General Pharmaceutical Council

Annual report

Annual fitness to practise report
Annual accounts 2025/26



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

Annual accounts presented to Parliament and the Scottish Parliament under Paragraph 7 of Schedule 1 to the Pharmacy Order 2010.



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Correction slip

Title: General Pharmaceutical Council Annual report, Annual fitness to practise report and Annual accounts 2025/26

Session: 2026-27

Correction

Page 17

Text currently reads:

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

Text should read:

“This year, we received 9,928 concerns through our triage team or our customer service team, reflecting an almost 35% increase on the 7,378 we received the previous reporting year, the earliest we started collating the combined data.”

Date of correction: 30 September 2026

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Foreword

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

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

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

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

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

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

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

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

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

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

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

Gisela Abbam, Chair

About us

Who we are

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain. We work to assure and improve standards of care for people using pharmacy services.

What we do

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

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

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

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

Our Council and our staff

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

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

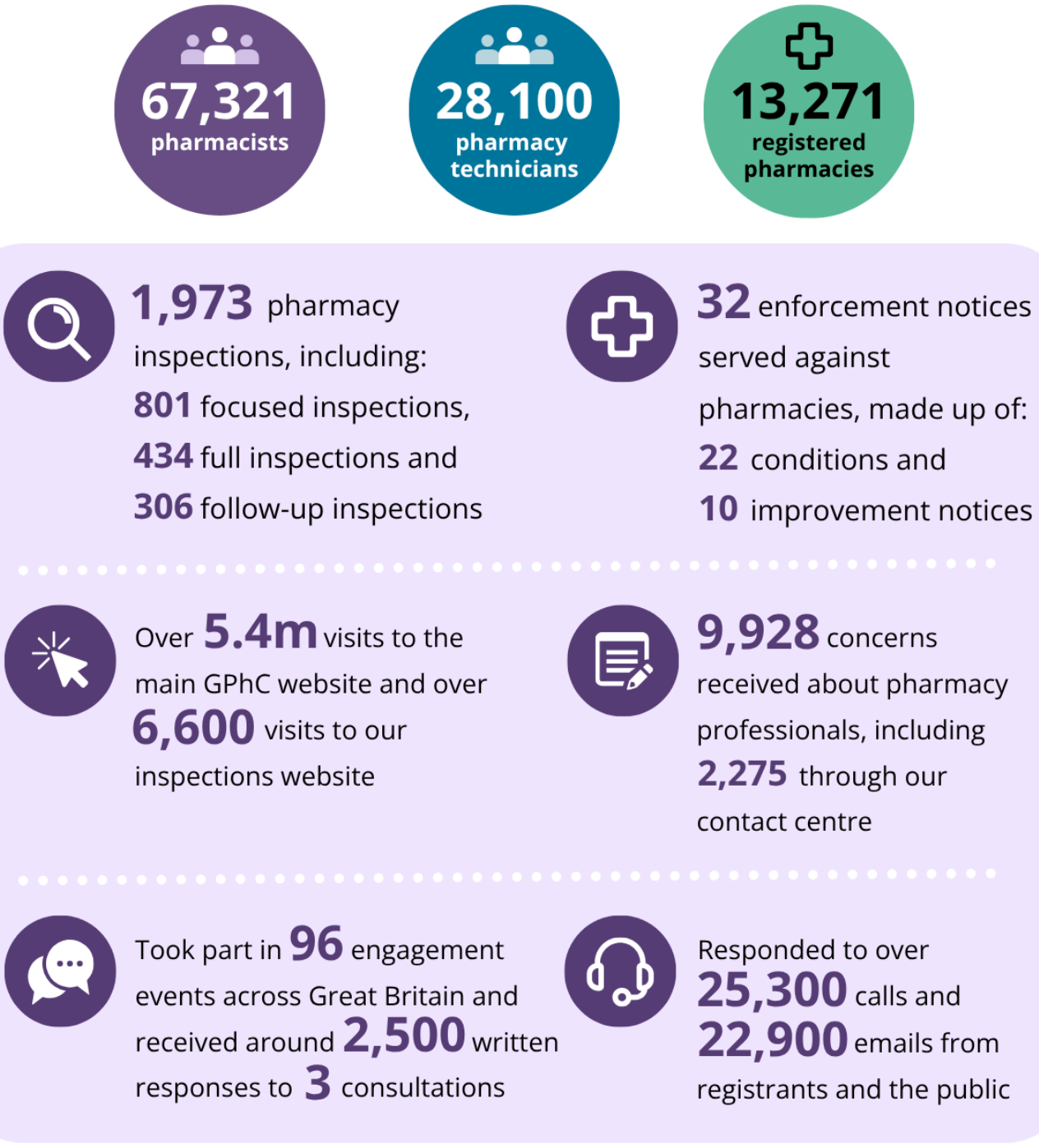
Our new chief executive and registrar, Kathie Cashell, joined us on 3 March 2026, after a handover with Chris Askew, who held the position on an interim basis after our previous permanent chief executive, Duncan Rudkin, left the organisation in December 2025.

Our year at a glance

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

Figure 1: our year in numbers

The register as at 31 March 2026



The register as at 31 March 2026

Figure 2: The register as at 31 March 2026



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

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

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

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

Fees for registration

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

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

Our work in 2025/26

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

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

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

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

Strategic aim 2: Protecting patients and the public

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

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

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

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

Empowering pharmacists and pharmacy technicians to provide safe and effective care

Education

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

Initial education and training of pharmacists

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

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

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

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

Foundation training

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

The initial education and training of pharmacy technicians

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

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

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

Quality assurance

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

New pharmacy technician fellowship with NHS England

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

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

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

Revalidation

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

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

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

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

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

Strengthening pharmacy governance

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

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

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

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

Protecting patients and the public

Inspections

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

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

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

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

Concerns

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

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

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

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

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

Work on weight-management medicines and services

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

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

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

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

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

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

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

You can **find out more about our work in this area in a December 2025 update to our Council**.

Identifying emerging issues

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

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

Building a skilled, agile and inclusive organisation

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

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

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

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

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

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

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

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

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

Delivering our equality, diversity and inclusion strategy

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

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

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

Collaborating beyond the GPhC to tackle inequality and improve outcomes

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

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

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

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

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

Holding ourselves to the same high standards we expect of others

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

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

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

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

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

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

Welsh language annual monitoring report 2025/26

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

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

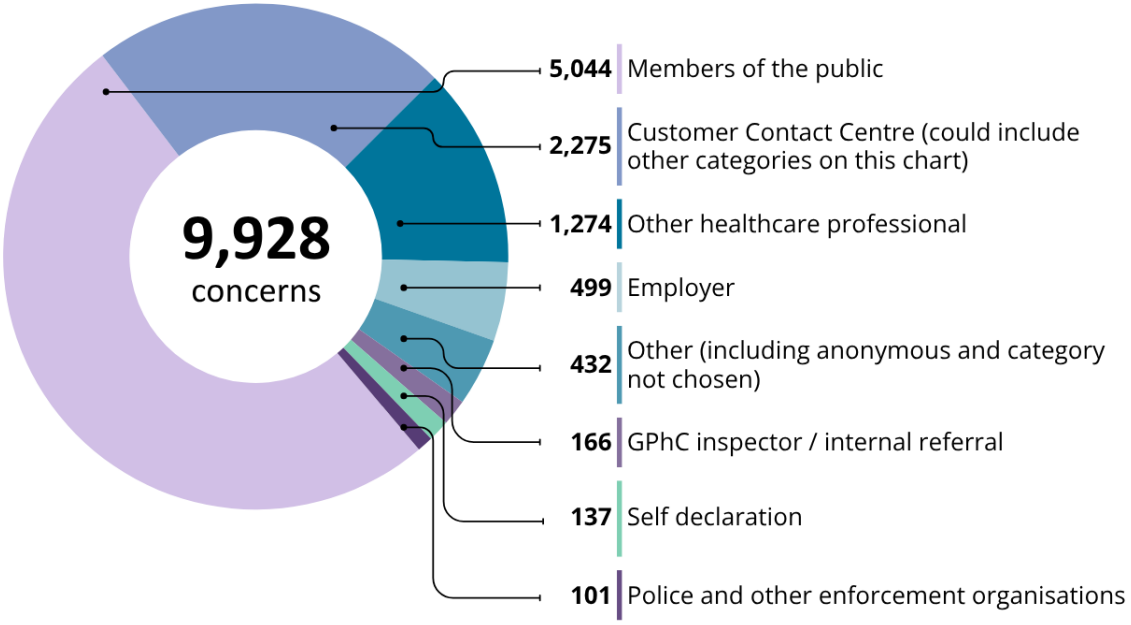
As part of our obligations under standard 66, during the period from the compliance date until the end of the financial year, we recorded the following:

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

Annual fitness to practise report

How concerns came to us in 2025/26

Figure 3: how concerns come to us



What is 'fitness to practise'?

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

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

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

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

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

How we deal with concerns

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

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

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

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

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

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

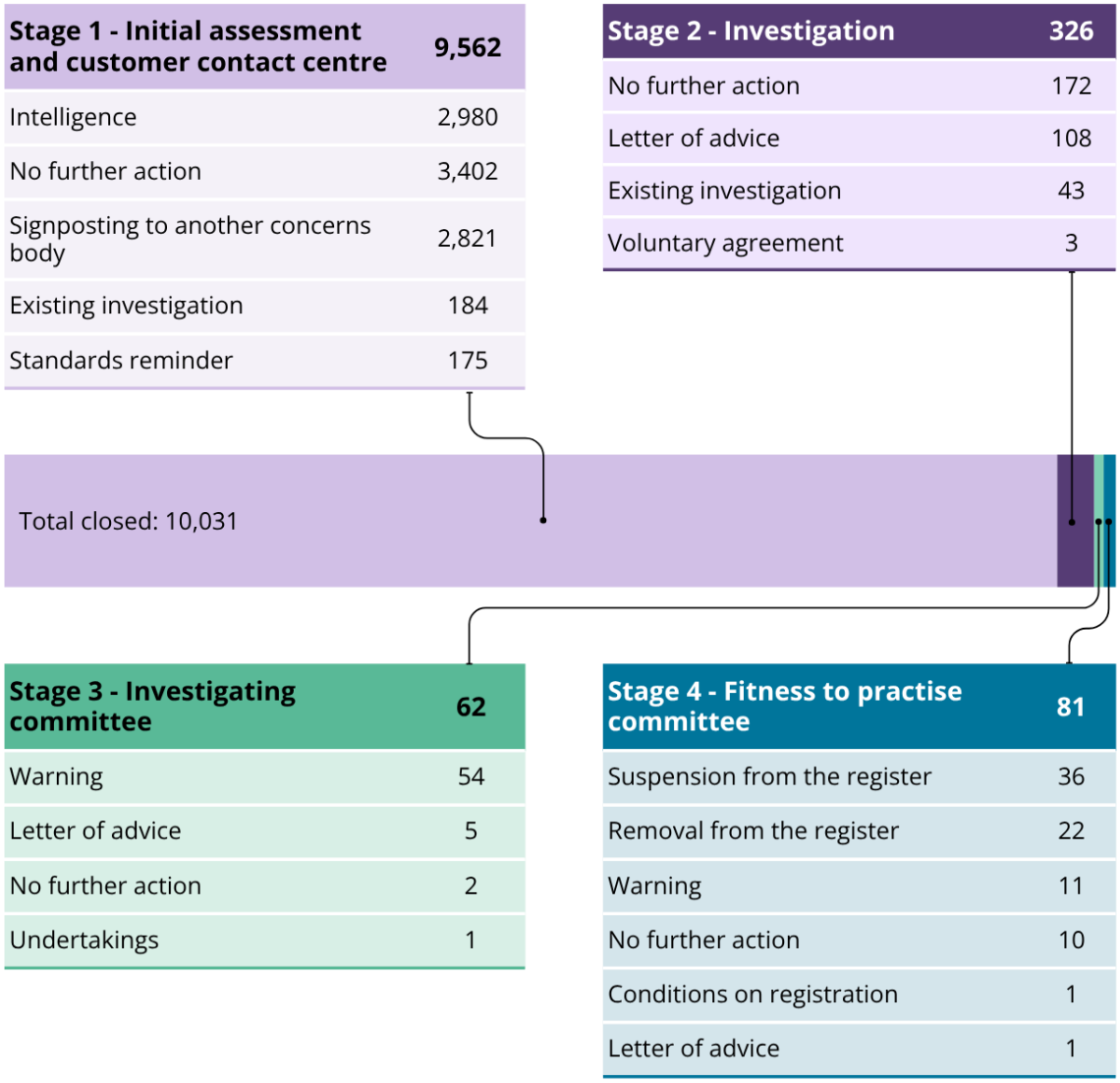
The fitness to practise committee (FtPC) is a panel made up of three members, which operates independently of the GPhC. The FtPC holds hearings in public and decides on the facts and whether a pharmacy professional remains fit to practise. If the committee finds that they are not currently fit to practise,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

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

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

Outcome of cases closed in 2025/26

Figure 4: outcomes of cases closed in 2025/26



Dealing with concerns in 2025/26

The number of concerns we received

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

Headlines

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

Triage outcomes

We have two routes for people raising concerns with us:

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

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

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

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

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

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

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

Investigation outcomes

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

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

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

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

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

Investigating Committee outcomes

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

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

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

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

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

Fitness to Practise Committee outcomes

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

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

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

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

Our reporting requirements

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

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

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

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

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

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

How we govern ourselves

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

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

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

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

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

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

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

Name	Registrant or lay member	Pay £	Council meetings attended	Council workshops attended	Committee meetings attended
Gisela Abbam[1]	Lay	60,000	6 out of 6	6 out of 6	FPC* 3 out of 4; PCC**** 2 out of 3
Yousaf Ahmad[9]	Pharmacist	17,500	5 out of 6	6 out of 7	FPC 4 out of 4
Neil Buckley[5]	Lay	17,500	5 out of 6	6 out of 7	ARC*** 5 out of 5
Dianne Ford[4]	Lay	17,500	6 out of 6	7 out of 7	QPAC** 3 out of 3
Ann Jacklin[3]	Pharmacist	17,500	6 out of 6	7 out of 7	ARC 4 out of 5; QPAC 3 out of 3
Tim Jaggard	Lay	£15,000	6 out of 6	7 out of 7	FPC 3 out of 4
Rima Makarem[6]	Lay	17,500	5 out of 6	5 out of 7	QPAC 3 out of 3
Penny Mee Bishop[10]	Pharmacy technician	16,458	5 out of 6	7 out of 7	QPAC 0 out of 3; PCC 3 out of 3
Raliat Onatade[11]	Pharmacist	£15,000	6 out of 6	7 out of 7	ARC 5 out of 5 QPAC 1 out of 1
Rose Marie Parr[7]	Pharmacist	17,500	5 out of 6	6 out of 7	FPC 4 out of 4
Gareth Powell	Lay	15,000	5 out of 6	4 out of 7	FPC 4 out of 4
Aamer Safdar[2]	Pharmacist	17,500	3 out of 6	4 out of 7	PCC 2 out of 3 QPAC 2 out of 3
Selina Ullah[8]	Lay	16,041	3 out of 6	5 out of 7	PCC 1 out of 2
Ade Williams[12]	Pharmacist	15,000	5 out of 6	5 out of 7	QPAC 1 out of 1; PCC*** 3 out of 3

Notes to the Council members' pay and attendance table

*FPC Finance and Planning Committee

**QPAC Quality and Performance Assurance Committee

***ARC Audit and Risk Committee

****PCC People and Culture Committee

1 Chair of Council and member of the Finance and Planning Committee and People and Culture Committee

2 Includes £2,500 for co-chairing the advisory group on Post-registration Assurance of Pharmacy Practice

3 Includes £2,500 for chairing the advisory group on Post-registration Assurance of Pharmacy Practice

4 Includes £2,500 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists

5 Includes £2,500 for chairing the Audit and Risk Committee

6 Includes £2,500 for chairing the Quality and Performance Assurance Committee

7 Includes £2,500 for co-chairing the advisory group on Initial Education and Training Standards for Pharmacists

8 Includes £1,040 for chairing the People and Culture Committee until September 2025

9 Includes £2,500 for chairing the Finance and Planning Committee

10 Includes £1,458 for chairing the People and Culture Committee since September 2025

11 Raliat attends the QPAC on an ad hoc basis

12 Ade joined QPAC during the year, replacing Rima as chair

Council members' expenses: April 2025 to March 2026

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

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

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

Non-statutory committees

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

Audit and Risk Committee

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

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

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

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

Finance and Planning Committee

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

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

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

Quality and Performance Assurance Committee

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

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

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

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

People and Culture Committee

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

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

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

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

Assurance and Appointments Committee

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

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

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

Advisory group on the initial education and training of pharmacists

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

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

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

Advisory group on post-registration assurance of practice

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

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

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

Chief executive and registrar and chief officers

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

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

- **Chief Enforcement Officer – Dionne Spence**

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

- **Chief Operating Officer – Jonathan Bennetts**

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

- **Chief Pharmacy Officer – Roz Gittins**

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

- **Chief Standards Officer – Lynsey Cleland**

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

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

Accounting requirements

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

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

Number and types of corporate complaints

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

Corporate complaints received in 2025/26

Table 1: Complaints received in 2025/26

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

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

How we meet freedom of information and data protection legislation

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

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

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

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

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

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

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

Table 2: Number and type of information requests

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

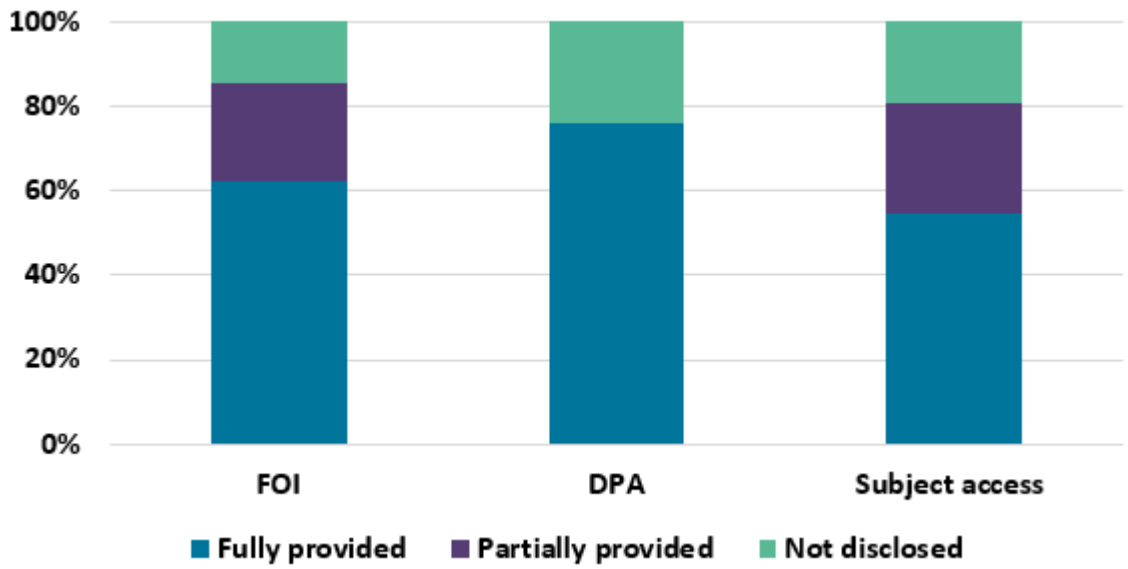
*DPA requests are when a third-party organisation makes a request for the personal data of an individual and we consider disclosure under the provisions of the Data Protection Act.

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

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

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

Figure 5 :Disclosure rates 2025/26



Whistleblowing disclosures to us as a ‘prescribed person’

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

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

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

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

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

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

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

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

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

Governance statement 2025/26

Scope of responsibility

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

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

The purpose of the governance framework

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

The governance framework is made up of:

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

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

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

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

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

The governance framework

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

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

- our business plan
- budgetary control

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

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

Review of effectiveness

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

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

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

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

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

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

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

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

Explanation of the ratings

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

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

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

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

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

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

Significant governance issues

Integrity of the register

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

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

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

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

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

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

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

Changes of pharmacy ownership

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

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

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

Kathie Cashell
Chief Executive
16 July 2026

Jonathan Bennetts
Chief Operating Officer
16 July 2026

Financial statements for the year ended 31 March 2026

Financial review

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

Income

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

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

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

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

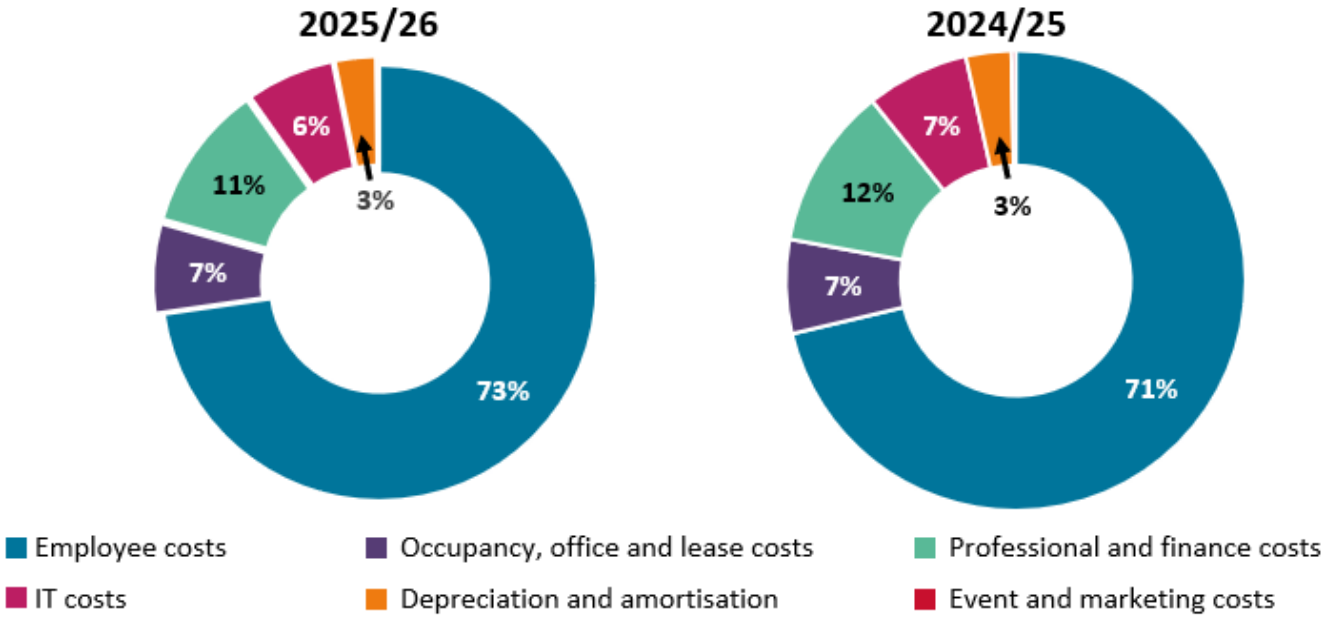
The figures above include annual renewal fees, initial registration, and application fees.

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

Expenditure

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

Figure 6: expenditure comparison



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

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

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

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

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

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

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

Investment and reserves

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

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

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

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

Forward outlook 2026/27 and beyond

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

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

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

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

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

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

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

By the order of the Council

Gisela Abbam
Chair
16 July 2026

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

Opinion

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

In our opinion, the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

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

Opinions on other matters

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

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

Matters on which we are required to report by exception

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

We have nothing to report in respect of the following:

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

Responsibilities of Council members

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

Use of our report

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

HaysMac LLP
Statutory Auditor

10 Queen Street Place
London
EC4R 1AG

July 2026

Statement of comprehensive income for the year ended 31 March 2026

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

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

Statement of financial position as at 31 March 2026

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

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

Gisela Abbam, Chair
16 July 2026

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

Statement of cash flows for the year ended 31 March 2026

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

	£000	£000
Cash in hand	352	270
Notice Deposits (less than 3 months)	21,454	17,880
Total cash and cash equivalents	21,806	18,150

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

Statement of net debt for the year ended 31 March 2026

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

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

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

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

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

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

1.1 Accounting policies

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

1.2 The format of the accounts

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

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

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

The financial statements are presented in Sterling (£).

1.3 Critical accounting estimates and judgements

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

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

Depreciation and amortisation

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

Lease incentives

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

Lease accounting

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

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

1.4 Right-of-use asset

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

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

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

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

1.5 Tangible fixed assets

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

The principal useful economic lives of assets are as follows:

Short leasehold improvements – term of the lease

Office furniture – five years

Computer software – three years

Computer hardware (excluding PCs and laptops) – three years

PCs and laptops – one to four years

1.6 Intangible fixed assets

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

1.7 Impairment

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

1.8 Expenditure

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

1.9 Income

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

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

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

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

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

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

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

1.10 Leases

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

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

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

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

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

1.11 Pensions

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

1.12 Provisions

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

1.13 Management of liquid resources and investments

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

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

1.14 Financial instruments

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

1.15 Deferred taxation

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

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

2. Income

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

3. Expenditure

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

Employee costs

Employee costs including directors were made up as follows:

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

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

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

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

3. Expenditure (continued)

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

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

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

*Benefits in kind include private healthcare.

**Kathie Cashell started this role from March 2026.

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

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

Expenses for key management personnel are as follows:

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

Remuneration of highest-paid director as a multiple of median remuneration	2026	2025
	£	£
Mid-point of band of highest-paid director's total remuneration	180,000	205,000
Median total remuneration	44,223	49,086
Remuneration ratio	1:4	1:4

Council members' pay and expenses	2026	2025
	£000	£000
Total pay of Council members	275	275
Total expenses paid to Council members	10	15
	285	290

4. Investment income

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

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

5. Total comprehensive income

This is stated after charging:

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

6. Taxation

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

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

7. Right-of-use asset

	Property £000
Cost	
Balance at 1 April 2025 (on transition to revised lease accounting)	4,582
Additions	-
Balance at 31 March 2026	4,582
Depreciation	
Depreciation charge for the year	(478)
Balance at 31 March 2026	4,104

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

8. Tangible fixed assets

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

9. Intangible fixed assets

	Computer software and systems development
	£000
Cost	
Balance at 1 April 2025	1,981
Additions	126
Balance at 31 March 2026	2,107
Amortisation	
Balance at 1 April 2025	(1,611)
Amortisation charge for the year	(179)
Balance at 31 March 2026	317

10. Investments

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

Portfolio Asset Allocation:

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

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

11. Debtors

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

12. Bank and cash

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

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

13. Creditors: amounts falling due within one year

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

Deferred income is made up of the following:

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

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

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

	2026	2025
	£000	£000
Lease incentive liability	-	1,734
Lease liability	3,647	-
	3,647	1,734

15. Provisions

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

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

16. Commitments

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

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

17. Related parties

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

18. Financial risk management

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

19. Pensions

NHS Defined Benefit Pension Scheme

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

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

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

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

Defined contribution scheme

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

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

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

Appendix 1

General Pharmaceutical Council

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

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

This determination has effect from 13 March 2010.

Interpretation

In this determination –

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

"the Council" means the General Pharmaceutical Council.

Determination

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

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

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

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

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

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

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

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

Signed by the authority of the Privy Council



General Pharmaceutical Council

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