for admissions and course delivery.

9. Recommendation

Council is asked to **AGREE** a variation to the *Standards for the Education and Training of Pharmacist Independent Prescribers* to incorporate technical amendments detailed in Appendix 1.

Lynsey Cleland, Chief Standards Officer & Deputy Registrar

Sarah Davies, Senior Legal Advisor

Damian Day, Head of Education

Sarah Stein, Head of Registration and Customer Services

5 October 2026

Appendix 1: Amendments to Standards

Extracts from Standards for the Education and Training of Pharmacist Independent Prescribers (updated October 2022)

Current text is plain; amendments are underlined and in red.

Under 'Entry requirements', a.-e. is now a.-f. - the new b. is additional.

Part 2: Standards for pharmacist independent prescribing course providers (page 10 of the standards)

Entry requirements

The entry requirements for a Pharmacist Independent Prescribing course […] assess an individual's suitability for independent prescribing practice.

They are:

a. Applicants are registered as a pharmacist i. with the General Pharmaceutical Council (GPhC), and/or ii. in Northern Ireland with the Pharmaceutical Society of Northern Ireland (PSNI), and, where applicable, iii. with the relevant authorities in Jersey or Guernsey. Note: pharmacists practising on the Isle of Man are registered with the GPhC and therefore fall within the definition of (a) i.

b. Applicants must have an address registered with the GPhC and/or the PSNI in Great Britain, Northern Ireland, Jersey, Guernsey or the Isle of Man.

c. Applicants are in good standing with the GPhC and/or PSNI, and, where applicable, with the relevant authorities in Jersey or Guernsey, and with any other healthcare regulator with which they are registered.

d. Applicants must have relevant experience in a pharmacy setting in the UK, and/or in Jersey, Guernsey or the Isle of Man and be able to recognise, understand and articulate the skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training.

e. <Area of prescribing practice – no change>

f. Designated Prescribing Practitioner requirements

   Applicants must have a designated prescribing practitioner who has agreed to supervise their learning in practice. The applicant's designated prescribing practitioner must be a registered healthcare professional in Great Britain or Northern Ireland, practising in Great Britain, Northern Ireland, and/or in Jersey, Guernsey or the Isle of Man with legal independent prescribing rights, who is suitably experienced and qualified to carry out this supervisory role, and who has demonstrated CPD or revalidation relevant to this role. Although an applicant may be supervised by more than one person, only one prescriber must be the designated prescribing practitioner. The designated prescribing practitioner is

the person who will certify that successful pharmacists are competent to practise as independent prescribers.

Standard 1: selection and entry requirements (page 12 of the standards)

1.4 Course providers must check at the selection stage that they are satisfied each applicant has:

- relevant experience in a pharmacy setting in the UK, and/or in Jersey, Guernsey or the Isle of Man

<Other criteria in the standard remain unchanged>

Standards 2-9

<No change>

General Pharmaceutical Council

Appendix 5 - Annex A

Authorisation and supervision

Introduction

The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 makes changes to the Medicines Act 1968 and the Human Medicines Regulations 2012 that will be fully in force with effect from 10 December 2026 and which will:

1. allow pharmacists to authorise (without directly supervising) registered pharmacy technicians to carry out, or supervise others, carrying out the preparation, assembly, dispensing and sale and supply of medicines
2. allow pharmacists to authorise any member of the pharmacy team to hand out checked and bagged prescription only medicines without a pharmacist being present
3. Allow pharmacy technicians to take primary responsibility for the preparation, assembly and dispensing of medicinal products in hospital aseptic facilities that do not have a specials manufacturer's licence.

This new legislation around supervision is intended to support more effective use of the skills of every member of the pharmacy team. The legislation is 'enabling' in its effects, and not mandatory. The legal changes do not change the responsibility that each pharmacist and pharmacy technician has to use their professional judgement in deciding which activities to take responsibility for or delegate to others, or the professional responsibility to make sure that they work within their competence at all times.

The legal changes do not:

- Allow remote supervision, this means that a pharmacist cannot fulfil their responsibilities to supervise pharmacy staff whilst being at a different location to the pharmacy premises where their details are entered in the pharmacy record as the Responsible Pharmacist
- Remove the need for pharmacists to undertake appropriate clinical checks linked to the dispensing process. Pharmacists must still carry out the clinical check on a prescription to make sure that it is appropriate for the patient.

Under section 10 of the **Medicines Act 1968**, pharmacists are entitled to carry out, or supervise the carrying out, of tasks of preparation, assembly and dispensing of medicinal products that do not have a manufacturing licence. This applies even if the product is altered in a way that means it is no longer supplied in accordance with the terms of its product licence, if it has one, as long as what is done is carried out in:

- a registered pharmacy
- a hospital
- a health centre, or
- a Scottish care home service.

The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 amends the **Medicines Act 1968** to allow a pharmacist to authorise a pharmacy technician to either:

- carry out these tasks or,
- with the permission of the pharmacist, to supervise others to carry out these tasks.

Who can authorise

Authorisation can only be given by a registered pharmacist, and take place in Great Britain in:

- a registered pharmacy
- a hospital
- a Scottish care home service, or
- a health centre

In giving an Authorisation, a pharmacist must have due regard to patient safety.

Where a pharmacist authorises someone else, the pharmacist remains responsible and professionally accountable for tasks performed by another person under the terms of the authorisation. This is because it is not possible to delegate something to someone else and completely hand over accountability to the person who has been delegated.

If something goes wrong, the extent and degree of responsibility, accountability and liability of the authorising pharmacist and any other individuals, for example, a pharmacy technician and/or other members of the pharmacy team, involved in performing tasks under an authorisation, will depend on the facts and circumstances unique to each situation. Where there is an investigation into what happened and who is responsible, the courts and/or we will decide how to apportion accountability.

The authorising pharmacist role is distinct from the Responsible Pharmacist and Superintendent Pharmacist roles (although, in practice, all three roles could be fulfilled by one person in a retail pharmacy setting). If a pharmacy premises has both a Responsible Pharmacist and a Superintendent Pharmacist, **only** the Responsible Pharmacist or an authorising pharmacist can authorise; this will provide clear lines of accountability and responsibility.

For the purposes of these Standards and The Medicines (Pharmacies) (Responsible Pharmacist) Rules 2026, an authorising pharmacist is defined as a pharmacist registered with the GPhC but does not include a Superintendent Pharmacist, unless the Superintendent Pharmacist is also performing the role of the Responsible Pharmacist.

Using authorisation

The pharmacy's standard operating procedures must include instructions covering the ways any authorisation may be given, recorded, changed or withdrawn.

Authorisations can be:

- General or specific and given subject to conditions or restrictions
- Given orally or in writing. Our expectation is that authorisation will be provided in writing, with oral authorisation being used only in an emergency. If oral authorisation is used, the authorising pharmacist must make a full, written, record of the authorisation as soon as possible and in any event no later than by the end of the day on which the authorisation is made
- changed or withdrawn by the pharmacist who gives the authorisation.

To show that an authorisation has been accepted, it must be signed by both the authorising pharmacist and the person being authorised.

Authorising Pharmacist

The authorising pharmacist must:

- Write a full record of the authorisation on the day that the authorisation is made, in line with the instructions set out in their standard operating procedures
- Make sure that the Responsible Pharmacist is informed of all authorisations as they are made, or as soon as reasonably practicable afterwards and in any event no later than the end of the business day on which the authorisations are made
- Submit written records of all authorisations they have made on that business day, to the Responsible Pharmacist, and that these records are submitted on the day on which the authorisations are made
- Make sure authorisation is carried out appropriately. This includes making sure the pharmacy technician being authorised, or in the case of handing out checked and bagged prescriptions, any member of pharmacy staff being authorised, is:
    - Competent and has the appropriate education, training, skills, and experience, i.e. the task is within their scope of practice
    - Willing to take on the task
    - Clear about the responsibility and accountability they will be assuming
    - Clear about the limits and extent of what is being authorised
    - at regular intervals as necessary, review authorisations they have given and exercise their professional judgment in deciding whether the authorisations should continue. A contemporaneous written record of the review, including the date and time the review took place, as well as the outcome (authorisation to continue, authorisation varied, or authorisation withdrawn) must be recorded and submitted to the Responsible Pharmacist on the same business day the review took place.

When providing any authorisation, a pharmacist must have proper regard to patient safety. If they do not:

- it may constitute misconduct for the purposes of impairing fitness to practise, and
- we may open an investigation into concerns we receive about their fitness to practise
- We may also investigate the impact unsafe authorisations have upon the pharmacy premises' ability to run safely and effectively and meet our Standards for Registered Pharmacies.

Every authorisation by a pharmacist, including providing supervision, must state that the authorised task can only be done at or from the registered pharmacy premises named in the authorisation.

A pharmacist can authorise a pharmacy technician to undertake a variety of tasks, including:

- Preparing or dispensing medicinal products in accordance with prescriptions given after the authorisation is given
- Procuring the preparation or dispensing of medicinal products in accordance with prescriptions given after the authorisation is given.

A pharmacist can also authorise a registered pharmacy technician to supervise someone else in:

- Preparing or dispensing or medicinal products in line with prescriptions supplied after the authorisation is given, or
- Procuring the preparation or dispensing of medicinal products in line with prescriptions supplied after the authorisation is given.

A pharmacy technician must be authorised to supervise another member of staff to do something.

A pharmacist can authorise any suitably trained and competent member of the pharmacy team, not just pharmacy technicians, to hand out checked and bagged prescription items in the absence of a pharmacist or a pharmacist treated as absent.

Pharmacists must make sure that any member of the pharmacy team who is authorised to carry out or supervise a task has the appropriate knowledge and skills to do this. This responsibility also applies to locum pharmacists. When pharmacy staff are authorised to hand out checked and bagged prescription items, there must be procedures in place for if:

- a patient specifically asks for advice from a pharmacist, or
- a patient mentions or produces information that means they need to talk to a pharmacist.

The pharmacy's standard operating procedures and 'sale of medicines protocols' must include clear instructions on the conditions under which:

- a sale or supply should not go ahead, and
- there needs to be a discussion between the patient and the pharmacist.

Pharmacy technicians

The pharmacy technician must:

- Make sure they have the appropriate education, training, skills and experience for the task(s) being authorised and are working within their scope of practice
- Be willing to take on the task(s) being authorised
- be clear about the responsibility and accountability they will be assuming
- be clear about the limits and extent of what is being authorised, and work within this.

Pharmacy technicians can say 'no' to an authorisation for several reasons, including if:

- they think the task is outside their scope of practice, or
- they do not feel confident or safe in carrying out the task.

The role of the Responsible Pharmacist

The Responsible Pharmacist must:

- Check that all authorisations made in the pharmacy during the time they are signed in, are in line with the relevant standard operating procedures
- Submit all checked authorisation records to the Superintendent Pharmacist, if there is one, or the pharmacy owner, for them to store appropriately.

The Responsible Pharmacist can vary 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.

If a Responsible Pharmacist varies or withdraws an authorisation given by another pharmacist, they must make a written record of their reason(s) and clearly set out the changes they have made. This record must be created contemporaneously on the business day the decision is made and include the time and date of the decision. The Responsible Pharmacist must inform the person or persons acting under the authorisation, e.g. the pharmacy technician and/or the entire pharmacy team, of their decision to vary or withdraw the authorisation as soon as reasonably practicable.

There is more **guidance from the Royal College of Pharmacy (RCPharm) on how to undertake authorisation**, which is available on their website.

Other points to consider when authorising

Controlled drugs

There are no changes with reference to the handling and dispensing of controlled drugs under the new provisions.

Aseptic provision

The GPhC does not regulate aseptic facilities. Please see the RCPharm updated standards for the Quality Assurance of Aseptic Preparation which gives information on the supervision legislation which allows pharmacy technicians in hospital aseptic facilities to take the main responsibility for preparing, assembling and dispensing medicinal products that do not have a manufacturer's 'specials' licence.

Clinical trials

During clinical trials, hospital and health centre pharmacies and dispensaries can assemble medicinal products for investigation without needing a manufacturing licence. The new arrangements for authorisation by pharmacists – and supervision by pharmacy technicians – will apply, in a simplified way, to the assembly of these 'investigational' medicinal products.

Pharmacist who is absent or treated as absent

If a pharmacist is going to be absent, or treated as absent, and they have dispensed or supervised a checked prescription item(s) which is then ready for sale or supply at or from a registered pharmacy, the pharmacist can authorise any member of the pharmacy staff to undertake the final supply of that medicine to or for a patient. The RCPharm has produced guidance on how to undertake authorisation, and it is available on their website.

Note: A pharmacist is treated as being absent from premises that are a registered pharmacy if the pharmacist is at the pharmacy but:

- not available to intervene in the transaction in question, or
- not in a position to intervene in the transaction in question.

For example, if they are in a consultation room with a patient.

General Pharmaceutical Council

Council member appointments and reappointments 2027

Meeting paper for Council on 15 October 2026

Public

Purpose

This paper sets out the proposed process for Council member appointments and reappointments for 2027

Recommendations

The Council is recommended to:

i. Agree the process to be used for filling Council member vacancies arising in 2027.
ii. Note the selection criteria and competencies for new Council member appointments in the current policy at Appendix 1 and advise on any desirable criteria.
iii. Note the next steps in the process and timetable.

1. Introduction

1.1 Our role in the recruitment of members is to assist the Privy Council to make their appointments by ensuring that the appointments and/or reappointments processes are undertaken properly, in a timely manner and with sufficient resources allocated.

1.2 In line with our usual approach, this paper sets out the high-level plan for the appointments and reappointments process, based on our detailed policy for managing and recommending Council appointments (see **Appendix 1**) and the Professional Standards Authority's guidance.

1.3 Elements of the plan have been discussed with the Chair, and we have also had early discussions with the PSA and Privy Council.

2. Appointments and reappointments

2.1 Eight Council members will complete their terms of office on 31 March 2027. Five Council Members will have come to the end of their third term in office, and three Council Members will have come to the end of their first term in office.

2.2 In 2026 we completed a recruitment exercise for the five vacancies that will be created for the five Council Members who will complete their third term of office on 31 March 2027 and be leaving Council. The five new Council Members recruited early in 2026 will take up their role on council on 1 April 2027.

2.3 Of the three members whose first term of office comes to an end on 31 March 2027, two have indicated that they would be willing to serve a second term on Council, while one does not wish to do so.

2.4 This means that we need to undertake:

- an appointment process to recruit one new member to join the Council in 2027. This is in addition to the five new Council Members recruited earlier in 2026 and already appointed by the Privy Council to start their term of office on 1st April 2027
- a reappointment process for the two members to serve one additional final year.

2.5 We have already started work on the recruitment process to recruit the one further new Council Member who will start their term of office on 1st April 2027.

2.6 We would look to run a reappointments process in late 2026 for the two members willing to serve a second term on the Council from April 2027 to March 2030.

3. Timetable and Process

3.1 The table below sets out the indicative timetable for both the recruitment and reappointment processes.

Timeframe	Appointment	Reappointments
October	Council approval of process Launch recruitment campaign	
November	Longlisting listing meeting Short-listing meeting	Commence reappointment process
December	Panel Interview PSA consideration	PSA consideration
January 2026	PCO consideration	PCO consideration
February	Confirmation	Confirmation
March	Induction for new member	
April	New member takes office	Reappointed members start second term

Further details about the Recruitment Process

Criteria and competences

3.5 The policy on the appointment of Council members includes a role specification and example criteria (see **Annex B** of the attached policy). We have reviewed the essential criteria and believe that they remain relevant.

Recruitment selection panel

3.6 The PSA sets requirements on the constitution of the selection panel which we must follow as part of our governance processes. For example, panels should not be constituted to have a registrant majority and should have at least one member who has no connection with

healthcare regulation (i.e. is not a current or recent registrant of any health and care regulator and does not currently work in the health and/or care field).

3.7 Panels are required to make recommendations about appointments in the public interest. To do this, it is important that panel members do not consider themselves and are not perceived as representatives of any particular group or organisation.

3.8 For this appointment, we will aim to have:

- an independent Chair experienced in public appointments.
- an Independent Panel Member (IPM) responsible for providing assurance to the PSA that principles of a good appointments process have been followed.
- the Chair of Council.
- a pharmacist; and
- a pharmacy technician.

Summary of Reappointment Process

The reappointment process consists of a recommendation for reappointment being made by the Chair having received the following information: -

- Self-assessment by the Council Member
- FtP Check for Registrant Members
- Appraisal Information
- Feedback from Committee Chairs and the Chief Executive

4. Equality and diversity implications

4.1 We have a comprehensive Equality and Diversity Action Plan for Council member appointments, which we update for each recruitment exercise. This has been developed on the basis of good external practice and research and is adjusted each year to take account of any new or emerging research and lessons learned from previous campaigns. We have updated the plan for the new recruitment exercise.

5. Communications

5.1 The PSA requires vacancies to be advertised for at least four weeks, to give potential candidates sufficient opportunity to see the advertisement and apply. The advertising strategy and communications campaign for the recruitment process will be designed to attract a strong and diverse field of suitable candidates from a range of backgrounds.

6. Resource implications

6.1 The budget for 2026-27 includes provision for the recruitment of new Council members.

7. Risk implications

7.1 An appropriate and robust process for recruiting and selecting Council members is an essential step in ensuring good governance within the GPhC.

7.2 It is essential that our procedures meet the requirements of the PSA's Section 25c scrutiny process. The appointment process must meet the four principles of merit, fairness, transparency and openness, and inspiring confidence in regulation for the PSA to have confidence in it. If it did not, the Privy Council would not make the appointments we recommend.

7.3 Further the number of steps in the process including PSA scrutiny and final appointments by the Privy Council makes the process quite complex with the risk of delay at various points.

7.4 These risks are mitigated by closely following the PSA guidance, and our own policy, and maintaining regular contact with the PSA and Privy Council. Throughout the process any queries or issues are discussed with the PSA as they arise and both the PSA and Privy Council are advised of our planned timetable so appointments are made in advance of the start date of the new Council Member.

8. Recommendations

The Council is recommended to:

i. Agree the process to be used for filling Council member vacancies arising in 2027.
ii. Note the selection criteria and competencies for new Council member appointments in the current policy at Appendix 1 and advise on the proposed desirable criteria.
iii. Note the next steps in the process and timetable.

Paul Cummins, Chief of Staff
General Pharmaceutical Council

07/10/2026

General Pharmaceutical Council

Council member and Chair appointments and reappointments

GPHC0050 Version 1.1

This policy sets out our approach to managing and recommending Chair and Council member appointments and reappointments



Policy details

Policy reference	GPHC0050
Version	1.1
Policy author	Laura McClintock, Chief of Staff
Approved for issue by	Council, 13 April 2023
Effective from	13 April 2023
Next review	01 April 2027 (or in line with other legislative or good practice changes)

Version control tracker

Version	Approved date	Description of change	Amendments by
1.0	17 September 2020	Created a new policy and approach to recommending appointments and reappointments in line with the relevant legislative framework and the PSA Good Practice in making Council Appointments guidance, with a clear and positive emphasis on equality, diversity and inclusion at all stages of the process.	Laura McClintock, Chief of Staff
1.1	13 April 2023	Reviewed by Council – no changes	Janet Collins, Senior Governance Manager
1.2	7 October 2026	Updated Committee title, job titles and other minor changes.	Paul Cummins, Chief of Staff

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1. Introduction

1.1 This policy sets out our approach to managing and recommending Council member and Council Chair appointments and reappointments.

2. Purpose

2.1 It is designed to ensure that we follow a consistent approach to all appointments and reappointments, in line with relevant legislation[1] and other best practice. This includes the Professional Standards Authority's '*Good practice in making Council appointments*', which sets out the principles, guidance and the scrutiny process for regulators recommending appointments, subject to section 25C scrutiny[2]. See associated documents list in section 13 below for more information.

3. Scope

3.1 This policy applies to all Council member appointments and reappointments, including the Chair of Council.

4. Exclusions

4.1 This policy does not cover any other types of appointments or reappointments, for example, appointments of statutory committee members, or external members of the non-statutory committees.

5. Responsibilities

5.1 Below are the key roles and responsibilities across the process:

- **Privy Council**: the power to make appointments to the GPhC Council rests with the Privy Council. In doing so, the Privy Council acts in accordance with legislation setting out, amongst other things, who may and may not be appointed to the Council and for how long they may serve[3]. In most cases, the Privy Council's decision will be informed by advice from the Professional Standards Authority.
- **Professional Standards Authority (PSA):** the role of the PSA is to advise the Privy Council on the processes used to select the candidates recommended for appointment. It is important for the Privy Council to have confidence in the process used by the regulators to make these recommendations before it makes its decision. The PSA scrutinises each appointments process carefully and advises the Privy Council whether it can have confidence in that process. The PSA is not a decision-maker and looks solely at the process undertaken by a regulator to make a recommendation.
- **Regulators (including the GPhC)**: the role of the regulator is to assist the Privy Council to make the appointments. Regulators are responsible for managing the processes to identify suitable candidates and recommending these candidates to the Privy Council for

[1] This includes the Pharmacy Order 2010, the General Pharmaceutical Council (Constitution) Order 2010, as well as the Equality Act 2010
[2] Section 25(c) of the National Health Service Reform and Health Care Professions Act 2002
[3] The Constitution Order sets out the criteria by which individuals are disqualified from appointment to the council. This disqualification criteria is tightly prescribed. Individuals must also meet other relevant eligibility criteria.

appointment. This includes recommending the Privy Council reappoint or extend the term of existing Council members.

- **GPhC Council**: the Council is responsible for ensuring that the appointments process is undertaken appropriately and in a timely manner, and for allocating sufficient resources to it. This includes approving the overall approach to recommending appointments and reappointments, in line with this policy.
- **Governance team**: the governance team is responsible for ensuring that the need to plan and initiate the process is brought to the Council's attention in good time, and for managing the day to day work. This includes preparing all evidential submissions to the PSA, liaising with the Privy Council on timetabling and working with any external recruitment agency to support the overall process, including designing the candidate packs, advertising strategies and interview processes. The team also provide support and advice on governance matters within the process such as due diligence and conflicts of interest.

6. Guiding principles

6.1 The Council has agreed the following guiding principles to underpin the process for recommending appointments and reappointments to the Privy Council:

a. appointments and reappointments must comply with the requirements of the Pharmacy Order 2010 and the Constitution Order 2010

b. all aspects of the process must comply with the Equality Act 2010, as well as the GPhC's commitment to equality, diversity and inclusion more widely

c. all aspects of the process must adhere to the PSA principles of a good appointments process: merit, fairness, transparency and openness and inspiring confidence

d. generally, Council member vacancies will be filled using a combination of open competition[4] and reappointments[5] (for each appointments round, Council will be asked to confirm, in advance, whether the vacancies will be filled using a combination of open competition and reappointment, open competition only, or by reappointment only)

e. in deciding whether to use open competition, reappointments or a combination of both, the Council will consider:

- the current and future needs of the Council in relation to particular skills, background or experience
- the balance within registrant membership (pharmacist and pharmacist technician) as well as the mix of pharmacy sector or setting experience
- the diversity of backgrounds within the existing Council's membership, specifically that the Council should reflect the diversity of the public it serves and the pharmacy professions it works with

[4] An open competition is when candidates are appointed to Chair or member posts following a publicly advertised competitive selection process.
[5] Reappointments occur when sitting Council members or Chairs are appointed for a further consecutive term, following a formal process to assess whether their skills and expertise continue to meet the needs of the council but without having to go through a further open competition.

- the balance between continuity and refreshment of the Council's membership (the aim should be to produce a degree of change which minimises the risks of stagnation, on the one hand, and instability and delays, on the other)
- any other relevant external factors, for example, any anticipated changes to the constitution of the Council

f. new member recruitment will generally be supported by an external executive search agency, with suitable expertise in attracting diverse and experienced candidates for non-executive roles. This helps to avoid any direct, associative, perceptive or indirect discrimination and to increase the diversity of the candidate talent pool.

g. communications and advertising strategies will be designed to ensure broad appeal and to identify a diverse field of candidates (which includes encouraging applications from particular groups, where appropriate) and promoted through diversity-focused channels and networks.

h. candidate packs and other supporting materials will be produced in accessible formats, with clear, positive and welcoming messages about our commitment to equality, diversity and inclusion.

i. a diverse selection panel for new appointments will be convened in line with the PSA guidance, including the requirement for an external independent panel member (see section 8 below for more information).

j. selection and decision-making processes will be objective, fair and unbiased with robust independent quality assurance.

k. diversity data will be collected and monitored at all stages of the process, including initial application, longlisting and shortlisting (please note data is not used in the individual selection process and will only be used for statistical purposes, and to help us review our performance in relation to our equality, diversity and inclusion responsibilities).

7. Selection criteria and competencies

7.1 The selection criteria and competencies used for Chairs and Council members should reflect the current and expected future needs of the Council.

7.2 To ensure that it continues to reflect these needs, the Council will approve the selection criteria ahead of each appointments process. As part of this, the Council will consider the current mix of skills and expertise, with a view to filling any gaps.

7.3 Essential criteria should be common to all Council members, while skills that are not essential for them all may be included as 'desirable' criteria.

7.4 When developing selection criteria, it is important to remember that Council members are not 'representatives' of any organisation, or profession, group or viewpoint.

7.5 The Council needs to be credible through its performance and the mix of background, knowledge and skills of the members, not because members individually are representatives of particular interests or constituencies. However, it is critical that a diversity of life experiences, ideas and

perspectives inform our decision-making at Council level and that our Council reflects the diversity of the public that it serves and the pharmacy professions it works with.

7.6 When setting the selection criteria and competencies, the Council will consider the diversity of the current council at this point and decide whether it may be desirable actively to seek applications from particular under-represented groups[6].

7.7 The Council will ensure that the selection criteria does not create any unnecessary barriers and supports diversity in membership more widely. It must not directly or indirectly discriminate against, or deter applications from, any group.

8. Selection panels

8.1 A diverse selection panel will be convened for new appointments in line with PSA good practice guidance and other governance requirements.

8.2 The panel's main task is to assess candidates against the published criteria, in accordance with the published process, and decide who to recommend for appointment.

8.3 It is important to highlight that panels are required to make recommendations about appointments in the public interest. In order to do so, panel members should not consider themselves or be treated as representatives of any particular group or organisation in particular registrant membership bodies.

8.4 In line with PSA guidance, panel members should have experience in public appointments or transferable skills in the recruitment of leaders, and a range of different backgrounds, both professionally and personally, bringing different perspectives and inspiring confidence of different groups. The PSA guidance provides detailed guidance on panel constitution, including the need for an independent panel member, who can bring a credible, impartial perspective.

8.5 Selection panels must not include members of the GPhC staff. This is a strict requirement within the current PSA guidance.

8.6 Once established, we will ensure that the selection panel demonstrates a commitment to equality, diversity and inclusion throughout the process. The Chair of Council will raise awareness of our commitment to equality, diversity and inclusion with all new selection panel members in advance of the recruitment process starting and outline clearly what is expected from panel members throughout the process.

9. Terms of office

9.1 Council member appointments should be staggered, where possible, so that a full appointments process (through open competition) does not need to be run every year. Ideally, this should be no more than every 2 years.

9.2 When recommending terms of office, the following factors will be considered:

[6] While positive discrimination, whereby an individual is chosen purely because they fall within a particular group, is illegal, positive action is now permitted under the Equality Act 2010. Examples of positive action in this context might include encouraging applications from certain groups through express statements in job adverts, hosting an open day for certain groups, or favouring a candidate from an under-represented group when two candidates are as qualified as each other.

- the likelihood of change in the Council's need for particular skills and expertise during the term being contemplated
- the balance between continuity and change within the Council's membership
- the wishes of the member concerned (this applies to reappointments only, as new appointments are advertised along with the specific terms of office dates)
- any other relevant information, for example, likely legislative or strategic change during the term being contemplated.

10. Council member reappointments

Overall approach

10.1 Reappointments occur when sitting Council members or chairs are appointed for a further consecutive term, following a formal process to assess whether their skills and expertise continue to meet the needs of the Council but without having to go through a further open competition.

10.2 Where there are Council members or chairs whose terms are ending, and who are eligible to remain, the Council should decide whether reappointments without open competition will be considered in principle and ascertain which eligible members would like to seek reappointment.

10.3 Reappointments are not automatic but can be an alternative to running an open competition if individuals' performance during their first term has been satisfactory and their skills and experience continue to meet the council's needs. This is made clear to members at appointment and again when terms are due to end.

10.4 Individuals may be reappointed only if they continue to meet the eligibility and term-length criteria specified in Constitution Orders or other relevant legislation.

10.5 All reappointments must be made via recommendation or open competition – there must not be a mixture of the two, with some members recommended for re-appointment and others required to go through open competition. If an open competition is run, all sitting members who desire (and are eligible for) a further term must go through the open competition. This is in line with guidance from the PSA.

10.6 Below is the approach we take where Council agrees to the use of reappointments for a particular recruitment round (subject to the criteria set out above).

Reappointments procedure

10.7 Generally, reappointments should not be made more than six months before they are due, so as to ensure that evidence of the member's performance is current and relevant.

10.8 Members seeking a further term will be asked to provide a brief statement of their case for reappointment, including a number of declarations.

10.9 The Chair of Council will decide whether to recommend a member for reappointment and, if so, the recommended term of the reappointment. In doing so, the Chair should assess whether the member seeking reappointment continues to meet the Council's requirements and is likely to continue to do so during a further term, bearing in mind the current context of the Council's work and any anticipated changes.

10.10 The Chair will consider the following factors:

- total period in office and eligibility for a further term[7]
- continued eligibility for the role (including the member's declaration that they continue to meet the eligibility criteria)
- overall performance in the role (including the member's appraisal records)
- attendance record (including attendance at all Council, Committee or other working group meetings)
- the member's willingness and ability to commit the time required to the role
- any conflicts of interest or potential conflicts of interest
- anything in the member's professional or personal background which could cause embarrassment to the GPhC or the Privy Council
- any complaints received about the member
- the results of any other due diligence checks (e.g. fitness to practise history)
- the statutory requirement to have at least one Council member living or working in each of England, Scotland and Wales.

10.11 Each case will be considered on its own merit, bearing in mind the current and future needs of the Council.

10.12 As part of this decision-making process, the Chair will take soundings from one or more of the Chairs of the Audit & Risk, People and Culture, Quality Performance and Assurance, or Finance & Planning Committees. In the event that this is not appropriate, or there is a conflict or perceived conflict of interest, the Chair may take soundings from one or more external members of the sub-Committees referred to above.

10.13 The Chair will also seek third party and key stakeholder feedback, in particular from the Chief Executive and Registrar, or, should this not be possible other members of the regulator's senior team.

10.14 No Council member should be involved in any matter affecting their own reappointment.

10.15 The Chair will provide the Notice of Reappointment Recommendation to the Authority with the following information (with the name of the member redacted):

- statement of case for reappointment from the Council member concerned
- recommendation from the Chair (please note if the competencies required of Council members have changed since the member was first appointed, the Chair should outline how the member has demonstrated that they continue to meet these)
- summary of the member's most recent appraisal, including the outcome of the appraisal and any areas of concern
- up-to-date profile of other Council members
- recommendation for term of reappointment and explanation

[7] Council members may not hold office for more than an aggregate of 8 years within any 20-year period

- any other information relevant to the reappointment.

11. Council Chair reappointments

11.1 The process for reappointing the Chair of Council will be the same as the process for Council members except that:

- The Chief Executive & Registrar will discuss with the Chair whether they intend to seek a further term.
- If so, the Council will assess its current and future needs.
- The Chair will be asked to provide a broader statement in support of their potential reappointment, including their ideas and approach to a further term.
- The Council will nominate two Council members (one lay, one registrant) to oversee the collation and assessment of evidence in the same way that the Chair of Council does for a member seeking reappointment, and to submit the recommendation of reappointment to the PSA.
- The Council should select members with appropriate skills and experience who are impartial and will be perceived to be so. These members would be expected to provide a written declaration that they do not intend to seek a further term of office.
- The appraisal reports for the Chair of Council will be based on a 360° appraisal process, including third party feedback.
- The Council will decide whether to recommend a Chair for reappointment and, if so, the recommended term of office.
- In doing so, the Council will take account of the current and future needs of the regulator, as assessed. The Council should also reflect on other relevant information including: the GPhC's annual report, accounts and strategic plan; media and reports in the public domain, and proposed changes in the regulatory environment.

12. Monitoring and compliance

12.1 The Council is responsible for agreeing the overall approach to appointments and reappointments.

13. Associated documentation

13.1 This policy should be read alongside the following supporting documents:

- PSA Good Practice in making Council appointments available **here**
- **Annex A**: Example Chair role description and essential criteria
- **Annex B**: Example Council member description and essential criteria

(As specified in section 7 above, role specifications and selection criteria are reviewed and approved by the Council in advance on each appointments process)

Annex A: Role of the Chair and essential criteria (example only)

The Chair is responsible for:

Leading Council

- Providing strong non-executive leadership to develop a focused Council who work collectively and that each Council Member puts the interests of the GPhC above their own, upholding the public interest at all times.

- Promoting the public interest and fostering an environment of openness, transparency, and accountability in the activities of the Council and of the GPhC more broadly.

- Leading Council in overseeing and scrutinising the development and delivery of realistic business plans and budgets, monitoring performance and examining proposals for change to arrive at proportionate and targeted decisions in line with corporate objectives, with the ability to withstand public scrutiny.

- Leading Council in holding the Executive to account for performance, delivery of the business plan, governance, risk and financial management.

- Chairing Council meetings effectively, to facilitate wide debate, listen to discussion carefully, summarise areas of consensus prior to decision making and articulate clear actions (this includes working with the Executive to ensure an effective and efficient annual programme of Council meetings with appropriate agendas).

- Communicating effectively with Council Members between meetings to ensure that business is taken forward, and effective contributions are made by utilising the appropriate skills of Council members.

- Providing leadership to develop a positive culture at the GPhC and within the Council, promoting equality, diversity and inclusion throughout all of our work

Governance

- Maintaining appropriate governance and ensuring that the GPhC's code of conduct and other relevant policies and procedures are adhered to by all Council Members.

- Handling any complaints or concerns about Council Members in line with agreed procedures.

- Lead the appointments process for Council Members in line with the relevant legal and governance frameworks, agreed procedures and good practice guidance.

Stakeholder engagement

- Playing a key role in representing the GPhC, developing and managing positive, productive, collaborative and influential relationships at all levels, including relationships with key senior

stakeholders within and outside of the professions and accounting for GPhC performance to key senior stakeholders and its oversight body.

Working with the CEO and Executive

- Establishing and maintaining a close working relationship with the Chief Executive & Registrar, the Executive and other staff, as appropriate; and providing a sounding board for discussion of emerging issues for the Executive

- Developing the critical friend relationship with the Chief Executive & Registrar and holding them to account for the performance of the organisation.

The essential criteria

Candidates will need to demonstrate that they have the necessary skills, knowledge and experience for this role. Candidates should provide specific examples to demonstrate how they meet the essential criteria for this role, including how they personally contributed to or achieved specific outcomes.

All candidates will be required to show how they meet the following criteria:

- **E1:** Proven ability to chair a complex and high-profile organisation [or an outstanding leadership record in a substantial, national or high-profile role]

- **E2**: ability to operate strategically, respond effectively to future challenges in healthcare regulation, be held accountable and hold others to account – contributing positively to the GPhC in a non-executive capacity.

- **E3**: High level governance and organisational skills including strategic planning, financial management, risk management, corporate and senior executive performance management and service delivery in a regulated environment with experience of non-executive work, understanding the boundaries between executive and non-executive responsibilities

- **E4**: Ability to lead and chair the Council in effective decision-making, interpreting complex information, identifying key issues, handling conflicting views, building consensus were possible and delivering concrete, decisions to deliver the organisation's objectives.

- **E5**: Outstanding interpersonal and stakeholder management skills with a proven record of building effective and positive strategic relationships, so as to command credibility, confidence and support of a wide and complex range of interested parties at national level and ability to navigate a complex political environment.

- **E6**: Ability to build supportive relationships and work successfully as a team - welcoming and showing regard to the views and advice of others and supporting collective decision making.

- **E7**: Commitment to equality, diversity and inclusion – dealing with people and issues honestly, fairly and with respect, and promoting equality, valuing diversity and being inclusive

Desirable criteria

***[To include any desirable criteria as agreed by the Council during the planning of the appointments process and subject to an assessment of its needs. Desirable criteria may not necessarily be required for every appointments round*]**

On this occasion, we are looking for candidates who can demonstrate **one or more** of the following areas of specific interest/experience:

- (**example**) Understanding of professional regulation and its impact on public protection

- (**example**) Strong media and communication skills to deliver messages to and influence a range of audiences.

- (**example**) Ability to articulate patient and consumer issues and/or the interests of service users.

Please note that candidates will need to provide examples of evidence to demonstrate their ability to be effective in relation to all of the essential criteria listed above, as well as the desirable criteria, where relevant.

Annex B: Council member role specification and criteria (example)

What GPhC Council members do

The Council has a governance and assurance role, overseeing rather than carrying out the GPhC's regulatory work. All Council members (including the chair of the Council) share a collective responsibility for carrying out the work of the Council and for the good governance of the organisation.

To do this effectively your duties will include:

- setting the strategic direction of the organisation – reviewing and revising its vision and purpose as needed
- making sure that the GPhC carries out all its statutory functions in an appropriate way
- making sure the financial management of the organisation is sound and its activities are cost effective
- delegating appropriate authority to the chief executive and registrar and to the committees of the Council
- making sure systems are in place to monitor the organisation's performance and hold the chief executive and registrar to account, making sure the organisation is run properly and follows current employment practice
- taking an active part in Council meetings and other internal and external meetings, and working effectively with the Executive
- understanding who the GPhC's key interest groups are and their priorities
- keeping up to date with the changing nature of independent professional regulation and how it contributes to society
- taking part – when needed – in induction, learning and development, and performance reviews
- being available to the GPhC for the amount of time needed
- carrying out Council work in line with values etc
- acting as an ambassador for the GPhC, representing the Council to stakeholders

The experience and knowledge Council members need to have

Candidates will need to demonstrate that they have the necessary skills, knowledge and experience for this role. Candidates should provide specific examples to demonstrate how they meet the essential criteria for this role, including how they personally contributed to or achieved specific outcomes.

All candidates will be required to show how they meet the following criteria:

Essential criteria

E1 Working within a framework

- An appreciation of and commitment to protecting, promoting and maintaining the health, safety and well-being of patients and the public.
- Experience of working within, either professionally or in other ways, a set of rules, guidance, policies or other boundaries.

E2 Good governance

- An understanding of and commitment to good governance, upholding the recognised principles of public life and understanding the role of governance in public bodies
- Clear appreciation of the non-executive role, and how executives should be held to account through constructive and positive challenge
- Ability to contribute to an organisation at strategic level, be held accountable and hold others to account – contributing positively to the GPhC in a non-executive capacity.
- Capacity to understand and contribute to the organisational and business issues with which the Council deals.

E3 Analytical and decision-making skills

- The ability to identify problems, options and solutions, considering the risks, consequences and impact.
- Ability for forward thinking and to see the bigger picture.
- Knowledge and experience of analysing different types of information and situation.
- A willingness to reconsider or change your thinking in light of new information.

E4 Working collaboratively and communicating professionally with others

- The ability to work with others, to challenge, listen and question constructively
- Good communication skills and ability to put views across clearly, persuasively and sensitively.
- Influencing and persuading others, using well-reasoned arguments, experience of participating in group discussions and working effectively with a team
- Understanding and being open to different points of view
- Ability to inspire confidence and support from GPhC stakeholders, including service-users, patients and members of the public

E5 Integrity and respect

- A commitment to equality, diversity and inclusion – dealing with people and issues honestly, fairly and with respect, and promoting equality, valuing diversity and being inclusive
- Gaining the trust of others, principles, and values-based actions
- Taking an ethical approach to your work and being open and honest, including when things go wrong.
- Ability to reflect on own behaviour and impact on others.

Additional essential criteria for registrant applicants only

E6 Pharmacy professional practice

- Up to date knowledge and understanding of the practice of pharmacists or pharmacy technicians and an awareness of the factors and issues that influence it.

Desirable criteria (examples)

On this occasion, we are seeking candidates with **one or more** of the following:

- knowledge and/or experience of patient advocacy or the patient voice (lay)

- clinical and/or prescribing skills in one or a range of settings (registrant)
- experience of technology developments in healthcare (lay or registrant)
- an understanding of academic and vocational education and training (lay or registrant)

In addition, we are seeking XX candidate(s) who lives or works primarily in England/Scotland/Wales (lay or registrant).



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Equality Diversity and Inclusion Strategy

Annual Report: Year 4, incorporating the Protected Characteristics of Pharmacists involved in Managing Concerns

Meeting paper for Council on 15 October 2026

Public Business

Purpose

To update Council on the year 4 of our Equality, Diversity and Inclusion (EDI) Strategy and give an overview of the work undertaken June 2025 – June 2026

Recommendations

The Council is asked to note the Year 4 Report at appendix 1 and our report into the Protected Characteristics of Pharmacists involved in the Managing Concerns process for 2025-26 at appendix 2.

1. Introduction and Background

EDI Strategy 2021 -2026

1.1 The publication of our EDI Strategy (2021-2026) signalled a major change in the way we approach EDI at the GPhC. This included a clear agenda to use all our regulatory levers and influence to tackle discrimination and reduce health inequalities; be more proactive about speaking out on these issues; and, to hold ourselves to the same high standards we expect of others.

1.2 The Year 4 Report covers the period June 2025 to June 2026 and marks the penultimate year of our current EDI Strategy.

Strategic Plan 2025-30 and New EDI Strategy

1.3 Our current EDI Strategy 2021-26 overlaps with our Strategic Plan 2025-30. The development of our new EDI Strategy in 2027 will align and sit alongside our Strategic Plan 2025-30.

1.4 EDI is a 'Golden Thread' across our Strategic Plan 2025-2030 and is positioned as a core part of all our regulatory activity and decision-making. This strategic commitment will be reflected in the development of our new EDI Strategy in 2027.

2. Year 4 Report

2.1 The year 4 report (at appendix 1) updates on the progress made under each of the three themes of our current EDI Strategy - *'Delivering equality, improving diversity and fostering inclusion: our strategy for change 2021-26'*.

2.2 Theme 1: To make regulatory decisions that are demonstrably fair, lawful and free from discrimination and bias.

The Annual Report focuses on the work undertaken to strengthen how we collect, use and act on diversity data.

A key milestone was for the GPhC to sign up to the **UK Regulators Sign New Principles to Tackle Racism - NHS – Race and Health Observatory** led by the NHS Race and Health Observatory.

2.3 Theme 2: To use our standards to proactively help tackle discrimination and make sure that everyone can access person-centred care, fostering equality of health outcomes.

The Annual Report highlights the work undertaken on the Awarding Gap. It sets out the work in strengthening EDI related requirements in our revised standards for initial education and training of pharmacy technicians and in the development of standards for responsible pharmacists and superintendent pharmacists.

The GPhC has also been engaging fully with the **Lord Mann review of antisemitism and other forms of racism in the NHS and healthcare regulatory system - GOV.UK**

2.4 Theme 3: To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others.

Under Theme 3, the Annual Report highlights the work undertaken on training and organisational culture. Council have participated in two workshops on Anti-Racism and developed an Anti-Racism Action Plan which is being implemented.

3. Protected characteristics of pharmacists involved in managing concerns for 2025/26

3.1 This report presents analysis of concerns raised about pharmacists by ethnicity, sex and age during 2025-26. It examines concerns received, concerns investigated and the statutory outcomes of closed concerns.

3.2 The report forms part of our ongoing programme of equality, diversity and inclusion monitoring and supports our commitment to ensuring that our regulatory processes are fair, proportionate and free from discrimination.

Key Findings

3.3 The analysis identifies a statistically significant relationship between ethnicity, sex and age and the number of concerns received about registered pharmacists. It shows that concerns are received at higher rates for male pharmacists, older pharmacists and pharmacists from ethnic minority backgrounds.

3.4 However, once concerns enter our regulatory processes, these disparities largely reduce. There is no statistically significant relationship between ethnicity or age and progression to investigation. Similarly, there is no statistically significant relationship between ethnicity or age and the likelihood of receiving a regulatory outcome.

3.5 The exception to this is sex. We identified that male pharmacists remain disproportionately represented amongst cases progressing to investigation and amongst those receiving regulatory outcomes.

3.6 The findings provide assurance that, once concerns are being considered within our processes, there is no evidence of differential outcomes by ethnicity or age. However, the continued overrepresentation of male pharmacists, together with the disparities observed at the point concerns are received may warrant further consideration.

3.7 The report does not explain the causes of these patterns and further work will be required to understand the factors that may contribute to the differences observed.

3.8 We will continue to use data and insight to understand these findings and to ensure that our regulatory approach remains evidence-based, fair and proportionate

4. PSA – Periodic Review 2025-2026 – Standard 3

4.1 On 30 September the Professional Standards Authority (PSA) published their periodic review of how the GPhC met the PSA Standards of Good Regulation.

4.2 Standard 3 specifically relates to EDI and required that :-

The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

4.3 The PSA review of our performance on standard 3 concluded '*The GPhC has performed strongly against each outcome, and we identified relatively few weaknesses. We have seen clear evidence that the GPhC is undertaking a wide range of activity designed to embed EDI in its work and identify and improve processes across different areas including education, registration and FTP. We are satisfied that the GPhC meets all four outcomes and therefore has met the Standard overall*.'

4.4 The PSA in their report also cited a particular area of good practice was our updated internal guidance on Islamophobia and Antisemitism. The report stated '*The guidance provides clear working definitions, case examples and legal context to support the investigation of discrimination-related concerns and aligns with the GPhC's broader commitment to lawful, proportionate and inclusive regulation.*'

5. Equality and diversity implications

5.1 This report updates on the progress made under each of our three themes of our EDI Strategy 2021-2026. Equality and Diversity implications are set out in the report at appendix 1.

6. Communications

6.1 We share updates on strategy workstreams internally, including with our Executive, our EDI Strategy Leadership Group (formed under the new governance arrangements for strategy delivery), and our Staff Inclusion Network.

6.2 This Annual Report will be available as part of the public Council papers on our website.

6.3 It will also be published on our EDI webpages on the external website after all accessibility checks have been met.

7. Resource implications

7.1 All Year 4 activity has been undertaken within existing resources. In terms of forward planning, the EDI Strategic Leadership Group discussions help identify resource implications to feed into our wider, corporate business planning discussions.

8. Risk implications

8.1 The publication and scrutiny of our EDI reports is an important part of our governance arrangements and enables Council to provide strategic oversight, guidance and support.

9. Monitoring and review

9.1 The next EDI Annual Report will be reported to Council next year and will be the final report under the 2021-2026 EDI Strategy. A new EDI Strategy will have been developed by that time aligned to the Strategic Plan 2025-30. It is planned to bring the new EDI Strategy to Council in March 2027.

10. Recommendations

Council is asked to:

- Note the Year 4 Report at Appendix 1 and the report on the Protected Characteristics of Pharmacists Involved in the Managing Concerns Process 2025/26 at Appendix 2.
- Endorse the ongoing monitoring and analysis of protected characteristics data within Fitness to Practise.
- Agree that, from 2026-27, Fitness to Practise protected characteristics reporting will be incorporated into the organisation's annual EDI reporting cycle, providing a single, integrated framework for oversight and scrutiny of equality outcomes.

Paul Cummins, Interim Chief of Staff
Lynsey Cleland, Chief Standards Officer
Dionne Spence, Chief Enforcement Officer
General Pharmaceutical Council

07/10/2026

General Pharmaceutical Council

Delivering Equality, Fostering Inclusion and Improving Diversity: Our Strategy for Change End of Year 4 Report (2025/26)



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Background

The General Pharmaceutical Council (GPhC) Remains committed to ensuring that safe and effective pharmacy care is underpinned by fairness, inclusion and equality. Through Delivering Equality, Improving Diversity and Fostering Inclusion: our Strategy for Change 2021-26, we have continued to embed equality, diversity and inclusion (EDI) across our regulatory functions and within our organisation.

In the first year of the strategy, we established the governance, structures and foundations needed to support long-term change. In year two, we focused on embedding EDI into policies, processes and decision-making. In year three, we strengthened these foundations through improved data, enhanced guidance, targeted interventions and the publication of our Interim Impact Report.

Now in year four, our focus has been on demonstrating impact, strengthening accountability and ensuring that EDI integrated across our regulatory work and organisational culture. This year has also marked an important transition through the publication of our Strategic Plan 2025-30, which identifies EDI as a '*Golden Thread*' running through all our strategic aims. This reinforces our view that equality, diversity and inclusion are not standalone activities, but fundamental to delivering effective regulation and improving outcomes for patients, the public and pharmacy professionals.

Our governance arrangements continue to provide oversight and accountability for this work. The EDI Strategy Leadership Group, Executive Team and Council maintain responsibility for ensuring that EDI remains embedded across the organisation. During the year, we also developed a dedicated Anti-Racism Action Plan following a workshop involving Council members and senior leaders, providing additional focus on tackling racism and promoting equity across pharmacy. We continued our work to understand and address differential outcomes in pharmacy education and training. Through engagement with education providers and collaboration with sector partners, we have sought to strengthen the evidence base to begin to understand the issues faced so that we can collaboratively identify actions that can help reduce disparities in attainment and support equitable outcomes for all learners.

Executive Summary

This report covers the period from July 2025 to June 2026 and provides an update on progress against our Equality, Diversity and Inclusion Strategy.

During the year, we focused on strengthening the evidence base that informs our work, embedding EDI more deeply within our governance and regulatory processes, and ensuring that students, registrants and pharmacy leaders are equipped to deliver inclusive and person-centred care.

Key achievements during this period include:

- **Governance, Strategy and Workplace Inclusion**
  - Publication of the GPhC Strategic Plan 2025-30, which embeds EDI as a golden thread throughout the organisation.
  - Development of an Anti-Racism Action Plan following engagement with Council and Executive colleagues.
  - Achievement of Disability Confidence Level 2 Accreditation
- **Evidence, Data and Insight**
  - Improvements in workforce diversity data following a targeted staff data campaign.
  - Continued use of data and evidence to identify disparities, including through work on the Common Registration Assessment, Revalidation and the Awarding Gap Project.
- **Education, Standards and Professional Development**
  - Continued strengthening of EDI requirements within leadership standards and education and training standards.
  - Further strengthening of fitness to practise guidance to ensure allegations involving discrimination and racism are addressed consistently and proportionately.
  - Progression of our Awarding Gap Project, including establishing the Awarding Gap Steering Group, developing an Awarding Gap Action Plan for the coming year, visiting MPharm providers to understand how they are addressing awarding gaps, and developing case studies to share learning and good practice across the sector.
  - Expansion of EDI training for staff, Council members, statutory committee members and fitness to practise panellists.

The sections below provide further detail on progress under each strategic theme.

Progress under each strategic theme in 2025/26

Theme 1: To make regulatory decisions that are demonstrably fair, lawful and free from discrimination and bias.

Throughout Year 4, we have continued to strengthen the systems, governance and evidence that underpin fair and inclusive regulatory decision-making. While previous years focused on establishing the foundations for this work, our attention this year has increasingly been directed towards ensuring that equality, diversity and inclusion are routinely considered as part of decision-making across the organisation and that we are able to demonstrate the impact of those considerations through stronger evidence, greater transparency and improved accountability.

A key focus during the year has been **strengthening how we collect, use and act on diversity data**. High-quality diversity data is essential to understanding the experiences of those who interact with us and identifying where our policies, processes or decisions may have a disproportionate impact on particular groups. Following a targeted **Diversity Data Campaign**, we significantly improved the completeness of workforce diversity information, **providing a much stronger evidence base for understanding representation across the organisation** and supporting future analysis of progression, retention and employee experience. We have also continued to publish and analyse diversity data relating to registrants and have strengthened our ability to use data to identify trends and emerging issues across our regulatory functions.

Alongside this work, we have continued to strengthen the governance arrangements that support delivery of our **EDI Strategy**. During the year, EDI was embedded into the delivery of our **new Strategic Plan 2025–30**, which identifies EDI as a '*Golden Thread*' running through all strategic aims. This represents an important shift in how EDI is positioned within the organisation. Rather than being viewed as a standalone programme of work, EDI is increasingly recognised as a fundamental consideration that must inform all aspects of our regulatory activity and strategic decision-making.

Over the past year the GPhC became a signatory to the nine **NHS Race and Health Observatory's Principles** to tackle longstanding racism experienced by health and social care staff, reinforcing our commitment to advancing race and health equity, and tackling inequalities within our pharmacy and the wider healthcare sector. Building on this commitment, we began planning work to bring together stakeholders from across the pharmacy sector to understand how to collectively move from these Principles to meaningful action.

The **EDI Strategy Leadership Group (SLG)** has continued to provide oversight to the activities enabling the delivery of the strategy, this has been supported by an enhanced **EDI SLG Action Plan** that brings together activity from across the organisation. The Action Plan enables us to track progress more effectively, identify areas requiring further attention and ensure that EDI activity remains connected to wider organisational priorities. During the year, the EDI SLG Action Plan was further aligned with the organisational **Delivery Plan**, ensuring that EDI considerations are embedded within the delivery of the strategic objectives and key priorities set out in the **Strategic Plan 2025-30**. Moving forward, this will help to ensure that EDI actions are not delivered in isolation but are integrated across the organisation.

It also provides a mechanism for monitoring how EDI commitments support the successful delivery of the Strategic Plan and Delivery Plan, helping to strengthen accountability.

Equality Screenings and Equality Impact Assessments (ESIAs) remain a critical mechanism for understanding the potential impact of decisions on different groups. During the year, we expanded the training and support available to colleagues undertaking ESIAs and began work to **strengthen governance and quality assurance arrangements**. This included exploring opportunities to centralise oversight, improve consistency and enhance organisational learning. Through this work we are seeking to ensure that equality considerations are identified and addressed at the earliest stages of policy development and decision-making, enabling us to take proactive action where risks or unintended consequences are identified.

We have also continued to focus on ensuring that our governance and decision-making structures better reflect the diversity of the communities we regulate and serve. A bespoke **Diversity Action Plan** was implemented as part of the recruitment process for Council Members, incorporating targeted activity at every stage of recruitment to attract candidates from a broad range of backgrounds and experiences. Similar work has continued through the Assurance and Appointments Committee, which has maintained a focus on improving diversity across Statutory Committees and **reviewing how recruitment, induction and support arrangements can help reduce barriers to participation**. Collectively, this work supports our ambition to ensure that decision-making benefits from a broad range of perspectives and lived experiences.

Beyond our own organisation, we have continued to contribute to wider conversations about discrimination, inequality and inclusion across pharmacy. Through engagement with stakeholders, professional bodies, patient organisations and community groups, we have sought to better understand the experiences of different groups and the barriers they may face when interacting with pharmacy services. This includes our **ongoing work relating to racism and discrimination within pharmacy**, where we have continued to create opportunities for dialogue, learning and reflection. These conversations not only help inform our own regulatory approach but also support broader sector-wide efforts to create a more inclusive profession. We are also active members of the **Joint Healthcare Regulators EDI Forum**, which enables us to share experiences, gather intelligence and data from across the wider healthcare sector, and **strengthen our ability to anticipate, prepare for and respond effectively to emerging issues.**

Taken together, this work reflects our continued commitment to ensuring that our regulatory decisions are informed by evidence, shaped by diverse perspectives and supported by robust governance arrangements that help promote fairness, consistency and trust.

Theme 2: To use our standards to proactively help tackle discrimination and make sure that everyone can access person-centred care, fostering equality of health outcomes.

This year has seen significant progress in our work to embed EDI within pharmacy education, professional standards and wider regulatory activity. Our focus has been on ensuring that pharmacy professionals are equipped to meet the needs of increasingly diverse patient populations, while also addressing systemic barriers and disparities that affect entry into, progression through and success within the profession.

A major area of activity has been the continued development of our work on **the Awarding Gap**. Reducing differential outcomes in pharmacy education and training remains one of the most significant and complex challenges facing the sector. We have therefore sought to **move beyond understanding the existence of awarding gaps** towards building a stronger evidence base on their causes and identifying practical actions that can help drive improvement.

To support this work, we established an **Awarding Gap Steering Group** comprising experts and stakeholders from across the sector. The group acts as a critical friend, providing challenge, insight and expertise to help shape our approach. We also developed a dedicated **Awarding Gap Action Plan** that sets out our priorities for understanding and addressing differential outcomes across pharmacy education and training.

Recognising that **meaningful change will require collective action**, we have invested considerable effort in engagement with universities and education providers. During the year we undertook **a programme of visits to MPharm providers** to understand how institutions are approaching awarding gaps, identify examples of good practice and explore the challenges that providers face. These visits have provided valuable insight into the wide range of interventions being implemented across the sector and have **highlighted the importance of local context, institutional culture and student voice in shaping outcomes**.

Alongside these visits, we have begun **developing case studies that capture examples of effective practice and innovative approaches to reducing awarding gaps**. These case studies will help facilitate the sharing of learning across the sector and support providers in identifying approaches that may be transferable to their own contexts. We have also worked closely with stakeholders and sector partners to develop plans for wider engagement through roundtables and collaborative discussions, recognising that addressing differential outcomes will require sustained commitment across the pharmacy education system**.**

Our work to strengthen **Education and Training Standards** has continued throughout the year. The revised standards for the initial education and training of pharmacy technicians include **strengthened requirements relating to EDI**, including expectations around the analysis of progression and attainment data, inclusive learning environments and reasonable adjustments. These requirements reinforce the importance of understanding differential outcomes and taking action where disparities are identified.

We have also continued to progress the development of **Standards for Responsible Pharmacists and Superintendent Pharmacists**. These Standards place greater emphasis on inclusive leadership, organisational culture and the responsibility to identify, challenge and address discrimination. Through these standards we are seeking to **ensure that pharmacy leaders play an active role in creating environments that support equality, inclusion and high-quality patient care**.

Alongside our Standards work, **we have continued to use guidance, professional communications and engagement activity to support pharmacy professionals in providing person-centred care**. Through Communities of Practice, policy discussions and Regulate articles, we have explored a wide range of topics relating to health inequalities, cultural competence, accessibility and inclusive care. These discussions have provided opportunities for shared learning and have helped **ensure that EDI considerations remain visible across a broad range of professional and regulatory issues**.

In addition, over the past year, we have contributed to, and engaged with, the Lord Mann Review into Antisemitism and Racism in Healthcare, as well as the findings and recommendations that followed. We considered the application of those recommendations to the pharmacy sector and our role as a healthcare regulator. Internally, this work coincided with our planned publication of our Anti-Racism Statement, and we utilised the opportunity to reinforce the message that discrimination has no place in healthcare through our Regulatory Statement on Discrimination.

We worked closely with colleagues and partners across the regulatory sector to identify a coordinated response. This informed the development of an Action Plan, which enables the best utilisation of resources across the healthcare sector to tackle systemic issues, whilst also considering actions most relevant to our own sector. This work is planned to continue, as we strengthen our approach to tackling antisemitism and racism both within Pharmacy, and the wider healthcare sector.

Collectively, this work demonstrates our commitment to using our standards, our influence and our regulatory levers to help tackle discrimination, reduce inequalities and support more equitable outcomes for students, trainees, professionals and the patients they serve.

Theme 3: To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others.

As an organisation, we recognise that **our credibility in promoting EDI across pharmacy depends on our ability to demonstrate those same principles within our own workplace**. Throughout year 4, we have continued to invest in building an inclusive culture, strengthening organisational capability and creating an environment where colleagues feel valued, supported and able to thrive.

One of the most significant areas of focus this year has been learning and development. Building on the findings of our **Equality, Diversity and Inclusion Learning Needs Analysis**, we have continued to develop a more strategic and coordinated approach to EDI learning. The analysis identified opportunities to strengthen understanding across the organisation and highlighted the need for learning that is both relevant to individual roles and capable of supporting broader cultural change.

In response, we **introduced mandatory annual e-learning requirements**, this year the e-learning focused on Workplace Adjustments training which complimented the introduction of the new Workplace Adjustments Policy. Colleagues also have had access to development opportunities covering areas such as cultural competence, accessibility, microaggressions, equality impact assessments and inclusive leadership. **This work reflects our recognition that creating an inclusive organisation requires continuous learning, reflection and development rather than one-off training interventions.**

During the year, Council members, Executive colleagues and senior leaders participated in a **dedicated Anti-Racism Workshop**. The workshop provided an opportunity to reflect on racism, understand its impact within organisations and sectors, and consider the role that leadership must play in creating change. **This work subsequently informed the development of an Anti-Racism Action Plan**, which provides a structured framework for future activity and reflects our commitment to moving beyond awareness raising towards tangible action and accountability.

The Inclusion Network has continued to play an important role in supporting organisational culture and employee engagement. Through awareness events which have been delivered both in-person and online, blogs written by colleagues across the organisation, campaigns and lived-experience discussions, the network has created opportunities for colleagues to learn from one another, share experiences and explore a wide range of EDI topics. The network's continued growth and engagement demonstrate the value of creating spaces where colleagues can contribute to organisational conversations about inclusion and belonging.

We have also continued to **strengthen our approach to wellbeing**, recognising the close relationship between inclusion, belonging and employee wellbeing. Through our **Mental Health First Aiders**, wellbeing campaigns, reflective practice sessions and wellbeing initiatives, we have sought to create an environment where colleagues feel supported both personally and professionally.

Throughout the year we have continued to review and improve workplace policies and practices to ensure they remain inclusive and responsive to the needs of our workforce. This includes the implementation of our Internal **Workplace Adjustments Policy**, wider review of our **Diversity Data Policy**, and wider work to improve accessibility and inclusion across the organisation. We have also continued to explore practical ways to create a culture where colleagues can bring their whole selves to work, including the introduction of optional pronouns in email signatures and improvements to inclusive communications and engagement.

One of the most significant milestones during the year was achieving **Disability Confident Level 2 Accreditation**. Building on our previous Disability Confident Committed status, this achievement reflects the considerable work undertaken across the organisation to **improve accessibility, remove barriers and create a more inclusive working environment for disabled colleagues and applicants**. As part of this work, we introduced a new Internal Workplace Adjustments Policy, a Tailored Adjustments Passport and supporting guidance for managers, alongside mandatory training on reasonable adjustments. We also reviewed our recruitment practices to ensure they remain accessible and inclusive, strengthened support available to disabled colleagues and improved the information available to managers when considering workplace adjustments. Achieving Level 2 accreditation provides external recognition of the progress made and demonstrates our commitment to creating a workplace where disabled people can join, develop and thrive. **While this represents an important milestone, we recognise that becoming a truly inclusive employer requires continuous improvement, and we will continue to build on this work.**

Taken together, these activities demonstrate our commitment to creating an organisation where inclusion is embedded within everyday practice, where colleagues are supported to succeed, and where our culture reflects the values we seek to promote across the pharmacy professions.

What's next for Year 5 (2026/2027)?

As we enter the final stage of our Equality, Diversity and Inclusion Strategy 2021–26, our focus will be on consolidating progress, evaluating impact and laying the foundations for the next phase of our EDI journey. Key priorities for the coming year include:

- **Develop the GPhC's next Equality, Diversity and Inclusion Strategy**, ensuring it aligns with and supports delivery of the Strategic Plan 2025–30 and reflects emerging priorities, evidence and stakeholder feedback.
- **Continue to deliver and evaluate the EDI SLG Action Plan,** ensuring that EDI remains embedded across organisational priorities and that progress against strategic objectives is effectively monitored and reported.
- **Progress the Awarding Gap Project, including delivery of the Awarding Gap Action Plan**, continued engagement with education providers and stakeholders, publication of case studies, and the development of approaches to support the reduction of differential outcomes across pharmacy education and training.
- **Further develop and implement an organisation-wide EDI learning and development programme**, working with colleagues in Learning & Development, to build confidence, capability and inclusive leadership across the organisation.
- **Deliver against the Internal EDI Communications Plan**, promoting awareness, engagement and understanding of EDI issues through a programme of communications, events and colleague-led activities throughout the year.
- **Convene a pharmacy sector Anti-Racism Roundtable**, bringing together key stakeholders to explore shared challenges and opportunities, with the aim of developing collective commitments and principles that support anti-racist practice across the pharmacy sector.
- **Progress work towards Disability Confident Leader (Level 3) status**, further strengthening our approach to accessibility, workplace adjustments and the recruitment, retention and progression of disabled colleagues.
- **Continue to support and strengthen our Inclusion Network**, wellbeing initiatives and broader culture change activities, helping to foster an inclusive workplace where colleagues feel valued, respected and able to thrive.
- **Taking forward the Lord Mann Review Action Plan**, working across the organisation and with regulatory partners to implement the agreed actions and monitor progress.
- **Convening the pharmacy sector around the NHS Race and Health Observatory Principles**, bringing stakeholders together to explore how to move from shared commitments to meaningful, practical and sustained action.

These priorities represent only a part of the work planned for the year ahead. As EDI continues to evolve across the pharmacy sector and wider society, we will continue to develop new initiatives, respond to emerging issues, and adapt our approach where needed. Activity will continue across all three strategic themes, as well as through wider organisational programmes and regulatory workstreams. Our governance arrangements, including the EDI Strategy Leadership Group, Executive Team and Council, will continue to provide oversight, challenge and accountability, ensuring that our work remains coordinated, transparent and aligned with our strategic ambitions and commitment to creating a fairer and more inclusive pharmacy sector.

General Pharmaceutical Council

Protected characteristics of pharmacists involved in managing concerns process for 2025/26



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Executive summary

In line with our 'Delivering equality, improving diversity, and fostering inclusion' strategy, we are committed to making regulatory decisions that are demonstrably fair, lawful and free from discrimination and bias, and using all our regulatory levers and influence to help tackle discrimination, making sure that everyone can access inclusive and person-centred care.

Through our strategy work, we are also committed to publishing more diversity data to support visibility and intelligence sharing across the pharmacy sector, to identify and monitor any disproportionate impacts on different groups, and to take steps to understand and deal with potentially discriminatory outcomes.

This report provides a breakdown of concerns raised about pharmacists by ethnicity, sex and age in 2025/26 looking specifically at concerns received and investigated, and statutory outcomes[1] of closed concerns.

This is part of a series of reports we produce to monitor the impact of our policies and processes as well as driving anti-discrimination work across our organisation. We will continue to analyse the data we hold to understand and provide further insights into the findings of this report.

Key findings

- We have demonstrated through this analysis that there is relationship between each of the three protected characteristics of ethnicity, sex and age and the number of concerns we receive about registered pharmacists. We found higher proportions of concerns are received for male pharmacists, older pharmacists and those from non-white backgrounds.
- Once a concern has been raised and is being processed by the GPhC, most disparities disappear and there is no statistically significant relationship between ethnicity or age in concerns that go on to further investigation. However, there continues to be a relationship between sex and investigations with a higher proportion of males going on to be investigated.
- When looking at the eventual outcomes of our managing concerns process, we found no relationship between the ethnicity or age of the pharmacist and the receipt of a more serious (statutory) outcome but the pattern of overrepresentation of males continued.

About these datasets

We have focussed this report on ethnicity, sex and age because those are the most complete datasets we hold in terms of the protected characteristics.

We had a smaller dataset for pharmacy technicians, for whom we received a much smaller proportion of concerns in 2025/26, so were not able to include this group in this year's report.

Given the complexity of the data and the range of factors that could influence the reason for a concern being raised, why it goes through to investigation and the outcome, care should be taken in drawing any conclusions based on this data alone.

[1] Outcomes outlined in the Pharmacy Order 2010 which set out the role, responsibilities and functions of the independent statutory regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain.

Summary by each protected characteristic

Ethnicity

When compared with the register, there was a relationship between ethnicity and concerns received with an under-representation of White pharmacists in concerns received and an over-representation in concerns received about Black and Asian pharmacists. Looking at the concerns the GPhC has received, there was no statistically significant relationship between ethnicity and concerns which went on to be investigated. There was also no relationship between ethnicity and statutory outcomes for pharmacists (please see **Appendix**: Our approach to managing concerns about pharmacy professionals for details of statutory outcomes).

Sex

In terms of sex, there was a statistically significant relationship between sex and concerns received, with an under-representation of females and a corresponding over-representation of males. There was also a statistically significant relationship between sex and concerns which went on to be investigated and between sex and statutory outcomes for pharmacists with males being overrepresented at each stage.

Age

In terms of the breakdown by age, we found a significant relationship between the age of the pharmacist and the number of concerns received. There was an under-representation of pharmacists under the age of 35 and over-representation of those aged 55 and over in concerns received. There was no relationship between age and concerns which went on to be investigated or between age and statutory outcomes for pharmacists.

1. Introduction

This report is divided into a number of sections as detailed below:

In **section two**, we present a brief explanation of how we manage concerns at the GPhC and the terminology we use.

Section three explains what data has been used in this report, how it has been categorised and any caveats the reader should be aware of.

Section four and **section five** present data on the protected characteristics of pharmacists for:

- Concerns received and investigated in 2025/26
- Concerns closed and statutory outcomes in 2025/26

In section six, we provide a summary of the findings grouped by each of the protected characteristics of ethnicity, sex and age.

In the final section seven we discuss what our next steps will be and what we plan to do as a result of the findings of this report.

2. How we manage concerns at the GPhC

A concern is information that we receive about an issue with a pharmacy professional or an issue with how a pharmacy is operating. A concern can also be about an illegal practice or protection of title issue. A concern can contain information about a pharmacy professional's work or their personal life. It can involve one or multiple pharmacy professionals. It can arise from different settings, such as a pharmacy premise, an online pharmacy, a hospital, a doctors' surgery, a public place or a private residence. It can also be about a pharmacy premise or someone who is not registered with us.

A concern can be closed at different stages after it has been raised with the GPhC, as follows:

- at initial assessment/triage
- after the investigation
- at an investigating committee (IC) meeting
- at a fitness to practise committee (FtPC) hearing.

Many concerns are closed at the first stage, called initial assessment, often with information which advises the pharmacy professional involved what they might learn from the concerns raised.

We will only investigate a concern that might call into question whether a pharmacy professional's fitness to practise (FtP) is impaired. A pharmacy professional is 'fit to practise' when they show that they have the skills, knowledge, character and health to do their job safely and effectively and also maintain the reputation of the profession. A pharmacy professional's fitness to practise can be impaired for a number of reasons, for example misconduct, ill-health or a conviction for a criminal offence.

Following the investigation, we may decide to:

- take no further action
- issue a letter that includes guidance about the professional's 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
- with the most serious concerns, 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 registrant
- issue a letter of advice
- issue a warning, or
- refer the case to a fitness to practise committee for a hearing.

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

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

For a flowchart summarising our managing concerns process, please **see the appendix**.

3. About the data

Data on protected characteristics

- We currently collect data on six of the nine protected characteristics.[2] Data on diversity categories for registrants is currently collected at the point of application for foundation status, initial registration and restoration. Registrants can update their diversity data when applying for annotation as an independent prescriber (pharmacists only) or if they apply for a certificate of professional standing. Data is self-declared and based on how registrants self-identify.
- Since June 2018, we have collected diversity data through our online initial registration process on MyGPhC and while it is a requirement to complete the form on MyGPhC, applicants can decline to provide specific information by choosing the 'Prefer not to say' option. For those who registered prior to June 2018, the category of 'Not recorded' is used where the registrant chose not to declare any diversity information or if data on that characteristic was not previously collected.
- We have focussed this report on ethnicity, sex and age because those are the most complete diversity datasets we hold. Data on disability status, religion or belief and sexual orientation for a

[2] Currently, we do not routinely collect data on gender reassignment, marriage and civil partnership, and pregnancy and maternity at initial registration. However, we do collect this data through other surveys and consultation work, where relevant. We use this data to help understand the equality impact of our work, but those datasets would not be appropriate for this type of analysis.

large proportion of the professionals on our register is not recorded as historically there were low completion rates or data was not previously collected. We have not presented data for disability status, religion and sexual orientation characteristics as the small numbers would prevent us from being able to display and compare many findings.

- In our analysis we have compared the protected characteristics of pharmacists going through our managing concerns process with the composition of the register of pharmacists by each protected characteristic. The register data we have used is based on a snapshot of the register taken on the last day of the previous financial year (31 March 2025), so it represents the total number of registrants on the register at the commencement of the given year.[3] More information on the diversity and protected characteristics of the professionals on our register can be found in the diversity data reports, published on our website.

Data on concerns

- This report focusses on pharmacists only. In 2025/26 there were 65,776 pharmacists on the register. We also regulate pharmacy technicians. In 2025/26 there were 26,929 pharmacy technicians on the register, however, the number of concerns received for this registrant group was significantly lower (184 concerns relating to distinct pharmacy technicians). As the small numbers prevent us from being able to display and compare many findings, we have not presented data for pharmacy technicians.
- It is worth noting that our report has only focussed on concerns where an individual has been identified.[4] In 2025/26 we received a total of 7,653 concerns via our managing concerns process[5], of which only 2,226 identified a pharmacy professional (2,019 of which were pharmacists). Once we have identified a pharmacy professional, we are then able to link to the diversity data we hold for that individual in our register. For 71% of the concerns received (over 5,000) a specific pharmacy professional was not identified.
- We may receive more than one concern about the same individual. As this report is about understanding the characteristics of individuals who have been through FtP, we have focussed our analysis on the number of distinct individuals in our FtP in this financial year. Where multiple concerns have been received about the same individual, we have only included them once in our analysis.[6] Of the 2,019 concerns about pharmacists in 2025/26, there were **1,624** distinct individuals which is the total number of **concerns received** on which the following report is based.
- Fitness to practise concerns are not always closed in the same financial year that the concern is first received at the GPhC, so we have separated the report into an analysis of the concerns received in the year 2025/26 and analysis of the concerns closed in the same year. As above, we

[3] This date was chosen to ensure that any registrants who may have left or been removed from the register during that year are included in the count.
[4] We close many concerns before a registered professional has been identified. This may be because we realise the concern received isn't meant for us, we don't have the power to carry out an investigation or we haven't received sufficient information to identify a specific individual.
[5] Concerns received and closed by our customer contact centre are not included in this analysis.
[6] Where these concerns were closed at different stages of our managing concerns process, we have used the concern that progressed furthest for the analysis.

have focussed the analysis on distinct pharmacists and multiple concerns about the same individual have only been counted once. This gives a total of **1,625 concerns closed** in 2025/26.

- Fitness to practise concerns can be closed at any stage of the process and with a range of possible outcomes. For simplicity we have distinguished between concerns that closed with a statutory outcome (which includes advice and outcomes imposed by the investigating and fitness to practise committees) and those that closed with a non-statutory outcome (which includes all concerns closed with no further action and those that closed before reaching investigation committee).
- Our dataset includes concerns received or closed between 1 April 2025 and 31 March 2026. The concerns closed data contained in this report was generated in May 2026 to present an accurate account of all concerns closed in 2025/26. The concerns received data was generated a month later in June 2026 to allow concerns received in 2025/26 to have completed the initial assessment stage of our managing concerns process. NB. The data we hold, particularly in relation to more recent concerns, is subject to change as concerns progress and additional evidence is gathered.

Interpretation of data

- In **section four** and **section five**, in certain cases categories with small numbers have either been removed or combined due to the potential for these small numbers to distort the analysis. It is noted in the report where this has occurred. In the sex category, 'Prefer not to say' and 'Other' were removed from the analysis. In the ethnicity category 'Mixed' and 'Other' were combined, as were 'Prefer not to say' and 'Not recorded'. In the age category those aged 'under 25' and '25-34' were combined and similarly those aged '55-64' and '65 and over' were combined.
- Percentages have been rounded to the nearest whole number, so aggregate percentages may not add to 100.
- We continually review our data quality and content of our information to include the most accurate data. For improved data, we retrospectively update figures. This means when comparing this data with previously published data, you may see small changes.
- Findings were analysed using the chi-squared test of independence to establish whether there was a statistically significant relationship between the independent variables (age, ethnicity and sex) and dependent variables (concerns received, investigated and statutory outcomes). The finding of significance tells us that a relationship exists and that observed differences are real and not due to chance.[7] It does not tell us anything about the cause of that difference or how big the difference is.
- Confidence intervals (at a 95% confidence level) were used to identify where there was a statistically significant under or over-representation in each individual category. In the report a star★ indicates a significant under or over-representation of a certain group at a certain stage or outcome of the managing concerns process.
- There are a wide range of factors that could influence the reason for a concern being raised with the GPhC or a concern progressing through our managing concerns process such as setting, job role, the context of the concern itself, geographical location, and other demographics. Therefore, care should be taken in drawing any conclusions based on this data alone.

[7] Findings are considered statistically significant where $p<0.05$

4. Concerns received and investigated

In this section we have presented the data on concerns received about pharmacists in 2025/26.

The tables and charts below show how concerns received, and concerns investigated further, compared with the register, by ethnicity, sex and age.

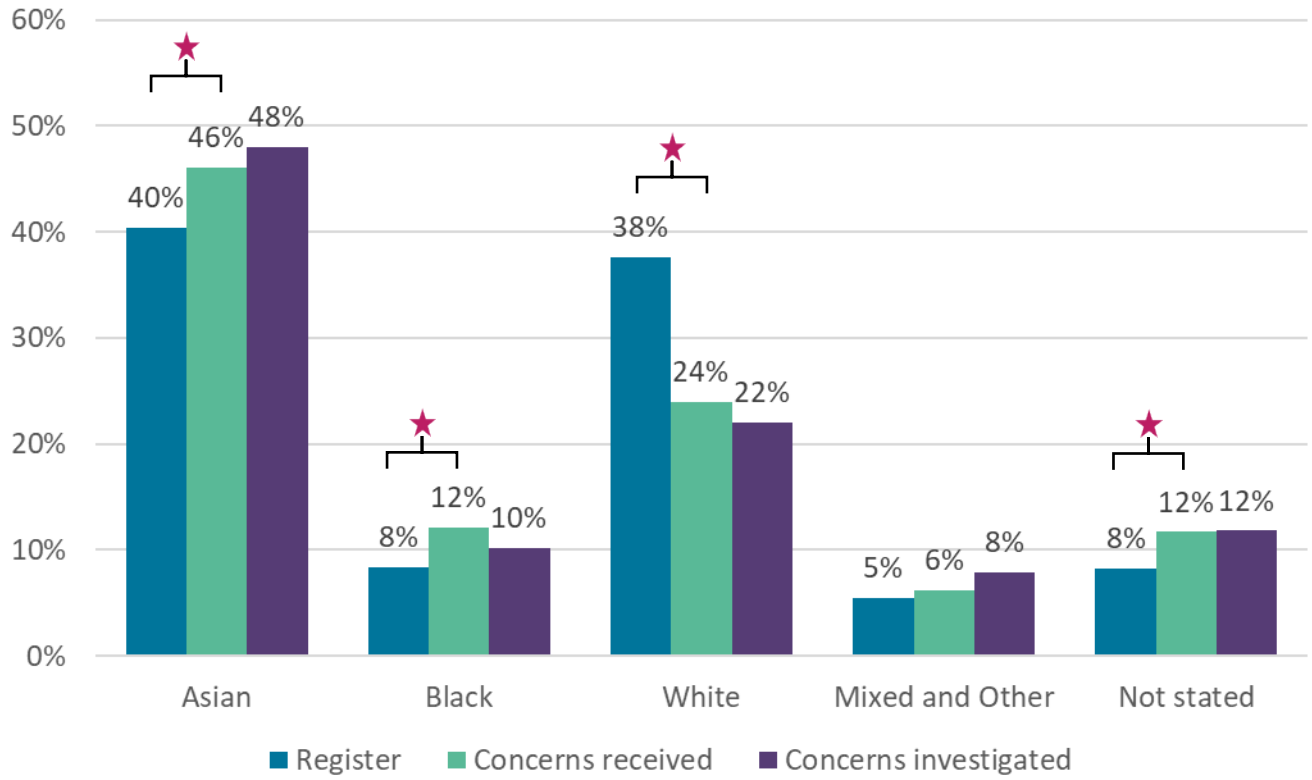
By ethnicity

Table 1 and chart 1 below show the ethnic breakdown of all pharmacists identified who had concerns raised about them compared with the ethnic breakdown of pharmacists where the concerns proceeded to investigation. This is shown alongside the ethnic breakdown of the pharmacist register in 2025/26.

Table 1: Count and percentage of register data, concerns received, and concerns investigated for pharmacists in 2025/26 broken down by ethnicity

2025/26	Register data	Register %	Concerns received	Received %	Concerns investigated	Investigated %
Asian	26,536	40%	749	46%	183	48%
Black	5,507	8%	196	12%	39	10%
White	24,732	38%	389	24%	84	22%
Mixed and Other	3,583	5%	100	6%	30	8%
Not stated	5,418	8%	190	12%	45	12%
TOTAL	**65,776**	**100%**	**1,624**	**100%**	**381**	**100%**

Chart 1: Proportion of register data, concerns received, and concerns investigated for pharmacists in 2025/26 broken down by ethnicity



★*Note: The star indicates a statistically significant difference*

Overall, there was a statistically **significant relationship between the ethnicity of the pharmacist and the number of concerns received** by the GPhC.[8]

When compared with the register, a **significantly higher proportion of concerns received were about Asian and Black ethnicities and those whose ethnicity was not stated**. The largest overrepresentation was for Asian pharmacists (46% of concerns compared with 40% of pharmacists on the register). Conversely there was an **under-representation of White pharmacists for concerns received** compared to the proportion on the register (24% of concerns compared to 38% on the register).

Once a concern was being progressed by the GPhC the differences reduce, and **no overall statistical relationship was found between the ethnicity of the pharmacist and concerns investigated**. The proportions of each ethnic group being investigated reflects the proportion of concerns received about each group.

By sex

Table 2 and chart 2 below show the sex of all pharmacists identified who had concerns raised about them compared with the sex of pharmacists where the concerns proceeded to investigation. This is shown alongside the sex breakdown of the pharmacist register in 2025/26. [9]

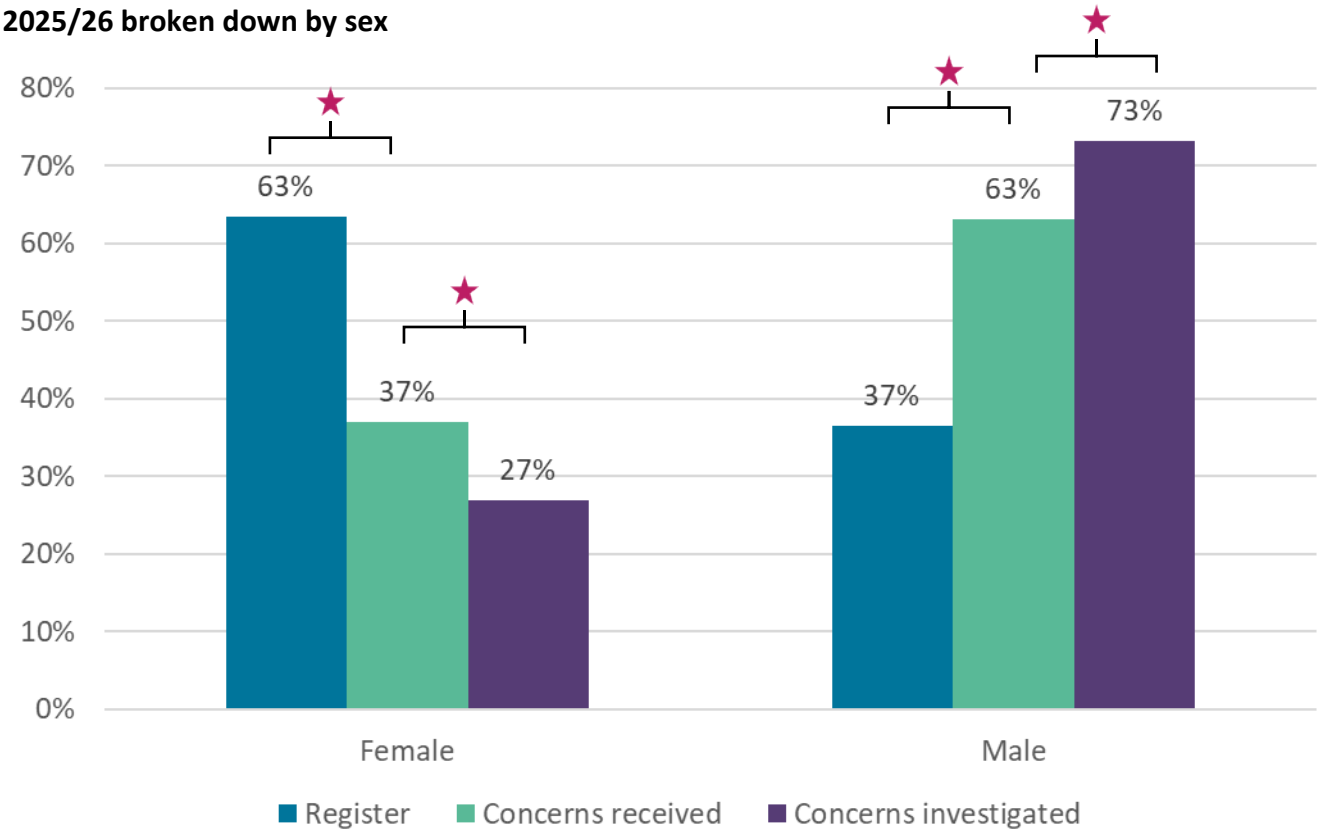
[8] *p<0.001*

[9] 'Other' and 'Prefer not to say' have been removed from the analysis due to very small numbers

Table 2: Count and percentage of register data, concerns received, and concerns investigated for pharmacists in 2025/26 broken down by sex

2025/26	Register data	Register %	Concerns received	Received %	Concerns investigated	Investigated %
Female	41,274	63%	591	37%	100	27%
Male	23,777	37%	1009	63%	272	73%
TOTAL	**65,051**	**100%**	**1,600**	**100%**	**372**	**100%**

Chart 2: Proportion of register data, concerns received, and concerns investigated for pharmacists in 2025/26 broken down by sex



★*Note: The star indicates a statistically significant difference*

Our analysis found a statistically **significant relationship between sex, concerns received and concerns that proceed to investigation.**[10]

When compared with the register, a statistically **significantly higher proportion of concerns received were about male pharmacists** (63% of concerns received compared with 37% of professionals on the register). This was accompanied by an equivalent **under-representation of female pharmacists**.

Once a concern was being progressed by the GPhC, there is **continued overrepresentation of male pharmacists being subject to an investigation** (73% of concerns investigated compared with 63% of

[10] *p<0.001*

concerns received) and an **under-representation of female pharmacists in investigations** (27% of concerns investigated compared with 37% of concerns received).

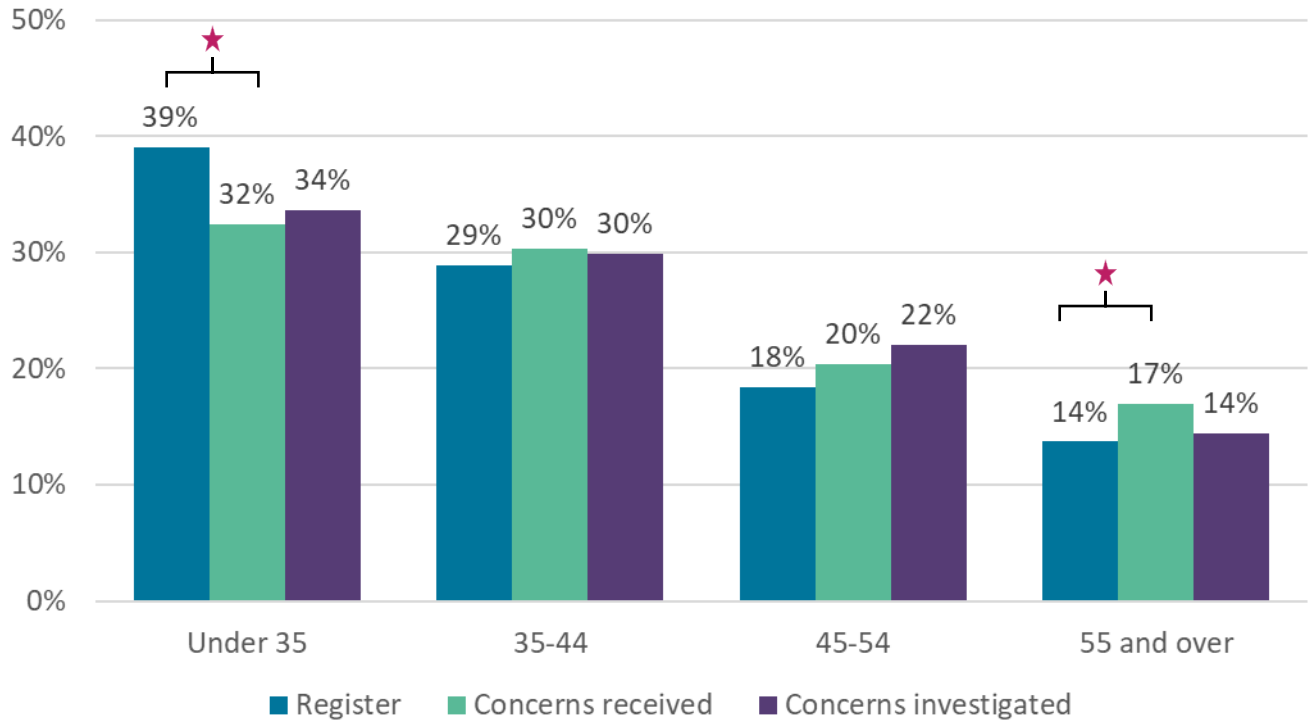
By age

Table 3 and chart 3 below show the age group of all pharmacists identified who had concerns raised about them compared with the age group of pharmacists where the concerns proceeded to investigation.[11] This is shown alongside the age group of the pharmacist register in 2025/26.

Table 3: Count and percentage of register data, concerns received, and concerns investigated for pharmacists in 2025/26 broken down by age

2025/26	Register data	Register %	Concerns received	Received %	Concerns investigated	Investigated %
Under 35	25,651	39%	526	32%	128	34%
35-44	19,028	29%	492	30%	114	30%
45-54	12,080	18%	331	20%	84	22%
55 and over	9,017	14%	275	17%	55	14%
TOTAL	**65,776**	**100%**	**1,624**	**100%**	**381**	**100%**

Chart 3: Proportion of register data, concerns received, and concerns investigated for pharmacists in 2025/26 broken down by age



★ *Note: The star indicates a statistically significant difference*

[11] For age, we have used the age of the individual on the date that the concern was received

Overall, there was a statistically **significant relationship between the age of the pharmacist and the number of concerns received** by the GPhC.[12]

When comparing the proportion of each age group with a concern raised about them to the proportion on the register, it was found that **under 35 year olds were under-represented in concerns received** (39% of the register but only 32% of concerns received and there was an **over-representation of those aged 55 and over** (14% of the register and 17% of concerns received).

Once a concern was being processed by the GPhC, there was **no statistically significant relationship between the age of the pharmacist and concerns investigated**.

5. Outcome of concerns closed

In this section we have presented the data and analysis of concerns closed in 2025/26 together with the outcome of those concerns.[13] It is important to note that these are not the same as the concerns received and investigated, as outlined in the previous section, as concerns may not necessarily be closed in the same year that they are received by the GPhC.

For simplicity, we have grouped the outcomes into two categories - statutory outcome (which includes advice and outcomes imposed by the investigating and fitness to practise committees) and non-statutory outcome (which includes all concerns closed with no further action and those that closed before reaching investigation committee). **See appendix** for more details.

The tables and charts below show how concerns closed with a statutory outcome compared with all concerns closed by ethnicity, sex and age.

Please note that caution should be made in drawing any conclusions from this as the number of statutory outcomes for any group is small (see tables 4, 5 and 6).

By ethnicity

The table and chart below show the ethnicity of pharmacists who had concerns closed in 2025/26 compared with the proportion that received statutory outcomes.

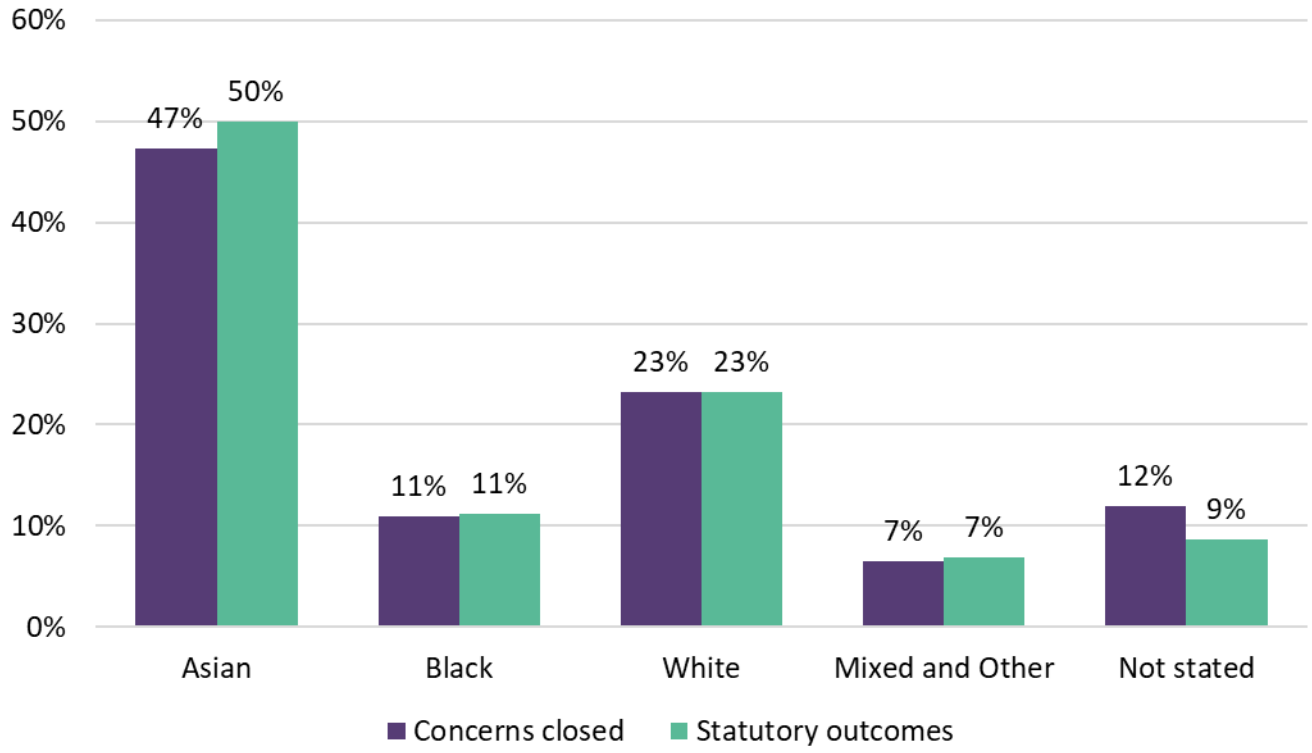
Table 4: Count and percentage of concerns closed and statutory outcomes for pharmacists in 2025/26 broken down by ethnicity

2025/26	All closed concerns	All closed concerns %	Statutory outcomes	Statutory outcomes %
Asian	769	47%	58	50%
Black	178	11%	13	11%
White	378	23%	27	23%
Mixed and Other	106	7%	8	7%
Not stated	194	12%	10	9%
TOTAL	**1,625**	**100%**	**116**	**100%**

[12] *p<0.001*

[13] As with the earlier analyses, concerns closed without an individual being identified have been excluded

Chart 4: Proportion of concerns closed and statutory outcomes for pharmacists in 2025/26 broken down by ethnicity



There was **no statistically significant relationship between ethnicity and the outcome of the managing concerns process.**

When comparing the number of statutory outcomes with the total number of concerns closed in 2025/26, there were some differences for each ethnicity. Asian pharmacists had slightly higher proportions of statutory outcomes whereas all other groups had the same or slightly lower. However, **none of these were found to be statistically significant.**

By sex

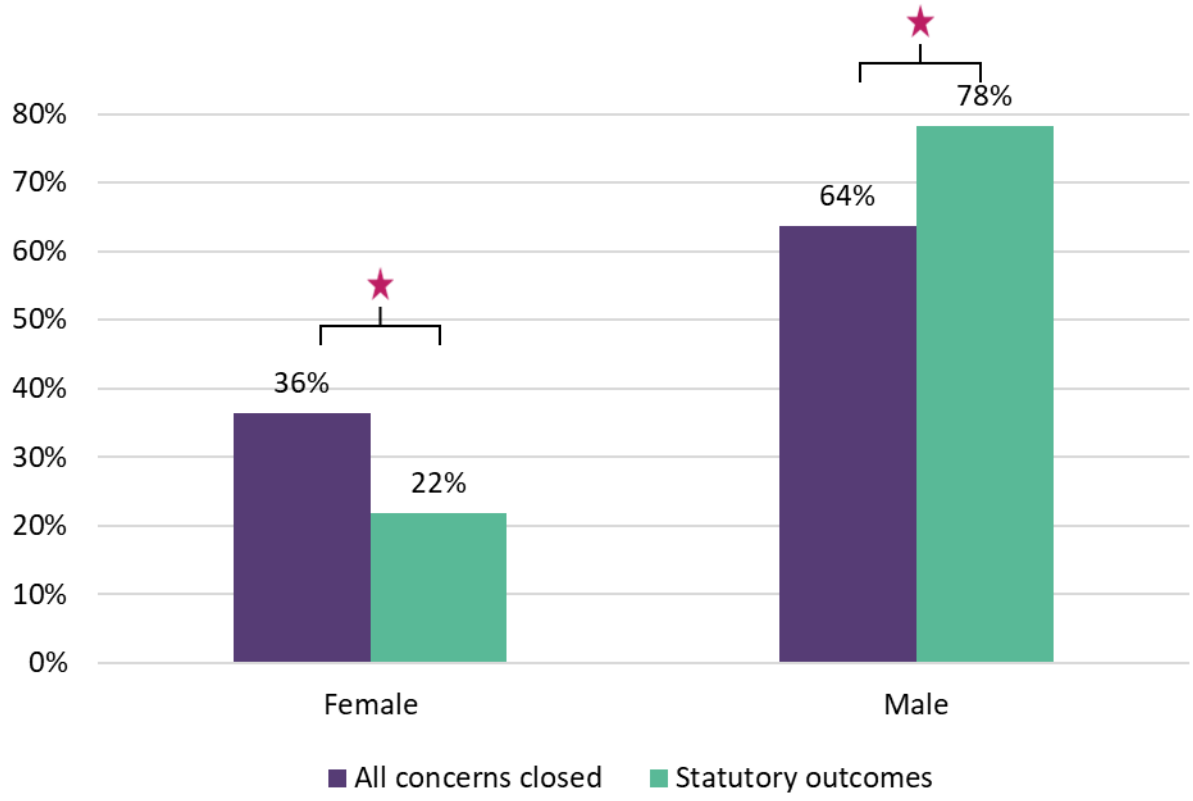
The table and chart below show the sex of pharmacists who had concerns closed in 2025/26 compared with the proportion that received statutory outcomes.[14]

Table 5: Count of pharmacists who had concerns closed in 2025/26 and those that received statutory outcomes broken down by sex

2025/26	All closed concerns	All closed concerns %	Statutory outcomes	Statutory outcomes %
Female	582	36%	25	22%
Male	1020	64%	90	78%
TOTAL	**1602**	**100%**	**115**	**100%**

[14] 'Other' and 'Prefer not to say' have been removed from the analysis due to very small numbers

Chart 5: Proportion of concerns closed and statutory outcomes for pharmacists in 2025/26 broken down by sex



★ *Note: The star indicates a statistically significant difference*

There was a statistically **significant relationship between the sex of the pharmacist and the outcome of the managing concerns process.**[15]

When comparing the number of statutory outcomes with the total number of concerns closed in 2025/26, **male pharmacists had a higher proportion of statutory outcomes** (78% compared with 64% of closed concerns) whereas **females had a lower proportion** (22% compared with 36% of closed concerns). These were found to be statistically significant**.**

By age

The table and chart below show the age group of pharmacists who had concerns closed in 2025/26 together with the proportion that received statutory outcomes.[16]

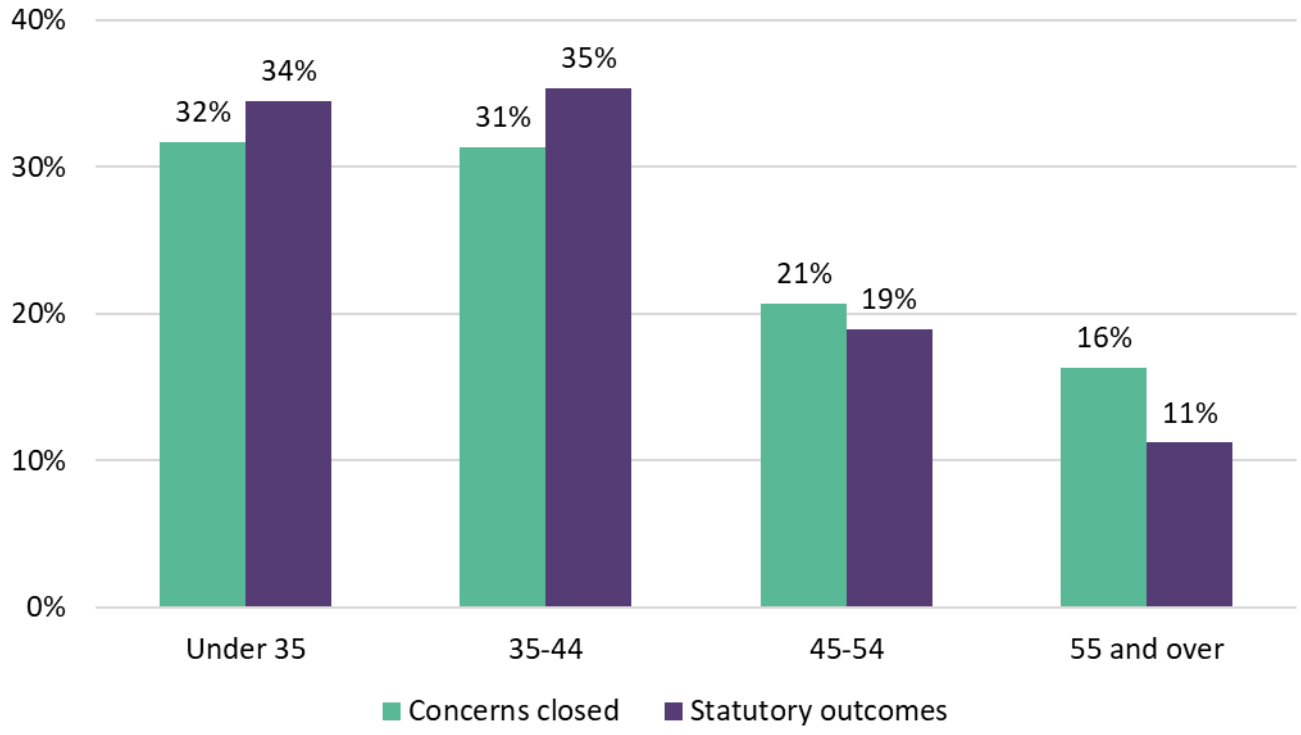
[15] *P=0.001*

[16] For age, we have used the age of the individual on the date that the concern was received

Table 6: Count and percentage of concerns closed and statutory outcomes for pharmacists in 2025/26 broken down by age

2025/26	All closed concerns	All closed concerns %	Statutory outcomes	Statutory outcomes %
Under 35	515	32%	40	34%
35-44	509	31%	41	35%
45-54	336	21%	22	19%
55 and over	265	16%	13	11%
TOTAL	**1,625**	**100%**	**116**	**100%**

Chart 6: Proportion of concerns closed and statutory outcomes for pharmacists in 2025/26 broken down by age



Our analysis found there was **no statistically significant relationship between age and the outcome of the managing concerns process.**

When comparing the number of statutory outcomes with the total number of concerns closed, there were small differences for each age group. The largest difference was in the 35-44 category (35% of statutory outcomes compared with 31% of concerns closed). However, none of the observed differences were found to be statistically significant.

6. Summary by protected characteristics of registered pharmacists

Table 7 Summary of all findings by protected characteristics

	Ethnicity	Sex	Age
Concerns received	Relationship exists between ethnicity and concerns received Under-representation of white pharmacists Over-representation of Black, Asian and ethnicity not stated	Relationship exists between sex and concerns received Under-representation of female pharmacists Over-representation of male pharmacists	Relationship exists between age and concerns received Under-representation of those under the age of 35 Over-representation of 55+ age group
Concerns investigated	No relationship between ethnicity and concerns investigated	Relationship exists between sex and concerns investigated Under-representation of female pharmacists Over-representation of male pharmacists	No relationship between age and concerns investigated
Statutory outcomes	No relationship between ethnicity and statutory outcomes	Relationship exists between sex and statutory outcomes Under-representation of female pharmacists Over-representation of male pharmacists	No relationship between age and statutory outcomes

Pink shading = overall relationship found to be statistically significant using chi-squared test of independence

Green shading = no overall relationship found in statistical tests

The disparities across all three characteristics in concerns received are consistent with the findings of our previous reports. The pattern of continuing disparities for sex was not present in our 2024/25 data but has been identified in earlier reports and has re-emerged in 2025/26. In 2024/25, we saw an over-representation of pharmacists aged 35-44 in concerns investigated but this disparity is no longer present in this year's data.

7. Next steps

This analysis has demonstrated that there is disproportionality in the number of pharmacists entering the managing concerns process based on the protected characteristics of ethnicity, sex and age.

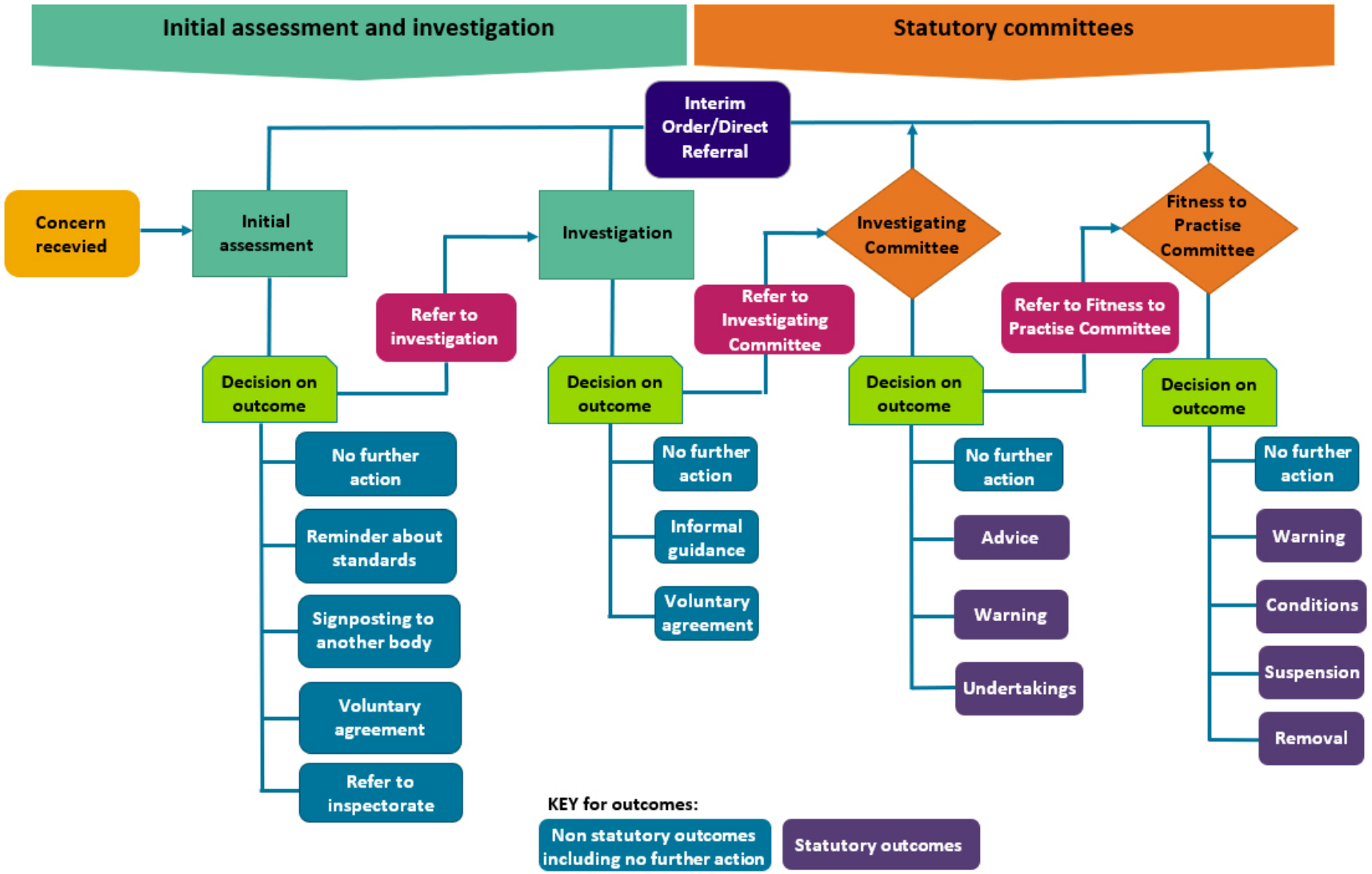
The analysis indicates that the disparities observed for ethnicity and age are no longer present once a concern has entered the GPhC's managing concerns process. However, overrepresentation of male pharmacists continues throughout all stages. The statistical tests we have applied have shown where a relationship exists (one that is not just a result of chance), but this does not indicate causality.

We plan to do more to understand the patterns that this report has highlighted including further exploration of factors that may be involved in determining the likelihood of different individuals going through our managing concerns process. Future analysis will consider trends over a longer period, explore aggregated data on pharmacy technicians, and investigate other factors such as role, setting and concerns type, and other decisions such as interim orders.

Our EDI annual report 2025/26 gives more information about what work is underway and what we plan to do to minimise the possibility of bias in our regulatory activities.

Appendix: Our approach to managing concerns about pharmacy professionals

Figure 1: Infographic outlining our approach to managing concerns about pharmacy professionals





General Pharmaceutical Council
Level 14, 1 Cabot Square, Canary Wharf, London E14 4QJ
www.pharmacyregulation.org

General Pharmaceutical Council

Professional Standards Authority: annual performance review 2025/26

Meeting paper for Council on 15 October 2026

Public

Purpose

To present the outcome of the annual performance review

Recommendations

The Council is asked to note the outcome of the 2025/26 periodic review.

1. Introduction

1.1 The Professional Standards Authority (PSA) carries out an annual performance review of each of the ten health and social care regulators, assessing their performance against the Standards of Good Regulation.

1.2 This report looks at the GPhC's performance between July 2025 and June 2026. This was a fuller review than that carried out in 2024/25, as it was a 'periodic review' (carried out every three years, with 'monitoring reviews' in between).

1.3 The PSA's report is attached as **Appendix 1**.

2. Key findings

2.1 The PSA concluded that the GPhC met 17 of the 18 Standards of Good Regulation. All the general standards were met, as were all standards relating to guidance and standards, education and registration. Four of the five standards for Fitness to Practise were met, while one was not.

Areas of good practice

2.2 The review highlights a number of significant strengths across our regulatory functions, including "strong commitment to embedding EDI across (its) regulatory functions, supported by clear governance arrangements, improved data collection, stakeholder engagement and work to strengthen standards, guidance and decision-making processes". Our updated internal guidance on Antisemitism and Islamophobia was cited as an example of good practice.

2.3 The review also recognised continued effectiveness in maintaining a robust registration process, assuring the quality of pharmacy education and training, engaging constructively with stakeholders and responding to emerging risks in pharmacy practice.

2.4 In Fitness to Practise, the PSA found that the FtP process is accessible and includes clear signposting. Their audit provided strong assurance regarding the quality of investigations and the fairness and proportionality of decision-making. The professional and sensitive manner in which those engaged in the process were supported by staff was identified as another example of good practice.

Standard 15

2.5 We did not meet Standard 15 relating to the timely resolution of FtP concerns. Although we are continuing to make progress in this area, we did not expect to meet the standard in this reporting period and have previously made the Council aware of this. The aged caseload has reduced significantly (cases over three years old reduced by 40% and over two years old by almost 30% in the reporting period), but the impact of older cases continues to affect the measure of timeliness and further sustained improvement will be required before the timeliness standard can be achieved.

2.6 We continue to monitor the impact of FtP improvement projects. The Finance and Planning Committee recently had a detailed overview and we will continue to keep the Council updated. Based on our current projections, including the age profile and progression of our existing caseload, we expect to meet the timeliness standard by the reporting year 2027-28.

3. Changes to the Standards of Good Regulation

3.1 The PSA has issued updated Standards of Good Regulation which we will be assessed against in the current reporting year (July 2026-June 2027). The revised Standards have been consolidated to reduce the number and the language has been simplified. They largely cover the same requirements for regulators, but there are some changes:

- A new standard 1 places an explicit responsibility on the Councils and senior leaders of regulators to create conditions in which the organisation can effectively protect the public and maintain public confidence
- The emphasis on collaboration with other bodies has been expanded
- Standards on education and training have been expanded to include assuring preparedness for practice, meeting the needs of diverse populations and safe learning environments
- Timeliness and fairness in FtP are now separate standards, rather than being combined

3.2 An evidence framework for Standard 3 (EDI) has been in place for several years. The updated standards are accompanied by an evidence framework for each one, which supports the regulators in reporting by suggesting the kinds of evidence we could use to demonstrate that we are meeting the standards.

4. Next steps

4.1 We have mapped the updated Standards against our programmes of work and identified how our current and planned work will support and improve our regulatory functions and so

further our ability to meet the Standards. We have also taken account of the points that the PSA has indicated it will be monitoring over the next year. This mapping will be shared with the Quality and Performance Assurance Committee for assurance that we have the right actions in place. The Committee will continue to monitor progress and give assurance to Council.

4.2 The ongoing programme of improvements in FtP will continue to reduce our aged case load, while also allowing new cases to move through the system in a more timely way. This will allow us to continue to make progress towards meeting the timeliness standard.

5. Equality and diversity implications

5.1 All outcomes of the standard relating to EDI were met. Our continuing work to implement our EDI strategy will maintain our focus on continuing to meet these outcomes.

6. Communications

6.1 The report has been published on the GPhC and PSA websites as well as on our intranet and the outcome was communicated to staff at the most recent Connect Express.

7. Resource implications

7.1 The resources required to work with the PSA on audits, performance reviews and inter-regulatory groups are factored into our annual business planning, as is the work being done to meet and maintain the Standards of Good Regulation.

8. Risk implications

8.1 The PSA report provides constructive feedback on the GPhC's performance and it is important that we respond to it in order to improve the way we regulate, for the benefit of patients, the public and the profession.

8.2 The continuing improvement programme in FtP will allow us to build on the improvements which the PSA has noted. The Quality and Performance Assurance Committee is taking a monitoring and assurance role, as noted above.

9. Recommendations

The Council is asked to note the outcome of the 2025/26 periodic review.

Janet Collins, Senior Programme Manager

Kathie Cashell, Chief Executive and Registrar
General Pharmaceutical Council

07/10/2026

Performance review

professional standards authority for Health and Social Care

General Pharmaceutical Council

Periodic review

2025/26

The General Pharmaceutical Council (GPhC) regulates the practice of pharmacists, pharmacy technicians and registered pharmacies in Great Britain. There are:

95,788

pharmacy professionals & **13,303** pharmacy premises on the register as at 30 June 2026

This report covers the period 1 July 2025 to 30 June 2026

Key findings and areas for improvement

Standard 3 on Equality, Diversity and Inclusion (EDI)

The GPhC continues to demonstrate a strong commitment to embedding EDI across its regulatory functions, supported by clear governance arrangements, improved data collection, stakeholder engagement and work to strengthen standards, guidance and decision-making processes. The GPhC has taken positive steps to address previously identified gaps, including updating fitness to practise (FTP) guidance to reference racist and other discriminatory behaviour, strengthening EDI expectations in education and training standards, and establishing work to address differential attainment across pharmacy education and training. The GPhC also updated internal guidance on Islamophobia and Antisemitism and we considered this an example of good practice.

Key areas for improvement relate to evidencing the impact of recent or planned activity, notably the GPhC's work to address disproportionality in concerns received as part of its FTP referrals and differential attainment in pharmacy education; we

See overleaf for more detail

encourage the GPhC to improve the completeness of its EDI data across all protected characteristics as part of this.

Fitness to Practise (FTP)

The GPhC has met four out of five FTP Standards this year.

As part of this year's review, we audited a sample of closed FTP cases to evaluate timeliness, investigation quality, decision-making, risk management and support for parties. We also considered more general aspects of case handling including record keeping and whether the cases raised any issues of public protection or public confidence.

The review found that the GPhC continues to operate an accessible FTP process, with no evidence of barriers to raising concerns and clear examples of signposting where matters fall outside its remit. The audit provided strong assurance in several areas, including the quality of investigations, the reasonableness of most decisions, the prompt pursuit of interim orders once risks are identified, and the sensitive and professional handling of communications with case parties. Good practice was also identified in tailored support provided to parties in a number of cases. We did identify some opportunities for improvement through our audit work and will monitor the GPhC's actions to address these in future reviews.

The GPhC did not meet Standard 15 again this year, because it continues to take too long to resolve FTP cases. The end-to-end median has increased each year since 2018/19, and the number of open older cases has increased slightly this year following a significant fall last year. We note the increase is exclusively in cases aged between 52-103 weeks. In accordance with our **escalation policy**, we have provided an update letter regarding our concerns to the Secretary of State for Health and Social Care and Health and Social Care Committee Chair.

See overleaf for more detail

Standards met: 17 out of 18



General Standards
5 out of 5



Guidance and Standards
2 out of 2



Education and Training
2 out of 2



Registration
4 out of 4



Fitness to Practise
4 out of 5

Previous years

2024/25
17 out of 18

2023/24
17 out of 18

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our **Standards of Good Regulation** and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means a regulator has demonstrated satisfactory performance in that area. It does not mean there is no room for improvement. Our oversight does not stop when we publish our report. It is an ongoing, continuous process and, where we have identified areas for improvement, we pay particular attention to these as we continue to monitor the regulator's performance.

Our performance reviews are usually carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. **Find out more about our review process here**. We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

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General Standards

In this section:
Standard 1 (accessible information)
Standard 2 (clear about purpose)
Standard 3 (equality, diversity and inclusion)
Standard 4 (reports on itself and addresses concerns)
Standard 5 (consults with stakeholders)

1. The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

1.1. The GPhC continues to provide relevant information on its website which in the main has been fully accessible and there have been no changes to its functionality. The GPhC also provides information to interested parties including links to webinars, consultation documents and updated guidance through its website and social media channels.

1.2. We received feedback from one stakeholder regarding the usability and accessibility of the GPhC website. The GPhC has told us that it surveyed around 300 website users, and found that '69% of users found what they were looking for and 66% reported that doing so was easy or very easy'. The GPhC plans to use the survey feedback as it makes further improvements to the website.

Council Meetings

1.3. During the performance review period we noted that the GPhC did not always publish Council meeting papers at least one week before the scheduled meeting. For transparency purposes, and to ensure information is accessible to interested parties, the GPhC should publish Council papers at least one week in advance and publish Council meeting dates as soon as these have been scheduled. This is an area for improvement, and we will monitor developments next year.

Register Check

1.4. As part of our routine register check[1] of final fitness to practise outcomes, we noted that, in around 45% of the cases we checked, the hearing determination was not published on the hearings page of the **website**. Upon further investigation, we found that determinations were missing on around 90 cases, dating back to July 2025.

1.5. We were satisfied that all entries on the GPhC register were accurate and that the identified publication errors did not impact public protection or indicate a wider issue with the accuracy or accessibility of the information

[1] Each year, we check the accuracy of register entries relating to all appealable FTP hearing decisions.

published on the register. However, the GPhC had not adhered to its **publication policy** and management controls had not identified these errors.

1.6. The GPhC acknowledged the errors and promptly corrected them. It also informed us of its plans to:

- improve resourcing in the hearings team including piloting a three-month Head of Oversight and Resolution to support improved compliance
- enhance controls through weekly compliance checks on post-hearing tasks by senior managers and monthly dip checks by managers
- carry out a full review of its publication and disclosure policy.

Conclusion: We have identified some specific areas for improvement regarding the publication of Council papers and hearing determinations which we will monitor next year. We consider that these issues do not materially impact the GPhC's performance against this Standard. We are satisfied this Standard is met.

2. The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

2.1. In June 2025 the GPhC launched its new Strategic Plan for the next five years and outlined three strategic aims:[2]

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

2.2. We have no concerns about the GPhC's clarity of purpose and that learning from one area is applied to others, and there have been no changes to the ways it ensures its policies are applied. Following the launch of the GPhC's 2025-2030 Strategic Plan it has published its Year 1 and Year 2 delivery plans which we will continue to monitor. It is currently working to implement the changes associated with the Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025, notably by developing draft standards for Superintendent Pharmacists and Responsible Pharmacists, and Rules for Responsible Pharmacists.

[2] Strategic Plan 2025-30

Conclusion: The GPhC continues to have clear objectives in place that are aligned with public protection. We are satisfied that this Standard is met.

3. The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

3.1. This year, we continued to use our new approach to assessing regulators against this Standard. As part of this approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we need to be assured that the regulator has met all four outcomes. Our assessment of the GPhC's performance against the four outcomes is set out below.

Outcome 1: The regulator has appropriate governance, structures and processes in place to embed Equality, Diversity and Inclusion (EDI) across its regulatory activities.

3.2. The GPhC continues to have strong governance, structures and processes in place to guide, monitor and embed its EDI acitvities. The GPhC published its Year 3 EDI Strategy Report which provides a comprehensive picture of its activities against the three strategic themes and was discussed at the Council meeting. The report also highlighted GPhC's Plans for Year 4 and included the first Interim EDI Strategic Impact Report.

3.3. Staff diversity data collection has improved significantly, particularly disability data, which increased from 27% to 83% completion. The GPhC also holds 100% diversity data for senior leadership and Council.

3.4. During this review period the GPhC continued to use its Diversity Action Plan as part of the recruitment process for new Council members. The GPhC confirmed that it reviews the Action Plan before every recruitment. The Assurance and Appointments Committee has taken steps to attract applicants from underrepresented groups, including adopting the Disability Confident Scheme.

Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills.

3.5. The GPhC continues to publish material to support registrants to improve their EDI knowledge and skills across a range of topics. It has carried out thematic analysis of revalidation data to identify EDI themes and is considering further work, including exploring how revalidation can better support reflection on professional responsibilities relating to EDI.

3.6. We previously reported that none of the GPhC's standards explicitly referred to the need for registrants to challenge discrimination. The GPhC started to address this when it launched its Standards for Chief Pharmacists in January 2025. During this review period the GPhC has worked on strengthening its EDI requirements for trainee Pharmacy Technicians, Superintendent Pharmacists and Responsible Pharmacists. Following feedback we provided towards the end of the review period, the GPhC revised its draft Initial Education and Training Standards for Pharmacy Technicians (IETPT Standards) to include the requirement to challenge discrimination. The IETPT Standards were subsequently published in August 2026.

3.7. We would encourage the GPhC to make explicit reference to challenging discriminatory behaviour in all relevant Standards.

Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions.

3.8. We saw examples of the GPhC continuing to collect, publish and analyse data in different areas of its work to identify and address the potential for unfairness in its processes and decisions, such as its report of the 2025 Common Registration Assessment sittings which was discussed by the Council in February 2026. The report includes a detailed comparative analysis, broken down by certain protected and other characteristics, with data disaggregated by sex, ethnicity, country of training, sector of training and school of pharmacy.

3.9. The GPhC also assessed and reported on the protected characteristics of pharmacists involved in its FTP process. The GPhC said it focused its analysis on ethnicity, sex and age because these are the most complete datasets it holds. The GPhC's analysis indicates that it has sustained its position of having no statistically relevant variance across race, sex or age at the core decision making stages in its FTP process (i.e. opening an investigation, reaching determination, and issuing sanctions). We encourage the GPhC to assess outcomes against further protected characteristics once it has more complete data in other categories.

3.10. Last year we reported that there were gaps in the GPhC's FTP guidance, in that there was no reference to allegations of racist and other discriminatory behaviour when assessing and investigating concerns. During the review period, we are pleased to see that the GPhC updated both sets of guidance and addressed the gaps previously identified.

Good Practice
The GPhC updated its internal guidance on Islamophobia and Antisemitism. The guidance provides clear working definitions, case examples and legal context to support the investigation of discrimination-related concerns and aligns with the GPhC's broader commitment to lawful, proportionate and inclusive regulation. The work the GPhC has carried out in this area represents good practice.

Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes.

3.11. Throughout this review period we have seen examples of the GPhC engaging with a diverse range of stakeholders including through several stakeholder forums. The GPhC has continued to publish summaries of key engagement events in the strategic communications and engagement reports which go to each Council meeting and are published on the website as part of the Council papers. The GPhC has also continued to host virtual roundtables, forums and events across the sector, with the aims of engaging with the Pharmacy community and wider healthcare sector and taking their views and feedback into consideration. It also plans to run further roundtable events with a wide range of stakeholders focussing on the EDI issues later this year.

3.12. Over the last three years the GPhC has assessed the protected characteristics of pharmacists involved in its FTP process and has identified some areas of disproportionality across certain groups in the concerns it has received. It has also taken steps to address this through public facing acceptance criteria and corporate anti racism statements. However, this activity has been implemented recently and therefore we consider that the GPhC still has an opportunity to review and evidence the impact of the steps it has taken and plans to take. We encourage the GPhC to assess what proportion of such unfairly disproportionate referrals are from the varying categories of referrer and determine what action, if any, it can take.

3.13. The GPhC engages with education providers to improve the diversity of student admissions and progression and has strengthened education standards in this area. In March 2026, the GPhC established an Awarding Gap Steering Group, bringing together students, academics, and subject matter experts, as well as sector stakeholders to provide challenge, advice and support as the GPhC develops its approach and identifies effective interventions to drive progress.[3]

3.14. The GPhC has identified actions which demonstrate appropriate intent and alignment with the aim of reducing unfair differential attainment in training. However, much of the activity remains planned or at an early stage. As a

[3] The GPhC refers to its work on differential attainment as 'awarding gap'.

result, while relevant evidence of intent and preparatory work exists, gaps remain in terms of demonstrated progress. We will continue to monitor developments.

Conclusion: The GPhC has performed strongly against each outcome, and we identified relatively few weaknesses. We have seen clear evidence that the GPhC is undertaking a wide range of activity designed to embed EDI in its work and identify and improve processes across different areas including education, registration and FTP. We are satisfied that the GPhC meets all four outcomes and therefore has met the Standard overall.

4. The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

4.1. The GPhC continued publishing regular reports on its operational performance, including reporting on key performance indicators (KPIs) across its core regulatory functions. We have also observed detailed Council discussion of performance throughout the year. We have seen evidence of Council discussing the outcomes of our 2024/25 Performance Review Report and the GPhC's performance against its FTP improvement plan, including scrutinising data and requesting updates on actions set out in the plan.

4.2. In response to the growing number of illegal websites falsely claiming to be pharmacies and selling medicines to people without a consultation or a prescription, the GPhC published a **statement and a guide** to inform the public to check an online pharmacy's registration to avoid risk of serious harm. The GPhC has also continued to work with Medicines and Healthcare Products Regulatory Agency (MHRA) and other UK health organisations to help people keep safe if they decide to use online services.

Conclusion: The GPhC continues to report on its performance and acts on concerns about it. It also monitors and engages with developments in the wider healthcare setting. We are satisfied that this Standard is met.

5. The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

5.1. This year, the GPhC:

- Continued to seek views through its five stakeholder forums, each of which meet virtually twice a year. These forums aim to help the GPhC understand the impact of its work on real-life experiences of patients and the public, students, pre-registration trainees, pharmacy

technicians and pharmacists. All forums include members from across Great Britain, representing a range of demographics.

- Held an event in the House of Commons bringing together parliamentarians, regulators and other key decision-makers to discuss the scale and impact of fake online pharmacies on patient safety, share actions being taken by various bodies and identify further collaborative steps that can be taken to help ensure patients have safe access to medicines online.
- Issued a public consultation on standards of initial education and training of pharmacy technicians. To support the implementation of the new standards the GPhC has established a Pharmacy Technician Education and Training Advisory Group. This group contains key stakeholders from across Great Britain and met for the first time in April 2026. The group will continue to meet on at least a quarterly basis to support the implementation of the new standards across all sectors of practice in England, Scotland and Wales.
- Issued a public consultation on Rules for Responsible Pharmacists and Standards for Responsible Pharmacists and Superintendent Pharmacists. The GPhC also issued a issued a public consultation on Standards for education and training for internationally qualified pharmacists.
- In May, the GPhC launched its first annual registrant perceptions survey, calling on pharmacists and pharmacy technicians to share their views on professional practice, standards, and regulation. The GPhC said the survey aims to strengthening how it listens to registrants and uses their feedback to improve the work it carries out.

What we heard from stakeholders

During the review period, we received feedback about the GPhC's approach to engagement activities. Overall, the feedback was positive about the way the GPhC has engaged, listened to and worked with organisations. The GPhC is described as being constructive, responsive, collaborative and willing to listen to concerns. Stakeholders also welcomed the opportunity to discuss challenges with the GPhC.

Some stakeholders raised concerns regarding certain aspects of the GPhC's work which we mention under relevant Standards below. We considered that these concerns did not indicate a decline in performance or suggest that the GPhC fails to use stakeholder relationships to identify and manage risks to the public.

Conclusion: We have continued to see evidence of the GPhC consulting and working with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants. Overall, the feedback received and evidence we have seen suggests that the GPhC has continued to build strong collaborative working arrangements with stakeholders throughout the review period. We are therefore satisfied that this Standard is met.

Guidance and Standards

In this section:
Standard 6 (maintains up-to-date standards)
Standard 7 (provides guidance to help registrants)

6. The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

6.1. As mentioned above under Standard 5, during the review period the GPhC consulted on draft Rules and Standards for Responsible Pharmacists and draft Standards for Superintendent Pharmacists. Following the consultation the GPhC will be assessing the responses before finalising the Rules and Standards.

6.2. The GPhC said this includes: clarifying the roles and accountability of Responsible Pharmacists, Superintendent Pharmacists, and pharmacy owners; and supporting better use of pharmacy teams' skills so pharmacists can deliver more clinical services in the community and help improve NHS and social care.

Conclusion: We are satisfied that the GPhC is keeping its Standards under review and are assured that the current standards prioritise patient and service user centred care and safety. We will continue to monitor how the GPhC works to develop Rules and Standards for Responsible Pharmacists and Superintendent Pharmacists. We are satisfied that this Standard is met.

7. The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

7.1. The GPhC continues to provide, publish and promote guidance to help registrants apply the standards. For example, during the review period, the GPhC published:

- **examples of safeguards** to protect against the diversion of medicines from registered pharmacies where medicines have been ordered and stolen by members of staff.
- a **thematic review** focusing on the supply of cannabis-based products for medicinal use (CBPMs) by registered pharmacies. The review highlighted areas of good practice, as well as areas for improvement, and has made recommendations linked to relevant Standards for Registered Pharmacies.

- a **position statement on the use of Artificial Intelligence** (AI) in pharmacy, alongside supporting advice on the use of AI in education and training, and in revalidation.

Concerns around the supply of weight management medication

7.2. The GPhC wrote to registrants in response to concerns about inappropriate marketing messages and advice relating to medicines used for weight management. Additionally the GPhC, the Advertising Standards Authority (ASA) and the MHRA issued an updated joint Enforcement Notice making clear that adverts for named prescription-only medicines (POMs) for weight-management are prohibited.

7.3. In April 2026 the GPhC **published a review** highlighting the need for stronger governance, enhanced clinical safeguards and greater transparency in the provision of weight management medicines and services, to ensure care is safe, reliable and person-centred. The review drew on analysis of pharmacy inspection reports and concerns received between January 2024 and December 2025.

7.4. The review noted that, while many pharmacies are delivering these services appropriately, standards were not always consistently met. The review sets out targeted actions for improvement that pharmacy owners, pharmacy teams and prescribers should take to strengthen practice and meet regulatory standards. The recommended actions for improvement also emphasise the importance of appropriate and ongoing clinical follow up as well as the safe and secure supply and delivery of medicines.

Conclusion: The GPhC continues to identify and respond to emerging areas of risk by providing information to help registrants apply the standards, whether that be through newsletters, position statements, advice, informal/formal guidance or by publicising the issues and signposting to existing guidance. We note the recent advice the GPhC developed regarding the supply of weight management medication and the joint work it has carried out with fellow regulators to tackle the emerging risks identified. We will continue to monitor developments. We are satisfied that this Standard is met.

Education and Training

In this section:
Standard 8 (maintains up-to-date standards for education and training)
Standard 9 (effectively quality-assures education providers and training programmes)

8. The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

8.1. During this review period, the GPhC consulted on its IETPT Standards, which have subsequently been approved and published. The GPhC established a Pharmacy Technician Education and Training Advisory Group with key external stakeholders to support the implementation of the new standards.

8.2. As mentioned under Standard 5 above, during the review period the GPhC consulted on proposed changes to education and training for internationally-qualified pharmacists wanting to register in Great Britain. We will monitor further developments.

Conclusion: The GPhC is continuing its work on revising its education standards for pharmacy technicians and internationally qualified pharmacists. We are satisfied that this Standard is met.

9. The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

9.1. Last year we reported that the GPhC revised its approach to quality assurance which was implemented from the 2025/26 academic period. During the review period the GPhC undertook 40 quality assurance events in total, consisting of:

- 11 MPharm step visits (where new programmes are visited prior to accepting students and then every year thereafter during their first delivery cycle)
- Four Overseas Pharmacists Assessment Programme (OSPAP) visits
- 19 Independent prescribing reaccreditations
- Three Pharmacy technician re-reviews
- Three support staff/pharmacy technician desktop reviews.

9.2. The GPhC also said it had reviewed learning from the re-accreditation of all MPharm providers, using provider feedback to improve its processes further. A report was shared with its Initial Education and Training for Pharmacists advisory group in December 2025 and the Quality and Performance Assurance Committee in January 2026. The GPhC said it has used the constructive feedback received to further improve processes.

What we heard from stakeholders

"Our overall experience with the GPhC Learning and Development department, and in particular the Quality Assurance team, has been positive. In relation to both the accreditation of existing courses and the development of [the] new provision, the Quality Assurance professionals have been approachable, reasonably transparent, and accommodating. Communication has generally been clear, and we have felt supported throughout the accreditation processes undertaken this year."

9.3. In May 2026 the GPhC introduced new guidance on Managing Concerns about Pharmacy Education and Training Programmes. It covers not only the GPhC raising concerns about a provider, but also a provider raising concerns by challenging an accreditation decision. The guidance also provides a fuller picture of the work the GPhC carries out and highlights the accreditation activities undertaken outside formal accrediation events. These include triage, offering advice and addressing emergency concerns that need to be dealt with in a timely way but do not require a full accreditation event.

9.4. The GPhC has continued to run the Common Registration Assessment (CRA). During this review period, the GPhC published its report of the 2025 CRA sittings. The report provides a comparative analysis of performance across a number of metrics. The GPhC stated this informs its quality assurance and accreditation activity for Schools of Pharmacy and Statutory Education Bodies and is used to inform ongoing work to address the trainee pharmacist attainment and awarding gap. By tracking these patterns over time, the GPhC said it is able to identify where disparities exist and take targeted action. We will continue to monitor developments.

Conclusion: The GPhC has implemented its revised quality assurance approach and is using learning and feedback from its re-accreditation work to make further improvements to its processes. We have not identified any areas of concern this year and are satisfied that this Standard is met.

Registration

In this section:
Standard 10 (maintains and publishes an accurate register, including restrictions on practice)
Standard 11 (registration process operates fairly and effectively)
Standard 12 (risks to public from those using a protected title is managed)
Standard 13 (ensures registrants continue to be fit to practise)

10. The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

10.1. The GPhC did not make any changes to the way it maintains or publishes its register this year, and the search facility is accessible and easy to use.

10.2. Our usual register checks did not identify any inaccuracies and we had no concerns about the information displayed on the GPhC's register.

Conclusion: We are satisfied that this Standard is met.

11. The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

11.1. The GPhC has not made any substantial changes to its registration processes for pharmacy professionals or pharmacy premises.

11.2. The GPhC continues to process applications for registration efficiently; the median time taken remains less than one week for both UK and international graduates.

Conclusion: We have no concerns about the GPhC's registration processes and are satisfied that this Standard is met.

12. Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

12.1. The GPhC process for managing protection of title cases is unchanged since last year. Its website continues to provide information about its protection and misuse of title function, including the designated titles that are protected by law, and how people can raise a complaint.

12.2. The GPhC takes action to manage risks resulting from non-registrants using a protected title. It has dealt with 55 illegal practice cases between 1 July 2025 to 1 May 2026 (including linked cases) with the median time taken to close these concerns being around six weeks. The GPhC confirmed no cases have been referred for prosecution. We have not received any complaints or seen any other evidence to suggest that the GPhC is not managing these risks appropriately.

Conclusion: From the information provided, the GPhC is dealing with these cases in a proportionate and risk-based manner. We are satisfied that this Standard is met.

13. The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

Revalidation for pharmacists and pharmacy technicians

13.1. Registrants renewing their registration with the GPhC must submit four CPD records, a peer discussion record and a reflective account against the Standards for pharmacy professionals. From 1 January 2026, registrants were allowed to reflect against any one of the nine Standards, a change from the previous requirement to reflect against one of three Standards selected by the GPhC. The GPhC said this change is intended to support more relevant reflection and forms part of its wider review of the revalidation framework. It is also reviewing its communications and support for registrants, considering how the process can be made more equitable and inclusive, and holding roundtables with stakeholders, including patients and the public, to explore how revalidation can further support patient safety, public confidence and assurance of FTP.

Premises inspections

13.2. Last year we reported that the GPhC updated its approach to inspections, including introducing shorter, more focused inspections (alongside established full inspections). The GPhC explained that employing a shorter, targeted inspection methodology for some routine inspections will focus on areas of higher risk, as well as improve efficiency.

What we heard from stakeholders

This year we received mixed feedback from stakeholders about the GPhC's premises inspection activity. Several respondents described constructive relationships with inspectors, clearer inspection reports and proportionate support in some circumstances, including emergency relocations and other exceptional situations. However, stakeholders also raised concerns about variation in inspection approach and outcomes, the level of detail in some reports, the distinction between requirements and areas for improvement, and transparency around the selective use of virtual visits.

13.3. In response, the GPhC said inspection judgements are risk-based and context-specific, supported by its decision-making framework, national panels and strengthened quality assurance of reports. It also said inspectors

should provide verbal and written feedback where concerns are identified, and that quarterly insight reports are used to share themes and learning from inspections. We will continue to monitor the GPhC's actions in this area and the extent to which stakeholder feedback indicates improvements in consistency, transparency and learning.

13.4. During the review period we received a concern that some online pharmacies may be supplying weight-loss medicines without carrying out sufficiently robust checks to verify patients' height, weight and/or Body Mass Index, as required by the GPhC's guidance. It was also suggested that these requirements may be applied inconsistently across providers, with some services relying on self-reported information, photographs or other less reliable forms of verification, and that inspection findings may not always lead to appropriate enforcement action.

13.5. In response, the GPhC said it recognises the importance of safeguards for online weight-management services and has updated its guidance to clarify expectations for pharmacy teams, prescribers and owners. It reported improved inspection outcomes for online and distance-selling pharmacies during 2025/26 and has published a thematic review to share learning across the sector. It said it has inspected 196 relevant premises since the updated guidance, identified cases where standards were not met or improvements were needed, and taken enforcement action including improvement notices and conditions where necessary, with follow-up evidence and inspections used to secure sustained improvements.

Conclusion: The GPhC has clear requirements in place for the provision of weight loss medication and has recognised that online supply of these medicines presents an emerging area of risk. It is aware that issues exist and we have seen evidence that the GPhC is responding through updated guidance, thematic review work, inspection activity and enforcement action where concerns are identified. We received mixed stakeholder feedback about the GPhC's premises inspection activity and will monitor the GPhC's work regarding consistency, transparency and learning. We are satisfied that this Standard is met.

Fitness to practise

In this section:
Standard 14 (anyone can raise a concern about a registrant)
Standard 15 (timeliness of fitness to practise process)
Standard 16 (fitness to practise decisions are fair and proportionate)
Standard 17 (regulator identifies and prioritises cases posing a serious risk)
Standard 18 (all parties involved in the process are supported)

As part of our performance review this year, we audited 35 cases closed at the Triage stage, Investigation stage and Investigating Committee (IC) stage of the GPhC's FTP process. The purpose of our audit was to assess timeliness of case progression; quality of risk assessments; quality of decisions; quality of investigations; and quality of support/communication provided to all parties at all stages of the process. We also considered more general aspects of case handling including record-keeping and whether the cases raised any issues of public protection or public confidence. Details of our audit findings are set out against the relevant Standards.

14. The regulator enables anyone to raise a concern about a registrant.

14.1. The GPhC continues to publish information and guidance about how to raise concerns about registrants. As part of our audit of cases of the FTP process this year, there did not appear to be any barriers to raising complaints and we also saw examples of the GPhC signposting individuals to other organisations who might be better placed to deal with a concern outside of the GPhC's remit.

14.2. The GPhC received 10,328 referrals during this review period, an increase of 39% on last year, and the fourth consecutive significant annual increase. The GPhC explained that the increase in referrals has predominantly involved low level service complaints including price increases for certain medication, stock shortages, unfulfilled orders and refund requests.

14.3. In response to the increasing levels of referrals, in February 2026 the GPhC published new acceptance criteria, with clearer guidance on how concerns about pharmacists, pharmacy technicians and registered pharmacies are assessed. The criteria aims to provide greater transparency regarding the types of concerns the GPhC can and cannot act upon. They also aim to reduce inappropriate or misdirected concerns. The GPhC has also updated its webpage on reporting concerns to make it easier to understand. The percentage of cases being closed at triage has remained consistent at over 90% and we are not aware of evidence to indicate that the GPhC may be closing cases inappropriately upon receipt.

14.4. During the review period the GPhC has continued its quarterly review of the EDI data of people raising concerns who provided the relevant information. Following the results, the GPhC said it continues to review the actions it can

take and the support it can provide to people raising concerns to help them overcome barriers.

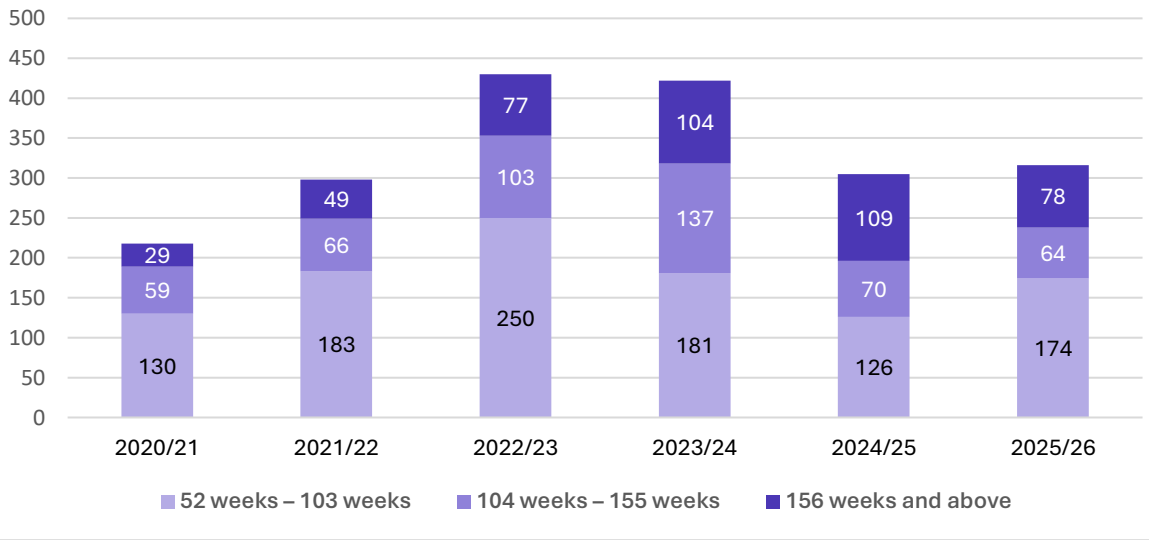
Conclusion: We have not seen evidence that the GPhC prevents people raising concerns about registrants and noted that the work the GPhC is doing to collect and analyse data from complainants. We are satisfied that this Standard is met.

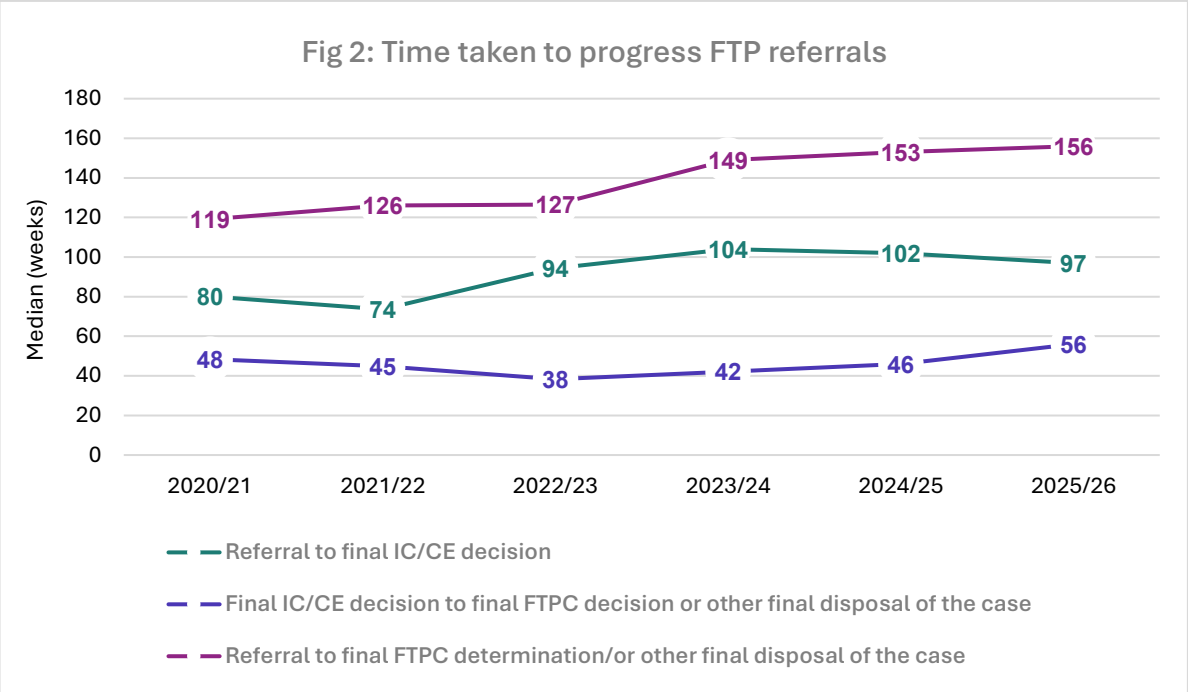
15. The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

15.1. The GPhC did not meet this Standard last year because it was still taking too long to process FTP cases. The GPhC acknowledged that its timeliness data was likely to deteriorate further before getting better as it closed more of its legacy cases.

15.2. As Figure 1 shows, the GPhC has reduced the number of open cases older than 104 weeks since last year, from 179 to 142. However, the number of open cases between 52-103 weeks has increased from 126 to 174 cases. Therefore, the overall number of open cases over 52 weeks has slightly increased. Figure 2 shows that there has been a small increase in the end-to-end median time from referral to final FTPC determination/or final disposal of the case. We will continue to monitor the GPhC's performance data as it continues to reduce its aged cases.

Fig: 1 Number of older cases over 52 weeks





15.3. The GPhC has over 100 cases awaiting a final FTP hearing, of which over half have been open for more than three years. We recognise that the GPhC's Committee Rules (which it cannot change) place a statutory limitation on the number and composition of its IC and Fitness to Practise Committees (FtPC), and this limits the GPhC's ability to schedule more hearings. The GPhC said there are also statutory limitations on how quickly it can schedule a case once referred and served on the parties, and until these reach a final resolution, its closure median at final hearing will continue to rise.

15.4. The GPhC explained that its core focus next year is to improve timeliness and progression of FTP cases and target final resolution of its most aged cases. The GPhC also aims to increase hearings capacity by 50% this year, which will enable it to resolve the majority of its aged cases awaiting a hearing by the end of March 2027. To support the increase in hearings, the GPhC said two dedicated scheduling officers have been onboarded and hearings readiness conferences introduced for longer principal hearings to resolve issues before day one and improve the likelihood of hearings concluding first time. We will continue to monitor developments.

Audit findings

15.5. In 65% of cases audited we identified examples of avoidable and/or unexplained delay (14 Triage, five Investigation and four IC cases). In all 14 Triage cases identified, there was a delay of four to five weeks from receipt of initial complaint to the GPhC either opening the case or further decision making activity. However, following these initial delays, the GPhC progressed the case in a relatively quick and efficient way with limited examples of further delays thereafter. In response the GPhC explained that its key performance indicator (KPI) for triage decisions was eight weeks reducing to six weeks during the relevant period. The GPhC explained that it had set this increased KPI during a challenging period.

15.6. In three out of seven Investigation cases audited and one out of four IC cases audited we saw examples of unexplained delays in case progression. We also saw examples of delays in managerial and/or legal approval which we have identified as areas for improvement. The GPhC acknowledged that some cases experienced longer periods of inactivity than desired. Following our audit the GPhC said it has begun to address these areas by:

- Onboarding and training additional decision writers to support principal lawyers, particularly in relation to reviewing investigations which it identified as a resilience risk and operational pinch point; and
- Developing a set of quantitative and qualitative portfolio-wide KPIs, which have been incorporated into team members' objectives.

15.7. We also considered the quality of investigations. We considered that the GPhC gathered sufficient relevant information to reach an informed and reasonable decision in 82% of cases. In six cases (four Triage cases and two Investigation cases) we thought the GPhC should have pursued some additional lines of enquiry before making a decision, however we found only one case where we considered this may have impacted the outcome. Our audit findings overall provided strong assurance about the quality of investigations.

15.8. Several stakeholders who provided feedback raised concerns about delays and were worried about case progression. In response the GPhC said "We recognise the impact that responding to aged concerns has on all parties to an investigation, as well as the stress that being under investigation for such a long time has on our registrants. That is why we are committed to ensure that we have no live investigations open for longer than four years and will halve the number open over three years by the end of March 2027."

Conclusion: Our audit has provided us with assurance regarding the quality of the GPhC's investigations, and we have no concerns in this regard. However, evidence from the dataset, audit and stakeholder feedback shows that the GPhC continues to take too long to resolve FTP cases. The end-to-end median has increased each year since 2018/19, and the number of open cases older than 52 weeks has increased slightly this year following a significant fall last year. We note the GPhC's actions and plans to improve performance, but the timeliness element of this Standard has not improved since last year and the Standard is therefore not met. In accordance with our escalation policy, we have provided an update letter regarding our concerns to the Secretary of State for Health and Social Care and Health and Social Care Committee Chair.

16. The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

16.1. The GPhC uses a variety of controls to ensure the quality of its decision making[4] including: training and guidance for staff and decision-makers; management approval processes; and a Decision Review Group to identify and share learning. We have not received any feedback from stakeholders to indicate concerns about the GPhC's decision-making this year.

Audit findings

16.2. In our audit, we reviewed decisions made at the Triage, Investigation and IC stages of the decision-making process.

16.3. In 94% of cases, we considered the outcome was sufficient to protect the public. We found the majority of substantive decisions were reasonable and appropriate. Overall, decisions were detailed and well-reasoned with reference to the relevant parts of each applicable test. However, in one Investigation case, we disagreed with the decision to close and in one Triage case we considered that the GPhC had gone beyond its guidance on decision-making at the relevant stage of the process.

16.4. Overall, our audit provided high levels of assurance of the GPhC's decision-making.

Section 29

16.5. We appealed one case under our section 29 powers during the review period, out of a total of 110 final fitness to practise hearings and substantive order review decisions.[5] This is a small proportion of cases, and we have not seen any common themes which raise concerns about the quality of decision-making. We will continue to monitor the data and any emerging themes.

Conclusion: The large majority of decisions we reviewed in our audit were reasonable, and the GPhC's controls appear effective in ensuring appropriate decision-making. We do not have concerns about the GPhC's decision-making and we are satisfied that this Standard is met.

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[4] The GPhC has four distinct decision-making points within its FTP process: Triage; Investigation; Investigating Committee; and Fitness to Practise Committee.

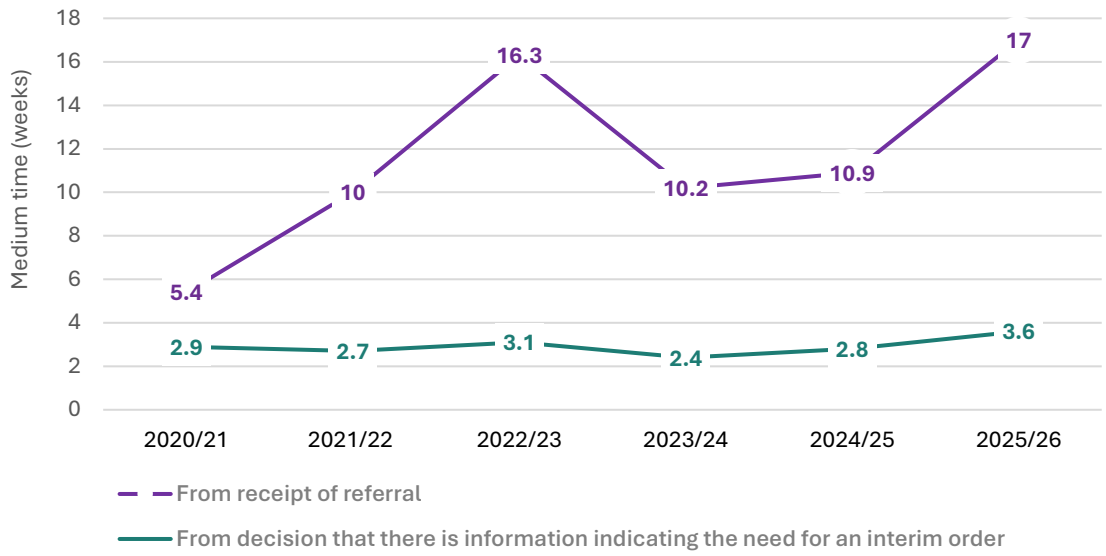
[5] Section 29 refers to the Professional Standards Authority's power under Section 29 of the NHS Reform and Health Care Professions Act 2002 to review every Fitness to Practise Committee decision. If we consider that a decision poses a risk to public safety, does not maintain public trust and confidence, or uphold professional standards, we can refer it to the relevant Court for further consideration. We will only refer decisions to Court if there is no other effective way of protecting the public.

17. The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

Timeliness of interim orders

17.1. As Figure 3 shows, the median time from receipt of referral to an interim order decision has increased this year. However the median time from the point at which the GPhC decides an interim order is required has remained relatively stable. The GPhC continues to apply promptly for interim orders once it receives information indicating the need for one.

Fig: 3 Time taken to interim order committee decisions



17.2. The GPhC told us that it has noticed an increase in the seriousness of concerns it is receiving, and it has adjusted its risk assessment process, resulting in a significant increase in interim order applications and impositions. From the data the GPhC provided we can see interim order activity increased in 2025/26 compared with the previous year. In 2024/25, the GPhC made 42 interim order applications, of which 41 were granted. This rose to 71 applications in 2025/26, with 63 granted.

Audit findings

17.3. In all the cases we reviewed, we saw evidence that risk assessments and/or case management system fields were completed and recorded. In addition, we saw that risk assessments were updated as expected, for example when the GPhC received new information. However, in one Triage case the GPhC failed to carry out a risk assessment when new information was received and in one Investigation case there was a significant delay of over three months in carrying out a risk assessment.

17.4. In just under half of cases (48%) we saw examples of risk assessments which were simply a summary of the case rather than a full assessment of risk. These assessments did not consider the risk factors set out in the GPhC's internal guidance regarding risk assessments. However, save for one

Triage case, we were satisfied that the GPhC identified the main risks in each of the cases we audited, and we did not see evidence that the GPhC was failing to identify risks or serious cases as a result.

Opportunity for improvement - improved risk assessment reasoning

The GPhC should ensure that a clear and meaningful analysis of the case-specific risks is recorded on all new information received in accordance with its guidance documents. We therefore recommend improved reasoning is provided in the drafting of risk assessments and that the GPhC ensures FTP teams have clarity around expectations, and adhere to guidance and training provided.

17.5. The GPhC accepted our audit findings and explained it is taking steps to improve the narration/reasoning of risk assessments. We will continue to monitor developments.

Conclusion: The evidence we have seen indicates that the GPhC acts promptly once it identifies that an interim order may be required, and it shows that the GPhC is continuing to apply for interim orders in a timely and proportionate way. Whilst we have identified an area for improvement, we did not see evidence that the GPhC was failing to identify risks or serious cases which suggest a serious risk to the safety of patients or service users. We are satisfied that this Standard is met.

18. All parties to a complaint are supported to participate effectively in the process.

Audit findings

18.1. In the vast majority of cases we found the GPhC routinely provided detailed information about its processes, and the tone of communications was clear, professional, sensitive and empathetic. We saw examples of sensitive case handling and tailored adjustments being made to support parties to participate and identified examples of good practice in four cases.

18.2. We identified one concern where the GPhC failed to provide sufficient safeguarding, however this appears to have been an isolated incident and did not suggest a pattern or theme of underperformance. The GPhC confirmed that refresher training for new and current staff on the GPhC's safeguarding process took place in March 2026.

18.3. We also identified some minor customer service issues and/or areas for improvement. We considered that the GPhC should improve how it explains its processes to case parties at the outset. We also saw examples where some correspondence to case parties and/or colleagues was undated and where the officer or manager did not provide their full name and/or title at

the end of internal/external correspondence. We would encourage the GPhC to take steps to make improvements including training in this regard.

18.4. In response to our audit findings, the GPhC has committed to various actions to improve performance against this Standard, including additional resource, changes to processes, a review of guidance and training, and expanded quality assurance checks. We will monitor the impact of these changes in future performance reviews.

What we heard from stakeholders

Some stakeholders who provided feedback raised concerns including the need for more frequent updates to open cases, pharmacies to be informed when a concern has been closed (following a request from the GPhC for information); and technical difficulties accessing correspondence.

18.5. In response to the feedback received, the GPhC explained that due to the large volume of FTP referrals, it does not routinely notify pharmacies of triage decisions, although it can do so on request. It also told us that, where a pharmacy has been contacted as part of its screening or initial assessment process, it would be appropriate to provide the pharmacy with the outcome of the decision and the GPhC intends to implement this approach during 2026/27.

18.6. The GPhC stated that its current key performance indicator for open investigations is to provide an update to the complainant and pharmacy professional every eight weeks, unless an alternative frequency has been agreed. It will also provide additional updates on request. The GPhC also explained that it uses a cloud-based encryption service to correspond with case parties that protects sensitive information by securing emails and files in transit. Recipients receive a secure link by email and are required to register in order to read and reply to messages. The GPhC noted that this approach helps protect data and supports compliance with General Data Protection Regulation and Data Protection Act requirements. It also acknowledged that users may need time to become familiar with the software and confirmed that user guides are provided to support them.

Conclusion: We found that the GPhC supports parties to participate effectively in the FTP process by providing information about its processes, handling cases professionally and sensitively, and providing updates where appropriate. We also identified several examples of good practice. However, we also identified some areas for improvement. We will monitor developments, including the action the GPhC takes in response to our findings and any further feedback we receive from stakeholders. Overall, we are satisfied that this Standard is met.

Quick links/find out more

- → **Find out more about our performance review process**
- → Read the **GPhC's 2024/25 performance review**
- → Read our **Standards of Good Regulation**
- → Read our new **evidence framework for Standard 3**

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General Pharmaceutical Council

Quality and Performance Assurance Committee

By Teams
Thursday, 07 May 2026

Attendees

Ade Williams – Chair of Committee

Gisela Abbam - Chair of Council

Dianne Ford - Committee member

Ann Jacklin - Committee member

Raliat Onatade - Committee member

Tim Jaggard – Council member

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

Emily Star – Head of Data and Research

Fiona Erasmus – Education Review Consultant

Paul Cummins - Chief of Staff

Frances Brown – Senior Council Secretary

Jane Daniels - Committee Secretary

Meeting Minutes

Item 1 - Attendance and introductory remarks

1.1 The Chair welcomed members to the meeting and reminded them to declare any interests at the start of the relevant item.

1.2 Apologies were received from Selina Ullah, Penny Mee-Bishop, Aamer Safdar, Dionne Spence and Paul Cummins.

1.3 The Committee welcomed Penny Illston and Graham Oats of Veles Consulting, who were attending the meeting as observers.

Item 2 - Confidential minutes of the meeting held on 29 January 2026 and matters arising (C) (26.05.QPAC.01)

2.1 The minutes were approved as an accurate record of the meeting

Item 3 - Action Log (26.05.QPAC.02)

3.1 It was noted that items covered on the agenda would be marked as complete on the action log.

3.2 The action relating to the performance of pharmacy schools was being taken forward in conjunction with data monitoring and education review workstreams. It was agreed that the action would be reviewed to ensure it reflected developments in the area, with an updated action and timeframe brought back to the Committee.

3.3 The action on the IT roadmap would be reviewed to ensure it reflected any updates on the work in this area.

Item 4 – Data and reporting update (26.05.QPAC.03)

4.1 Roz Gittins and Emily Star led this item. The Committee received an update on Data and Research activity, including resourcing, priorities and the development of data infrastructure. It was noted that new permanent roles had been approved but were yet to be recruited, with interim capacity in place to support delivery. The Committee noted the importance of ensuring sufficient capability to meet the growing demand for data and insight across the organisation.

4.2 The Data and Research function played a key role in informing strategy, supporting decision-making and producing performance insight, with strong collaboration across internal teams and external partners. Priorities for 2026–27 were aligned to the delivery plan.

4.3 Progress on the data transformation programme, which was on track to improve access to consistent, reliable data and strengthen organisational assurance, was noted.

4.4 The forthcoming annual registrant survey was also discussed, with findings to be reported to Council in September 2026. Amendments had been made to the questions to ensure they focused on issues within the GPhC's remit and control, and that they would generate meaningful data for use in a regulatory context.

4.5 The Committee discussed the revisions, including the removal of questions relating to whether registrants felt able to provide safe pharmacy services. It was recognised that understanding whether registrants felt able to provide safe pharmacy services was integral to the GPhC's role as a regulator. While the GPhC may not be the appropriate body to provide direct support in all cases, such insight could still be valuable in fulfilling its regulatory responsibilities.

The Committee agreed the addition of a further question asking registrants what would make them feel confident they were providing a safe service and approved the survey questions.

4.6 It was explained that the removal of "insight" from the team title was intended to bring greater clarity and specificity to the function, distinguishing between data infrastructure and analytical activity. In relation to research, it was noted that this encompassed a broader range of activity, including the analysis of consultation responses, production of the GPhC's themes/trends reporting and premises risk-modelling work. A research framework was being drafted, which would incorporate exploration of different delivery models, such as partnerships, commissioned work and use of external expertise. The proposed framework aimed to define what constitutes research and how it should be undertaken across the organisation.

4.7 However, Committee members expressed concern that the revised terminology remained broad and did not provide sufficient reassurance on focus or priorities. It was noted that the original intention had been to make better use of existing data to drive organisational efficiency, performance and strategic delivery, and members questioned whether this clarity had been diluted. There was concern that the emphasis on terminology risked obscuring a sharper focus on delivering against strategic aims.

4.8 The Committee emphasised that language, prioritisation and sequencing of work were critical, particularly in the context of limited resources. Members agreed that the immediate priority should be on strengthening performance data and developing the organisation's ability to generate insight to identify and respond to risk. The ongoing work on data architecture and reporting was expected to move the organisation towards this position, including providing faster access to consistent and reliable data.

4.9 The Committee also reflected that Council had shown particular interest in understanding the tangible outputs, benefits and step changes resulting from this work, including whether efficiencies would be realised and capacity freed up for further activity.

Item 5 – Awarding gap update (26.05.QPAC.04)

5.1 The Committee received an update on the ongoing work to address the awarding gap in pharmacy education and training. The awarding gap was a long-standing and systemic issue, with implications for fairness, workforce diversity, patient safety and public confidence, and reflected structural features of education and training rather than differences in student ability.

5.2 The work formed a key strategic priority and spanned the full education and training pathway, with initial focus on MPharm provision. Addressing the gap would require sustained, system-wide change and collective action across the sector.

5.3 The Committee noted progress to date, including the establishment of a multi-stakeholder Steering Group, engagement with universities to understand current practice and challenges, and the development of case studies to support shared learning. Work to analyse accreditation data and review evidence on interventions was also noted.

5.4 The Committee noted the proposed next steps, including sector roundtables from June 2026 to support a more coordinated approach, and the development of a monitoring framework to track progress across providers. The GPhC would act to convene and set expectations, with responsibility for delivery resting with education providers.

5.5 The Committee welcomed the paper and noted that it aligned clearly with the GPhC's strategic objectives, as well as representing a positive example of targeted, evidence-informed work bringing together key stakeholders around a shared issue.

ACTION: Details of the Steering Group membership would be shared with the Committee.

5.6 The Committee emphasised the importance of maintaining momentum and requested a clear timeline setting out when key elements of the work, including outcomes from roundtables and development of the monitoring framework, would be brought back to QPAC. It was agreed that implementation and measures of success would require further consideration as the work progressed.

5.7 In discussion, the Committee reflected on the need to ensure that the work moved beyond dialogue into demonstrable action and delivery. While recognising the GPhC's role as a convener and facilitator, members highlighted the importance of being clear about expectations of education providers and other stakeholders. There was concern that, without this clarity, there was a risk that responsibility and accountability could be perceived as sitting solely with the GPhC.

Action:It was agreed that this work should be brought back to QPAC on a quarterly basis to enable ongoing oversight.

Item 6 - Education Review Update

6.1 Fiona Erasmus led this item. The Committee received an update on the Education Review, which was considering the efficiency, effectiveness and sustainability of the GPhC's education standard-setting and quality assurance (QA) activity, and its alignment with statutory responsibilities and strategic aims. The work to date had involved engagement with a range of internal and external stakeholders and built on previous accreditation reviews.

6.2 Key messages arising from the review included the strength and expertise of the team alongside pressures arising from high workloads and a focus on operational delivery. Current QA activity was robust and compliance-focused, but there was an opportunity to strengthen visibility, reporting and use of data to support a more risk-based and targeted approach.

6.3 The importance of improving data collection and reporting, including through wider organisational data initiatives, to enable better identification of risk and support enhanced assurance to Council, was noted. There were also opportunities to improve systems and infrastructure, including the potential introduction of a CRM system to enhance efficiency and enable more effective use of data.

6.4 While the focus on regulatory duties was appropriate, there may be scope to expand quality enhancement activity and strengthen the GPhC's role in sector leadership and influence, subject to capacity.

6.5 The Committee considered the provisional recommendations, including moving towards a more risk-based accreditation model, improving alignment between standards and accreditation activity, strengthening reporting to Executive and Council, and ensuring earlier and more consistent intervention where risks were identified.

6.6 The Committee noted that the review highlighted a wide range of potential opportunities for further development, reflecting the enthusiasm, capability and expertise within the team. While this was welcomed, members emphasised the importance of maintaining a clear focus on outcomes and impact, rather than activity alone, in order to provide effective assurance. The Committee expressed confidence in the team as a values-led and expert function.

6.7 It was noted that similar themes had been discussed at Executive level, including cross-cutting issues relating to organisational structure and resourcing. The Committee recognised that the GPhC was operating within constrained capacity and therefore needed to be clear and disciplined in setting priorities and sequencing work.

6.8 The Committee agreed on the importance of prioritisation and cautioned against pursuing too broad a range of initiatives simultaneously. Members emphasised that core and emerging priorities should be addressed first before taking forward additional activity, ensuring that effort remained focused on areas of greatest impact.

Item 7 - Committee Annual Report and forward look (26.05.QPAC.05)

7.1 It was agreed that any comments would be fed back to the secretariat.

Item 8 – Any other Business

8.1 None received.

12:05 Meeting close

General Pharmaceutical Council

Audit and Risk Committee

By Teams
Thursday, 04 June 2026

Attendees

Neil Buckley - Chair

Ann Jacklin - Committee member

Raliat Onatade - Committee member

Sue Gallone - External Committee member

Nick Atkinson - Internal Auditor

Richard Weaver - External Auditor

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

Rob Jones – Head of Assurance - Lead staff member

Saleem Akuji – Financial Controller

Vanessa Clarke – Principal Finance Officer

Jane Daniels Committee Secretary

Public Meeting minutes

1. Item 3 - Attendance and Introductory remarks

1.1 The Chair welcomed members to the meeting. Apologies were received from Frances Brown, and Paul Cummins. Lynsey Cleland, and Richard Weaver both had to leave early.

2. Item 4 - Minutes of the last meeting (26.06.ARC.01/02)

2.1 The minutes of the last meeting were approved as an accurate record of the meeting.

3. Item 5 - Action Log and matters arising (P) (26.06.ARC.03)

3.1 Action update: The committee noted an update on the review of lone working arrangements for inspectors and agreed the action be marked as complete.

3.2 Action update: Associates and Partners - the Committee noted an update on the action and agreed to mark it as complete.

4. Item 12 – Annual Compliance Report (P) (26.03.ARC.10)

4.1 The Committee reviewed the annual Finance and Procurement compliance report, noting strong overall performance with improvements in procurement compliance, purchase order compliance and prompt payment rates, and no instances of fraud or debt write-offs. A small number of non-compliant contracts and tender waivers were reported and were being addressed, alongside appropriate governance of high-value contracts, reflecting a maturing control environment and continued strengthening of financial and procurement processes.

4.2 The Committee noted that the GPhC continued to strengthen its compliance position year on year.

4.3 The Committee considered whether the current 30-day payment period could be shortened. It was noted that, as a relatively small organisation, reducing this timeframe could place additional pressure on limited resources. It was agreed that, going forward, the average time taken to pay invoices will be reported, with an expectation that this will be below 30 days.

4.4 The Committee noted the significant progress made and expressed its thanks to the team for their work.

5. Item 13 – Annual Committee report (P) (26.06.ARC.11)

5.1 The Committee approved the annual report to Council with amendments to the number of committee members and a review of the conflicting nature of the categorisation of internal audit opinions.

6. Item 16 - Any other business

6.1 None raised.

General Pharmaceutical Council

Strategic communications and engagement: Chair and Executive update

Meeting paper for Council on 15 October 2026

Public

Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting on 16 July 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. We have also included an update on key developments in pharmacy, healthcare regulation and legislation in this period.

2. Strategic engagement: July-October 2026

Parliamentarians and other policy-makers

2.1 **Launch of report from our roundtable on fake online pharmacies:** In early September, following the summer recess, **we launched a report** summarising the discussions and recommendations from the roundtable we held in the House of Commons on combating fake online pharmacies and the illegal sale of unregulated medicines.

2.2 This was covered in the **Times newspaper,** which interviewed our Chief Executive, as well as across the pharmacy media. The report was shared with all parliamentarians across England, Scotland and Wales, as well as with all participants and stakeholders. The report has been welcomed across the pharmacy sector, including through public statements from the National Pharmacy Association, Company Chemists Association and Royal College of Pharmacy, and was shared by the Medicines and Healthcare Products Regulatory Agency (MHRA) through their networks.

2.3 The report includes a foreword from Sadik Al-Hassan MP, Chair of the All-Party Parliamentary Group on Pharmacy. Following the publication of the report, the Chief Executive and Chief Pharmacy Officer met with Sadik Al-Hassan MP to discuss next steps to progress the actions of the report, including the All-Party Parliamentary Group on Pharmacy

writing to Government ministers to ask the Government to consider the recommendations of the report. We have also written to the major technology companies which own search engines or social media platforms to seek meetings to discuss the report's recommendations and opportunities to work together.

2.4 The Chair and Chief Executive are also writing to Dr Zubir Ahmed MP, former Parliamentary Under-Secretary of State in the Department of Health and Social Care (DHSC), to suggest a meeting to highlight our report on tackling fake online pharmacies and to discuss what further actions could be taken to tackle the issue. At a fringe event at the Labour Party Conference, Dr Zubir Ahmed MP referenced the challenges of tackling the illegal sale of counterfeit weight management medicines and suggested a new body with further powers could be set up to work alongside the MHRA and GPhC.

2.5 **New Secretary of State and Pharmacy Minister:** The Chair has written to the new Secretary of State for Health and Social Care, the Rt Hon Yvette Cooper MP, and the new Minister of State with responsibility for Pharmacy, the Rt Hon Dame Diana Johnson DBE MP, to congratulate them on their appointments and offer meetings to discuss how the GPhC can support their priorities.

2.6 **Annual Report 2025-26:** Our **annual report for 2025-26** was laid in the UK Parliament and Scottish Parliament, and shared with the Welsh Parliament (Senedd Cymru), following the summer recess. The annual report was also sent to Ministers and key parliamentarians across England, Scotland and Wales, and with other key stakeholders, and was covered in the pharmacy trade press.

2.7 **Professional Standards Authority (PSA) review of the GPhC's performance, 2025-26:** Following the **publication of the PSA's performance review of the GPhC** on 30 September 2026, the PSA provided a written update about the GPhC's performance to the Secretary of State for Health and Social Care and the Chair of the Health and Social Care Committee, as well as the Ministers in the devolved administrations.

2.8 Our Chair also wrote to the Secretary of State for Health and Social Care, the Chair of the Health and Social Care Committee, and the Ministers in the devolved administrations, in response to the PSA's report, and highlighted the ongoing work to improve the timeliness of our fitness to practise process and the progress we are seeing from the improvements already made. We also issued **a press release** in response to the PSA's report with statements from the Chief Executive and Chief Enforcement Officer, which was widely quoted across the pharmacy trade press.

Pharmacy and other key stakeholders

2.9 Kathie Cashell, Chief Executive had her regular meeting with the Deputy Director at the DHSC, Peter Lilford in July.

2.10 On 14th July, Dionne Spence, Chief Enforcement Officer chaired the Association of Chief Executive's joint EDI and HRD forum on mental health in the workplace.

2.11 The Chief Executive met with the Chief Executive of Community Pharmacy England, Janet Morrison OBE on 15th July.

2.12 Also, on 15th July Gisela Abbam OBE, the Chair, attended a Health Foundation Event – 'Innovation at pace? Speeding up the evaluation of technology' in the NHS held at King's College London.

2.13 On 22 July, the Chief Executive attended a meeting of the Health and Social Care Regulators Forum.

2.14 The Chief Executive met with the Chief Executive of the National Pharmacy Association (NPA), Henry Gregg on 23rd July.

2.15 On 24th July, the Chief Executive met with the Chief Executive at the Company Chemists Association (CCA), Malcolm Harrison.

2.16 The Chair met with the President of the Royal College of Pharmacy (RCPharm), Tase Oputu, and with the Director for England at RCPharm, Amandeep Doll on 28th July.

2.17 On 29th July, the Chair and Chief Executive visited King's College of London to view the Full Patient Simulation Suite at Guy's and the Mock Pharmacy at the Waterloo Campus.

2.18 On 30th July, the Chief Operations Officer Jonathan Bennetts attended a meeting of the Chief Executives of Regulatory Bodies.

2.19 The Chief Executive met with the Chief Executive of the Royal College of Pharmacy (RCPharm) on 17th August.

2.20 The Chair and Chief Executive visited the Barai Pharmacy in Surrey on 26th August.

2.21 On 27th August, the Chief Executive attended a meeting of the Chief Executives of Regulatory Bodies.

2.22 The Chief Executive met with the Deputy Director at the DHSC, Phil Harper on 4th September.

2.23 On 8th September, the Chief Executive attended the King's Fund Annual Conference – 10 Year Health Plan One Year On Event.

2.24 The Chief Executive met with the Chief Executive of the Company Chemists Association (CCA) on 11th September. On the same day the Chief Executive also met with the Chief Executive of the Royal College of Pharmacy (RC Pharm) Karen Baxter.

2.25 On 15th October, GPhC colleagues led a roundtable with the ASA and MHRA on social media influencer advertising, which was attended by the Chief Enforcement Officer.

2.26 The Chief Executive met with the Patient Safety Commissioner Advisory Group on 23rd September. The agenda included the Patient Safety Commissioner's plans for a project focusing on GLP-1 safety, focusing on private prescribing and supply of this category of weight management medicines, as well as a discussion on the private prescribing of Cannabis Based Medicinal Products (CBMPs). The Chief Executive has written to the Patient Safety Commissioner to provide further details of the GPhC's ongoing work in both areas, and to offer the GPhC's support with the Patient Safety Commissioner's planned activity on these issues.

2.27 The Council of Pharmacy Education Deans (CoPED) met in Glasgow in September. The Chief Standards Officer, Lynsey Cleland, the Director for Scotland, Siobhan McGuiness and the Head of Education, Damian Day attended to update the group on work across multiple strands of education and learnings from the first full cycle of pharmacists undertaking the

2021 initial education and training standards. Initial discussions were held around the work the GPhC is taking forward on tackling inequality in pharmacy education.

2.28 On 30th September, the Chair and Chief Executive attended the Independent Pharmacy Awards held at the House of Commons.

2.29 The Chief Standards Officer and other colleagues met with the British Pharmaceutical Students Association Executive on 30 September 2026.

2.30 Colleagues from across the GPhC are continuing to engage with the MHRA on various matters, including the Chief Pharmacy Officer engaging with the MHRA on updated safety information for antidepressants.

2.31 The GPhC has continued to meet with the Digital Clinical Excellence Network (DiCE) and their associated forums, with both the Chief Executive and Chief Pharmacy Officer meeting with its Chair.

2.32 The Chief Pharmacy Officer has continued to have regular meetings with key stakeholders including Community Pharmacy England, DHSC, NHS England, Pharmacists Defence Association (PDA), the Royal College of GPs and RCPharm, in relation to various workstreams. The Chief Pharmacy Officer also attended a stakeholder meeting on the development of the new UK Pharmacy Research Strategy.

Scotland

2.33 The Director for Scotland, Siobhan McGuinness, attended the Royal College of Pharmacy (RCPharm) conference in Scotland in August, the theme for the event was Leading Change with discussions from across the sector and trailblazer sessions.

2.34 The NPA held their board away day in Edinburgh and Siobhan was invited to attend an evening event alongside leaders in Scottish pharmacy to celebrate pharmacy in Scotland. The Minister and the Chief Pharmaceutical Officer spoke of their ongoing commitment to ensuring that pharmacy remains key to healthcare delivery.

2.35 Siobhan was part of a panel session at the Scottish Pharmacy Show in Falkirk. Topics discussed included the inspection framework, pharmacy technician initial education and training, and the RP/SP consultation with consideration of how this translates into practice.

2.36 Following the Sharing Health and Care Intelligence Network in June, Siobhan has been invited to contribute to the Scottish Governments Prescribing Guide for Obesity which is in development. A small working group is collaborating to produce a good practice guide for healthcare professionals in this growing area of practice.

2.37 Siobhan led an introductory session for new student pharmacists in Strathclyde university welcoming them to their course, giving some background on the GPhC and what to expect as they progress through their studies. A session with the RGU student pharmacists is planned for November.

2.38 She attended the NHS Scotland event where the theme was Transforming Through Collaboration. The event looked to explore the priorities of the Scottish Government reform and renewal agenda and share examples of innovation, partnership and best practice.

2.39 Siobhan has also continued to hold regular meetings with key stakeholders in Scotland, including the Chief Pharmaceutical Officer, Community Pharmacy Scotland, Public Services

Delivery Scotland, Healthcare Improvement Scotland (HIS), the Pharmacists Defence Association (PDA), and RCPharm Scotland.

Wales

2.40 Since the last Council meeting Liam Anstey, our Director for Wales, attended the Royal College of Pharmacy (RCPharm) Wales conference in September, with the Chief Pharmacy Officer. The theme for the event was Pharmacy: Delivering a Healthier Wales with discussions from across the sector and trailblazer sessions.

2.41 Liam has held his regular meetings with the Directors of Pharmacy for the Welsh Health Boards and Trusts, Community Pharmacy Wales, Healthcare Inspectorate Wales, HEIW's Pharmacy Dean and with the Chief Pharmaceutical Officer.

2.42 Liam attended HEIW's Pharmacy Advisory Board where he provided an update on the work of the GPhC.

2.43 Liam has also begun a series of engagement sessions at hospitals throughout Wales. He held his first session at the Grange University Hospital and held subsequent sessions at all three hospitals within the Betsi Cadwaladr University Health Board in north Wales. In these sessions, Liam discusses the role of the GPhC and works through scenarios to improve engagement with pharmacy professionals.

2.44 Liam presented to students at Bangor University.

2.45 Liam has held regular meetings with his counterparts at the GMC and GDC and has began building relationships with newly elected Senedd members.

Engagement with pharmacists, pharmacy technicians and pharmacy owners

2.46 On 27 July 2026, we **published a range of new resources** to help pharmacists and pharmacy technicians get more value from revalidation. The new resources have been widely shared with pharmacists and pharmacy technicians, and include:

(a) updated advice and examples for pharmacist independent prescribers and for pharmacists and pharmacy technicians working in specialist and/or leadership roles

(b) new good practice examples and frequently asked questions (FAQs).

(c) a statement providing clarity on the use of artificial intelligence (AI) when undertaking revalidation.

2.47 On 11 August, we **published the new standards for the initial education and training of pharmacy technicians**. The new standards were shared via targeted emails to stakeholders and consultation responders, a press release resulting in media coverage across the pharmacy trade press, and social media posts. We are also referencing the new standards when speaking at a wide range of events.

Engagement with patients and the public

2.48 Social media campaign: Our first paid-for social media campaign aimed at patients and the public has been running on Facebook and Instagram since late June 2026 and will continue until mid-October 2026. The videos and static ads highlight the risks of fake online pharmacies and urge the public to always check an online pharmacy is on the GPhC's

pharmacy register. The full evaluation will be completed once the campaign concludes, but so far, the campaign has reached over 416,000 members of the public and we have seen over 12,000 click-throughs onto our campaign landing page, and so we have already surpassed our campaign targets.

2.49 In September, we introduced new adverts specifically focusing on weight management medicines, in response to concerns about the illegal sale of falsified versions of the new oral version of some weight management medicines. We are continuing to monitor engagement with these new adverts.

2.50 **Patient and Public Voice Forum:** Our Patient and Public Voice Forum met on 23 September 2026. Forum members discussed the expansion of Pharmacy First, medication waste and medication advice giving on discharge from hospital. We sought feedback from members on our future strategy in relation to inspections and on the terms and language the GPhC uses.

Media engagement

2.51 We have worked closely with a range of national and trade media titles since July to share our key messages and respond effectively to queries.

2.52 Weight management medicines continue to be a key focus of media enquiries from the national media. **The Sunday Mirror/ Sunday People** and **the Times** have both recently featured articles highlighting concerns about whether online pharmacies are always carrying out all appropriate checks and making sure the medicines are clinically appropriate for the patient, when supplying weight management medicines. We have provided statements from our Chief Pharmacy Officer setting out our guidance for both articles.

2.53 On 1 October, BBC One programme Morning Live highlighted the importance of checking the GPhC register during a segment focused on 'weight-loss patches' and the risks of products being marketed online and through social media. The item discussed concerns about misleading online advertising, alongside research indicating that many consumers are finding it increasingly difficult to distinguish genuine products and services from fraudulent ones online. The expert medical professional being interviewed said the GPhC's online register was "brilliant" and "a really good way to make sure the stuff you're getting is legitimate."

2.54 The Chief Executive was also interviewed by the Daily Mail in early October for an investigation into weight management medicines.

2.55 We have also seen extensive coverage of recent fitness to practise hearing outcomes across the trade and national media.

Development of our new Communications and Engagement strategy

2.56 The Chief Standards Officer and Head of Communications are currently working with Luther Pendragon, the strategic communications and public affairs consultancy, to develop a new five-year communications and engagement strategy for the GPhC, to support and enable the delivery of our Strategic Plan 2025-30. The draft strategy will be developed with a small working group of Council members and will be shared with the Council at a future meeting.

3. Forums and engagement events

3.1 In August 2026, we hosted three sessions with stakeholders seeking further feedback on specific aspects of our proposed Standards for Superintendent Pharmacists and rules and Standards for Responsible Pharmacists.

3.2 On 27 August 2026, we held a discussion with stakeholders on our current approach to inspections and sought initial feedback to inform our future inspection strategy.

3.3 We held a meeting of the Advisory Group on the implementation of the Initial Education and Training Standards for Pharmacy Technicians on 1 September, a meeting of the Post Registration Assurance of Practice Advisory Group on 23 September and the Advisory Group on the Initial Education and Training of Pharmacists on 24 September.

3.4 On 2 September 2026, we hosted a roundtable bringing together leaders and representatives from across the pharmacy sector to explore how we can work collectively to tackle racism within pharmacy. This event provided a valuable opportunity for open discussion, shared learning and collaboration. A report is being drafted following this event.

3.5 On 7 September 2026, we participated in a webinar on key milestones for the foundation training year, hosted by the Royal College of Pharmacy.

3.6 On 15 September 2026, we hosted a webinar focused on our new resources to support pharmacists and pharmacy technicians when completing their revalidation.

3.7 We attended the Association of Pharmacy Technicians UK conference on 18 and 19 September 2026. The Chief Executive, spoke at a session on regulatory, policy and practice updates, including highlighting the new standards for the initial education and training of pharmacy technicians. Pharmacy Technician Fellow, Becky Jarvis, presented alongside last year's Pharmacy Technician Fellow, Olivia Musson, sharing their experiences of the fellowship. We also had a stand at this event.

3.8 On 20 September 2026, Annette Ashley, Head of Policy and Standards, spoke on new standards for Superintendent Pharmacists and Responsible Pharmacists, and Jemma Richardson, Inspector, on key insights from our inspections at the Avicenna conference.

3.9 On 24 September 2026, Neha Ramaiya, Lead Clinical Advisor, participated in a workshop on GLP-1s and eating disorders, hosted by charity Beat.

3.10 The Chief Executive delivered a keynote address on enhancing pharmacy's role in integrated healthcare systems at the Westminster Health Forum policy conference: Next steps for pharmacy in healthcare delivery in England on 25 September 2026.

3.11 The Chair attended the UCL School of Pharmacy's World Pharmacists Day celebration on 25 September 2026.

3.12 Inspector Martin Packham, presented at the Association of Police Controlled Drug Liaison Officers (APCDLO) conference on 1 October 2026.

3.13 The Chief Pharmacy Officer attended the College of Mental Health Pharmacy conference on 2 and 3 October 2026 and presented a poster on our review of registered pharmacies identified as providing cannabis-based products for medicinal use as a key service. Our Pharmacy Technician Fellow also participated in a panel session and a workshop at the conference.

3.14 Our Student Voice Forum met on 7 October 2026. Key topics discussed will be shared in the next report to Council.

3.15 On 8 October 2026 the Chair and Chief Executive attended the Royal College of Pharmacy - Black History Month Celebrations 2026 on Honouring Our Communities.

4. Working in collaboration

4.1 Joint statement of intent on the regulation of AI in healthcare: The GPhC, along with the PSA, nine other health and social care professional regulators and the Accredited Registers Collaborative, **issued a statement** on 17 September 2026 announcing that we have committed to jointly developing a set of high-level principles to guide how they will regulate the use of artificial intelligence (AI) by health and social care professionals across the UK.

4.2 **Joint letter to request a review of guidelines in response to concerns:** The GPhC coordinated **a joint letter** with the Patient Safety Commissioner for England, the Royal College of Pharmacy and the College of Mental Health Pharmacy to the National Institute for Health and Care Excellence (NICE) to request a review of its guideline on the treatment of generalised anxiety disorder and panic disorder in adults. The joint letter follows ongoing patient safety concerns associated with propranolol, identified through regulatory work and patient safety intelligence.

4.3 Engaging with Ofcom on the Online Safety Act: As part of our ongoing work in relation to tackling fake online pharmacies and illegal sales of medicines, we held a meeting with policy colleagues at Ofcom, which regulates major technology platforms using the powers set out in the Online Safety Act. Following that meeting, we submitted a response to Ofcom's consultation on **Fraudulent Advertising Codes of Conduct** and also gave a written response to a call for evidence from the House of Commons Communications and Digital Committee on the Implementation, enforcement and impact of the Online Safety Act.

5. Future engagement

5.1 Our upcoming activities include:

- On 12 October 2026, the Chief Executive is speaking in the Keynote Theatre at The Pharmacy Show.
- On 12 October 2026, the Chief Pharmacy Officer is speaking at the Independent Pharmacy Association conference at the Pharmacy Show.
- On 14 October, the Chief Pharmacy Officer is participating in a meeting of the Community Pharmacy Patient Safety Group.
- On 19 October 2026, we will be participating in a webinar with the Association of Pharmacy Technicians UK on changes to the initial education and training for pharmacy technicians.
- Our Pre-registration Trainee Pharmacy Technician Forum will meet on 22 October.
- On 6 November 2026, the Chief Executive will be participating in a panel discussion at the first Royal College of Pharmacy conference. Additionally, the Chief Pharmacy Officer will be presenting a poster on weight management medicines.

- Our Pharmacist Forum will meet on 24 November 2026.

6. Key developments in pharmacy and healthcare

National Commission into the Regulation of AI in Healthcare

6.1 The National Commission into the Regulation of AI in Healthcare was established by the MHRA to advise government on a future regulatory framework for AI in healthcare.

6.2 On 10 September 2026, the National AI Commission published their report: **Recommendations for a future regulatory framework**.

6.3 The Commission's central conclusion is that the regulation and assurance of AI in healthcare must become more proportionate, lifecycle-based and system-wide.

6.4 On 6 October 2026, the Government confirmed it will accept all 44 recommendations made by the National Commission into the Regulation of AI in Healthcare.

Scottish Government's Programme for Government 2026-31

6.5 The Scottish First Minister, John Swinney, has published the Scottish Government's Programme for Government 2026-31, setting out a significant programme of public service reform.

6.6 The most significant announcement for the health sector is the proposal to reduce Scotland's 14 territorial NHS boards to two strategic health boards, covering the east and west of the country. The three island boards may be subject to different arrangements, with the Government signalling that integrated models combining health, social care and local authority functions could be explored for island communities. These proposals will be subject to consultation and further detail is expected in due course.

6.7 The Programme for Government also reinforces the Scottish Government's commitment to shifting care from hospitals into community settings. Planned measures include the continued expansion of Hospital at Home services, the development of community-based health and care hubs, growth in GP walk-in centres, and wider efforts to deliver more care closer to home.

Council is asked to note and discuss the update.

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

General Pharmaceutical Council

06/10/2026

General Pharmaceutical Council

Audit and Risk Committee

By Teams
Thursday, 10 September 2026

Attendees

Neil Buckley - Chair

Raliat Onatade - Committee member

Nick Atkinson - Internal Auditor

Richard Weaver - External Auditor

Kathie Cashell - Chief Executive and Registrar

Jonathan Bennetts – Chief Operating Officer and Deputy Registrar

Lynsey Cleland - Chief Standards Officer and Deputy Registrar

Dionne Spence - Chief Enforcement Officer and Deputy Registrar

Rob Jones – Head of Assurance - Lead staff member

Paul Cummins - Chief of Staff

Frances Brown – Senior Council Secretary

Jane Daniels Committee Secretary

Public meeting minutes

Item 3 - Attendance and Introductory remarks

1.1 Members were welcomed to the meeting and reminded to make any declarations of interest under the relevant item.

1.2 Apologies had been received from Ann Jacklin, Frances Brown (for the start of the meeting) and Roz Gittins.

1.3 Anita Charlesworth was welcomed as an observer to the meeting.

Item 4 - Minutes of the last meeting (26.09.ARC.01/02)

2.1 The minutes were approved as an accurate record of the meeting.

Item 5 - Action Log and matters arising (P) (26.09.ARC.03)

3.1 Action 2: Authority Framework and Scheme of Delegation

The Committee received an update on progress in relation to the Authority Framework and Scheme of Delegation. It was noted that the issue was being considered as part of the wider organisational replanning work, with a focus on ensuring that policies, procedures, decision-making frameworks and governance arrangements were developed in the appropriate sequence.

While broader work remained ongoing, a number of interim actions had been implemented to mitigate risk in specific areas.

The Committee agreed, however, that the underlying issue extended beyond individual cases and raised wider organisational questions about decision-making authority, accountability and escalation. Given the overlap with themes arising from the Buttercups serious incident review, it was agreed that the action should be considered holistically rather than in isolation. A further discussion would take place between the Chair and the Chief Executive, alongside engagement with Dionne Spence, to determine the most appropriate way forward. The Committee reiterated its expectation that future proposals should provide clear assurance that colleagues understood the limits of their authority, who was empowered to make decisions at each level of the organisation, and when matters should be escalated to more senior decision-makers. A further update, including consideration of the Scheme of Delegation and wider authority framework, would be brought back to the Committee.

3.2 Action 5: Independent Prescribing

The Committee requested an update on work relating to independent prescribing, including a timeline setting out planned activity in this area. It was noted that the matter was now reflected within the draft strategic risk register through the risk relating to the changing scope of practice of pharmacists and pharmacy technicians, including extended prescribing responsibilities.

3.3 Action 6: User Needs and IT Roadmap

The Committee received an update on work to ensure that the differing needs of users across the organisation were appropriately reflected in future technology developments. It was noted that the ongoing replanning exercise would help determine the future technology roadmap and associated priorities. Members emphasised that the action could not be closed until the Committee had received sufficient assurance that a structured approach was in place to identify, assess and prioritise user needs across the organisation.

ACTION: Provide an update to the committee to provide assurance on how user needs are factored into system design projects

Item 11 – Update on quality and risk mapping of PSA standards (P) (26.09.ARC.09)

4.1 Rob Jones introduced the report, which provided an update on the organisation's programme of assurance work designed to assess the GPhC's ability to continue meeting the Professional Standards Authority (PSA) standards. The Committee noted that an initial assessment had been undertaken to evaluate the level of risk associated with each standard, taking account of organisational systems, processes, capacity and capability. This proactive approach was intended to identify areas requiring additional assurance activity before any concerns emerged through external review processes. Members were advised that reviews of the organisation's approach to illegal practice matters and arrangements for maintaining an accurate and up-to-date register had been prioritised as part of this work.

4.2 In discussion, it was confirmed that the purpose of the exercise was not to respond to any identified PSA concerns, but rather to enable management to understand the relative level of risk associated with each PSA standard.

4.3 The Committee discussed expectations regarding reporting against the PSA standards. Concerns were raised that the Chair of Council had anticipated receiving a framework demonstrating progress and performance against the PSA standards through the Quality, Performance and

Assurance Committee (QPAC). It was noted that related work had already been considered by both QPAC and the Audit and Risk Committee; however, there appeared to be differing expectations regarding the purpose and scope of the reporting. The Chair requested that the matter be discussed further outside the meeting to ensure alignment on expectations and future reporting requirements.

4.6 The Chair welcomed the review of illegal practice arrangements and thanked those involved for the work undertaken. Members noted that the review had identified a number of opportunities to strengthen governance, oversight, assurance and transparency while providing assurance that there was no evidence that current decision-making was placing the public at risk.

11:45 Item 12 – Terms of Reference review and Committee Effectiveness (P) (26.09.ARC.10(a)/11(a))

5.1 Frances Brown introduced the reports on the proposed revisions to the Committee's Terms of Reference and the findings of the Audit and Risk Committee effectiveness review. Members noted that the Terms of Reference had been updated to improve clarity, consistency and alignment with current governance arrangements, including clearer articulation of the Committee's assurance role, responsibilities relating to audit and financial reporting, and its relationship with other Council committees. The Committee also considered the outcomes of the effectiveness review, which identified the Committee's strengths in challenge and scrutiny while highlighting opportunities to further develop expertise, induction arrangements and assurance oversight.

5.2 The Committee thanked colleagues for the work undertaken on both reviews and discussed a number of proposed amendments to the Terms of Reference. Members queried whether references to organisational leadership should be updated to reflect the current structure and refer consistently to the Chief Executive, Chief Officers and Heads of Function where appropriate. It was agreed that references would be amended to reflect that responsibility for ensuring adequate resources were available for internal audit sat with the relevant Chief Officer, while the Committee retained responsibility for approving the internal audit programme. Members also requested that quorum requirements be included explicitly. Subject to those amendments, the Committee agreed to recommend the revised Terms of Reference to Council for approval.

5.3 Members discussed the findings of the effectiveness review and welcomed the proposed development actions. The Committee agreed that a review of its current skills profile should be undertaken, alongside consideration of future requirements, particularly in relation to cyber security, digital transformation, artificial intelligence and risk management expertise. Members also supported the development of a programme of thematic deep dives through the Committee's forward plan, including potential sessions on cyber risk, assurance mapping, artificial intelligence and counter-fraud arrangements. It was noted that feedback from the review would also be incorporated into the ongoing review of member induction and development arrangements.

5.5 Members discussed the observation arising from the review regarding understanding of counter-fraud standards and arrangements. Given that a counter-fraud internal audit had recently been completed, the Committee considered whether further development activity remained necessary. Members concluded that while a dedicated deep dive on counter-fraud would still be valuable, other areas may represent a more immediate priority. It was agreed that the topic would be considered alongside other proposed deep dives when developing the future work programme.

Action: Develop the proposed Committee development plan arising from the effectiveness review, including identified actions, ownership and delivery timescales, and bring this back to a future meeting for consideration.

Action: The Chair and Governance Manager to consider the role of external committee effectiveness reviews within the organisation's wider governance and effectiveness framework and provide advice on future arrangements.

Item 14 - Any other business

7.1 The Committee noted concerns relating to the availability of certain medicines through online providers and social media platforms, including products being marketed via TikTok. Members were advised that related concerns had also arisen through Fitness to Practise cases. The GPhC was actively engaging with the Medicines and Healthcare products Regulatory Agency (MHRA) and other relevant stakeholders, and a roundtable discussion had been convened to consider the issues and potential regulatory responses. An update on this work, including engagement with partner organisations and emerging themes, would be provided to Council through the Chief Executive's report.

Item 15 - Review of the meeting

Meeting close

Principles Governing the Role of the Board of Assessor

Background

The Board of Assessors (BoA) is a non-statutory structure of the GPhC to which the Council has, through its Scheme of Delegation (SoD), delegated specific responsibilities relating to the delivery of "an assessment[1]" (the Common Registration Assessment (CRA)). Whilst the BoA is formally a 'structure of Council' under the SoD, to ensure consistency with other governing groups it is known as the 'Board of Assessors'. The delegated responsibilities of the BoA are set out in the terms of reference as approved by Council.

This document supplements the SoD and Terms of Reference, setting out the principles of the BoA's role and how it will work with Council, the Executive and the CRA team.

Respective roles:

Role of Council

The Council is responsible for determining the strategy of the GPhC and setting the GPhC's policy, to a level where the Council can accept any reasonable interpretation of its policy. There are certain matters reserved to Council that cannot be delegated including setting the standards of proficiency for the safe and effective practice of pharmacy which it is necessary for a person to achieve in order to register as a pharmacist. These 'standards of proficiency' are expressed in the Initial Education and Training of Pharmacists Standards (IETPs).

With regard to the CRA, the decision to 'hold or allow to hold' the CRA ultimately sits with Council. The Council retains overall legal accountability for the integrity, security, and quality of it in terms of ensuring that policies adhere to statutory requirements including the Pharmacy Order 2010 and Equality Act 2010.

Role of BoA

Matters relating to the content and validity of the assessment are a delegated decision-making activity of the BoA. This includes the framework for the assessment, the quality assurance and validity of the questions at the CRA and maintaining the standard through the mark awarding process.

The assessment 'standard' is aligned with the IETPs and informed by contemporary pharmacy practice undertaken by recently registered pharmacists. The Board's setting of the assessment standard will be informed by Council's collected view /

interpretation of the ‘standards of proficiency’. This requires ongoing dialogue between the Council and the BoA through an annual collaborative workshop.

The BoA also oversees policies and seeks assurance on the operational delivery of processes for:

- Appeals
- Nullifications
- Reasonable Adjustments

in so far as they relate to the academic integrity and professional credibility of the CRA.

In addition, the BoA provides independent advice and guidance to the Council and Executive in respect of the content, performance and future development of the CRA.

Role of the Executive

The Executive is responsible for financial, operational delivery and resourcing decisions in respect of the arrangements for the CRA in line with the strategic plan, annual delivery plan and budget agreed by Council, and taking account of the advice of the Board of Assessors. The Executive lead for the CRA is the Chief Standards Officer and Deputy Registrar.

Role of the Common Registration Assessment (CRA) Team

The CRA team are responsible for the operational delivery of the CRA, including developing and maintaining the question bank, undertaking the contract management of the delivery of the assessment including the software platform providers and test centre network, and delivering appeal, nullification and reasonable adjustment processes.

Principles:

1. **Principle of Collaboration**

The Council, BoA and Executive team are committed to working in collaboration to ensure the robust, fair and credible delivery of the CRA, and consider future strategic development of the assessment.

This collaboration is underpinned by clear governance arrangements that define respective roles and responsibilities and regular ongoing communication so that all relevant parties can discuss and understand the impact of any decisions or developments which may have implications for the CRA.

2. Principle of Academic and Professional Responsibility

The Board of Assessors is the GPhC's expert academic and professional structure for the Common Registration Assessment. It holds delegated decision-making responsibility from the GPhC Council for matters requiring academic, educational and professional judgement relating to the assessment. This includes responsibility for setting, maintaining, and assuring the academic integrity and professional credibility of the assessment to ensure safe and effective pharmacy care at the point of registration.

3. Principle of Decision-Making on Academic Components

The Board retains formal delegated decision-making responsibility for the academic components of the Common Registration Assessment, including (but not limited to):

- The assessment regulations and framework
- The standard-setting and standard-maintaining methodologies and assessment pass/fail outcomes
- Policies relating to nullifications, reasonable adjustments, appeals and disciplinary matters in so far as they impact on the academic integrity and professional credibility of the assessment.
- Principles governing assessment design, validity, reliability, and fairness

These decisions will made in accordance with the relevant legalisation and with the strategic direction, financial resources and relevant operational and contractual parameters agreed by the GPhC Council.

Decisions on assessment content are informed by question writers and standard setters.

4. Principle of Strategic Advice to Council

The Board acts as the primary structure responsible for shaping and recommending the direction of the Common Registration Assessment to Council referencing current pharmacy practice and developments in assessment practice.

The Board formally submits recommendations to the GPhC Council on:

- The long-term (strategic) development of the assessment
- Changes to assessment policy or approach with (strategic) implications
- Matters that impact the credibility, defensibility, or public safety role of the assessment

5. Principle of Executive and Assessment Team Support

The work of the Board is informed by the CRA Team and the Executive, who provide:

- Operational, financial, and resourcing advice
- Impact analysis of proposed decisions
- Implementation planning and delivery expertise

Advice from the Executive informs decision-making but does not replace or override the Board's academic and professional judgement. A collaborative approach is taken to ensure that assessment reliability and integrity is not compromised, whilst ensuring the CRA continues to be delivered within the strategic direction and budget agreed by Council.

6. Principle of Clear Separation Between Governance and Delivery

There is a clear and deliberate separation between:

- **Governance and decision-making** (the Board), and
- **Operational delivery** (the CRA Team)

The Board does not manage day-to-day operations but retains decision making over *what* is to be delivered within the strategic direction, financial resources and relevant operational parameters agreed by the GPhC Council, while the Executive and Team determine *how* it is delivered.

A collaborative approach is taken to ensure that operational factors that may impact the assessment reliability and integrity are discussed with the BoA.

7. Principle of Commissioning Through the Executive

The Board may commission work necessary to fulfil its responsibilities through the Executive or work may be commissioned by the Executive based on strategic priorities and available resources.

Commissioned activity may include:

- Analysis and options papers
- Review or development of assessment components
- Evaluation of assessment performance or policy effectiveness
- Literature reviews or similar to establish current best academic practice and/or current professional practice post registration

The CRA Team delivers this work on behalf of the Executive, reporting back to the Board for consideration and decision within the Board's responsibilities.

8. Principle of Proportionate Consideration of Financial and Resource Implications

Where Board decisions have resourcing implications, including financial and operational, that sit outside the Board's direct authority:

- The Executive provides advice on implications, risks, and constraints
- The Board takes this advice into account when forming decisions or recommendations
- Final decisions or recommendations remain grounded in academic and professional judgement in matters relating to the academic integrity and professional credibility of the CRA.

General Pharmaceutical Council

Equality Screening and Impact Assessment

PART 1: Equality screening

Standards for Chief Pharmacists, Superintendent Pharmacists, Responsible Pharmacists, and rules for Responsible Pharmacists

1. Context, aims and purpose of the programme of work

The Health Departments in England, Scotland, Wales, and Northern Ireland are committed to delivering a modern approach to healthcare regulation, which promotes patient safety whilst supporting health professionals and the development of quality systems.

The production of standards for Chief Pharmacists, Superintendent Pharmacists, and Responsible Pharmacists, and rules for Responsible Pharmacists, make up the programme of work being undertaken to rebalance medicines legislation and pharmacy regulation through the implementation of the following two orders:

1. **Pharmacy (Preparation and Dispensing Errors – Hospitals and Other Pharmacy Services) Order 2022**
2. **Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022**

The work comes under section 60 of the Health Act 1999, and involves the production of:

- Standards for Chief Pharmacists
- Rules for Responsible Pharmacists
- Standards for Responsible Pharmacists
- Standards for Superintendent Pharmacists

The production of standards for Chief Pharmacists comes under the first Order, which relates to the provision of defences for inadvertent preparation and dispensing errors. The production of new standards for Superintendent Pharmacists and Responsible Pharmacists, and the rules for Responsible Pharmacists, come under the second Order, which relates to the organisational governance arrangements for registered pharmacies and focuses on the roles and responsibilities of Superintendent Pharmacists and Responsible Pharmacists. The purpose of the work outlined above is to encourage the reporting of errors and to learn from them, and to clarify and strengthen pharmacy governance.

The three new sets of standards will define and clarify the ways in which the role, responsibilities and accountability of Chief Pharmacists, Superintendent Pharmacists and Responsible Pharmacists will be fulfilled. The standards will also address the interplay between the Superintendent Pharmacist and Responsible Pharmacist roles, their respective responsibility and accountability from both an organisational and a professional standpoint, as well as the impact on the pharmacy owner.

The aim of this work is to ensure that legislative and regulatory arrangements support progress and developments in pharmacy practice whilst protecting, promoting, and improving people's health through the safe management and use of medicines.

2. Review of available information/data to support the screening decision

To inform the development of the strengthening pharmacy governance work, we held extensive stakeholder engagement events with a variety of stakeholders and used the feedback to inform the formal, public consultation on proposals for the Chief Pharmacist standards, the rules and standards for Responsible Pharmacists, and the standards for Superintendent Pharmacists.

The stakeholder engagement events were held from January to July 2023. For the first phase, we undertook stakeholder mapping to identify approximately 60 external stakeholders, including equality, diversity and inclusion groups, who had a high interest in the strengthening pharmacy governance work. We gave them the opportunity to meet with us to raise any issues and to give them an early opportunity to provide comments on the strengthening pharmacy governance programme of work. It should be noted that the number of stakeholder events exceeded 70, as several other groups, including Chief Pharmacist groups/forums and Ambulance Trusts contacted us directly to ask for meetings, and some organisations asked for additional follow-up meetings and updates.

The stakeholder engagement events included reference to supervision; many of the supervision discussions were led by the Department of Health and Social Care (DHSC), as they were working on proposals to reform legislation on pharmacy supervision. Working with DHSC was beneficial for both parties, since DHSC did not have to arrange separate events, and we were able to understand some of the pharmacy sector's concerns around supervision. This helped inform our work on the rules and standards for Responsible Pharmacists, which overlap with the supervision work. Holding joint events with DHSC also benefitted stakeholders since they didn't have to attend multiple events. We also invited the Pharmaceutical Society of Northern Ireland (Pharmaceutical Society NI), who are working on the strengthening pharmacy governance work in Northern Ireland.

In this first phase, a decision was made to hold the stakeholder events with one organisation at a time, rather than the usual approach of engaging with multiple organisations at one session. This was because we knew that the high interest stakeholders often had conflicting interests; we wanted to make sure that individuals were able to speak openly and feel comfortable about raising concerns. We received a lot of positive feedback from stakeholders saying that they appreciated this approach, since they could express their views without worrying that the discussion may become confrontational. Interestingly, some female participants stated that they had often felt intimidated in large stakeholder events and appreciated the opportunity to speak freely 'and not be talked over'.

Additional stakeholder engagement events were held during the consultation period for the Standards for Responsible Pharmacists, the Standards for Superintendent Pharmacists, and the Rules for Responsible Pharmacists. This took the form of a webinar, two events with the patient and public forum, the Pre-registration Trainee Pharmacy Technician forum, and the pharmacy technician group. We also

met with all organisations who requested a meeting, including the Company Chemists' Association (CCA), the National Pharmacy Association (NPA), NPA Scotland, and Community Pharmacy England (CPE). The full, formal public consultation took place from 16 December 2025 – 25 March 2026.

We were also invited to meetings organised by external stakeholders, including a roundtable organised by the Chief Pharmaceutical Officer for England's Office to discuss 'Preparedness for Supervision', to discuss our standards and rules for Responsible Pharmacists, authorising pharmacists and pharmacy technicians.

A communications plan has been developed to make sure that pharmacy technicians, pharmacists, Responsible Pharmacists, Superintendent Pharmacists, pharmacy owners, as well as interested members of the public are informed about the contents of the new standards and rules, and what it means for them.

3. Screening for relevance to equality

There are currently two existing sets of standards which pharmacists, pharmacy technicians, and pharmacy owners must meet if they wish to remain on the register:

- **Standards for pharmacy professionals**; and
- **Standards for registered pharmacies**

The standards for pharmacy professionals apply to all registered pharmacists and pharmacy technicians in Great Britain, regardless of the setting in which they work. There are nine standards that every pharmacist and pharmacy technician is accountable for meeting. These standards describe how safe and effective care is delivered. They are a statement of what people expect from pharmacists and pharmacy technicians, and what pharmacy colleagues expect of themselves and their colleagues.

The standards for registered pharmacies set out the requirements for the provision of pharmacy services at or from a registered pharmacy. These standards are designed to create and maintain the right environment for the safe and effective practice of pharmacy and to improve the quality and safety of services provided to patients and the public. The standards apply to all pharmacies registered with the General Pharmaceutical Council.

While the need for equality is implicit throughout the standards, for example, in the standard 'pharmacy professionals must provide person-centred care', and 'the governance arrangements safeguard the health, safety and wellbeing of patients and the public', there is no explicit statement about equality. Some of this has been covered in guidance, for example, our '**In practice: guidance on religion, personal values and beliefs',** and our '**Equality guidance for pharmacies**', but we have made the decision to cover equality and discrimination more explicitly in the production of the new standards for Chief Pharmacists, Superintendent Pharmacists, and Responsible Pharmacists. These new standards are statutory standards and must be met by all pharmacists undertaking these roles.

Table 1: Relevance to equality issues

Issue	Yes/No	Comments
Age	☒ ☐	There is a possibility that becoming a Chief Pharmacist, Superintendent Pharmacist, or Responsible Pharmacist may be dependent on or restricted by age due to factors such as experience,

Issue	Yes/No	Comments
		skills, and knowledge being requirements for the respective roles. The need to meet appropriate criteria, such as skills, experience and training has been included in the standards to provide clarity.
Disability	☒ ☐	The necessary criteria for the respective roles will be included, and the need to deal with any form of discrimination or harassment has been included in the standards.
Sex	☐ ☒	
Gender reassignment	☐ ☒	
Marriage or Civil Partnership	☐ ☒	
Pregnancy or maternity	☒ ☐	See examples above.
Race	☐ ☒	
Religion or belief	☐ ☒	
Sexual orientation	☐ ☒	
Welsh Language Scheme	☐ ☒	All consultation documents, standards and guidance will be translated into Welsh.
Other identified groups or issues	☐ ☒	

4. Decision on impact

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

Yes ☒ **No** ☐

This section brings the Equality Screening to an end. If a full Equality Impact Assessment in required, please move onto PART 2.

Table 2: Screening record

Screening completed by:	Screening signed-off by:	Referred to the Executive group on (if applicable):	Published on:
Annette Ashley	[Approver's name]	Click to input a date	Click to input a date.

PART 2: Engagement and assessment

5. Consultation and stakeholder engagement

Stakeholder Engagement

Extensive stakeholder engagement was carried out from January to July 2023 (due to availability, a small number of organisations asked for additional engagement events between August and November 2023). During this time, they had the opportunity to raise any issues and provide comments on the strengthening pharmacy governance programme of work.

Stakeholders included: Chief Pharmacist groups/forums covering a variety of settings; pharmacist groups for Superintendent Pharmacists; pharmacist groups for Responsible Pharmacists; pharmacists; pharmacy technicians; relevant healthcare regulators; membership bodies; representative bodies; EDI groups; indemnity providers; academics; law firms; and patients and the public.

Following the publication of the standards for Chief Pharmacists in January 2025, and a wait for the laying of supervision legislation from DHSC, work commenced on the drafting of the rules and standards for Responsible Pharmacists and the standards for Superintendent Pharmacists in Q.1 2025/26.

Due to the introduction of authorisation in the supervision legislation, several representative bodies asked for additional meetings to get further clarification. Additional stakeholder engagement events were held during the consultation period for the Standards for Responsible Pharmacists, the Standards for Superintendent Pharmacists, and the Rules for Responsible Pharmacists. This took the form of a webinar, two events with the patient and public forum, the PTPT forum, and the pharmacy technician group. We met with all organisations who requested a meeting, including the Company Chemists' Association (CCA), the National Pharmacy Association (NPA), NPA Scotland, and Community Pharmacy England (CPE).

Following analysis of the consultation responses, further stakeholder engagement was held with the NPA, PDA, the Pharmacist Co-operative, Healthcare Improvement Scotland, Community Pharmacy Scotland, Community Pharmacy Wales, Boots the Chemist, CCA, the Pharmacy Law and Ethics Association, and Community Pharmacy England in response to specific issues they had raised in their consultation responses.

Consultation

The consultation on proposals for the Chief Pharmacist standards was open for 12 weeks beginning 23 January 2024 and closed on 16 April 2024. The consultation on proposals for the rules and standards for Responsible Pharmacists, and the standards for Superintendent Pharmacists was open for 14 weeks beginning 16 December 2025 and closed on 25 March 2026 (the additional time was to cover the festive break).

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 email responses.

- We promoted the consultation through a press release to the pharmacy trade media, and through our social media platforms.
- We sent emails to all registrants and key stakeholders when the consultation opened, and again nearer the closing date.
- We held two focus groups with patients and members of the public —one in-person and one virtual. The virtual session enhanced accessibility and encouraged participation from many who shared one or more of the protected characteristics, including those with caring responsibilities, or limited mobility.
- We held a webinar open to all.

Online Questionnaire – Standards for Chief Pharmacists

We received a total of **160** written responses to our consultation on proposals for the Chief Pharmacist standards. **134** of these respondents identified themselves as individuals and **26** responded on behalf of an organisation.

Of these responses, **158** had responded to the consultation survey. Most 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 individuals writing more generally about their views.

Analysis of the proposals for the Chief Pharmacist standards

The full details of what we heard through our consultation are set out in our analysis report which was presented to Council on 12 December 2024 alongside the ESIA. An overview of the impact questions is set out below.

As part of the online survey, we asked two questions to further develop our understanding of the impact of our proposals. The first question was targeted at understanding the impact on individuals or groups who share protected characteristics. The second question was a broader one to understand the impact on other groups, i.e. patients and the public, Responsible Pharmacists, Superintendent Pharmacists, pharmacy owners or employers, pharmacy staff, other healthcare professionals, pharmacy students and pre-registration trainees.

Online Questionnaire – Standards and rules for Responsible Pharmacists and standards for Superintendent Pharmacists

We received a total of **411** written responses to our consultation on proposals for the standards and rules for Responsible Pharmacists, and the standards for Superintendent Pharmacists. 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.

Most 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.

Analysis of the proposals for the rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists

The full details of what we heard through our consultation are set out in our analysis report which was presented to Council in July 2026. The final version of this ESIA will accompany the final versions of the

rules and Standards for Responsible Pharmacists, and the Standards for Superintendent Pharmacists when they go to Council on 15 October 2026 for final approval.

As part of the online survey, we asked additional questions on the standards for registered pharmacies and the standards for pharmacy professionals, this was to provide clarity to registrants and pharmacy owners, and to maintain patient safety. Details of the responses to these additional questions are included in our analysis report (see above paragraph).

As part of the online survey, we asked an additional two questions to further develop our understanding of the impact of our proposals. The first question was targeted at understanding the impact on individuals or groups who share protected characteristics. The second question was a broader one to understand the impact on other groups, i.e. patients and the public, Responsible Pharmacists, Superintendent Pharmacists, pharmacy owners or employers, pharmacy staff, other healthcare professionals, pharmacy students and pre-registration trainees.

6. Outcome focused standards

Broadly speaking, our approach to writing standards is outcomes focused. The standards focus on outcomes, rather than the specific actions that the Chief Pharmacist, Superintendent Pharmacist or Responsible Pharmacist need to achieve to meet our standards. This allows them to adjust their practice to their individual context and provides a framework on which to base their decisions.

In line with our strategy, we are committed to being proactive and using all our regulatory levers and influence to help tackle all forms of discrimination and reduce health inequalities. We have strengthened our EDI requirement in each set of standards, which means that the Chief Pharmacist, the Superintendent Pharmacist, and the Responsible Pharmacist have the overall responsibility to create and maintain a culture of equality, diversity, and inclusion where people (including staff, patients and the public) are treated as equals, with dignity and respect, and where staff meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences. Part of this responsibility is to make sure that all forms of discrimination are identified, challenged, and acted on, and that staff understand that due to the serious nature of such concerns and their impact on public trust and confidence in the profession, if fitness to practise is found to be impaired, their registration may be at risk.

7. Full Equality Impact Assessment

We have used the data gathered through our online consultation to carry out a full impact analysis.

Respondents were asked to assess the impact of the proposed standards for Chief Pharmacists and Superintendent Pharmacists, and the rules and standards Responsible Pharmacists, on those who share protected characteristics. A breakdown of the key themes that emerged for each relevant equality area is outlined below.

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.

During the consultations, we made sure the process of providing feedback on the draft Chief Pharmacist standards, the draft standards and rules for Responsible Pharmacists, and the draft standards for Superintendent Pharmacists was accessible to all age groups by providing various channels to provide

feedback. These included an online survey, face-to-face meetings, virtual meetings, email responses, focus groups, and a public webinar.

The virtual session enhanced accessibility and encouraged participation from many who shared one or more of the protected characteristics, including those with caring responsibilities, or limited mobility.

In addition, the consultation was promoted through trade media, social media platforms, and targeted emails to stakeholders to allow accessibility to all individuals, including patients and the public, with an interest in our proposed draft standards and rules, and give them an opportunity to provide feedback.

Chief Pharmacists

The majority (50%) of those who provided feedback believe there would be no impact of the proposals on age. 26% of respondents believe the proposals would have a positive impact and 17% of respondents were uncertain. A small percentage of respondents (4%) saw both positive and negative impacts, while only 3% foresee negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to age.

Responsible and Superintendent Pharmacist (the proposals for these standards and rules were consulted on together).

Of those respondents who provided feedback 31% of individuals and 43% of organisations believe there would be no impact of the proposals on age. 25% of individual respondents and 10% of organisations believe the proposals will have a positive impact and 25% (individuals) and 30% (organisations) are uncertain. A small percentage of respondents, 11% individuals and 10% organisations believe that there will be a negative impact, while 8% of individuals and 7% of organisations feel there will be both positive and negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact relative to age.

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

We are committed to providing equality, valuing diversity and being inclusive in all our work as a health professional regulator, a public service provider and an employer. We will continue to monitor the feedback we received as part of this consultation to improve our understanding of inequalities in pharmacy.

Lead: Annette Ashley

Completion by: Click to input a date

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.

We recognise that people with disabilities, including those with neurodiversity can face barriers when providing responses to a consultation and we wanted to receive input from all those interested in commenting on the proposals for the draft standards. We therefore made sure the process of providing feedback on the draft standards was accessible to everyone by providing various channels to provide feedback.

These included an online survey, face-to-face meetings, virtual meetings, email responses, focus groups, and a public webinar. We held four patient and public engagement events—two in-person and two virtual as this gave people the option of either travelling to our office for a face-to-face session, or of joining a virtual discussion. Some people, including those with hearing or visual impairment might struggle with viewing or participating in a virtual event so could attend the event in our office and those with mobility issues could attend the virtual event.

In addition, the consultation was promoted through trade media, social media platforms, and targeted emails to stakeholders to increase accessibility and encourage all individuals with an interest in our draft standards to provide feedback.

Our draft standards reinforce a strong EDI requirement where Chief Pharmacists, Superintendent Pharmacists, and Responsible Pharmacists, as part of their leadership role, need to create and maintain a culture of equality, diversity and inclusion.

Chief Pharmacist

A large number (47%) of those providing feedback believe there would be no impact of the proposals on disability. 27% of respondents believe the proposals would have a positive impact and 17% of respondents were uncertain. A small percentage of respondents (5%) saw both positive and negative impacts, while only 4% foresee negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to disability.

Responsible Pharmacist and Superintendent Pharmacist

A large number (47%) of organisations believe there will be no impact of the proposals on disability. A smaller number (33%) of individuals share that view. 30% of individuals and organisations are uncertain about the impact of the proposals, with 23% (individuals) and 20% (organisations) feeling that the proposals will have a positive impact. A small number of respondents, 9% (individuals) and 3% (organisations) believe the impacts will be negative, with 6% of individuals and no organisations saying that there will be both positive and negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to disability.

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

We do not envisage any other significant equality impact of the proposals in relation to disability, but we will continue to monitor any issues raised with us about the impact of our proposals in relation to those with a disability.

Lead: Annette Ashley

Completion by: Click to input a date

Sex

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

We do not anticipate, nor have any evidence or information to suggest, any disproportionate impact the Chief Pharmacist standards, the Superintendent Pharmacist standards, or the Responsible Pharmacist rules and standards will have in relation to sex.

Chief Pharmacist

A large number (49%) of those providing feedback believe there will be no impact of the proposals on sex. 24% of respondents believe the proposals will have a positive impact and 20% of respondents are uncertain. A small percentage of respondents (4%) see both positive and negative impacts, while only 3% foresee negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to sex.

Responsible Pharmacist and Superintendent Pharmacist

A large number (53% of organisations and 43% of individuals) of those providing feedback believe there will be no impact of the proposals on sex. 33% of organisations and 30% of individuals are uncertain about the impact. 17% of individuals believe there will be a positive impact, with 7% of organisations sharing that view. 7% of individuals believe that there will be a negative impact, with 3% of organisations sharing that view. Only 4% of individuals and 3% of organisations believe that the proposals will have both positive and negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to sex.

Lead: Annette Ashley

Completion by: Click to input a date

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.

We do not anticipate, nor have any evidence or information to suggest, any disproportionate impact the draft standards have in relation to gender reassignment.

Chief Pharmacist

The majority (51%) of those providing feedback believe there will be no impact of the proposals on gender reassignment. 23% of respondents believe the proposals will have a positive impact and 19% of respondents are uncertain. A small percentage of respondents (4%) see both positive and negative impacts, while only 3% foresee negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to gender reassignment.

Responsible Pharmacist and Superintendent Pharmacist

The majority (53% of organisations and 39% of individuals) of those providing feedback believe there will be no impact of the proposals on gender reassignment. 34% of individuals and 33% of organisations are uncertain of the impact, while 17% of individuals and 7% of organisations that responded feel that there will be a positive impact. 7% of organisations and 6% of individuals believe there will be a negative impact, while 3% of individuals and no organisations felt that there will be both positive and negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to gender reassignment.

Lead: Annette Ashley

Completion by: Click to input a date

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.

We do not anticipate, nor have any evidence or information to suggest, any disproportionate impact the draft CP standards have in relation to marriage or civil partnership.

Chief Pharmacist

The majority (53%) of those who provided feedback believe there will be no impact of the proposals on marriage and civil partnership, suggesting the proposals are not seen as significantly influencing issues related to marriage and civil partnership. Some respondents (22%) believe the proposals will have a positive impact and 18% of respondents are uncertain. A small percentage of respondents (4%) see both positive and negative impacts, while only 3% foresee negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to marriage and civil partnership.

Responsible Pharmacist and Superintendent Pharmacist

The majority (57% of organisations and 44% of individuals) of those who provided feedback believe there will be no impact of the proposals on marriage and civil partnership. 33% of organisations and 30% of individuals are uncertain if there will be any impact. 17% of individuals and 7% of organisations believe the proposals will have a positive impact on marriage and civil partnership. 5% of individual respondents and 3% of organisations believe there will be a negative impact, while 4% and no organisations believe there will be both a positive and negative impact. Overall, the majority view is neutral to positive regarding the proposals and their impact related to marriage and civil partnership.

Lead: Annette Ashley

Completion by: Click to input a date

Pregnancy/maternity

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

We recognise for those that are pregnant, on maternity leave or have caring responsibilities it may be difficult to attend a face-face engagement event. Providing opportunities for virtual engagement removed the requirement to travel.

Chief Pharmacist

A large number (47%) of those who provided feedback believe there will be no impact of the proposals on pregnancy and maternity. Some respondents (26%) believe the proposals will have a positive impact and 19% of respondents are uncertain. A small percentage of respondents (5%) see both positive and negative impacts, while only 3% foresee negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to pregnancy and maternity.

Responsible Pharmacist and Superintendent Pharmacist

A large number (53% of organisations and 34% of individuals) of those who provided feedback believe there will be no impact of the proposals on pregnancy and maternity. Some respondents (30% of organisations and 29% of individuals) are uncertain about whether there will be any impacts, while 21%

of individuals and 10% of organisations believe there will be a positive impact. 7% of individuals and 3% of organisations believe that there will be both negative and positive impacts, and the same number of individuals and organisations believe that there will be negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to pregnancy and maternity.

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

We do not envisage any other significant equality impact of the proposals in relation to pregnancy/maternity, but we will continue to monitor any issues raised with us about the impact of our proposals in relation to pregnant people, those breastfeeding/chestfeeding, and on maternity leave.

Lead: Annette Ashley

Completion by: Click to input a date

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.

We do not anticipate, nor have any evidence or information to suggest, any disproportionate impact the draft standards have in relation to race.

Chief Pharmacist

A large number (47%) of those providing feedback believe there will be no impact of the proposals on one's race. Some respondents (25%) believe the proposals will have a positive impact and 20% of respondents are uncertain. A small percentage of respondents (4%) see both positive and negative impacts, while only 4% foresee negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact related to one's race.

Responsible Pharmacist and Superintendent Pharmacist

A large number (57% of organisations and 40% of individuals) of those providing feedback believe there will be no impact of the proposals on race. 30% of organisations and 28% of individuals were uncertain whether there will be any impact, while 18% of individuals and 10% of organisations believe there will be a positive impact. 8% of individuals and 3% of organisations believe there will be a negative impact, and 5% of individuals and no organisations believe there will be both a positive and negative impact. Overall, the majority view is neutral to positive regarding the proposals and their impact related to race.

Lead: Annette Ashley

Completion by: Click to input a date

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.

We do not anticipate, nor have any evidence or information to suggest, any disproportionate impact the draft standards have in relation to one's religion or belief.

Chief Pharmacist

A large number (48%) of those who responded believe there will be no impact of the proposals on religion and belief, suggesting the proposals are not seen as significantly influencing issues related to race. Some respondents (23%) believe the proposals will have a positive impact. Additionally, 22% of respondents are uncertain. A small percentage of respondents (4%) see both positive and negative impacts, while only 3% foresee negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact on religion or belief.

Responsible Pharmacist and Superintendent Pharmacist

A large number (57% of organisations and 41% of individuals) of those who responded believe there will be no impact of the proposals on religion and belief. 33% of organisation and 29% of individuals are uncertain if there will be an impact, while 18% of individuals and 7% of organisations believe there will be a positive impact. 7% of individual respondents and 3% of organisations believe there will be a negative impact, and 4% of individuals and no organisations believe there will be a positive and negative impact. Overall, the majority view is neutral to positive regarding the proposals and their impact on religion and belief.

Lead: Annette Ashley

Completion by: Click to input a date

Sexual orientation

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

We do not anticipate, nor have any evidence or information to suggest, any disproportionate impact the draft standards have in relation to sexual orientation.

Chief Pharmacist

A large number (49%) of those who provided feedback believe there will be no impact of the proposals on sexual orientation. Some respondents (23%) believe the proposals will have a positive impact. Additionally, 21% of respondents are uncertain. A small percentage of respondents (4%) see both positive and negative impacts, while only 2% foresee negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact on sexual orientation.

Responsible Pharmacist and Superintendent Pharmacist

A large number (53% of organisations and 43% of individuals) of those who provided feedback believe there will be no impact of the proposals on sexual orientation. 33% of individuals and organisations are uncertain whether there will be any impact, while 15% of individuals and 7% of organisations believe there will be a positive impact. 7% of organisations and 6% of individuals believe there will be a negative impact, with only 3% of individuals and no organisations who believe there will be both positive and negative impacts. Overall, the majority view is neutral to positive regarding the proposals and their impact on sexual orientation.

Lead: Annette Ashley

Completion by: Click to input a date

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 do not raise any new issues or impacts in relation to the Welsh language scheme. Our current scheme (as published on our website **here**) sets out how we support and facilitate the needs of those who prefer to communicate in Welsh.

Lead: Annette Ashley

Completion by: Click to input a date

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.

No specific impacts were identified relating to other groups. We do not anticipate, nor have any evidence or information to suggest, any disproportionate impact the draft standards have in relation other identifies groups or issues.

Lead: Annette Ashley

Completion by: Click to input a date

8. Monitoring and review

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

We continue to focus on addressing bias and all forms of discrimination, promoting inclusive care, reducing health inequalities, and celebrating diversity and wellbeing.

After publication of the Chief Pharmacist standards, the Superintendent Pharmacist standards, and the rules and standards for Responsible Pharmacists, we will continue to monitor any other equality concerns that emerge and determine how we will mitigate against them.

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

We will monitor feedback to make sure that any new impacts are identified. The results of our monitoring activities will inform the development of further proposals under this programme of work to rebalance medicines legislation and pharmacy regulation.

We will continue to work with the GPhC's Equality, Diversity and Inclusion (EDI) Leadership group to update and review this impact assessment when appropriate and will continue to monitor any other equality concerns that emerge and how we will mitigate against them.

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

We review all of our standards on a 3 – 5 year cycle (or sooner if considered necessary); any proposed changes to standards and rules are subject to a full, formal consultation.

9. 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:

Give a brief explanations of the reasoning behind your decision, including reference to the evidence gathered and the assessment carried out above. There should be no new evidence or information in this section, and you should refer to any action identified to mitigate negative impact

We have carefully considered the feedback through the two consultations relating to the potential impact of our proposals on individuals or groups who share protected characteristics and any other impacted individuals or groups, and no specific negative impacts have been identified.

We do not anticipate that the proposed standards will give rise to significant or disproportionate impacts on those sharing certain protected characteristics. We consider that the proposed changes are a justified and proportionate means of achieving the legitimate aim of protecting the general public by enabling us to perform our statutory functions in line with the programme of work being undertaken to rebalance medicines legislation and pharmacy regulation through the implementation of the Pharmacy (Preparation and Dispensing Errors – Hospitals and Other Pharmacy Services) Order 2022 and the Pharmacy (Responsible Pharmacists, Superintendent Pharmacists, etc.) Order 2022.

We have strengthened our EDI requirements in the standards for Chief Pharmacists, those for Superintendent Pharmacists, and those for Responsible Pharmacists. It is the responsibility of those in leadership roles to create and maintain a culture of equality, diversity and inclusion where people (including staff, patients and the public) are treated as equals, with dignity and respect, and where staff meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences. Part of this responsibility is to make sure that all forms of discrimination, including racial discrimination, are identified, challenged, and acted on, and that staff understand that due to the serious nature of such concerns and their impact on public trust and confidence in the profession, if fitness to practise is found to be impaired, their registration may be at risk.

We have considered the feedback we received from the Professional Standards Authority (PSA) where they advise that our standards should include an 'explicit reference in supporting a culture which challenges discrimination'. We have noted this feedback and included it in the new standards. We will also highlight this point when drafting or reviewing our guidance going forward.

We will continue to monitor the standards for Chief Pharmacists, those for Superintendent Pharmacists, and those for Responsible Pharmacists, and their impact once they have been implemented. We recognise that the impact of our draft standards more generally may be greater on some individuals or groups who share protected characteristics, including those mentioned in this paper. However, we believe it is justified because of the reasons outlined above.

Full assessment completed by:	Assessment signed-off by:	Referred to the Senior Leadership Group/Council on:	Published on:
Annette Ashley	[Approver's name]	Click to input a date	Click to input a date.

General Pharmaceutical Council

Consultation on internationally-qualified pharmacists' education and training: analysis report



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Executive summary

Background

The consultation proposed changes to the registration pathway for internationally-qualified pharmacists in Great Britain (GB), replacing the current two-year process with a one-year model. The proposed route consists of a single year of integrated academic study and supervised learning in practice, followed by successful completion of the Common Registration Assessment (CRA).

The existing process is longer than comparable routes for other healthcare professionals to register in GB or for pharmacists to register in other countries. The proposed model aims to maintain public safety while reducing unnecessary barriers to registration and allowing qualified pharmacists to enter the workforce more quickly.

A key feature of the proposed approach is the recognition of internationally-qualified pharmacists' relevant prior education and experience, provided that applicants can demonstrate that they have met all of the required learning outcomes. The proposal also aligns internationally-qualified pharmacists with the recent changes to UK pharmacy education and training by including independent prescribing in the training pathway.

Under the proposed model, the GPhC would continue to set standards, accredit programmes, assess eligibility and administer the CRA. The universities would be responsible for programme delivery, assessment of prior learning and experience (to GPhC guidelines) and supervision of learning in practice. The GPhC would set standards defining both the required learning outcomes and the expectations for programme providers. Recognising that many internationally-qualified pharmacists are adult learners with personal and caring responsibilities, the proposals encourage flexibility in programme delivery.

Subject to Council approval and programme accreditation, the proposed new training programmes would be introduced for the 2028-29 academic year.

Key issues raised in responses

General view

The consultation responses showed broad support for the principle behind the proposal, namely making the registration route for internationally-qualified pharmacists more proportionate and flexible. However, the responses also showed significant concern about whether the proposed one-year programme would provide sufficient time to develop the knowledge and skills needed for safe pharmacy practice in the UK, particularly if independent prescribing was included in the training.

Organisations were generally more supportive of the proposal than individual respondents.

Views on the length of training

Reducing the length of training from two years to one, combining university study with practice-based learning followed by the Common Registration Assessment aims to make training more accessible and bring the requirements for internationally-qualified pharmacists more into line with those in other countries and other healthcare professions, while ensuring that the necessary standards are still met.

Views on the proposal were mixed but overall slightly more negative, with 44% of respondents supporting it and 53% not.

Concerns expressed in the feedback included the difficulties of fitting all the required training into one year and the need for more time in practice as well as more time to develop UK specific knowledge and skills. Respondents also expressed concerns about the variability in the content and standard of overseas training programmes.

Points made by those who supported the proposal included the fact that trainees taking this route were already qualified and experienced professionals and a shorter route would provide faster access to the workforce which may address current workforce shortages. It would also align pharmacy with other professions as well as with equivalent routes in other countries.

Views on alternative routes to registration

During the development of the consultation proposal, two specific alternatives were considered – examination only and a mentored period in practice. The consultation asked whether alternatives to the one-year programme should be considered and invited suggestions.

46% of respondents overall thought that we should consider alternative options, while 43% did not. Preference for alternatives was higher among organisations, at 53%.

Suggestions included multiple programme lengths from less than six months to three years, greater focus on practice including completion of a full foundation training year and greater recognition of prior experience which included a tiered system based on the country of qualification. The need for strong quality assurance and validation processes was highlighted together with suggestions for improving accessibility.

Views on the recognition of prior learning (RPL)

Recognition of prior learning would allow the providers of the proposed programme to assess a candidate's prior qualifications and experience, potentially exempting that candidate from certain parts of the programme and so shorten the length of study. All learning outcomes would still need to be met.

There was stronger support for this proposal, with 54% of respondents supporting the recognition of prior learning (against 40% not), and a majority of both organisations and individuals agreeing.

In the comments, many respondents related the need for robust and consistent verification. Supporters of the proposal recognised that internationally-qualified pharmacists were experienced professionals and therefore felt that it was fair and proportional, while those who were against it had concerns about the equivalence of overseas training and inconsistent application by providers.

Views on the proposed criteria for RPL

The consultation set out proposed criteria for RPL. 48% of respondents agreed with the proposed criteria, while 37% disagreed.

The need for robust and consistent verification came up again in these responses, as did concerns about inconsistent application by providers. The criteria were seen as fair and proportionate by a number of respondents, although some expressed the view that only experience as a practising pharmacist should be taken into account.

Views on the inclusion of independent prescribing

Including independent prescribing (IP) in the proposed programme would bring internationally-qualified pharmacists into line with new UK graduates who will be IPs at the point of registration from 2026.

Overall, respondents did not agree that IP should be built into the new training programme (45% yes, 48% no overall). However, there was a significant disparity between individual and organisational responses, with 63% of organisations supporting the proposal compared to 45% of individuals.

Supporters of the proposal commented that it aligned with the current and future requirements of the profession, supported UK health services and the pharmacy profession specifically, strengthened management and was fair and consistent. Opponents however expressed concerns about fitting IP into a one-year programme with some suggesting the removal of the mandatory IP element altogether. Other respondents were anxious about the training burden, the allocation of existing resources, the possible detrimental impact on the pharmacy sector and the difficulty managing and regulating what was being proposed.

Views on the proposed learning outcomes

The proposal includes a set of learning outcomes, based on the 2021 learning outcomes for the initial education and training of pharmacists in Great Britain. Respondents were asked whether they agreed with the proposed outcomes and whether any were missing.

Overall, 56% of respondents agreed with the proposed learning outcomes while 26% disagreed. Organisations were more likely to agree (67%) than individuals (55%). 37% of respondents did not think that there were any learning outcomes missing, while 17% said that there were. Although organisations were more supportive of the proposed outcomes, they were also more likely to think that some were missing.

Some respondents suggested the proposals did not cover all the key areas necessary. Respondents proposed a range of missing outcomes and suggested inclusion of practice-based learning outcomes, interpersonal skills and communication and reflective practice. However, other respondents believed the learning outcomes were well-designed, covering the key areas and aligning with existing UK pharmacy education and training.

Views on the proposed standards and criteria for programme providers

The final section of the consultation set out standards and criteria for providers of the proposed programme. Respondents were asked whether they agreed with the proposed standards and criteria and whether any were missing.

47% of respondents agreed that the proposed new standards and criteria for programme providers were the right ones, while 27% disagreed. Agreement was higher among organisations (59%) than individuals (46%). 16% of individual respondents felt that standards or criteria were missing, compared to 37% of organisations.

The most commonly expressed view was that the standards and criteria were well designed and strengthened pharmacy education and the profession. Others while supportive suggested amendments such as a longer programme and additional entry requirements including minimum levels of prior experience and language proficiency.

Those who had concerns focussed on the need for clearer expectations on providers, and standards around student practice expectations, support for student wellbeing and management approach.

Respondents with concerns also said that the proposed standards and criteria were too difficult to manage and regulate and would create too high a burden. Finally, a set of respondents called for more information and greater clarity.

Key issues by respondent type

Organisations

Organisations tended to support a more flexible and proportionate route to registration for internationally-qualified pharmacists, including the recognition of prior learning. This agreement was often conditional on robust quality assurance and consistent verification of prior learning and experience. They were more likely to highlight the benefits of removing barriers to registration and improving workforce supply.

Organisations were also more likely to support the inclusion of independent prescribing in the programme, while also emphasising the challenges of implementing the proposal, including the need for sufficient placement capacity and Designated Prescribing Practitioner support.

Individuals

Individual respondents were generally more cautious about the proposal and were more likely to oppose reducing the programme to one year with the inclusion of independent prescribing. Their concerns tended to relate to the variability of overseas qualifications and experience and potential impacts on patient safety, professional standards and public confidence in the profession.

Individuals were also more likely to raise concerns about workforce competition and the pressure that the proposal could put on existing pharmacy teams, particularly if pharmacists entering the register via a shortened route required additional support once in practice. Individuals who supported the recognition of prior learning also said that this would be dependent on robust verification.

Impact of the proposed changes

Views on impact on people sharing particular protected characteristics

Respondents generally did not expect the proposals to have a significant impact on people sharing protected characteristics, with "no impact" being the most common response across all characteristics, (selected by 31-44% of individuals and 43-57% of organisations).

Individuals were more likely than organisations to identify positive impacts (15-25% compared with 7-20%), particularly in relation to age (25%), disability (23%) and pregnancy and maternity (21%). Negative impacts were identified by relatively small proportions of respondents, ranging from 5-11% of individuals and 2-10% of organisations, with age being the characteristic most identified.

Levels of uncertainty were similar across both groups, with between 28-34% of individuals and 30-33% of organisations selecting "don't know".

Views on impact on other individuals or groups

Respondents were generally more likely to identify positive than negative impacts across stakeholder groups, although views differed between individuals and organisations.

The strongest positive impacts were anticipated for patients and the public (by 55% of individuals and 47% of organisations), while positive impacts were also commonly identified for the students and

trainees, responsible pharmacists, superintendent pharmacists, pharmacy staff and other healthcare professionals.

Views were more mixed regarding pharmacy owners and employers, where 39% of individuals expected a positive impact but 23% anticipated a negative impact, compared with 23% and 33% respectively among organisations. Organisations were typically more likely to identify negative impacts or select "don't know", while individuals were more likely to perceive both benefits and drawbacks.

Views on the Impact of the proposed changes

The written responses to the impact questions highlighted a wide range of potential positive and negative impacts arising from the proposals.

Respondents stressed the increased pressures on education providers, supervisors, Designated Prescribing Practitioners (DPPs), placement capacity, and employers responsible for oversight, assessment and trainee sign-off. There were also concerns about the fairness of the proposals, including the lack of sufficient time for development, reduced preparedness and the impact on internationally qualified pharmacists' confidence.

More broadly respondents identified the negative impacts on UK health services with concerns about patient safety, quality of care and workforce preparedness. Concerns about the pharmacy sector specifically included increased competition for jobs, particularly for early-career pharmacists and those without an independent prescribing qualification and downward pressure on salaries. There were also concerns that increased supervision requirements could place additional pressure on existing staff and services, with possible impacts on patient outcomes and public confidence.

Respondents also highlighted a range of positive impacts including that the proposals could provide a quicker, more accessible route to registration for internationally-qualified pharmacists, reducing time, cost and complexity. Respondents also said that a more streamlined, flexible and competency-based training pathway could improve consistency in education and assessment while maintaining a focus on UK-specific knowledge and skills.

Respondents suggested the proposals could also benefit UK health services by helping to address workforce shortages, reducing staffing pressures and increasing workforce flexibility. Respondents emphasised that the proposals could enable internationally-qualified pharmacists to contribute to the profession more quickly, while enhancing diversity within the workforce and supporting more inclusive healthcare services. Respondents finally highlighted the potential of the proposals for workforce sustainability and helping the profession meet future healthcare needs.

Introduction

Policy background

As the pharmacy regulator for Great Britain (GB), the GPhC holds the register of pharmacists eligible to practise in England, Scotland and Wales. We set the standards of education and training required to register as a pharmacist or a pharmacy technician, including those that internationally-qualified pharmacists must meet to practise as a pharmacist in GB.

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

Internationally-qualified pharmacists who qualified outside of the European Economic Area (EEA), European Free Trade Association (EFTA) countries and Switzerland currently need to undertake two years of education and training in GB before they can apply to register with the GPhC. This currently consists of a one-year postgraduate diploma (Overseas Pharmacists' Assessment Programme or OSPAP), one year of foundation training and passing the Common Registration Assessment.

These arrangements have been in place for many years and it is important that all routes to registration remain relevant, fit for purpose and respond to the changing needs of the healthcare system. In addition, the Professional Qualifications Act 2022 obliges regulators to not put unnecessary barriers in the way of internationally-qualified professionals working in the UK. The current route for pharmacists is at least twice as long as those in most other countries and for other regulated healthcare professionals in the UK. In addition, the current route does not allow for relevant prior pharmacy education, training and experience (including experience gained in the UK) to reduce the time required to complete the programme.

Following a previous discussion, the Council of the GPhC had agreed that all internationally-qualified pharmacists should be subject to the same education and training requirements to register and practise in GB (rather than having different requirements for pharmacists who had qualified in different countries). The Council also agreed that the training should be shortened to no more than one year of combined university study and in-practice training, followed by the Common Registration Assessment.

Proposals to bring these changes about were developed and put out for consultation. This report sets out the results of that consultation.

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 the level of 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 %').

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. The length of training we are proposing

1.1. Survey response table and analysis

Table 1: Views on reducing the length of training from two years to one year (Base: All respondents)

Q1.1 Should we reduce the length of training for internationally qualified pharmacists wanting to register in Great Britain from two years to one year?	Individuals		Organisations		Total	
Yes	526	44%	22	45%	548	44%
No	638	53%	21	43%	659	53%
Don't know	37	3%	6	12%	43	3%
Total N and % of responses	1,201	**100%**	49	**100%**	1,250	**100%**

While 44% of respondents supported the proposal to reduce the length of training, 53% did not. Organisations were slightly more supportive (45% yes, 43% no, 12% don't know) than individuals (44% yes, 53% no, 3% don't know) but there was still no overall majority among organisations in favour of the proposal.

1.2. Summary of themes

Approximately four fifths of respondents provided explanatory comments. The analysis below outlines the main themes identified in these responses. Where response rates are reported, they relate only to respondents who commented and not to the overall respondent population.

The comments reflected a balance of perceived benefits and concerns regarding the proposed one-year registration route for internationally qualified pharmacists. Those in favour of the proposal commented

that recognising prior learning, qualifications and professional experience could provide a more proportionate pathway into registration, reduce the time and financial burden of the current route, improve access to the pharmacist workforce more quickly, and bring Great Britain more closely into line with arrangements in other countries and healthcare professions.

However, many respondents questioned whether a one-year programme would provide sufficient time to achieve the proposed learning outcomes. These concerns came from the perceived variability of overseas education and training programmes, the need to develop UK-specific knowledge and understanding, and proposals to include independent prescribing. Respondents voiced concerns about the ability to develop and demonstrate clinical competence through supervised practice, with potential impacts on patient safety and trainee wellbeing.

Other comments highlighted the importance of robust implementation arrangements, including strong quality assurance, assessment, supervision and placement capacity, to ensure that the standards achieved by the point of registration remain equivalent to those expected of UK-trained pharmacists.

The analysis below sets out the themes that emerged from the responses, in order of prevalence:

- Too many components for a one-year programme
- Suggestions for implementation requirements for a one-year programme
- Variability in the content and standard of overseas programmes
- Faster access to the workforce and reduce workforce shortages
- Proposals take account of prior learning, qualifications and experience
- Need to develop UK-specific knowledge and understanding
- Alignment with other countries and professions
- Need for more time in practice or developing clinical skills
- Risk to patient safety
- Reduction in time and cost burden

1.3. Too many components for a one-year course

A strong theme among organisations and individuals that commented was concern that one year would not be long enough to ensure robust training and that the proposed outcomes could not be achieved in that time. This concern was increased by the proposed inclusion of independent prescribing, imposing increased expectations on trainees in less time. It was noted that the current structure supports both academic learning and clinical practice, whereas the proposed reduction could risk both the depth of learning and the opportunity to consolidate clinical skills.

1.4. Suggestions for implementation requirements

Almost half of organisations and a smaller number of individuals gave their views on implementation requirements. Implementation would need to be underpinned by robust quality assurance, governance and assessment processes to ensure that standards are equivalent to those of UK-trained pharmacists.

Respondents emphasised the need for rigorous assessment of competence, recognition of prior learning (RPL) and experience, and evidence that outcomes, including registration assessment performance and patient safety measures, were not adversely affected.

Key requirements included securing sufficient placement capacity, supervision and Designated Prescribing Practitioner support, managing competition with existing pharmacy education and training programmes, and establishing clear assurance frameworks for HEIs delivering integrated practice-based

learning. Respondents also highlighted the need for ongoing monitoring and evaluation, adequate resourcing for HEIs, consideration of learner support needs (including those new to the UK), and potentially more flexible or differentiated routes based on applicants' prior experience and country of qualification.

1.5. Variability in the content and standard of overseas programmes

One fifth of individuals and over a quarter of organisations who responded were concerned about the variability in the quality, content, clinical focus and standard of overseas pharmacy education and training programmes.

Pharmacists entering via the current OSPAP route come from diverse educational systems and have differing levels of clinical exposure, patient-facing practice, prescribing knowledge and legal and ethical training. Many are not familiar with the relevant regulatory frameworks. Respondents who had worked with internationally-qualified pharmacists reported wide variations in competence and preparedness, with some considered able to adapt quickly while others required substantial support to reach UK standards.

A common concern was that a shortened one-year pathway may not provide sufficient time to address knowledge gaps, develop understanding of UK pharmacy practice and legislation, or ensure consistent competence across candidates from very different educational backgrounds. Some therefore argued that the variability and lack of equivalence between overseas programmes made a universal reduction in training duration difficult to justify without robust assessment, quality assurance, and evidence that standards and patient safety could be maintained.

1.6. Faster access to the workforce and reduction of workforce shortages

Both individual and organisational respondents identified that a shorter route would enable internationally-qualified pharmacists to enter the workforce more quickly, helping to address workforce shortages across community pharmacy, hospitals, primary care and other healthcare settings.

A one-year programme was also seen as reducing the financial, administrative and personal burden associated with the current route, making registration more accessible and attractive to overseas pharmacists. The proposed change could increase the number of applicants, improve recruitment pipelines, widen access to skilled professionals, reduce delays caused by limited OSPAP and foundation training capacity, and support workforce sustainability. Respondents also suggested that integrating academic learning with supervised practice could provide a more efficient transition into UK practice, allowing pharmacists to contribute to patient care, relieve workforce pressures and deliver pharmacy services more quickly.

1.7. Proposals take account of prior learning, qualifications and experience

Supporters of the proposal frequently highlighted that internationally qualified pharmacists are already trained, qualified and often highly experienced healthcare professionals. Comments in this area came from an equal proportion of organisations and individuals who responded.

Respondents argued that the current two-year route can duplicate knowledge and skills that candidates already have. The purpose of the registration pathway should be to support adaptation to UK-specific pharmacy law, NHS systems, professional standards, governance arrangements, communication styles and prescribing practice, rather than requiring candidates to repeat core training. Recognition of prior learning, qualifications and professional experience would provide a more proportionate and fairer

route to registration, particularly for pharmacists who have already practised independently, worked in comparable healthcare systems, or gained experience within UK pharmacy settings.

A one-year programme could focus on addressing specific knowledge gaps while enabling experienced pharmacists to contribute their existing expertise to the workforce more quickly without compromising standards, provided robust assessment and competency requirements remain in place.

1.8. Need to develop GB-specific knowledge and understanding

Respondents opposed to the proposal emphasised the importance of internationally-qualified pharmacists developing a comprehensive understanding of GB-specific pharmacy practice, healthcare systems, legislation, professional standards and patient-centred care before registration.

Points raised in relation to differences in practice included NHS structures, clinical governance, safeguarding, multidisciplinary teamworking, prescribing, communication skills and the expanding clinical role of pharmacists. Respondents felt that the current training route gives internationally-qualified pharmacists the necessary time to learn and apply relevant pharmacy law, NHS pathways, prescribing frameworks, medicines governance requirements and professional expectations in practice settings.

1.9. Alignment with other countries and professions

Another common theme, particularly among organisations, was that reducing the registration pathway to one year would bring GB pharmacy more closely in line with the arrangements for international registration in other countries and those for other healthcare professionals wishing to practise in GB. Respondents noted that the current pathway is longer and more burdensome than those in other countries including Australia, Canada and a number of European countries.

Aligning the GB system with other models was seen as more proportionate and equitable, while maintaining standards through supervised practice and the Common Registration Assessment (CRA). Respondents suggested that it could improve the attractiveness of GB as a destination for skilled pharmacists, reduce barriers and place pharmacy on a more comparable footing with other regulated healthcare professions.

1.10. Need for more time in practice or developing clinical skills

Some opponents of the proposal stressed that internationally-qualified pharmacists need time in practice to develop and demonstrate clinical competence, professional judgement and confidence in patient-facing roles. While knowledge can be taught in an academic setting, some respondents stated that the most important learning takes place through supervised practice.

There were concerns that some internationally-qualified pharmacists may have had limited clinical exposure in their training or previous practice and would need time to build skills in areas including clinical assessment, communication, multidisciplinary teamwork and independent decision making.

Some of these responses also included concerns about the inclusion of independent prescribing into a shortened programme, noting that it would reduce the time available to develop advanced clinical reasoning, diagnostic skills and prescribing competence and confidence.

1.11. Risk to patient safety

Patient safety was a theme for some of those opposed to the proposal. Concerns included the proposed programme not being long enough to develop competence in clinical practice, the variability of

international qualifications and the need to develop skills in patient-centred care. Some noted that pharmacists who have completed the current programme still require significant support after registration and that reducing the length of the programme could increase the risk of clinical errors and unsafe prescribing. There was some concern that reducing the current foundation training period, which provides an opportunity to identify and address competency gaps in a supervised environment, could undermine the profession's ability to protect patient safety and public confidence in pharmacy.

1.12. Reduction in time and cost burden

Another theme in this section among those supporting the proposal was that the current route imposes significant time and financial burdens on internationally-qualified pharmacists. The combination of tuition fees, living costs, assessment fees, lost earnings during study and the need to balance family commitments can act as barriers. The limited number of OSPAP places and long waiting times can increase costs and delays in accessing the workforce, sometimes forcing these pharmacists to work in lower-paid pharmacy roles or change careers.

1.13. Additional themes

In addition to the 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:

- Lowering of professional standards and possible trust in the competence of the profession
- Workforce saturation and employment concerns
- Allows focus on UK-specific knowledge and skills rather than duplicating existing knowledge
- Suggestions for alternatives, including initial assessment before OSPAP and prescribing training following registration
- Benefits of integrated learning
- Longer training programme is required to address language or communication barriers
- Benefits of integrated learning
- Allows focus on language, communication and cultural adaptation needs rather than duplication of knowledge and skills
- Proposals maintain patient safety through robust assessment

2. Alternative routes to registration

2.1 Survey response table and analysis

Table 2: Consideration of an alternative route (Base: All respondents)

Q2.1 Do you think we should consider an alternative route to registration for internationally qualified pharmacists to the one-year postgraduate diploma we have proposed?	Individuals		Organisations		Total	
Yes	554	46%	26	53%	580	46%
No	520	43%	17	35%	537	43%
Don't know	127	11%	6	12%	133	11%
Total N and % of responses	1,201	**100%**	49	**100%**	1,250	**100%**

There was a clear divide on this question among individual respondents, with 46% suggesting we should consider an alternative route and 43% disagreeing. There was a stronger preference among organisations, with 53% saying yes and 35% saying no. Overall, just over 10% of both groups responded 'don't know'.

2.2 Summary of themes

Just under half of respondents provided explanatory comments. The analysis below outlines the main themes identified in these responses. Where response rates are reported, they relate only to respondents who commented and not to the overall respondent population.

Respondents proposed a range of alternative approaches to the current registration route for internationally qualified pharmacists. Popular suggestions included placing greater emphasis on existing qualifications, registration status and professional experience, supported by robust verification and quality assurance processes; and tailoring education and training requirements according to demonstrated competence. Many respondents favoured pathways that prioritise supervised practice and workplace-based learning, including foundation training and integrated academic-practice models.

Others suggested tiered or country-specific routes, competency-based approaches, or programmes of varying lengths. Respondents also highlighted opportunities to improve accessibility through more flexible, affordable and widely available training options. Some supported retaining the current route, citing its established effectiveness in preparing pharmacists for safe practice in the UK.

The themes that emerged from the responses, in order of prevalence, were as follows:

- Further verification of experience and qualifications
- Focus on practice, or support for pre-registration year
- Need for strong quality assurance and validation processes
- Minimum 18-24 month programme
- Improving accessibility

- Competency-based assessment route
- Prescribing training to be separate or an optional add-on
- Defined tier system
- Retain the current route
- Support for integrated learning

2.3 Further verification of experience and qualifications

Over half of organisations commented on this theme, compared to just under a fifth of individuals. Respondents who commented on this topic suggested the GPhC could place greater emphasis on existing qualifications, registration status and professional experience before requiring additional education and training. These could be formally assessed and verified against GB standards – either on an individual basis or at a country level, with input from the relevant regulators and education institutions. Pharmacists from countries with comparable education systems, regulatory frameworks and scopes of practice could have access to shorter or alternative routes to registration, as could those with experience of working in GB settings as pharmacy technicians, dispensers or in other roles.

Suggestions for verification included competency assessments, portfolio reviews, structured interviews, supervisor references and curriculum mapping.

2.4 Focus on practice or support for foundation/pre-registration year

This was another core theme that was stronger for organisations, while still significant for individuals. Respondents showed significant support for a registration pathway that places greater emphasis on supervised practice experience and a foundation/pre-registration year. Respondents consistently highlighted the importance of hands-on experience in GB pharmacy settings, arguing that internationally qualified pharmacists would benefit more from immersion in practice, mentoring, workplace-based assessment, and exposure to NHS systems, pharmacy law, governance, and patient-facing care than from extensive academic retraining.

Suggestions for practice experience included a six to 12-month supervised foundation training year, apprenticeship-style programme, or structured pre-registration placement, followed by the CRA. There was a common view among these comments that practical experience is essential for developing competence, communication skills, and understanding of GB practice standards, while also allowing supervisors to assess the candidates' readiness for safe and effective practice, including prescribing where relevant.

2.5 Need for strong quality assurance and validation processes

One third of organisations mentioned this theme, compared to a small number of individuals. Respondents commented that a change would require robust quality assurance to ensure parity and patient safety; and minimum standards for supervision and training quality. Comments included arguments that internationally-qualified pharmacists should only progress through shorter or more flexible pathways if there was robust assessment of qualifications, competence and readiness for practice.

2.6 Minimum 18-24 month programme

Some respondents, including almost a quarter of organisations, made suggestions for an alternative programme of between 18 and 24 months length. A number suggested a 12-month academic phase

followed by a 12-month foundation training year, with independent prescribing integrated throughout the programme.

Respondents making these suggestions emphasised the need to maintain robust supervised practice, strengthening practical and patient-facing learning and patient safety as reasons for having a longer programme.

2.7 Improving accessibility

There were comments about ways in which changing the programme could improve accessibility. OSPAP programmes have limited availability and some respondents would like more universities to offer a new programme. There was some support for online or blended learning models, with theoretical content completed remotely while supervised practice and assessments take place in-person.

Respondents also mentioned needs for more affordable programmes, reduced requirements to relocate and employment-linked pathways that would allow candidates to earn while training. Other suggestions included part-time programmes and modular delivery.

2.8 Competency-based assessment route

This was another theme that was much more prevalent in organisational responses. Some respondents were of the view that a single fixed programme was not appropriate and that training should instead be based on the competence of the individual. These respondents felt that an individual competence-based assessment would be more proportionate and flexible. Training would then be tailored, based on demonstrated competence and development needs. Patient safety and public confidence could be maintained as all candidates would be required to meet the same registration standards at the end of their training.

2.9 Prescribing training to be separate or an optional add-on

Respondents suggested that IP should not be incorporated into the proposed one-year programme and instead should be a separate qualification or an optional add on to the OSPAP programme. These respondents cited patient safety concerns, given the high level of clinical competence required to prescribe safely, and the risk that a shortened programme would not allow enough time to develop the required skills or understanding of UK practice. There was also concern from some respondents that including prescribing would put too much pressure on trainees, DPPs and universities. There was a preference for internationally-qualified pharmacists to achieve registration first and then complete a separate IP course if and when they wanted to do so.

2.10 Defined tier system

Another alternative, proposed by a smaller number of respondents, was that there should be a differentiated system with suggestions of either two or three tiers requiring different levels of further training. There were different ideas about how the tiers could be defined. Some respondents suggested that it should be based on country of qualification, based on the curricula in different countries and how closely practice in a particular country aligned with that in GB. Suggestions included offering reduced periods of supervised practice, direct access to the registration assessment or streamlined adaptation programmes for applicants from recognised systems. Others suggested a tiered system based on the results of a competence assessment. A final suggestion was that Great Britain could have reciprocal recognition of qualifications with certain countries such as Australia, Canada and New Zealand.

2.11 Retain the current route

One fifth of individual responses and a small number of organisations suggested keeping the current two-year programme, typically suggesting an OSPAP year, a foundation training year and the CRA. These respondents noted that the current model is well established and effective, providing sufficient time for pharmacists to develop the necessary clinical knowledge and understanding of GB pharmacy systems.

Some felt that there was insufficient evidence that the current programme was problematic or that a shorter programme would produce equivalent outcomes, while others felt that independent prescribing should remain a separate post-registration programme rather than being integrated into a condensed pathway.

2.12 Support for integrated learning

There was support for integrated learning, particularly from organisations. Integrated learning combining academic study with supervised practice was seen as a more efficient and effective way for internationally qualified pharmacists to adapt to GB practice. Integrated learning would allow students to apply their knowledge in real-world settings and identify and address any learning needs.

Some felt that integrated routes could reduce duplication, accelerate entry into the workforce and improve flexibility. Several also highlighted the importance of structured workplace support, particularly if independent prescribing is included.

2.13 Additional themes

In addition to the 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:

- Respondents making alternative assessment suggestions such as OSCEs or portfolios
- Suggestions that programmes should focus on prescribing
- Candidates should take an assessment on entry to their training to establish their knowledge and skills
- Suggestions that the programme should be extended beyond two years, not shortened
- Overseas applicants should only be required to sit the CRA
- Programmes should focus on English language, communication and culture (as in previous question)
- Possibility of a more condensed programme of less than one year

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

3.1. Survey response table and analysis

Table 3: Views on allowing providers to recognise recent and relevant prior learning and experience to shorten the required period of education and training (Base: All respondents)

Q3.1 Should the GPhC allow providers to recognise prior learning and experience to shorten the period of education and training for internationally-qualified pharmacists when they can verify that it is recent, relevant and similar to that in Great Britain?	Individuals		Organisations		Total	
Yes	636	53%	33	67%	669	54%
No	487	41%	13	27%	500	40%
Don't know	78	6%	3	6%	81	6%
Total N and % of responses	1,201	**100%**	49	**100%**	1,250	**100%**

Overall, a majority of respondents supported the recognition of prior learning (RPL) and experience (54% yes, 40% no). Support was stronger among organisations (67% yes) than among individuals (53% yes).

3.2. Summary of themes

Just over two thirds of respondents provided explanatory comments. The analysis below outlines the main themes identified in these responses. Where response rates are reported, they relate only to respondents who commented and not to the overall respondent population.

There was a range of views on the use of RPL. Organisations were more likely than individuals to comment on implementation, verification and quality assurance. Those in favour of RPL noted that internationally-qualified pharmacists were experienced professionals whose qualifications and experience should be recognised and that RPL could reduce unnecessary duplication. There was a clear view that RPL should be supported by clear, robust and consistent verification processes.

Suggested eligibility criteria for RPL included qualifications from countries with comparable pharmacy systems, evidence of recent practice and demonstrated competence

Those who opposed RPL argued that trainees would have a wide range of qualifications and experience and that there could be challenges verifying those. As a result, some argued that a uniform training route was needed to ensure consistent standards.

The themes that emerged from the responses, in order of prevalence, were as follows:

- Support for RPL if there is clear and robust verification
- Overseas qualified pharmacists are experienced professionals with transferable skills
- Suggestions for implementation and alternative pathways
- Prior learning may not be equivalent due to different standards
- Inconsistency of application by providers
- Suggested eligibility criteria for RPL, including countries with comparable systems
- Faster access to the register and reduction of workforce shortages
- Opposition to RPL and need for a uniform training route
- Concerns regarding verification and falsified evidence

3.3. Support for RPL if there is clear and robust verification

Over half of organisations and a fifth of individuals respondents expressed support for RPL but emphasised that it must be underpinned by a clear, robust and nationally consistent verification process. Many stressed that prior learning should only be recognised where qualifications, training and professional experience can be evidenced as recent and relevant.

The safeguards were seen as necessary because of variation in international qualifications and practice standards, the risk of fraudulent or exaggerated evidence and the need to ensure that all registrants have the knowledge and skills to practise pharmacy safely and effectively in GB.

Transparent criteria, competency mapping, independent verification, audits and quality assurance processes were all suggested as ways to ensure consistency between providers and maintain public confidence.

3.4. Overseas-qualified pharmacists are experienced professionals with transferable skills

This was a common theme from both organisations and individuals (nearly one third and one fifth respectively). These respondents supported RPL and emphasised that internationally-qualified pharmacists are already trained and experience professionals, many of whom possess substantial knowledge, patient-facing experience and transferable skills. Many argued that much of the scientific and clinical foundation of pharmacy is international, with the main areas that require adaptation being GB-specific elements such as pharmacy law, NHS systems and prescribing frameworks.

Requiring experienced pharmacists to repeat learning and training was seen as disproportionate and inefficient. Recognition of prior learning and experience would avoid unnecessary duplication, reduce financial burdens and time requirements, support faster workforce integration and create a fairer and more flexible process which would allow training to focus on any gaps in knowledge or competence.

3.5. Suggestions for implementation and alternative pathways

Respondents, including a third of organisations, suggested a range of implementation approaches. Many of the comments in this theme proposed that all internationally qualified pharmacists should continue to complete a common registration assessment, competency-based examination, OSCEs, or other standardised assessments to demonstrate equivalence to UK-trained pharmacists, regardless of any prior learning recognised. Several respondents recommended that the GPhC, rather than individual providers, should take primary responsibility for verifying qualifications, experience and equivalence, using clear national criteria and standardised frameworks.

Other implementation suggestions included mapping prior experience against recognised competency frameworks, establishing eligibility assessments or interviews, setting defined periods of reduced training, and undertaking further evaluation and evidence gathering before major changes are introduced.

Respondents also proposed a number of alternative pathways. These included accelerated routes for pharmacists with substantial verified experience, practice-based rather than university-based pathways for experienced practitioners, examination-led routes and pathways that recognise prior learning for academic components while retaining supervised practice requirements. There were also some suggestions that RPL should be used to determine the most appropriate educational pathway rather than automatically reducing training time.

3.6. Prior learning may not be equivalent due to different standards

A number of respondents felt that overseas education, training and practice experience may not be directly equivalent to GB standards and so should not routinely be recognised as prior learning. They also highlighted significant variations between countries in professional responsibilities, healthcare systems and regulatory frameworks and noted that pharmacy practice in GB (and particularly within the NHS) requires specific knowledge and skills that may not be gained elsewhere. Finally, there were concerns that it would be difficult to reliably assess or verify that learning was genuinely comparable.

As a result, some of these respondents mentioned the importance of maintaining a consistent GB training pathway to ensure that all pharmacists achieve the same standards.

3.7. Inconsistency of application by providers

In addition to concerns about equivalence, there were specific comments relating to the risk of providers not applying requirements for RPL consistently, leading to variation in training standards and outcomes. These comments were more prevalent from organisations. There was concern that assessment of RPL could be subjective and comments that terms such as ‘recent’, ‘relevant’ or ‘similar’ are open to interpretation.

Several respondents argued that provider discretion could result in inequitable access or had the potential for bias, with some preferring centralised assessment or stronger GPhC oversight to support consistency.

3.8. Suggested eligibility criteria for RPL, including countries with comparable systems

Suggestions for eligibility criteria included qualifications from countries with similar healthcare systems and pharmacy practice models, most commonly Australia, New Zealand and Canada; as well as graduates of highly-ranked universities. Respondents again emphasised the importance of robust verification processes, evidence of recent practice, good professional standing and demonstrated competence.

There were some suggestions that only specific elements of prior learning, including clinical qualifications, postgraduate study, pharmacology and specialist credentials, should be eligible for recognition.

3.9. Faster access to the Register and reduction of workforce shortages

Respondents who supported the proposal emphasised its potential to speed up entry to the pharmacy workforce by reducing unnecessary duplication for suitably qualified international pharmacists. This would improve workforce supply, address shortages and potentially make the UK a more attractive proposition for experienced pharmacists.

3.10. Opposition to RPL and need for a uniform training route

As noted in 3.6 above, some respondents mentioned the importance of maintaining a uniform training route for internationally-qualified pharmacists. Some felt that this would maintain consistent standards while others commented that UK pharmacy practice has unique elements that can only be understood through a structured programme of UK-specific training and supervised practice. There were concerns that shortening training based on RPL could create variability in competence and could be perceived as unfair.

A number of those who opposed RPL supported a single, standardised pathway for all internationally-qualified pharmacists regardless of prior experience arguing that this would provide a consistent benchmark for competence and maintain public confidence in the registration process.

3.11. Concerns regarding verification and falsified evidence

The final significant theme in these responses raised by individual respondents, was the difficulty of reliably verifying overseas training and experience and the risks of falsified documents, exaggerated experience claims, fraudulent references or inconsistent record-keeping. There were concerns expressed that documentary evidence alone would not provide sufficient assurance of competence, while concerns about inconsistent verification also arose in these responses.

3.12. Additional themes

In addition to the 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:

- RPL enables the process to be fair and proportionate
- Prior learning or experience does not always equal competence
- RPL allows training to focus on UK-specific knowledge, skills and practice
- Maintains patient safety by ensuring all learning outcomes are met
- General comments in support of RPL
- There should be no reduction in training due to the need for exposure to UK pharmacy practice
- Concerns about a possible lowering of standards or loss of trust in the profession
- Concerns about possible risks to patient safety if training is reduced
- RPL would reduce both the burden and cost of training on students and save resources by streamlining training
- Support for the recognition of prior experience in the UK
- Concerns about the burden on providers, learners and employers

4. The criteria for recognition of prior learning

4.1. Survey response table and analysis

Table 4: Views on proposed criteria for recognising prior learning and experience (Base: All respondents)

Q4.1 To what extent do you agree or disagree with the proposed criteria for recognising prior learning and experience?	Individuals		Organisations		Total	
Strongly agree	286	24%	4	8%	290	23%
Agree	292	24%	18	37%	310	25%
Neither agree nor disagree	156	13%	8	16%	164	13%
Disagree	163	14%	13	27%	176	14%
Strongly disagree	286	24%	4	8%	290	23%
Don't know	18	1%	2	4%	20	2%
Total N and % of responses	1,201	**100%**	49	**100%**	1,250	**100%**

48% of respondents agreed or strongly agreed with the proposed criteria for recognising prior learning and experience, while 37% disagreed or strongly disagreed. Only 2% did not know. An equal proportion of individuals agreed or strongly agreed with the criteria (24% for each), however there was a disparity among organisations with 37% agreeing and only 8% strongly agreeing.

4.2. Summary of themes

Almost half of respondents provided explanatory comments. The analysis below outlines the main themes identified in these responses. Where response rates are reported, they relate only to respondents who commented and not to the overall respondent population.

Many responses to this question reinforced the themes identified in the previous set of responses, with substantial overlap around support for recognition of RPL, the need for robust verification and quality assurance processes, concerns about consistency between providers, and the importance of maintaining patient safety and public confidence. Organisational respondents were again more likely than individuals to comment on implementation issues and governance arrangements.

Many respondents supported the proposed RPL criteria, describing them as fair, proportionate and an appropriate way of reducing unnecessary duplication for experienced internationally-qualified pharmacists. As in the previous responses, there was support for robust verification, alongside continued requirements for candidates to meet all learning outcomes and demonstrate competence.

There was also overlap with earlier suggestions on implementation. However, the responses to this question placed greater emphasis on retaining substantial supervised practice, with some respondents arguing that RPL should primarily reduce the academic part of the programme rather than practice-based training. A further theme, particularly among organisations, was support for recognising

prior experience gained within UK pharmacy settings, while maintaining the requirement to demonstrate pharmacist-level competence.

A minority, more commonly individual respondents, continued to favour a single standardised training route.

The themes that emerged from the responses, in order of prevalence, were as follows:

- Support for RPL if there is clear and robust verification
- Suggestions for implementation and alternative pathways
- General support for RPL or the proposed criteria
- RPL should relate to pharmacist roles only as other roles are not comparable
- Fairness and proportionality
- Inconsistency of application between providers
- Support for the recognition of prior experience in the UK
- Maintaining patient safety by ensuring all learning outcomes are met
- Overseas-trained pharmacists are experienced professionals with transferable skills
- Internationally-qualified pharmacists need a uniform training route

4.3. Support for RPL if there is clear and robust verification

Respondents, including two fifths of organisations, supported RPL as long as there was clear and robust verification. Comments under this question, were similar to those in 2.3 above.

4.4. Suggestions for implementation and alternative pathways

Just over a quarter of organisational responses made suggestions in response to this question, highlighting several practical considerations. There was emphasis on the importance of maintaining substantial supervised practice, including suggestions that RPL should reduce academic study but not the practice element. Other suggestions included greater emphasis on workplace learning or competency-based assessments, alternative pathways for experienced pharmacists and greater flexibility through online or blended learning models.

Concerns expressed under this theme included the need for clarity and consistency in assessing qualifications and the practicality of requiring UK pharmacy experience.

4.5. General support for RPL or the proposed criteria

Respondents who expressed support for RPL or the proposed criteria noted that this was a reasonable or logical approach, that the criteria appeared to be valid and well researched and that the approach was similar to that adopted in other countries.

4.6. RPL should relate to pharmacist roles only

One tenth of individual respondents and almost one fifth of organisations expressed the view that only experience as a pharmacist should be counted in decisions on RPL and prior experience. Other roles in pharmacy, such as pharmacy technician or dispenser, were seen as fundamentally different in that pharmacists have greater responsibility for patient safety, clinical decision making, legal accountability, leadership and now prescribing.

Some respondents also noted that UK pharmacy students do not receive reductions in training based on prior experience in support roles.

4.7. Fairness and proportionality

Respondents who supported the criteria described them variously as fair, proportionate, transparent, balanced and robust. They were seen as improving efficiency and reducing unnecessary duplication. The requirement for candidates to achieve all the learning outcomes was seen as an important safeguard, balancing flexibility with public protection.

4.8. Inconsistency of application between providers

Some respondents who disagreed with the proposed criteria cited concern about the possible inconsistency of application between providers. The concerns were very similar to those set out in 3.7 above.

4.9. Support for the recognition of prior experience in the UK

Another theme, particularly for organisations, was support for prior experience in the UK. These respondents noted that it supports internationally-qualified pharmacists to develop an understanding of the UK healthcare system, multidisciplinary teamworking and patient expectations. While some felt that experience in pharmacy support roles in hospital or community pharmacy was helpful, it should not replace the need to demonstrate pharmacist-level competences.

4.10. Maintaining patient safety by ensuring all learning outcomes are met

Respondents who commented in this area frequently described the requirement to meet all learning outcomes as essential for maintaining patient safety, professional standards and public confidence in the profession. RPL should reduce unnecessary duplication but should not lower standards or exempt candidates from core competences.

Responses also included comments about the need for robust verification of RPL and consistent quality assurance across providers, as mentioned elsewhere.

4.11. Overseas-qualified pharmacists are experienced professionals with transferable skills

Respondents made similar comments to those set out in 3.4.

4.12. Internationally-qualified pharmacists need a uniform training route

Over one in ten individuals and a small number of organisations expressed the view that internationally-qualified pharmacists should follow a single, standardised training route. Concerns were expressed that using RPL to shorten training could create inconsistencies in preparedness and competence, potentially risking patient safety, and that provider discretion could introduce subjectivity.

4.13. Additional themes

In addition to the 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:

- Criteria should be extended to other experience, qualifications and checks
- Prior learning or experience does not always equal competence
- Concerns regarding verification and possible falsified evidence
- Concerns about a possible lowering of standards or loss of trust in the profession
- Prior learning may not be equivalent due to different standards of overseas courses

- There should be no reduction in training due to the need for exposure to UK pharmacy practice
- Further suggestions for eligibility criteria for RPL
- Concerns about possible patient safety risks if training is reduced
- Support for the recognition of experience gained through pharmacy technician or support staff roles.

5. Including independent prescribing (IP)

5.1. Survey response table and analysis

Table 5: Views on including independent prescribing in the new training programme (Base: All respondents)

Q5.1 Should independent prescribing be built into the new training programme for internationally-qualified pharmacists?	Individuals		Organisations		Total	
Yes	536	45%	31	63%	567	45%
No	586	49%	9	18%	595	48%
Don't know	79	7%	9	18%	88	7%
Total N and % of responses	1,201	**100%**	49	**100%**	1,250	**100%**

Overall, respondents did not agree that independent prescribing (IP) should be built into the new training programme (45% yes, 48% no overall). However, there was a significant disparity between individual and organisational responses with 63% of organisations supporting the proposal compared with 45% of individuals, while 18% of organisations disagreed compared with 49% of individuals.

This question also received higher levels of 'don't know' responses than some others, particularly from organisations (18%).

5.2. Summary of themes

Just over two thirds of respondents provided explanatory comments. The analysis below outlines the main themes identified in these responses. Where response rates are reported, they relate only to respondents who commented and not to the overall respondent population.

Responses reflected a balance between support for aligning internationally qualified pharmacists with current UK training requirements and concerns about the practicalities of delivering prescribing competence within a shortened programme.

Organisational respondents were considerably more likely than individuals to support the proposal, emphasising that including IP would align training with the evolving clinical role of pharmacists, promote fairness and consistency with UK-trained graduates and support wider healthcare delivery. However, organisations that commented also frequently highlighted the need for robust governance, supervision and sufficient educational and placement capacity to support implementation.

Another theme consistent with earlier responses was the need to maintain patient safety through adequate supervised practice and competency assessment. Developing prescribing competence alongside adaptation to UK practice within a one-year programme was seen as challenging and some

suggested a longer training period if IP were included. Concerns were also raised about variation in overseas training, the availability of Designated Prescribing Practitioners (DPPs), placements and funding.

Opposition was more common among individual respondents, some of whom felt that prescribing should remain a separate post-registration qualification. These respondents argued that IP is an advanced clinical responsibility that may be difficult to assess safely within a condensed programme.

The themes that emerged from the responses, in order of prevalence, were as follows:

- Alignment with current and future requirements of UK pharmacy
- Fairness, equity and consistency
- Including IP with a strengthened management approach
- Removal of the mandatory IP element
- Include IP, but more time needed
- The training burden will be too high
- The inclusion of IP supports UK health services
- The inclusion of IP strengthens and improves the profession
- The standard and content of overseas programmes are too variable
- Lack of resources
- Detrimental to the UK pharmacy sector
- Difficult to manage or regulate

5.3. Alignment with current and future requirements of UK pharmacy

Almost half of organisations and almost one fifth of individuals felt that the inclusion of IP in the proposed programme would align the training of internationally-qualified pharmacists with that of current UK pharmacy graduates, reflecting the evolving clinical role of the profession. Integrating prescribing into the registration pathway would ensure parity, better prepare candidates for modern, patient-facing roles and improve access to care.

The comments also included recognition that the inclusion of IP would need to be supported by appropriate educational infrastructure, assessment and supervision and some concerns that the inclusion of IP could not be achieved in a one-year programme. This is explored further in 5.6 below.

5.4. Fairness, equity and consistency

Almost half of organisations also felt that the inclusion of IP would promote fairness and consistency between internationally-qualified and UK-qualified pharmacists, giving them all access to the same scope of practice at the point of registration.

Some noted that excluding IP could create a two-tier profession which disadvantaged internationally-qualified pharmacists and delayed career progression.

5.5. Including IP, with a strengthened management approach

Almost one third of organisations expressed support for the inclusion of IP in the proposed training, with a strengthened management approach. They stressed that including IP would require robust governance, supervision and quality assurance arrangements as well as strong educational structures, rigorous competency-based assessments, protected learning for prescribing and sufficient support.

Some expressed concern about the availability of Designated Prescribing Practitioners (DPPs) and clinical placement opportunities, while others supported the inclusion of IP but felt that it would require a programme of more than one year or should be included only for candidates with sufficient experience and competence.

5.6. Removal of mandatory IP requirement

Almost one fifth of individual respondents did not agree with the inclusion of IP in the proposed programme. Reasons given included the need to focus the training on developing a thorough understanding of UK pharmacy practice; the fact that IP is an advanced responsibility that requires significant clinical judgement which would be difficult to develop or assess in a condensed programme; and the risk of overloading trainees. Some suggested that IP should remain a separate, post-registration training programme and qualification.

5.7. Include IP, but more time needed

Some respondents who supported the inclusion of IP, including over one fifth of organisations, caveated their support with the view that the programme would need to be longer than 12 months. The most common suggestion was that the programme should remain at two years if IP was included, although other timeframes were also suggested, including 15 and 18 months or an additional six to 12 months of prescribing training alongside or after the core programme.

Reasons included the need to provide sufficient time for trainees to develop prescribing competence, the need for adequate supervised practice and access to DPPs.

5.8. Training burden too high

A common reason for respondents not agreeing with the inclusion of IP was that it would create an unmanageable training burden in an already shortened programme. Respondents argued that internationally-qualified pharmacists already had to face a lot of adaptation and that adding IP would place excessive demands on learners, providers and supervisors.

UK-qualified pharmacists undertake IP training either through a separate post-registration programme or as part of a four-year degree course and respondents questioned whether the learning outcomes could be achieved safely and effectively in a single year that would already be intensive.

Suggested solutions were either that IP should remain a post-registration qualification for internationally-qualified pharmacists or that the proposed programme should be longer than one year if IP was included.

5.9. Supports UK health services

Supporters of the inclusion of IP highlighted the potential benefits for the delivery of health services and for patients, allowing internationally-qualified pharmacists to contribute more fully from the outset to what was seen as an increasingly central part of modern pharmacy practice.

Other potential benefits mentioned by respondents included reducing pressure on GPs and other healthcare professionals, strengthening the delivery of pharmacy services across all settings, improving medicines optimisation and supporting the management of long-term conditions.

5.10. Strengthens and supports the profession

Supporters of the proposal also commented on ways that it could strengthen and support the profession, ensuring that pharmacists enter practice with the skills and capabilities needed for their

evolving clinical role. Integrating IP would create a more efficient development pathway and remove the additional time and costs needed to undertake a separate prescribing qualification.

Overall, respondents felt that embedding IP within the programme would support the ongoing development and status of pharmacy, benefitting both patients and the profession.

5.11. Variability of the standard and content of overseas training programmes

The variability of overseas training programmes was a concern for just over one in ten of both organisations and individuals opposed to the inclusion of IP.

The variation in content and clinical focus could make it difficult to ensure that internationally-qualified pharmacists were adequately prepared for IP within a shortened programme. Respondents noted that pharmacist prescribing is not routinely taught in some countries and that some pharmacy education focusses more on science and technical practice than on clinical decision making and patient-centred care. As a result, they questioned whether a single, shorter programme could reliably bring all candidates to the standard required for safe prescribing.

5.12. Lack of resources

Approximately one in ten organisations and individuals also expressed concerns about the availability of resources, particularly the existing shortage of DPPs, placements and funding. Respondents stated that some UK-qualified pharmacists are struggling to access IP qualifications due to problems securing supervision or financial support and were concerned that including IP in the proposed programme would increase competition in these areas. Some felt that increased competition would be unfair to UK-qualified pharmacists seeking to expand their scope of practice and that greater attention should be given to addressing the current resource shortages before including IP in the international route.

5.13. Detriment to the UK pharmacy sector

One in ten individual respondents who commented felt that the proposal to include IP would be detrimental to the UK pharmacy sector. Among these, a common concern was that it would disadvantage experienced UK-trained pharmacists who are required to complete a separate prescribing qualification.

Some were concerned that granting prescribing responsibilities to pharmacists who may not have the same level of clinical preparation as UK graduates could affect patient safety and public confidence. There was a perception from some that including IP could be perceived as unfair, could increase competition in an already challenging employment market and affect career progression for existing pharmacists.

5.14. Difficult to manage or regulate

Finally, some opponents of the proposal were concerned that it would be too difficult to manage or regulate within the proposed training route. There were questions as to whether programme providers could reliably assess when internationally-qualified pharmacists were ready to prescribe, given the clinical competence and professional judgement required and the diverse educational backgrounds from which trainees would come. These diverse educational backgrounds could also make it difficult to align students under one programme that included IP.

These respondents largely felt that IP would be easier to regulate and quality assure if undertaken through a separate post-registration qualification.

5.15. Additional themes

In addition to the 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:

- The proposal poses a risk to patient safety through prescribing errors
- Suggestions for alternative approaches including better assurance mechanisms, changes to the assessment criteria or management approach
- The proposal would require additional support, training or guidance.

6. The learning outcomes

6.1. Survey response tables and analysis

Table 6: Views on whether the proposed learning outcomes are the right ones (Base: All respondents)

Q6.1 To what extent do you agree or disagree that the proposed learning outcomes are the right ones for internationally-qualified pharmacists wanting to register in Great Britain?	Individuals		Organisations		Total	
Strongly agree	290	24%	8	16%	298	24%
Agree	370	31%	25	51%	395	32%
Neither agree nor disagree	181	15%	3	6%	184	15%
Disagree	107	9%	4	8%	111	9%
Strongly disagree	203	17%	4	8%	207	17%
Don't know	50	4%	5	10%	55	4%
Total N and % of responses	1,201	**100%**	49	**100%**	1,250	**100%**

Overall, 56% of respondents agreed or strongly agreed with the proposed learning outcomes while 26% disagreed or strongly disagreed. Organisations were more likely to agree (67% in total) than individuals (55% in total). 15% of respondents neither agreed nor disagreed and 4% did not know.

Table 7: Views on whether any learning outcomes are missing (Base: All respondents)

Q6.2 Are there any learning outcomes missing?	Individuals		Organisations		Total	
Yes	195	16%	22	45%	217	17%
No	448	37%	19	39%	467	37%
Don't know	558	46%	8	16%	566	45%
Total N and % of responses	1,201	**100%**	49	**100%**	1,250	**100%**

37% of respondents did not think that there were any learning outcomes missing, while 17% said that there were. The balance was different between individuals (16% yes, 37% no) and organisations (45% yes, 39% no). However, the highest response to this question was 'don't know', selected by 45% of respondents (46% of individuals and 16% of organisations).

6.2. Summary of themes

Approximately one third of respondents provided explanatory comments. The analysis below outlines the main themes identified in these responses. Where response rates are reported, they relate only to respondents who commented and not to the overall respondent population.

Responses were generally supportive of the proposed learning outcomes and their alignment with the 2021 standards for the initial education and training of pharmacists (IETP standards). Organisations were more likely than individuals to provide positive comments and view the outcomes as comprehensive, well designed and important for maintaining consistency, patient safety and public confidence across all routes to registration.

The most common concern was that the outcomes did not place enough emphasis on practice-based learning and UK-specific aspects of pharmacy practice. Organisations were more likely to raise these issues and to identify specific learning outcomes they felt were missing.

While many respondents felt the proposed outcomes covered the key areas required for practice, some suggested additional outcomes relating to medicines safety, quality improvement, research and education. A smaller group felt that the proposals did not fully reflect the knowledge and skills needed for safe practice in Great Britain and called for stronger assessment methods, particularly clinical and verbal assessments. As with earlier responses, some comments also revisited wider issues relating to the inclusion of independent prescribing, programme length and the role of RPL.

The themes that emerged from the responses, in order of prevalence, were as follows:

- Practice-based learning outcomes are missing
- Proposals align with existing UK pharmacy education and training
- Interpersonal skills and communication are missing
- Learning outcomes cover the key areas needed
- Learning outcomes are well-designed
- Reflective practice skills are missing
- Suggested amendments to the criteria and approach
- Proposals do not cover all the key areas

- Changes to the assessment criteria and approach

6.3. Practice-based learning outcomes are missing

Over half of the organisations that commented and almost one quarter of the individuals thought that practice-based learning outcomes were missing. While the learning outcomes were seen as covering many core areas of pharmacy practice, respondents did not think that there was enough emphasis on developing and assessing key aspects of practice-based learning in the context of UK healthcare.

Areas that were highlighted included NHS systems, multidisciplinary team working, medicines optimisation, clinical assessment, clinical decision making and prescribing governance.

In addition to missing outcomes, there were also comments that some outcomes should be more explicit, particularly if IP was to be included in the programme. These included consultation skills, diagnostic reasoning, digital healthcare systems, health inequalities, medicines funding and reimbursement, safeguarding, incident reporting and escalation of concerns.

6.4. Alignment with existing UK pharmacy education and training

One third of organisations that commented supported the close alignment between the proposed learning outcomes and the 2021 IETP standards. Many felt that a common set of learning outcomes was important for maintaining consistency, patient safety, professional credibility and public confidence regardless of the route to registration.

Aligned outcomes would ensure that all GB-registered pharmacists had the same knowledge, skills and behaviours required for practice and provide assurance to patients, employers and other healthcare professionals that all new registrants had met equivalent requirements.

6.5. Interpersonal skills and communication are missing

This was a more prevalent theme for organisations, with just over a quarter commenting. Comments about the need for interpersonal and communication skills to be included in the learning outcomes came from both those who agreed and disagreed with the proposed outcomes.

Respondents expressed concerns that some internationally-qualified pharmacists may struggle with everyday communication, consultation skills, clinical discussions, documentation and understanding the nuances of English language use, despite meeting formal language testing requirements. They felt that the proposed learning outcomes should place greater emphasis on proficiency in both written and spoken English as well as the ability to communicate confidently with patients and other healthcare professionals.

In addition to language, some respondents mentioned cultural competence, including the need for pharmacists to understand cultural norms, patient expectations and communication styles because these are important for building trust, taking accurate histories and delivering patient-centred care.

6.6. Learning outcomes cover the key areas needed

This was a more prevalent theme for organisations, with almost one third stating that the proposed learning outcomes covered the necessary areas and a number welcoming the alignment with the 2021 IETP standards. Respondents noted that this would provide consistency in ensuring that all pharmacists were assessed against the same expectations at the point of registration.

6.7. Learning outcomes are well designed

This theme was also more prevalent for organisations. The learning outcomes were seen as well designed because they aligned with the 2021 IETP standards, providing consistency as discussed in the previous theme. They were seen as providing a comprehensive framework and striking an appropriate balance between RPL and providing the skills and knowledge needed to practise in the UK healthcare system.

6.8. Reflective practice skills are missing

Just over one quarter of organisations (but less than 5% of individuals) commented that the learning outcomes should include reflective practice. This was seen as an important feature of UK pharmacy education and professional development which supports continuous learning and adaptation to practice. Some respondents felt that it could be particularly valuable for internationally-qualified pharmacists, supporting them to reflect on the differences between their previous experience and UK practice and how they were adjusting to those differences.

6.9. Suggested amendments to the criteria and approach

While there was support for the proposed learning outcomes, there were also some suggested changes. These were largely around the inclusion of some outcomes which were not currently proposed, including those related to medicines science, safety, quality improvement, research, education and service development.

6.10. Proposals do not cover all the key areas

Some respondents thought that the proposed learning outcomes did not fully address all of the knowledge, skills and competences required for safe and effective pharmacy practice in GB. Among these, a number argued that internationally-qualified pharmacists should be assessed against the same learning outcomes as their UK-trained counterparts, rather than a reduced or modified set.

Respondents questioned the omission of certain learning outcomes, including specific outcomes relating to scientific and pharmaceutical knowledge; leadership and management; and education, research and quality improvement.

6.11. Changes to the assessment criteria and approach

These comments came largely from individual respondents, who suggested strengthening the assessment approach to provide greater assurance that internationally-qualified pharmacists meet UK standards. Some called for more rigorous assessment methods, including greater use of clinical and verbal assessments to better test clinical knowledge and reasoning.

6.12. Additional themes

In addition to the 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:

- The proposal supports the current and future needs of UK pharmacy and wider healthcare
- The proposal will create consistency across the pharmacy sector
- There should be learning outcomes relating to culture and ethics, including cultural understanding and access inequalities
- More information or clarity on the proposal is needed

- General positive comments on the proposal
- The proposal would need more support for overseas students

7. The standards and criteria

7.1. Survey response tables and analysis

Table 8: Views on whether the proposed standards and criteria for programme providers are the right ones (Base: All respondents)

Q7.1 To what extent do you agree or disagree that the proposed new standards and criteria for programme providers are the right ones for quality assuring the education and training of internationally-qualified pharmacists?	Individuals		Organisations		Total	
Strongly agree	233	19%	4	8%	237	19%
Agree	330	27%	25	51%	355	28%
Neither agree nor disagree	228	19%	8	16%	236	19%
Disagree	122	10%	4	8%	126	10%
Strongly disagree	212	18%	3	6%	215	17%
Don't know	76	6%	5	10%	81	6%
Total N and % of responses	1,201	**100%**	49	**100%**	1,250	**100%**

47% of respondents agreed or strongly agreed that the proposed new standards and criteria for programme providers were the right ones, while 27% disagreed or strongly disagreed. Agreement was higher among organisations (59%) than individuals (46%).

Table 9: Views on whether any standards or criteria are missing (Base: All respondents)

Q7.2 Are there any standards or criteria missing?	Individuals		Organisations		Total	
Yes	188	16%	18	37%	206	16%
No	434	36%	18	37%	452	36%
Don't know	579	48%	13	27%	592	47%
Total N and % of responses	1,201	**100%**	49	**100%**	1,250	**100%**

Only 16% of individual respondents felt that standards or criteria were missing, while 36% did not. However, 48% of individuals responded 'don't know'. By contrast, organisational responses were evenly split, with 37% stating that there were standards or criteria missing and another 37% stating that there were not.

7.2. Summary of themes

Just over one quarter of respondents provided explanatory comments. The analysis below outlines the main themes identified in these responses. Where response rates are reported, they relate only to respondents who commented and not to the overall respondent population.

Responses were generally supportive of the proposed standards and criteria for programme providers, with around a third of organisations and a smaller proportion of individuals viewing them as comprehensive, proportionate and well aligned with existing GPhC education and training requirements. Organisational respondents were more likely to focus on implementation and governance issues including the need for clearer expectations on providers.

While respondents generally viewed the framework positively, there were calls for greater clarity on how the standards would operate in practice. As in earlier responses, concerns were raised about variation between providers, the challenges of verifying overseas qualifications and experience, and the need for robust quality assurance. Some respondents also suggested refinements.

A recurring concern, particularly among organisations, was the potential burden on providers, supervisors and practice partners. Overall, responses largely supported the proposed standards but emphasised the importance of clear expectations, consistent implementation and adequate resources to ensure successful delivery.

The themes that emerged from the responses, in order of prevalence, were as follows:

- The standards and criteria are well designed
- There will need to be clear expectations on providers
- There should be a standard around student practice expectations
- The standards strengthen pharmacy education and the profession
- Student wellbeing
- More information or clarity is needed
- Support, but with suggested amendments to the assessment criteria or approach
- The management approach needs to be amended
- The burden will be too high
- The proposals are too difficult to manage or regulate

7.3. Standards and criteria are well designed

One third of organisations and almost one fifth of individuals thought that the standards and criteria for programme providers were well designed, comprehensive and aligned with existing GPhC education and training requirements. They commented that the framework would help to ensure consistency across providers, maintain patient safety and support confidence in the registration route.

The emphasis on robust assessment, quality assurance, supervision and the integration of academic and practice-based learning were welcomed. The standards were also seen as proportionate and fair, as they required all candidates to achieve the necessary learning outcomes regardless of RPL or experience.

There were some suggestions for refinements around implementation, RPL, supervision capacity and learner support but these were seen as enhancements to a strong framework rather than an indication of major gaps in the standards and criteria themselves.

7.4. Need for clear expectations on providers

This was a much stronger theme for organisations than for individuals. Comments included the need for clear expectations in relation to qualifications, RPL and experience to minimise variation between providers.

There were also calls for clearer expectations around the quality and duration of supervised practice and integration into practice, including the quality assurance of placements, supervision, assessment and feedback. Respondents wanted providers to demonstrate sufficient capacity, resources and learner support to deliver training consistently and safely.

7.5. A standard around student practice expectations

This theme was also a stronger concern for organisations, with over one third making comments in this area. They expressed a view that additional standards should place greater emphasis on the knowledge, skills and behaviours expected of trainees in practice. This related particularly to clinical knowledge, pharmacology, pharmacotherapy, medicines legislation, ethics and patient-centred care.

Some respondents also called for clearer standards on prescribing competence, professional judgement and risk management.

7.6. The standards strengthen education and the profession

Respondents who agreed that the standards and criteria were the right ones commented that they supported the profession by providing a clear, consistent and robust framework for the education and training of internationally-qualified pharmacists. Some welcomed the emphasis on quality assurance, patient safety and provider accountability, viewing them as helping to maintain professional standards and public confidence.

Respondents also commented that the standards would support the integration of internationally-qualified pharmacists into UK practice, helping to ensure fairness without compromising standards. Some also commented on requirements for successful implementation, including adequate supervision, placement capacity and learner support.

7.7. Student wellbeing

Some respondents commented that providers should be required to offer and demonstrate sufficient academic, pastoral and placement support as internationally-qualified pharmacists may face additional challenges adapting to a new environment and healthcare system.

7.8. More information or clarity is needed

Almost one quarter of organisations made comments about the need for more information or clarity on how the proposed standards would operate. Requests included clearer guidance on the assessment of RPL, how consistency will be assured across providers and the circumstances in which programme requirements could be adapted.

Respondents also sought more information on supervision arrangements, prescribing components, assessment processes and provider responsibilities.

7.9. Support, but with suggested amendments to the assessment criteria and approach

Equal proportions of organisations and individuals suggested changes, including both those who supported the proposed criteria overall and those who did not.

Suggested amendments included a longer programme, additional entry requirements such as minimum levels of prior experience or English language proficiency, greater recognition of experience working in UK pharmacy, formal interviews and the development of alternative assessment arrangements for candidates with different educational backgrounds.

7.10. Management approach needs to be amended

Approximately one in seven organisations made suggested changes to the management and delivery of the proposed programmes. These included expanding programme availability to Scotland, Wales and Northern Ireland and offering more flexible delivery models.

Some respondents felt that there was a need for stronger coordination between the GPhC, statutory education bodies, providers and practice partners to support effective delivery and quality assurance.

7.11. Burden will be too high

This was another theme that was more prevalent in responses from organisations. There were concerns about the burden that the proposals could place on providers, practice partners, DPPs and supervisors.

7.12. Difficulty in managing or regulating

Concerns under this theme related primarily to the risk of inconsistency between providers if decisions on RPL were made locally, given the challenges of verifying qualifications and experience gained outside the UK. Other concerns related to possible variations in training quality and practice learning.

7.13. Additional themes

In addition to the 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:

- There should be less responsibility on providers to assess equivalence, or a more robust approach is required
- The proposal supports UK health services and aligns with the requirements of modern healthcare
- The proposal creates consistency across the sector
- The proposal aligns with existing UK pharmacy training structures
- There should be a standard on culture, ethics or equality, diversity and inclusion
- Further information is needed on the performance and outcomes of internationally-qualified pharmacists following registration
- The proposal is inadequate for the needs of the UK healthcare system or will put patients at risk

8. The impact of the proposals on people sharing protected characteristics and other groups

8.1. Survey response charts and analysis

Figure 1: Views of all respondents (N = 1,250) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

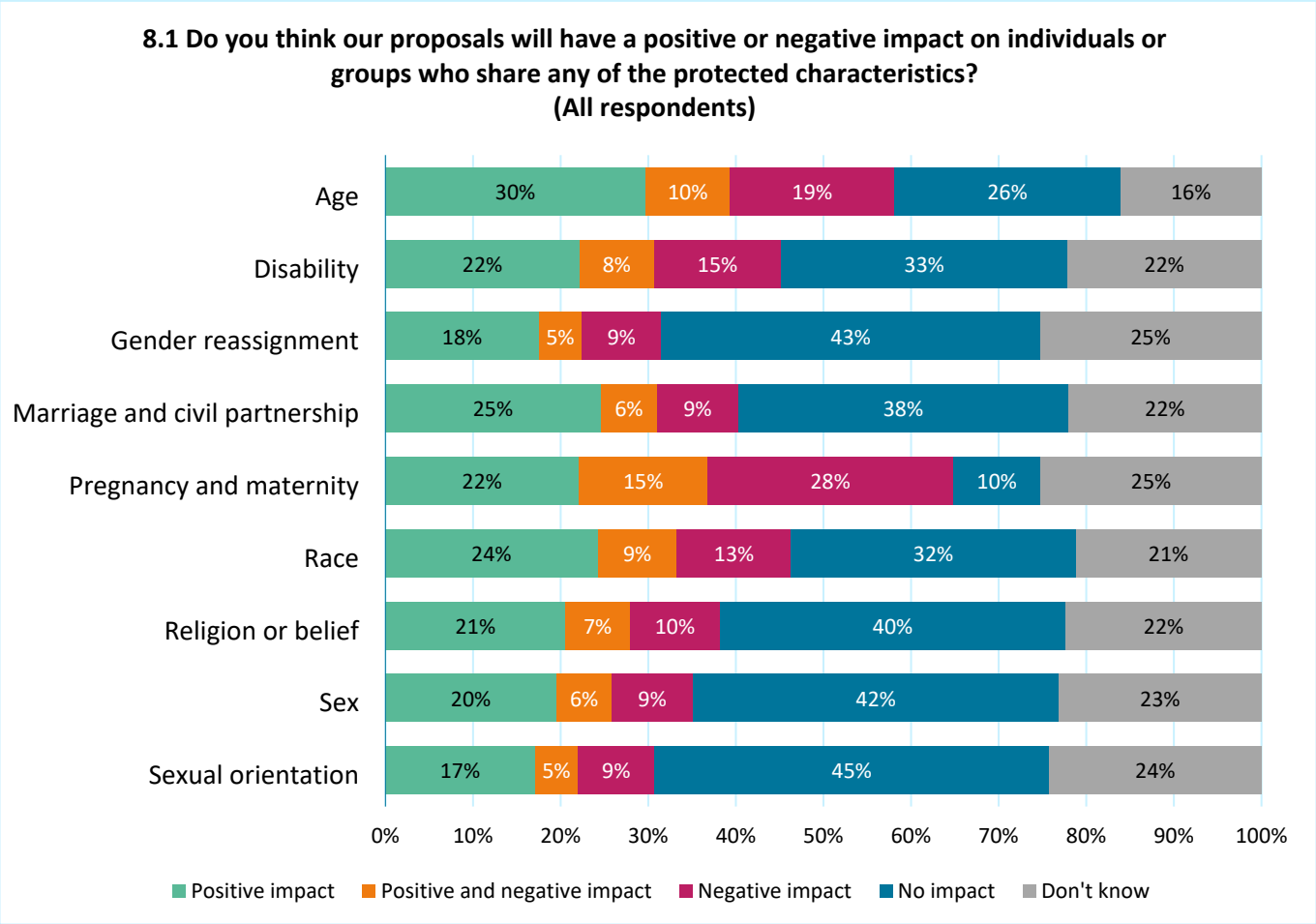


Figure 1 shows that the highest percentage of respondents (ranging from 32% to 62%) felt that the proposals would have either no impact or a positive impact on each of the protected characteristics. The protected characteristics seen as most positively impacted were age (30%) and race (24%).

The protected characteristic seen as most negatively impacted was pregnancy and maternity, where 28% of respondents thought the proposals would have a negative impact.

A full breakdown of individual and organisational responses to this question is available in **Appendix 7**.

Figure 2: Views of all respondents (N = 1,250) on whether our proposals positively or negatively impact any other individuals or groups

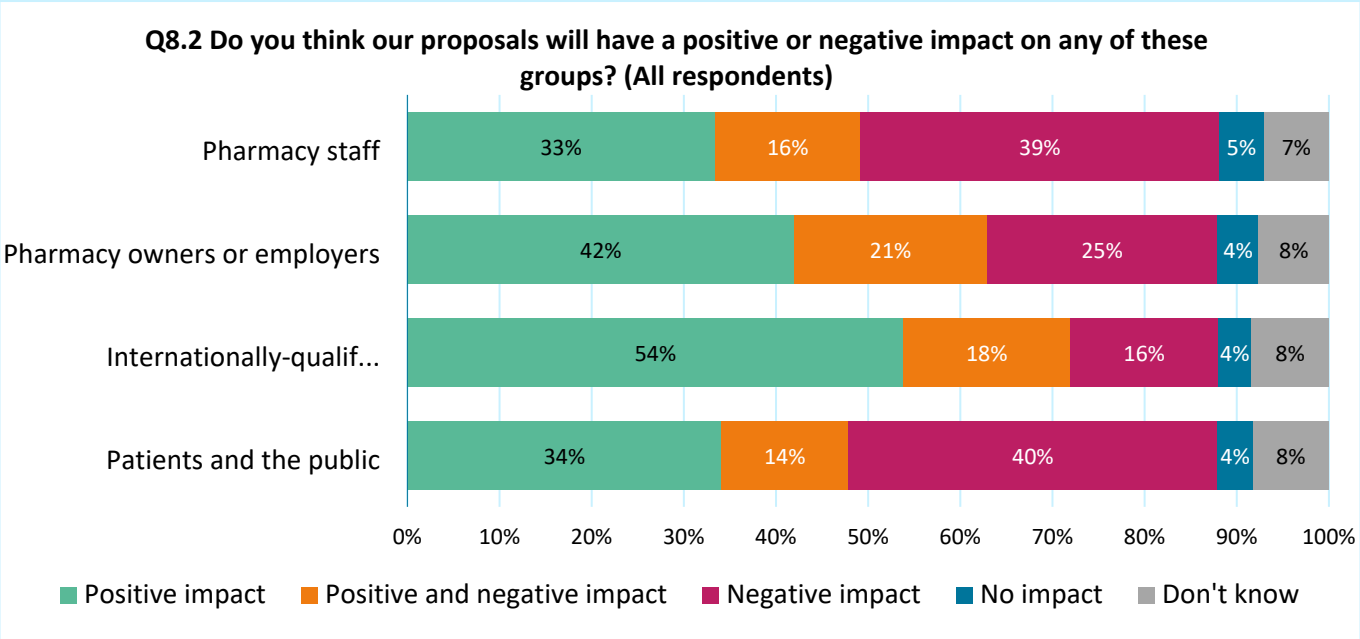


Figure 2 shows that respondents identified internationally qualified pharmacists and pharmacy owners as benefitting overall from the proposals, while the predicted impact on pharmacy staff and patients and the public was more negative than positive.

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 respondents provided explanatory comments. The analysis below outlines the main themes identified in these responses. Where response rates are reported, they relate only to respondents who commented and not to the overall respondent population.

The top themes covered a range of possible positive and negative impacts arising from the proposal. While a more streamlined and accessible route to registration was seen as a positive, there were also concerns about the consequences of a shortened pathway. Positives included potential benefits for trainees, workforce supply and patient access while negatives included employment opportunities, pressures, and potential implications for patient safety. Organisations were more likely than individuals to comment on workforce, training and system-level impacts.

The themes that emerged from the responses, in order of prevalence, were as follows:

- Negative impact on training, supervision and education providers
- Positive impact on internationally-qualified pharmacists and OSPAP students
- Negative impact on internationally-qualified pharmacists and OSPAP students
- Positive impact on employment and workforce
- Positive impact on UK health services
- Negative impact on existing UK pharmacy sector
- Negative impact on UK health services
- Positive impact on training and education
- Negative impact on the employment of UK pharmacists
- Positive impact on the profession

8.3. Negative impact on training, supervision and education providers

This was a much more prevalent theme for organisations, with almost seven in ten who commented predicting negative impacts in these areas. The main concerns were that a shorter programme, particularly if combined with IP, would not provide sufficient time for the required training and practice experience and would increase the burden on providers, supervisors and DPPs as well as on placement capacity. There were also concerns that employers would need to provide additional oversight and that there would be increased pressure on staff responsible for the assessment and sign-off of trainees

8.4. Positive impact on internationally-qualified pharmacists and OSPAP students

Over half of organisations and nearly a quarter of individuals who commented identified a number of positive impacts on internationally-qualified pharmacists and OSPAP students. The most common were the reduction in the time, cost and complexity of their route to registration. Particular benefits were identified for those with family or financial responsibilities, mature learners and those who cannot relocate to undertake OSPAP.

Comments noted that RPL would create a fairer route to registration (thereby removing barriers), improve equality of access and increase diversity in the profession.

8.5. Negative impact on internationally-qualified pharmacists and OSPAP students

Similar numbers identified possible negative impacts, including students not having sufficient time to develop the necessary knowledge and skills if the programme was compressed. Some respondents felt that the intensity of a one-year programme could be particularly challenging for international students balancing family and financial responsibilities and could potentially disadvantage those with disabilities, pregnant trainees or those who had recently had a baby.

There were some concerns that a shorter training route could risk exploitation, inconsistent assessment of RPL which could disadvantage some candidates and reduced preparedness for practice. Potential impacts included reduced confidence and risks to patient safety and public confidence in the profession.

8.6. Positive impact on employment and workforce

Over half of organisations suggested that the proposal could have positive impacts on employment and the workforce, compared to nearly one fifth of individuals. There were suggestions that the proposal could help address workforce shortages, reduce staffing pressures and increase workforce flexibility.

There was also support for the potential expansion of the IP-qualified workforce which would improve access to care.

8.7. Positive impact on UK health services

Comments made on this theme echoed those made in other areas. They included greater availability of qualified pharmacists and pharmacist prescribers, reduced workforce pressures and improved access for patients, including the aging population and those with long-term conditions. Other comments included the potential for internationally-qualified pharmacists to increase the cultural diversity of the profession and contribute to more inclusive healthcare services.

8.8. Negative impact on UK pharmacy sector

Approximately one quarter of organisations and individuals felt that the proposal could have negative impacts on the pharmacy sector. Concerns included pharmacists who had taken a shortened programme having insufficient exposure to UK healthcare systems, legislation and professional

standards which could put pressure on supervisors and existing pharmacy teams to provide additional support and oversight.

Some also expressed concerns about possible risks to patient safety and subsequent damage to the reputation of the profession, increased competition for jobs and downward pressure on salaries.

8.9. Negative impact on UK health services

In contrast to 8.7 above, there were also comments about the possible negative impacts of the proposal on UK health services. There were concerns about patient safety, quality of care and workforce preparedness if internationally-qualified pharmacists were only required to undertake a one-year programme. The issue of a need for increased supervision and the pressure this could put on the existing workforce and service delivery also arose, as did the risk of possible patient harm and reduced public confidence.

8.10. Positive impact on training and education

Positive impacts on training and education were largely focussed on a more streamlined, flexible and proportionate training pathway. There were comments that a competency-based approach aligned to current UK standards could strengthen consistency in education and assessment while helping trainees to focus on UK-specific knowledge and skills. Greater flexibility in programme delivery could improve accessibility.

8.11. Negative impact on the employment of UK pharmacists

Almost one quarter of organisations and one in six individuals expressed concerns that the proposal could have unintended consequences by negatively impacting the employment of UK-qualified pharmacists. A more attractive registration route for internationally-qualified pharmacists could increase competition for available roles, particularly for early career pharmacists or those who did not have an IP qualification. There were also concerns about downward pressure on salaries, locum rates and employment conditions if workforce supply was increased.

8.12. Positive impact on the profession

The proposal could allow internationally-qualified pharmacists to contribute their skills to the profession more quickly and improve the diversity of the profession. It could increase patient access to care and support the sustainability of the workforce, improving the profession's ability to meet the evolving needs of patients and the healthcare system.

8.13. Additional themes

In addition to the 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:

- Positive impact on the culture of the healthcare system
- Negative impact how the profession is perceived
- More information or clarity needed
- Negative impact on patient experience, for example, communication issues
- Negative impact on the culture of the healthcare system.

Appendix 1: Summary of our proposals

Length of study

1. Internationally qualified pharmacists who have qualified outside of the of the European Economic Area (EEA), the European Free Trade Association (EFTA) countries and Switzerland currently need to undertake two years of education and training in Great Britain (GB) before they can apply to register with the GPhC. This comprises:
    - a one-year postgraduate diploma (the Overseas Pharmacists' Assessment Programme known as the OSPAP)
    - one year of foundation training, and
    - the GPhC's Common Registration Assessment (CRA).

2. The Professional Qualifications Act 2022 places an obligation on regulators to not put unnecessary barriers in the way of internationally-qualified professionals working in the UK. The current route for pharmacists is at least twice as long as most equivalent routes in other countries and for other regulated healthcare professionals in the UK.

3. The proposal is to replace the current two-year OSPAP model with a single year of integrated academic learning and learning in practice, in the form of a postgraduate diploma or equivalent. Applicants are already qualified pharmacists with relevant science and pharmaceutical skills and knowledge, so the emphasis in the new programme is on applying skills and knowledge in the context of pharmacy practice in UK.

Recognising relevant prior experience

4. From our analysis of the standards and learning outcomes published by other national regulators we know that the education and training in some countries is very similar to that of pharmacists in UK, with some variations in the legal and healthcare context in which pharmacy services are delivered. We also know that in other cases, there can be significant differences in education and training, especially if the main emphasis is on science rather than patient-based practice.

5. The proposals enable the recognition of education and training similar to that in UK and relevant experience gained in UK (such as working in a pharmacy support staff), within clear guidelines and provided all the required learning outcomes can be met. The proposed criteria for recognising prior learning and experience were included with the consultation.

6. There will be guidance for programme providers to ensure a consistent approach that adequately prepares internationally-qualified pharmacists for practice in UK.

Independent prescribing

7. Independent prescribing (IP) is now part of pre-registration education and training, with pharmacists joining the register from 2026 and who trained to the 2021 standards being IPs from when they register.

8. Pharmacists who trained to previous standards can achieve a practice certificate in IP which requires at least 26 days of structured learning activities and at least 90 hours of learning in practice on a GPhC accredited IP course.

9. The current route to registration for internationally-qualified pharmacists does not include IP. The proposed changes include IP training, requiring the same number of learning in practice hours dedicated to prescribing as for UK-trained pharmacists who registered before 2026. These hours will be built into the practical content of programmes.

10. We believe this is realistic, achievable and will allow internationally-qualified pharmacists to provide the same services and care to patients as those who have trained in the UK.

Responsibilities

11. The GPhC will set the learning outcomes and the standards for training programmes and will accredit those programmes. It will retain its current role in verifying the eligibility of internationally-qualified pharmacists applying to undertake the post-graduate diploma. After completing their training, internationally-qualified pharmacists will continue to be required to pass the GPhC's CRA and will then be eligible to register to practise in GB.

12. All aspects of the courses will be designed, managed and run by the universities. The courses will be governed by established university procedures and practices and students will have access to the university's range of support and services, resources and accommodation.

13. Universities will be responsible for arranging and managing periods of learning in practice, as they do for MPharm students, IP students and those on other courses with practical components.

14. Universities will evaluate an individual's prior learning and experience, in line with GPhC guidance.

Standards and learning outcomes

15. The proposed learning outcomes will be based on new standards for the education and training of internationally-qualified pharmacists. The standards will be in two parts:

    - Part 1: Learning outcomes – includes the knowledge, skills understanding and professional behaviours an internationally-qualified pharmacist must demonstrate by the end of their programme

    - Part 2: Standards for programme providers – sets out the key features of the programme through which the learning outcomes in part 1 of the standards are delivered.

Flexibility in programme provision

16. Internationally-qualified pharmacists training to work in UK are likely to be adult students who may have families, caring responsibilities and financial pressures. Providers of the current OSPAP training programmes aim to provide flexible programmes to meet the needs of these students and the revised proposals encourage providers to the same.

Cost

17. The aim of the proposal is to set appropriate standards for the education and training of internationally-qualified pharmacists. We have a statutory duty to protect the public and must make sure that these pharmacists have the knowledge and skills they need to practise safely in GB. We also have a duty to make sure that those requirements are fair and proportionate.

18. Under the present route, internationally-qualified pharmacists:
    - Pay a fee to have their eligibility assessed by the GPhC
    - Pay a fee for their OSPAP
    - Receive a salary in their foundation training year and
    - Pay a fee to sit the CRA.

19. Under the new proposals, applicants will still pay for the eligibility assessment and the CRA. There will be a fee for undertaking the training programme – including the training in practice – which will be set by the providers.

20. Candidates will not receive a salary when completing their programme, but by shortening the education and training to one year (or less, in some cases), those who qualify will be able to register and enter the workforce a year earlier.

Implementation

21. This consultation report will form part of the Council's decision on the proposed standards. Once new standards are agreed – including any changes that arise as a result of this consultation – providers will need time to develop the new programmes and we will need to accredit them. We therefore expect the new programmes to run for the first time in the academic year 2028-29.

Appendix 2: About the consultation

Overview

The consultation was open for 12 weeks, beginning on 28 April 2026 and ending on 21 July. 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 promoted the consultation through a press release to the pharmacy trade media, via our social media and through our e-bulletin Regulate.

Survey

We received a total of **1,255** written responses to our consultation. **1,205** of these respondents identified themselves as individuals and **50** responded on behalf of an organisation.

The vast majority of these respondents completed the online version of the survey or submitted their response by email, using the structure of the consultation questionnaire (**1,201** individuals and **49** organisations),

Alongside these, we received **5** responses from individuals and organisations writing more generally about their views.

Social media

We monitored social media activity during the consultation period and collated the feedback we received for inclusion in our consultation analysis.

Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period 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 via the survey or in writing.

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 term 'respondents' used throughout the analysis refers to those who completed the consultation survey. It includes both individuals and organisations.

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. Individual and organisational responses are stratified in the analysis and any differences in viewpoints are identified.

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 email responses.

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 (approximately 20) of multiple responses were received from the same individuals. These were identified by matching on email address and name. In these cases, the individual 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%. This rounding also results in differences of up to one percentage point when combining two or more response categories. 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 and postal responses.

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 pharmacy professionals, further questions were asked to identify whether they trained in the UK/EEA or internationally, whether they were pharmacists or pharmacy technicians, in what setting they usually worked and whether they were involved in the education and training of internationally qualified pharmacists. For organisational respondents, there were questions about the type of organisation that they worked for and whether they were involved in the education and training of internationally qualified pharmacists. The tables below present the breakdown of their responses.

Category of respondents

Table 10: Responding as an individual or on behalf of an organisation (Base: all respondents)

Are you responding:	Total N	Total %
As an individual	1,201	96%
On behalf of an organisation	49	4%
Total N and % of responses	**1,250**	**100%**

Profile of individual respondents

Table 11: Countries (Base: all individuals)

Where do you live?	Total N	Total %
England	1,027	86%
Scotland	92	8%
Wales	31	3%
Northern Ireland	4	<1%
Other	47	4%
Total N and % of responses	**1,201**	**100%**

Table 12: Respondent type (Base: all individuals)

Are you responding as:	Total N	Total %
A UK/EEA qualified pharmacist	753	63%
An internationally qualified pharmacist	295	25%
A pharmacy technician	61	5%
A pharmacy student/trainee	36	3%
A member of the public	25	2%
Other	31	3%
Total N and % of responses	**1,201**	**100%**

Table 13: Main area of work (Base: individuals excluding pharmacy students and members of the public)

Sector	Total N	Total %
Community pharmacy (including online)	461	40%
Hospital pharmacy	330	29%
GP practice	108	9%
Research, education or training	83	7%
Primary care organisation	45	4%
Pharmaceutical industry	36	3%
Care home	9	1%
Prison pharmacy	9	1%
Other	59	5%
Total N and % of responses	**1,140**	**100%**

Table 14: Size of community pharmacy (Base: individuals working in community pharmacy)

Size of pharmacy chain	Total N	Total %
Independent pharmacy (1 pharmacy)	92	20%
Independent pharmacy chain (2-5 pharmacies)	82	18%
Small multiple pharmacy chain (6-25 pharmacies)	64	14%
Medium multiple pharmacy chain (26-100 pharmacies)	48	10%
Large multiple pharmacy chain (Over 100 pharmacies)	163	35%
Online-only pharmacy	12	3%
Total N and % of responses	**461**	**100%**

Table 15: Involvement in the education and training of internationally-qualified pharmacists (Base: individuals excluding pharmacy students and members of the public)

Are you involved in the design or delivery of education and training of internationally-qualified pharmacists?	Total N	Total %
Yes	191	17%
No	949	83%
Total N and % of responses	**1,140**	**100%**

Profile of organisational respondents

Table 16: Type of organisation (Base: all organisations)

Please choose the option below which best describes your organisation	Total N	Total %
NHS organisation or group	20	41%
Organisation representing pharmacy professionals or the pharmacy sector	11	22%
Registered pharmacy	8	16%
Research, education or training organisation	5	10%
Government department or organisation	1	2%
Regulatory body	1	2%
Other	3	6%
Total N and % of responses	**49**	**100%**

Table 17: 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)	6	75%
Independent pharmacy chain (2-5 pharmacies)	0	-
Small multiple pharmacy chain (6-25 pharmacies)	0	-
Medium multiple pharmacy chain (26-100 pharmacies)	1	13%
Large multiple pharmacy chain (over 100 pharmacies)	1	13%
Online-only pharmacy	0	-
Hospital pharmacy	0	-
Prison pharmacy	0	-
Other	0	-
Total N and % of responses	**8**	**100%**

Table 18: Involvement in the education and training of internationally qualified pharmacists (Base: all organisations)

Is your organisation involved in the design or delivery of education and training for internationally qualified pharmacists?:	Total N	Total %
Yes	20	41%
No	29	59%
Total N and % of responses	**49**	**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 (NB. eight organisations requested that their name is not included in the consultation analysis report):

APTUK
Association for Prescribers
Australian Pharmacy Council (APC)
Boots UK
Bristol NHS Foundation Trust
Bristol, North Somerset and South Glos ICB
Buttercups Training Ltd
Community Pharmacy Scotland
Community Pharmacy Wales (CPW)
Community Pharmacy Workforce Development Group
Cwm Taf Morgannwg University Health Board
Directors of Pharmacy Scotland
Guild of Healthcare Pharmacists
Health Education and Improvement Wales (HEIW)
Health Education and Improvement Wales (HEIW) - Welsh Pharmaceutical committee
Healthcare Improvement Scotland
Ibadat International University
Joined Up Care Derbyshire Pharmacy Faculty
Le Quesne Pharmacies Limited
Leeds Teaching hospitals
Mersey Care NHS Foundation Trust
Mizoram State Pharmacy Council
Musa786 Limited
National Pharmacy Association
NHS Forth Valley
NHS Grampian
NHS Lothian
Northern Ireland Centre for Pharmacy Learning and Development
Pangbourne Pharmacy
Pharmacist Initial Education and Training Strategic Oversight Group (PIET)
Pharmacists' Defence Association (PDA)
Public Services Delivery (PSD) Scotland
Robert Gordon University
Royal College of Pharmacy

Scottish Practice Pharmacist and Prescribing Advisers Association
South Tyneside and Sunderland NHS Foundation Trust
South West Clinical Pharmacy Managers
South West Inclusive Pharmacy Practice (SW IPP) Group
South West Senior Pharmacy Managers Group
Strathclyde Institute of Pharmacy and Biomedical Science
UKBPA
University of Nottingham

Appendix 6: Consultation questions

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

1.2 Please explain your answer

2.1 Do you think we should consider an alternative route to registration for internationally qualified pharmacists to the one-year diploma we have proposed?

2.2 If yes, please describe the alternative route and the relevant requirements

3.1 Should the GPhC allow providers to recognise prior learning and experience to shorten the period of education and training for internationally qualified pharmacists when they can verify that it is recent, relevant and similar to that in Great Britain?

3.2 Please explain your answer

4.1 The GPhC is proposing criteria for recognising prior learning and experience so it can be applied consistently and fairly. To what extent do you agree with the proposed criteria?

4.2 Please explain your answer

5.1 Should independent prescribing be built into the new training programme for internationally qualified pharmacists?

5.2 Please explain your answer

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

6.2 Are there any learning outcomes missing?

6.3 Please explain your answers to the two questions above, referring to specific learning outcomes when relevant

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

7.2 Are there any standards or criteria missing?

7.3 Please explain your answers to the above two questions, referring to specific standards or criteria when relevant

8.1 Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

8.2 Do you think our proposals will have a positive or negative impact on any of these groups?

8.3 Please give your comments explaining your answer to the two 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 and organisational responses

Figure 3 below shows that respondents generally did not believe the proposals would have a significant impact on people sharing protected characteristics.

For every characteristic, the most common response from both individuals and organisations was 'no impact' (range between 31-44% for individuals and 43-57% for organisations). Organisations were consistently more likely to consider that there would be no impact, particularly for race, religion or belief, marriage and civil partnership and sex.

Individuals were more likely than organisations to identify positive and negative impacts. Across all protected characteristics, between 15 and 25% of individuals anticipated a positive impact compared with between 7 and 20% of organisations. The highest level of positive impact identified by individuals related to age (25%), disability (23%) and pregnancy and maternity (21%). Organisations identified the most positive impact for disability (20%) followed by race and pregnancy and maternity (10% for both).

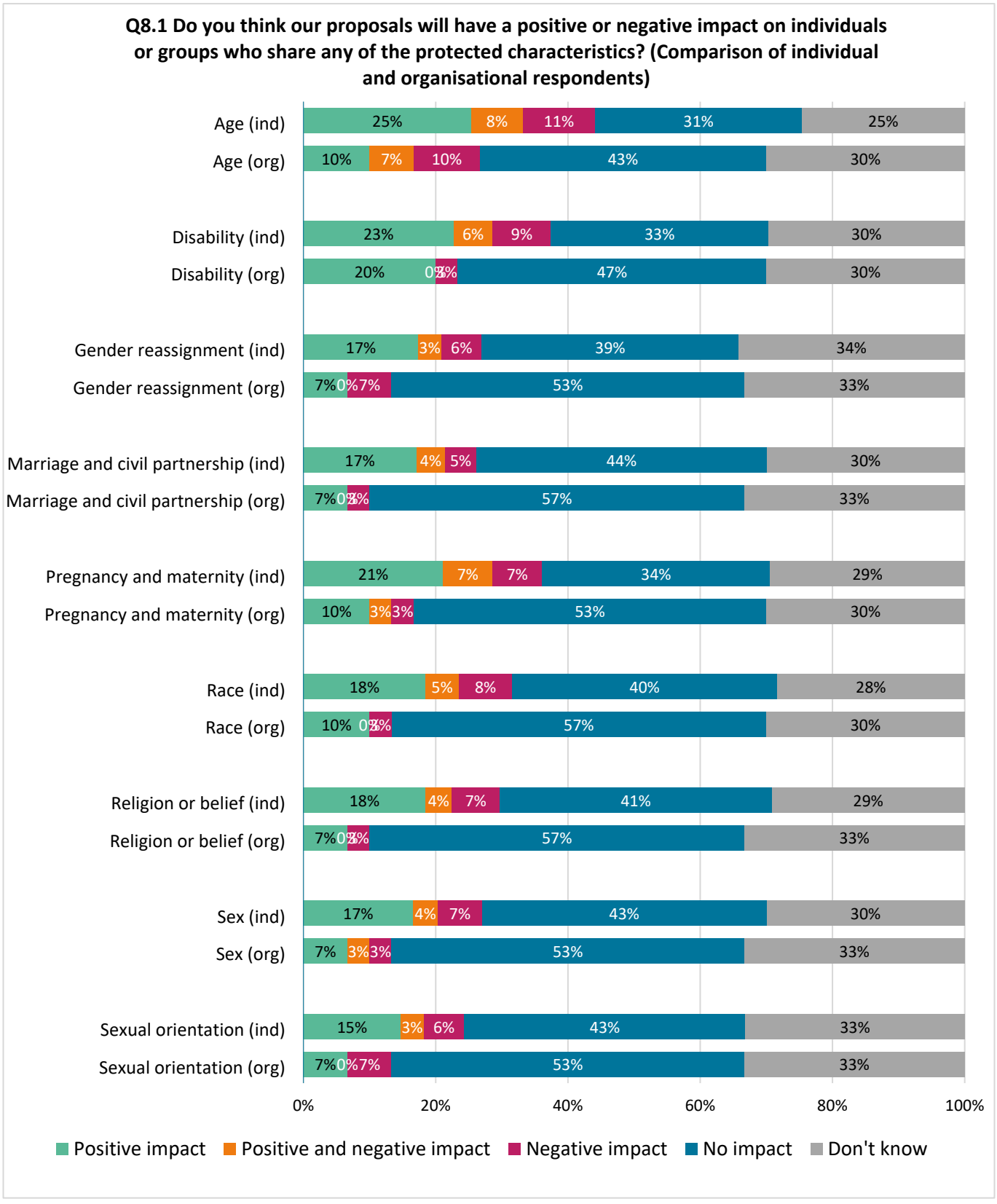
Negative impacts were anticipated by relatively small proportions of respondents, although individuals were more likely to identify them than organisations. Between 5-11% of individuals suggested negative impacts, with age the highest category at 11%. Organisations showed low levels of negative responses at between 2-10%, with age again being the highest characteristic identified.

A notable difference between individuals and organisations was the proportion selecting 'positive and negative impact'. Individuals were more likely to see both opportunities and challenges across all protected characteristics, particularly age (8%), pregnancy and maternity (7%) and disability (6%). By contrast, very few organisations selected this option (between 0-7% with age again being the highest).

Levels of uncertainty were broadly similar across individuals and organisations with between 28-34% of individuals selecting 'don't know' and between 30-33% of organisations.

NB. Please see section 6 in the main body of the report for the chart showing the overall responses and further analysis.

Figure 3: Views of individual respondents (N = 1201) and organisational respondents (N=49) 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 respondents were generally more likely to identify positive than negative impacts across all stakeholder groups, although the proportions varied between individuals and organisations. Individuals tended to express more mixed views while organisations were more likely to either identify positive impacts or say that they did not know.

The highest level of positive responses related to the impact on patients and the public (55% of individuals and 47% of organisations). However, organisations were more likely to anticipate a negative impact (20% versus 13% of individuals).

A similar pattern is shown for the potential impact on superintendent pharmacists and responsible pharmacists, with 45% and 46% respectively of individuals anticipating positive impacts compared to 33% and 37% of organisations. Conversely, organisations were more likely to anticipate negative impacts (30% and 33%) than individuals (19% and 20%).

Views on pharmacy owners and employers were more divided. While 39% of individuals and 23% of organisations expected a positive impact, 23% of individuals and 33% of organisations expected a negative impact. This suggests that respondents recognised both potential benefits from increased workforce supply and possible challenges associated with training, supervision and workforce management.

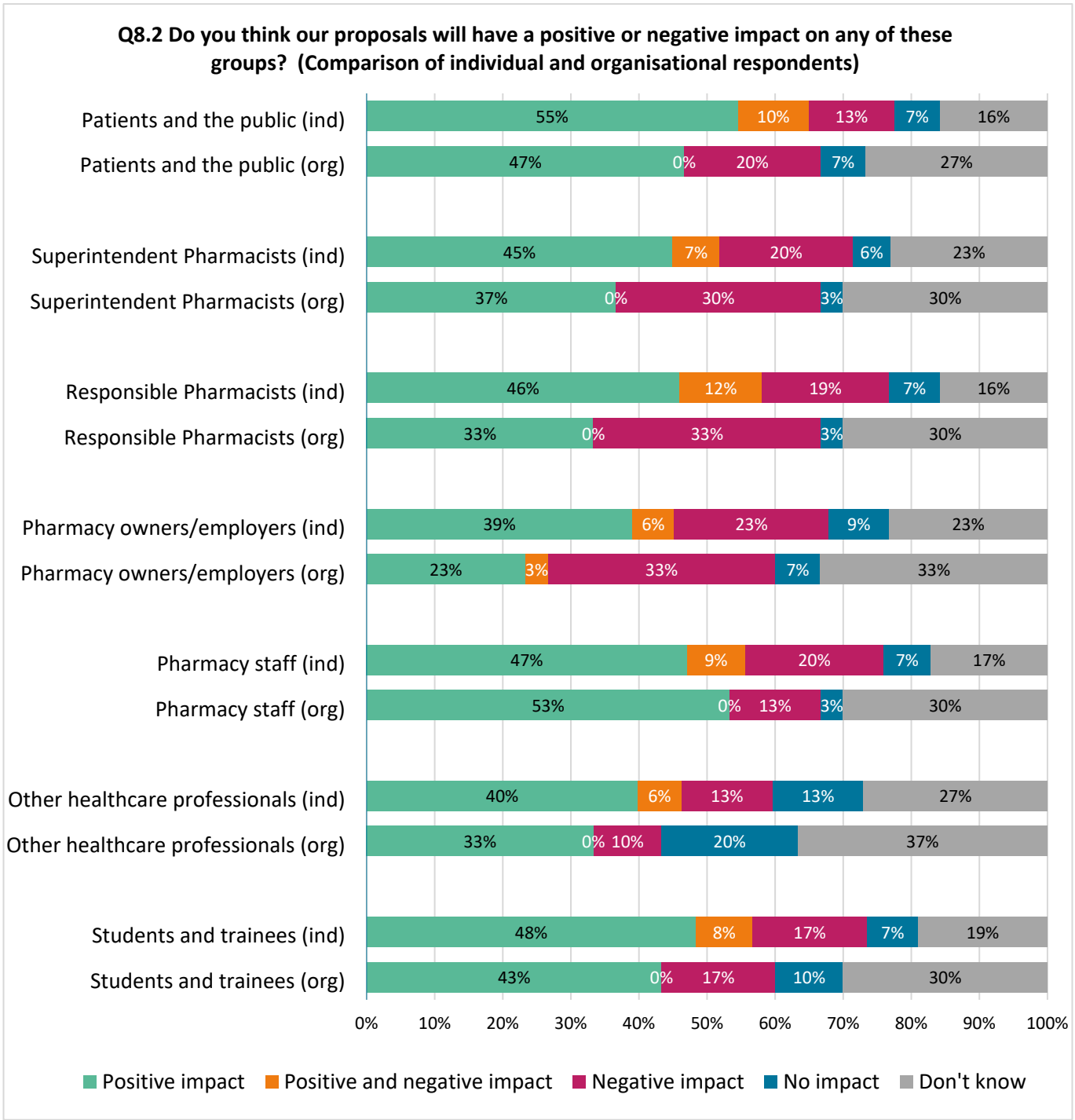
For pharmacy staff, positive views outweighed negative views among both respondent groups and this was the only stakeholder group for which organisations were more positive than individuals. 53% of organisations identified a positive impact compared with 47% of individuals. Negative impacts were identified by 20% of individuals and 13% of organisations.

Responses relating to other healthcare professionals and students and trainees were also broadly positive. Between 40-48% of individuals and 33-43% of organisations anticipated positive impacts. Organisations were notably more likely to select "don't know", particularly for other healthcare professionals (37% compared with 27% of individuals) and students and trainees (30% compared with 19%), indicating greater uncertainty about how the proposals might affect these groups in practice.

Across all stakeholder groups, organisations were generally less likely than individuals to identify both positive and negative impacts simultaneously. Individuals were more likely to anticipate a mixture of benefits and drawbacks, particularly for responsible pharmacists (12%) and patients and the public (10%), whereas very few organisations selected this option.

NB. Please see section 6 in the main body of the report for the chart showing the overall responses and further analysis.

Figure 4: Views of individual respondents (N=1201) and organisational respondents (N=49) on whether our proposals positively or negatively impact other individuals or groups





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