

Council meeting

By Zoom

Thursday, 11 March 2021

10.00 - Workshop

12.00 – Public session

Public business

- | | | |
|-----|--|---------------------------------|
| 1. | Attendance and introductory remarks | Nigel Clarke |
| 2. | Declarations of interest – public items | Nigel Clarke |
| 3. | Minutes of the meeting held on 11 February 2021
<i>Minutes of the public sessions</i> | Nigel Clarke |
| 4. | Minutes of the meeting held on 22 February 2021
<i>Minutes of the public session</i> | Nigel Clarke |
| 5. | Actions and matters arising | Nigel Clarke |
| 6. | Communications and engagement update
<i>For noting</i> | 21.03.C.01
Rachael Oliver |
| 7. | Delivering equality, improving diversity and fostering inclusion: our strategy for change
<i>For approval for consultation</i> | 21.03.C.02
Laura McClintock |
| 8. | Standing Financial Instructions
<i>For approval</i> | 21.03.C.03
Jonathan Bennetts |
| 9. | Process for the appointment of a new Chair
<i>For noting</i> | 21.03.C.04
Janet Collins |
| 10. | Deputising arrangements for the Chair 2021-22
<i>For approval</i> | 21.03.C.05
Janet Collins |
| 11. | Initial Education and Training Standards for Pharmacists – implementation update
<i>For noting</i> | 21.03.C.06
Mark Voce |

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| 12. | Registration assessment update | Mark Voce |
| | <i>For noting</i> | |
| 12. | Minutes of the Audit and Risk Committee meeting on 09 February 2021 – public items | 21.03.C.07 |
| | <i>For noting</i> | Neil Buckley |
| 13. | Any other business | Nigel Clarke |

Confidential business

- | | | |
|------------|---|---------------|
| 14. | Declarations of interest – confidential items | Nigel Clarke |
| 15. | Minutes of the meeting on 11 February 2021 | Nigel Clarke |
| | <i>Minutes of the confidential session</i> | |
| 16. | Committee memberships 2021-22 | 21.03.C.08 |
| | <i>For noting</i> | Janet Collins |
| 17. | Minutes of the Finance and Planning Committee meeting on 28 January 2021 (unconfirmed) | 21.03.C.09 |
| | <i>For noting</i> | Mark Hammond |
| 18. | Minutes of the Audit and Risk Committee on 09 February 2021 – confidential items | 21.03.C.10 |
| | <i>For noting</i> | Neil Buckley |
| 19. | Any other confidential business | Nigel Clarke |

Date of next meeting

Thursday 23 April 2021

Minutes of the Council meeting held on 11 February 2021

To be confirmed 11 March 2021

Minutes of the public items

Present:

Nigel Clarke (Chair)	Elizabeth Mailey
Yousaf Ahmad	Rose Marie Parr
Neil Buckley	Arun Midha
Mark Hammond	Aamer Safdar
Penny Hopkins	Jayne Salt
Ann Jacklin	Selina Ullah
Jo Kember	

Apologies:

Rima Makarem

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Carole Auchterlonie	Director of Fitness to Practise
Jonathan Bennetts	Director of Finance
Claire Bryce-Smith	Director of Insight, Intelligence and Inspection
Laura McClintock	Chief of Staff
Gary Sharp	Associate Director of HR
Mark Voce	Director of Education and Standards
Liam Anstey	Director for Wales
Laura Fraser	Director for Scotland

Rachael Oliver	Head of Communications
Janet Collins	Senior Governance Manager
Vanessa Clarke	Senior Finance Manager
Martha Pawluczyk	Registration and International Policy Manager

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting. Apologies had been received from Rima Makarem.

2. Declarations of interest

- 2.1 The Chair reminded members of the Council to make any appropriate declarations of interest at the start of the relevant item.

3. Minutes of the last meetings – public sessions on 10 December 2020 and 08 January 2021

- 3.1 The minutes of the public sessions held on 10 December 2020 and 08 January 2021 were approved.

4. Actions and matters arising

- 4.1 Actions due for this meeting were included on the agenda.

5. Finance update, annual plan progress report and performance monitoring report for Q3

- 5.1 Duncan Rudkin (DR) introduced **21.02.C.01**. Vanessa Clarke (VC) presented the finance update.

Finance update

- 5.2 The ongoing pandemic continued to impact on operational activity and all areas of expenditure had been updated accordingly. The expected surplus for the year had decreased from £0.9m to £0.8m and the re-forecast showed marginally higher expenditure (£0.1m) than previously predicted. The main driver of this was employee costs, with additional resources to support areas with increased workloads and additional expenditure incurred for unspent annual leave payments.
- 5.3 Income forecast had reduced by 0.3% (£0.07m) with the main reduction being in pharmacist and pre-registration income. The paper also covered the most significant changes in the re-forecasting exercise.
- 5.4 It was agreed that more detail about professional costs would be included in subsequent reports. Effectiveness reviews were carried out where appropriate and would be reported to the Finance and Planning Committee.

Annual plan progress report

- 5.5 Claire Bryce-Smith (CB-S) presented the Annual plan progress report. Progress had improved over quarters one and two, with all but two of the expected outcomes achieved under the five strategic aims. The award of the contract for the online registration assessment and the approval of the revised standards for the initial education and training of pharmacists were significant milestones.

Performance monitoring report

- 5.6 Service performance had improved overall with five out of seven areas improved and five meeting performance standards or being within acceptable tolerances.

Contact Centre

- 5.7 There had been significant improvements in performance across the board, with calls being answered in less time, fewer calls being abandoned and more emails being actioned within two days. The change in working practices in the Contact Centre were showing positive results but a review of the ways that the service operated was still planned. This would explore a number of options including a web-based chat service and ideas would be discussed with Council in a workshop session.

- 5.8 The Council noted the improved performance and asked for its thanks to be passed to the staff working in the Contact Centre.

Registration

- 5.9 MV also updated the Council on the progress in establishing the online registration assessment. Two dates had been confirmed – 17 and 18 March and different papers had been produced and agreed for each day. Online applications to sit the assessment had worked well, as had requests for reasonable adjustments. The information already provided to candidates had been supplemented by a webinar held on 9 February and attended by over 1 900 candidates. The FAQs on the website were being updated in light of the questions raised.
- 5.10 The publication of the Council papers showing an estimated 60% pass rate for the assessment had caused some concern among candidates. However, MV had issued a statement and reassured candidates at the webinar that this was a conservative estimate for budget purposes only, not a prediction. It was there to ensure that the organisation did not over-estimate how much income it might receive from registration fees. Pass rates were decided by the Board of Assessors, based solely on candidate performance.
- 5.11 Approximately 100 candidates had inquired about sitting the assessment overseas. Some were in the same timezone as the UK and therefore could attend overseas centres at the same time as the candidates in the UK and so this was not a problem. However, approximately 65 candidates were in different timezones which would mean that, to sit the assessment at the same time as candidates in the UK, they would need to attend centres in the evening and in some cases into the night. Despite extensive discussions it had not been possible to arrange this with the company running the assessment and so those candidates

would not be able to sit. It was not an option for these candidates to sit either before or after candidates in the UK as this could call into question the integrity of the assessment.

- 5.12 It was hoped that results would be available on 29 April and successful candidates would be able to register from 1 May. Applications would be processed as quickly as possible within operational limits. Some candidates had already submitted their applications.
- 5.13 Support for candidates who failed would be crucial – particularly those already working as provisionally-registered pharmacists. The GPhC was in discussions with the Royal Pharmaceutical Society, the Pharmacists’ Defence Association and other bodies who could provide such support and would be providing information and signposting for support.
- 5.14 The Chair asked that his and the Council’s thanks to the team who had developed the online assessment and worked so hard to bring it about in only a few months should be recorded.

Fitness to practise

- 5.15 Fitness to practise remained red against four of its five performance standards. However, two of the four showed an improving direction of travel. The fifth standard – relating to the time from receipt of information suggesting an immediate risk to an Interim Order being imposed – was also improving and was rated green.
- 5.16 The age profile of cases had been made worse by the postponement of hearings for three months in 2020 due to the pandemic.
- 5.17 There was some discussion about the performance standards themselves – whether they were realistic and whether it was appropriate to review them in light of the changing case profile. Given that most of the targets were not currently being met, it would be important if they were reviewed that clear comparisons could still be made with past performance.

Inspection

- 5.18 Performance had improved in Q3. Twenty-seven enforcement notices had been served, all arising from intelligence-led inspections into information received about high purchase numbers of codeine linctus. Twenty-one related to a lack of governance and risk management around the sale of over-the-counter medicines. All enforcement notices were turned around within the performance standard, ensuring that risks to patient safety were minimised.
- 5.19 Awareness of the issues had been raised through stakeholder webinars. Inspectors had also continued to support pharmacies, with 644 support calls made during the quarter.

Corporate complaints

- 5.20 The numbers of corporate complaints remained small and the themes remained consistent, with most being in relation to the outcome of a fitness to practise case or a GPhC process.

5.21 One complaint had been upheld. This related to an Information Governance issue which was covered later in the paper (see paragraph 5.22 below). Learning had been identified in several cases, largely around communication – and shared with the relevant teams.

Information governance

5.22 Performance declined in Q3, with one Freedom of Information and one data protection rights query responded to outside statutory time limits. This was due to capacity issues in several teams which were contributing to the responses.

5.23 One personal data breach had occurred when a fitness to practise determination was published containing information which should not have been included. The breach was reported to the Information Commissioner’s Office (ICO). Although the ICO closed the case with no further action, internal action was taken to avoid a recurrence including a workshop with the teams concerned.

Human resources

5.24 Staff turnover and short-term absences had reduced during the pandemic and the stability rate (staff who had been with the organisation for more than 12 months) of 91% was the highest for over two years. Employee wellbeing remained the highest priority.

5.25 **The Council noted:**

- i. **the key areas of performance as highlighted in the cover paper;**
- ii. **the finance update provided at Appendix 1;**
- iii. **the report on progress against the 2020/21 annual plan at Appendix 2; and**
- iv. **the operational performance information provided at Appendix 3.**

6. Updated Strategic plan 2020-25 and supporting Annual Plan and Budget for 2021/22

6.1 DR introduced **21.02.C.02**. The GPhC was required to submit a Strategic Plan to the Privy Council Office each year, to be laid before Parliament and the Scottish Parliament. The plan was also provided to the Senedd.

6.2 The current five-year Strategic Plan had been approved in February 2020 and showed where the organisation expected to have progressed by 2025 in achieving its Vision 2030. Both had been written before the Covid-19 pandemic. However, the Vision had been reviewed in recent months and agreed to be standing up to the new challenges. The work in the Strategic Plan had been re-prioritised to accommodate additional work related to the pandemic and to better package and re-schedule work to ensure more realistic timescales for delivery.

6.3 Minor amendments had been made to the Plan. The main proposed change was to update the Foreword to reflect the very different operating context for pharmacy and for the GPhC. It was likely that the revised Foreword would also need to reflect the announcement

due later that day from the Secretary of State for Health regarding changes to the NHS in England and to healthcare regulation legislation.

6.4 The Finance and Planning Committee had reviewed the draft annual plan and budget and was content with both.

6.5 **The Council:**

- i. **agreed that the current Strategic Plan 2020-25 should be updated with some revisions to the Foreword, as set out in Appendix 1;**
- ii. **gave feedback on the draft revised Foreword which would be finalised by the Chair and the Chief Executive taking that feedback into account;**
- iii. **agreed the supporting Annual Plan 2021/22 as set out in Appendix 2; and**
- iv. **approved the Budget for 2021/22, as set out in Appendix 3.**

Vanessa Clarke left the meeting

7. Fee review consultation 2021

7.1 JB presented **21.02.C.03** which set out the proposed consultation document on the review of fee setting. This was the second part of a multi-year plan.

7.2 The consultation did not include proposals to change the current fees. Rather, it sought to explore some of the issues raised in previous consultation responses such as differential fees, multi-year fee cycles and charging for accreditation.

7.3 If approved, the consultation would open on 2 March 2021 and run for 12 weeks until 25 May. An analysis of the responses would be given to Council in September.

7.4 **The Council approved the consultation for launch on 2 March 2021.**

8. Revised guidance on English language skills

8.1 Martha Pawluczyk joined the meeting for this item. MV introduced **20.11.C.04**, which set out an analysis of the responses to the consultation on revised guidance on providing evidence of English language skills. The paper also included the revised guidance.

8.2 The revised guidance included a recent pass of the Pharmacy Occupational English Language Test (OET) as evidence of competence in English language (as an alternative to the International English Language Testing System or IELTS, which would still be accepted). Respondents had welcomed the proposal, with many noting that the OET was an occupational test specifically designed for pharmacy professionals which assessed language that they would use and encounter in their daily working lives.

8.3 Areas for discussion had included the proposed pass level (a B in each of the four areas – reading, writing, listening and speaking) and whether all four grades had to be achieved in one sitting. Following consideration of the response, the proposal had been retained as it aligned with the requirements for those who took the IELTS and provided assurance that candidates could demonstrate the required level of English language competence comfortably.

8.4 Consideration would be given to producing the guidance in other languages.

8.5 **The Council:**

- i. **noted the analysis of the responses to the consultation set out at Appendix 1 and that this would be published on the website; and**
- ii. **agreed the revised guidance set out at Appendix 2.**

Martha Pawluczyk left the meeting

9. Minutes of the Audit and Risk Committee – 15 December 2020

9.1 Neil Buckley, Chair of the Audit and Risk Committee (ARC), presented the minutes of the meeting held on 15 December 2020. He thanked his colleagues on the committee and the staff working on risk for the progress which was being made in this area.

9.2 **The Council noted the public minutes of the ARC meeting held on 15 December 2020.**

10. Any other business

10.1 DR noted that the executive would review in detail the contents of the announcement due to be made that morning about the future of the NHS in England and the regulation of healthcare across the UK.

10.2 There being no further business, the meeting closed at 11.45.

Minutes of the Council meeting held on 22 February 2021

To be confirmed 11 March 2021

Minutes of the public items

Present:

Nigel Clarke (Chair)

Yousaf Ahmad

Neil Buckley

Mark Hammond

Penny Hopkins

Ann Jacklin

Jo Kember

Rima Makarem

Elizabeth Mailey

Arun Midha

Rose Marie Parr

Aamer Safdar

Apologies:

Jayne Salt; Selina Ullah

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Jonathan Bennetts	Director of Finance
Claire Bryce-Smith	Director of Insight, Intelligence and Inspection
Laura McClintock	Chief of Staff
Mark Voce	Director of Education and Standards
Paul Cummins	Head of Adjudication Services
Rachael Oliver	Head of Communications
Janet Collins	Senior Governance Manager
Sarah Davies	Senior Legal Advisor
Rehana Li-Ying	Paralegal

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting, which was being held by Zoom due to the ongoing pandemic. This was an additional meeting which had been called to seek Council's approval to proposed changes to the GPhC's procedure rules in response to Covid-19. Apologies had been received from Jayne Salt and Selina Ullah.

2. Declarations of interest

- 2.1 The Chair reminded members of the Council to make any appropriate declarations of interest at the start of the relevant item.

3. Proposed changes to procedural Rules in response to Covid-19

- 3.1 Sarah Davies, Senior Legal Advisor, introduced the proposed changes to the Rules.
- 3.2 The Council had approved changes to the Rules on 8 January 2021 gave the GPhC the following powers, designed to give greater flexibility to perform its statutory functions during the pandemic:
- an express legal power to conduct meetings or hearings by teleconference or video link – “virtual hearings”;
 - where a hearing was held by teleconference or video link, the Committee could order that the hearing was to be held in private;
 - notices and documents could be sent to registrants by email without requiring their express consent to electronic service; and
 - where it was not possible to convene a statutory committee constituted of three members, a committee would be able to sit with only two members who must include a chair or deputy chair and a lay member.
- 3.3 All of the amendments were originally intended to operate temporarily and to cease to have effect on 1 May 2021, except for the provision relating to the electronic service of documents, which would be permanent.
- 3.4 However, there was a need to have provisions in place beyond 1 May 2021 and the current proposal was to also make permanent the following provisions:
- the GPhC would have an express legal power to conduct meetings or hearings by teleconference or video link, (“virtual hearings”);
 - where a hearing is being held by teleconference or video link, the Committee may order that the hearing is to be held in private; and
 - the right of a registrant to attend a hearing, includes attending and taking part in a virtual or remote hearing.

- 3.5 The only provision not intended to be made permanent concerned the amendment to the General Pharmaceutical Council (Statutory Committees and their Advisers) Rules 2010 which related to the quorum of our statutory committees. Namely, where it had not been possible to convene a statutory committee constituted of three members, a committee could sit with only two members, who must include a chair or deputy chair and a lay member.
- 3.6 It had not been necessary to use the provision to date but it was thought that it would be helpful to extend it in light of the ongoing pandemic. It was proposed that the provision should be extended to 1 May 2023.
- 3.7 Members supported the making permanent of the three provisions set out in paragraph 3.4 above. However, some members had concerns about extending the provision which allowed committees to be made up of two rather than three members, particularly around the fact that a committee could sit without a pharmacy professional. There was a risk that decisions reached without the input of a pharmacy professional could be subject to challenge and appeal.
- 3.8 While it would not be the intention to convene a panel with only two members; and the provision was only likely to be used if a professional member of a panel could not attend and it was deemed that there was a risk to patient or public safety (so that postponing the hearing, as would usually happen, was not the preferred option), members took the view that the provision was unlikely to be needed and therefore should not be included.
- 3.9 The Council confirmed that it was happy with the other provisions and would support them being made permanent.
- 3.10 The draft Rules as presented could not be changed – so it was not possible to approve them in part. The executive would need to agree a new draft with the Department of Health and Social Care and a new timetable with the Privy Council. It was unlikely that this would be possible before the Scottish Parliament ceased business prior to elections and therefore there could be a gap between the temporary provisions expiring and the agreed provisions being made permanent.
- 3.11 A further meeting would be convened when the new draft was available.

4. Any other business

- 4.1 There being no further business, the meeting closed at 10.00.

Engagement and communications report

Meeting paper for Council meeting on 11 March 2021

Public business

Purpose

To update the Council on engagement and communications with stakeholders through a quarterly report.

Recommendations

The Council is asked to note this paper.

1. Introduction

1.1 This report outlines key communications and engagement activities since November 2020 and highlights upcoming events and activities.

2. COVID-19 pandemic

2.1 During the last quarter, our communications and engagement activity has continued to focus on responding to the impact of the COVID-19 pandemic.

2.2 We have summarised below key activities directly linked to the impact of the pandemic.

Registration assessment

2.3 A priority during this period has been to continue to communicate directly with the candidates eligible to sit the registration assessment, and the organisations and individuals that support them, about the plans for the March sitting and future sittings. We have sent regular updates throughout this period and responded to correspondence from individuals and organisations.

2.4 At the end of November, we wrote to candidates to confirm the dates of the two sittings in March and to advise them that they would sit in a Pearson VUE test centre, unless they were granted a reasonable adjustment to sit remotely.

2.5 In early January, we opened applications for the assessment and advised candidates on how to apply. Following the introduction of national lockdowns in late December and early January, we received a significant number of queries about whether the registration assessment would still go ahead in March, along with concerns about the impact of the ongoing pandemic on candidates' ability to prepare and sit the assessment. In response, we wrote to each potential candidate and issued a statement, explaining that the registration

assessment is a fundamental step towards full registration and that the assessment could still go ahead in Pearson VUE test centres, even if significant restrictions or lockdowns were still in place.

- 2.6 In early February we published 'on the day' guidance for candidates who were sitting in test centres or remotely, explaining what they could expect. On 9 February, we held a webinar which was attended by almost two thousand candidates, in which we gave them further details of what the Pearson VUE system would look like and answered attendees' questions. This webinar is **also available to watch via our website.**
- 2.7 During this period, we also had to respond to a number of concerns and issues raised by candidates and organisations that represent them. This included responding to concerns from overseas candidates about not being able to sit remotely, and advising them of our updated position once agreed, and responding to concerns from candidates who were not immediately able to book a place to sit the March assessment near their homes. This involved issuing statements, sending tailored emails to candidates, and providing updates and responses to queries on social media.
- 2.8 We are also preparing further communications for potential candidates to help them with final preparations for the March sitting and to advise on the dates for the summer and autumn sittings.

Provisionally-registered pharmacists

- 2.9 At the end of November 2020, we published a report which brought together the findings of two surveys of provisionally-registered pharmacists. Across both surveys, 49% of provisionally-registered pharmacists responded. The vast majority of provisionally-registered pharmacists indicated that their employer had completed their risk assessment (90%) and that they had access to clinical advice and guidance when needed (98%).

COVID-19 vaccination programme

- 2.10 In December, we published key information on our website for pharmacy professionals, pharmacy owners and patients and the public about the COVID-19 vaccination programme.
- 2.11 **Our online guide** summarises the key points to note for pharmacy professionals and pharmacy owners who want to support the COVID-19 vaccination programme in England, Scotland or Wales, and signposts to key resources.
- 2.12 This is a rapidly developing area and we have continued to update this page regularly. We have also updated our COVID-19 Q&A for patients and the public with answers to key questions about COVID-19 vaccinations and pharmacy, including warning the public to watch out for scam text or emails claiming to be from NHS vaccination services.

COVID-19 testing

- 2.13 We have continued to keep our position on the supply of COVID-19 tests from registered pharmacies under active review and to engage with other regulators and public health bodies with leading roles in this area.
- 2.14 In February, we published our updated position on the supply of COVID-19 tests from registered pharmacies, after reviewing new guidance from Public Health England (PHE). In light of the new PHE guidance, we explained to stakeholders that we are no longer asking

community pharmacies not to provide rapid/ point of care/ near-person antibody tests for COVID-19.

- 2.15 We held an online stakeholder meeting with key organisations representing pharmacy owners and pharmacy professionals in advance of the publication of our updated position, to discuss the updates and answer any questions.
- 2.16 These organisations then helped us to share the updated position with their members, and we also secured extensive media coverage in the pharmacy trade press.

Key issues relating to the pandemic

- 2.17 We have continued to respond to emerging issues relating to the COVID-19 pandemic and to work with other organisations to issue joint statements or letters where appropriate.
- 2.18 In November we issued a **joint letter with the Chief Pharmaceutical Officers and the PSNI** thanking everyone working in pharmacy for their remarkable work to reduce the impact of the COVID-19 crisis on patients and the public during the second wave of the pandemic. We then issued a **further joint letter with the CPhOs and PSNI in January**, in which we expressed our great appreciation for the efforts being made by colleagues across the UK to support the COVID-19 vaccination programme and to continue to provide other essential services to patients and the public, and emphasised that all pharmacy team members were a priority group for receiving the COVID-19 vaccination.
- 2.19 We have supported national efforts to encourage all pharmacy team members to get the COVID-19 vaccination, including through social media and **a news story on our website**.
- 2.20 **We also issued a joint statement** with the other health and social care professional regulators, reiterating the principles we will continue to rely upon to inform our approach to regulation as the pandemic continues.
- 2.21 We have supported an urgent public health study, backed by the UK Government, which aims to help understand why people from certain ethnic minorities are more likely to have severe COVID-19. We have written to a cross-section of GPhC pharmacists and pharmacy technicians, inviting them to participate in the **United Kingdom Research Study into Ethnicity and COVID-19 Outcomes in Healthcare Workers (UK-REACH), led by the University of Leicester**.

3. New standards for the initial education and training of pharmacists

- 3.1 Following the Council meeting in December, we made a public announcement that the GPhC Council had approved the new standards for the initial education and training of pharmacists.
- 3.2 We shared this announcement through a range of channels, including targeted emails, social media and through other organisations' networks. Nigel Clarke and Duncan Rudkin took part in a series of interviews with the key pharmacy trade press, which led to further media coverage about the new standards and what they would mean in practice.
- 3.3 In January, we published the final version of the new standards, after making final amendments and completing a plain English review. We again promoted the new standards through a media statement, tailored emails to different groups and social media activity. We also

provided a communications toolkit to enable other organisations to share the key messages about the new standards through their networks.

- 3.4 The new standards have been publicly welcomed by a range of organisations and individuals, including the Chief Pharmaceutical Officers, Royal Pharmaceutical Society, Pharmacy Schools Council, Health Education England, NHS Education for Scotland and Health Education and Improvement Wales. The news has also shared through a number of networks and bulletins including NHS Employers and NHS E&I's Priamry Care Bulletin.
- 3.5 We are continuing to work to implement the communications and engagement plan for the new standards. We have set up a communications group with the strategic education bodies, Pharmaceutical Society of Northern Ireland, Royal Pharmaceutical Society and other key partners to help coordinate the communications and engagement activity taken forward by each organisation.
- 3.6 Most recently, we have been preparing communications to send to training sites offering Foundation training year placements and designated supervisors to advise them on our requirements for the Foundation Training Year 2021-22, including implementing interim learning outcomes for this year. We are also updating our FAQ to explain the changes and what they mean for both training sites and trainees.
- 3.7 We will work closely with the Statutory Education Bodies to explain to all key audiences, including students and trainees, what will happen and when, once the implementation plans for each country are agreed and published.

4. Consultation on how we set our fees

- 4.1 We are planning to launch our consultation on how we set our fees during the week commencing 8 March, following the approval of the consultation document at the February Council meeting.
- 4.2 We will promote this consultation through direct emails to pharmacy professionals, media coverage and social media. We are also contacting organisations that would have an interest in the proposals and encouraging them to respond and to share the consultation through their networks.

5. Enforcement action against pharmacies

- 5.1 During this period, we have responded to queries from stakeholders and the media about enforcement action we have taken against a number of pharmacies supplying inappropriate volumes of codeine linctus, and improvement notices we have issued for two pharmacies that were dispensing private prescriptions for an online clinic providing medicines to treat gender dysphoria.

6. Brexit: information for pharmacy professionals and pharmacy owners

- 6.1 In November, we **published a Q&A on our website** to explain the impact of the end of the Brexit transition period on our registration processes. The Q&A explains that from 1 January 2021, the registration process for some pharmacists and pharmacy technicians with non-UK

qualifications has changed. We also worked closely with colleagues in our registration team to update relevant webpages, documents and forms to reflect these changes.

7. Recent events and meetings

- 7.1 Please see appendix 1 for a list of key events and meetings that have taken place since February 2020.
- 7.2 Council members are reminded to liaise with the office before accepting external invitations to speak on behalf of the GPhC in order to minimise overlap and ensure they have the most up-to-date supporting material.

8. Upcoming events and activities

- 8.1 Please contact Laura Oakley, Stakeholder Engagement Manager, at laura.oakley@pharmacyregulation.org if you would like to attend any of these virtual events:

Weldricks, 15/04/21

Shelley Edmonds (Inspector) presentation to pre-registration trainees
09:30

Manchester University, 21/04/21

Lisa Gilbert (Pre-registration Training Facilitator) and Juliette Becuwe (Policy Manager, Education) presentation to pre-registration trainees
13:00-16:00

Clinical Pharmacy Congress, 14/05/21

Mark Voce (Director of Education and Standards) presentation on reforms to initial education and training for pharmacists

9. Consultations

- 9.1 Please see appendix 2 for the grid of active and new external consultations to which we have considered responding.

10. Equality and diversity implications

- 10.1 We are continuing to work closely with colleagues internally and externally to consider the implications in relation to equality, diversity and inclusion in relation to our response to the COVID-19 pandemic and to consider what engagement and communications activity we should undertake in response.
- 10.2 We are preparing to launch the consultation on our EDI strategy and to engage with stakeholders on the strategy, once it has been approved by the Council.

10.3 We have also continued work to improve the accessibility of our website and the information we publish and share during this period, to make sure we meet accessibility regulations.

11. Recommendations

The Council is asked to note this paper.

Rachael Oliver, Head of Communications
General Pharmaceutical Council

04 March 2021

Appendix 1

Events from 11 November 2020 – 10 March 2021

Initial Education and Training for Pharmacists Advisory Group, 03/11/20

Company Chemists Association Professional Practice Group, 19/11/20

Claire Bryce-Smith (Director of Insight, Intelligence and Inspection) presentation on associated premises and Carole Auchterlonie (Director of Fitness to Practise) presentation on managing concerns about pharmacy professionals in the future consultation

Association of Independent Multiple Pharmacies conference, 12/11/20

Mark Voce (Director of Education and Standards) presentation on reforms to initial education and training for pharmacists

Managing concerns about pharmacy professionals in the future consultation stakeholder workshop, 23/11/20

Managing concerns about pharmacy professionals in the future consultation public focus group, 26/11/20

Managing concerns about pharmacy professionals in the future consultation webinar, 02/12/20

Managing concerns about pharmacy professionals in the future consultation public focus group, 04/12/20

Education quality assurance public focus group, 15/12/20

Initial Education and Training for Pharmacists Advisory Group, 19/01/21

Webinar on sitting the GPhC registration assessment in March 2021, 09/02/21

Initial Education and Training for Pharmacists Advisory Group, 22/02/21

Safe Spaces webinar: Working with the community to provide safe and confidential spaces to access specialist domestic abuse services, 09/03/21

Claire Bryce-Smith (Director of Insight, Intelligence and Inspection) presentation on community pharmacy involvement in Safe Spaces

Meetings from 11 November 2020

Listed below is a non-exhaustive selection of significant meetings since the last engagement and communications report to Council.

Initials are as follows: Nigel Clarke (NC), Duncan Rudkin (DR), Carole Auchterlonie (CA), Claire Bryce-Smith (CBS), Jonathan Bennetts (JB), Laura Fraser (LF), Liam Anstey (LA), Mark Voce (MV)
Chair (Nigel Clarke):

1. Chair (Nigel Clarke):

- Meeting with Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care, Jo Churchill (with DR)
- Meeting with National Pharmacy Association (with DR)

- Day Lewis Virtual Awards 2020
- Meeting with Association of Pharmacy Technicians UK (with DR)
- Meeting with Pharmaceutical Society of Northern Ireland (with NC)
- The Independent Pharmacy Awards 2020 event
- Meeting with Association of Independent Multiple Pharmacies (with DR)
- Meeting with Health Education England (with DR)
- Meeting with Health Regulators Chairs

2. Staff:

- Meeting with Directors of Pharmacy Scotland (LF)
- Meeting with Healthcare Safety Investigation Branch (CBS)
- Meeting with National Pharmacy Association (CBS)
- Meeting with Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care, Jo Churchill (DR with NC)
- Sharing Intelligence for Health and Care Group - Emerging Concerns Protocol (for Scotland) short-life working group (LF)
- Meeting with Centre for Pharmacy Postgraduate Education (CBS)
- Meeting with National Pharmacy Association (DR with NC)
- Scottish regulatory Forum (LF)
- Meeting with Wales General Medical Council, Nursing and Midwifery Council, General Dental Council and Healthcare Inspectorate Wales (LA)
- Care Quality Commission (DR, CBS)
- Meeting with Health Education and Improvement Wales, Royal Pharmaceutical Society, Association of Pharmacy Technicians UK (LA)
- Meeting with Association of Pharmacy Technicians UK (DR with NC)
- Healthcare Improvement Scotland QIPP Quarterly meeting (LF)
- Pharmacy Services Steering Group (LF)
- Health Education England UK Wide Credentials: Four Nation and Regulator Roundtable (MV)
- Meeting with Royal Pharmaceutical Society (DR, MV)
- Health Education England Interim Foundation Pharmacist Programme Steering Group (MV)
- Welsh NHS Confederation Policy Forum (LA)
- Chiropractic, Optical, Pharmacy, Osteopathic and Dental regulatory bodies (COPOD) FtP sub-group meeting (CA)

- Chiropractic, Optical, Pharmacy, Osteopathic and Dental regulatory bodies (COPOD) group meeting (DR)
- Meeting with Mermaids, LGBT Consortium, LGBT Foundation & Stonewall (DR)
- Meeting with Pharmaceutical Society of Northern Ireland (DR with NC)
- Health Education and Improvement Wales Pharmacy Advisory Board (LA)
- Meeting with NHS England and NHS Improvement (DR, CBS)
- Pharmacy ACT Oversight Group (PAOG) (LF)
- Meeting with Association of Independent Multiple Pharmacies (DR with NC)
- Meeting with Health Education England (DR with NC)
- Meeting with Company Chemists Association (CBS)
- Meeting with Health Education and Improvement Wales (LA)
- Meeting with Royal Pharmaceutical Society Scotland (LF)
- Meeting with Interim Chief Pharmaceutical Officer for Scotland (LF)
- Meeting with Board of Deputies (DR)
- Meeting with Numark (CBS)
- Meeting with Avicenna (CBS)
- Meeting with Community Pharmacy Wales (LA)
- Meeting with Chief Pharmaceutical Officer for England (DR, CBS)
- Meeting with Community Pharmacy Scotland (LF)
- Meeting with Department of Health and Social Care (DR)
- Meeting with NHS Healthcare Improvement Scotland (CBS, LF)
- Meeting with University of East Anglia (MV)
- Welsh IETP Implementation Group meeting (LA)
- Cardiff and Vale University Health Board - Welsh Pharmaceutical Committee (LA)
- Meeting with Chief Pharmaceutical Officer for Wales (LA)
- Monthly with Association of Pharmacy Technicians UK, Health Education and Improvement Wales, Wales Schools of Pharmacy and Royal Pharmaceutical Society Wales (LA)
- Primary Care CEO Stakeholder Meeting (DR)
- Meeting with Public Health Wales (LA)
- Meeting with Sarah Seddon (CA)
- NHS England and NHS Improvement - Pharmacy Integration Clinical Reference Group (CBS)
- Scotland Pharmacy Services Steering Group (LF)

- Health Education and Improvement Wales Pharmacy Advisory Board (LA)
- Meeting with CEO National Primary Health Care Development Agency, Nigeria (DR)
- National Steering Group: Maximising Leadership Learning in the Pre-Registration Healthcare Curricula Working Group (MV)
- Health and Social Care Regulators Forum (DR)
- Chief Executives of Regulatory Bodies meeting (DR)
- Chief Executives of Regulatory Bodies workforce and Leadership sub-group meeting (MV)
- Meeting with Pharmacists Defence Association (DR)
- Meeting with General Medical Council Scotland (LF)
- Meeting with Robert Gordon University (LF)
- Interim Foundation Pharmacist Programme Steering Group (MV)
- QIPP quarterly meeting (LF)
- Meeting with Pharmaceutical Society of Northern Ireland (MV)
- Care Quality Commission Primary Care Quality Board (CBS)
- Primary Care CEO Stakeholder Meeting (DR)
- Meeting with Scotland Regulators (LF)
- Initial Education and Training for Pharmacists - national work group (Scotland) (LF)
- Care Quality Commission - Learning from Covid-19 HSCRF sub-group meeting (DR)
- Meeting with David Reissner (DR)
- Meeting with NHS Education for Scotland (LF)
- NHS England and NHS Improvement - Primary care clinical stakeholder forum (DR, CBS)
- Meeting with Health Education England (MV)
- Clinical Pharmaceutical Officer Clinical Fellow Scheme event (CBS)
- Health Education England blended learning task and finish meeting (MV)
- Meeting with Association Of Pharmacy Technicians UK (MV)
- Meeting with General Medical Council Wales (LA)
- Professional Standards Authority - Regulatory developments and the Welsh context seminar 2021 (LA)
- Welsh Pharmaceutical Committee (LA)
- Department of Health and Social Care - 'Hub and spoke' dispensing engagement session (DR)
- Regulators Network Meeting (DR)

Appendix 2

Active and new consultations

The table below lists all the consultations by other organisations that we have reviewed. Consultations we have provided responses to are listed first, those currently being responded to appear next; the table ends with the list of consultations to which we have not provided responses.

Table 1: Active and new consultations

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
Serious Shortages Protocols - 12 month review of the policy	DHSC	As part of the regulations implementing Serious Shortage Protocols (SSPs), The Department of Health and Social Care committed to producing a review of the policy after one year after the implementation of the first Protocol, as set out in the Explanatory Memorandum to the regulations. The first Protocols were issued in October 2019 and therefore they are now undertaking the required review of the policy and the consultation.	24/11/2020	Responded to	Email	AA (Policy & Standards)	As a key stakeholder, it was appropriate for us to be approached regarding this matter, however we have not had any concerns raised by colleagues, pharmacy professionals or members of the public regarding SSPs, we could only notify the DHSC as such in response to their consultation	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Learning from Covid</u>	PSA	Working with the regulators the PSA oversees to review their responses to the first phase of the coronavirus pandemic up to July 2020. The PSA hope that this can help us learn lessons and inform how regulation reacts to any future crises. https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2020/11/19/learning-from-covid-contribute-to-our-review	21/12/2020	Responded to	Email	LMC (Executive Office)	As a key stakeholder in this consultation, it was appropriate we responded. We submitted a full response, which included developing case studies for the PSA on topical areas of our work during the pandemic response.	
<u>Performance Review Consultation</u>	PSA	The PSA carry out annual performance reviews of the 10 statutory healthcare regulators to check how well we are performing against the PSA's Standards of Good Regulation. The PSA's current process was introduced in 2016 and they want to make sure it's still fit for purpose. They think there is room for improvement and	04/03/2021	Responded to	Letter	LMC (Executive Office)	We responded to this consultation, which is linked to the PSA's previous consultations on the revised Standards of Good Regulation. This latest consultation looks at the operational aspects of how the performance review process works in practice and not the substance of the	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		have identified several key areas in the consultation on which they'd like feedback.					Standards of Good Regulation	
<u>Regulatory arrangements for the awarding of vocational and technical and other general qualifications in 2020-2021</u>	Ofqual	Consultation on the detail of the VTQ Contingency Regulatory Framework. This will permit awarding organisations to award results when exams do not take place and/or because learners cannot complete all internal assessments.	11/03/2021	Being reviewed		DD (Education)	We are following this consultation closely and with interest, particularly as there are areas of potential learning for our continued work on the rescheduled registration assessment	
Recommendations on the role of Vitamin D in preventing and treating COVID-19	NICE	The Department of Health and Social Care asked NICE and PHE to set up a joint expert panel of NICE and SACN (Scientific Advisory Committee on Nutrition) to develop recommendations on the role of Vitamin D in preventing and treating COVID-19. NICE asked for our comment on the draft guidance.	03/12/2020	Reviewed but not responding	No response	AA (Policy & Standards)	This is a clinical consultation which is beyond our remit.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Records Management Code of Practice 2020</u>	NHSX	NHSx has launched a consultation on the new updated Records Management Code of Practice 2020. This builds on previous versions issued in 2006, 2009 and 2016. Over this period of time, there have been advances in technology and changes to the law (e.g. Data Protection Act 2018) that have impacted on Records Management in the NHS. The aim of the 2020 Code is to ensure there is consistent practice across the health and care system. NHSx are asking for views on this draft code.	11/12/2020	Reviewed but not responding	Informal response (letter, email, other engagement)	CG (Information Governance)	Not directly relevant to us but is something we would like to kept informed about as we do use the code. Have asked to be kept up to date with developments but submitted no formal response	
<u>Consultation on regulating quality and standards in higher education</u>	Office for Students	The Office for Students is consulting on its approach to regulating quality and standards in higher education. Since 2018, their focus has been on assessing providers seeking registration and they are considering whether and	12/01/2021	Reviewed but not responding	No response	SR (Education)	Whilst it's helpful to be aware of this consultation and any changes it brings about, it is not seen as necessary to write a response as additional scrutiny/sanctions from the OfS for reasons	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		how they should develop their approach now that most providers are registered.					related to its pharmacy course remains unlikely.	
<u>NHS Standard Contract 2021/22: A consultation</u>	NHS England & Improvement (NHS&I)	Seeking views on changes to the NHS standard contract.	05/02/2021	Reviewed but not responding	No response	AA (Policy & Standards)	Not directly related to pharmacy or pharmacists but outcome may be of interest	
<u>Shared decision making draft guidance consultation</u>	NICE	This consultation seeks the views of stakeholder on the Shared decision making draft guideline. This guideline covers how to make shared decision making part of everyday care in all healthcare settings. It promotes ways for healthcare professionals and people using services to work together to make decisions about treatment and care. It includes recommendations on training, communicating risks, benefits and	09/02/2021	Reviewed but not responding	No response	RO (Comms)	Whilst we will not be responding to this consultation, we will carefully consider the key themes and outcomes from the consultation and see what learnings there would be for us and our approach. Much of what is being proposed sounds like what we already expect pharmacy professionals to do. There might be some useful learnings for employers about how to embed shared	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		consequences, using decision aids, and how to embed shared decision making in organisational culture and practices.					decision making in their organisations.	
<u>Lovima 75 microgram film-coated tablets (Desogestrel): Public Consultation</u>	MHRA	A 3-week consultation on a proposal to make Lovima 75 microgram film-coated tablets (Desogestrel) available from pharmacies.	12/02/2021	Reviewed but not responding	No response	AA (Policy & Standards)	We have considered this consultation with interest however it is not within our remit to determine how a medicine should be classified. We will continue to monitor any further developments on this topic.	
<u>Accredited Registers strategic review consultation</u>	PSA	The PSA's strategic review of the Accredited Registers programme was launched in June this year and is the first comprehensive review of the programme since its creation in 2012. The Accredited Registers programme provides a system of oversight and assurance for healthcare roles which are not regulated by law and in the last eight years has accredited a range of	18/02/2021	Reviewed but not responding	No response	LMC (Executive Office)	We do not respond to consultations relating to the PSA's work on accredited registers, which is outside our remit	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		registers covering a wide variety of occupations. In this consultation, the PSA set out their vision for the future and their proposals for changes to the programme during 2021.						
<u>The National Education and Training Survey (NETS)</u>	HEE	The NETS gathers opinions from students about their time in clinical placements, asking them to provide feedback on what worked well and what they think could be improved. Survey results offer universities, colleges, healthcare placement providers and HEE further insight into the quality of the clinical learning environment.	30/11/2020	Reviewed but not responding	No response	Education	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.	
<u>Covid-19 statements</u>	GOC	This consultation seeks views on how the GOC can continue to support its registrants and the optical sector throughout the COVID-19 pandemic as different parts of the UK experience local and	07/01/2021	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work. This consultation	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		potentially national restrictions now and in the future.					has been extended from the original deadline 15 Oct 2020	
<u>Covid-19 emergency rules consultation</u>	NMC	Seeking views on how emergency rules may be used in future by the NMC.	15/01/2021	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.	
<u>CET Rules Consultation</u>	GOC	This consultation gives stakeholders an opportunity to review the amended Continuing Education and Training Rules to ensure that they do not have any unintended consequences or impact before they are implemented.	28/01/2021	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.	
<u>Consultation on revisions to the GDC's Preliminary Meeting Guidance</u>	GDC	Seeking views on updates made to GDC Guidance on the constitution and conduct of Preliminary Meetings, convened as part of the Fitness to	21/02/2021	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		Practise process. Changes to the Guidance will affect those involved in the Fitness to Practise processes, particularly in cases where the investigation has resulted in a referral to a substantive hearing.					implications for our work.	
<u>Draft Screeners Guidance</u>	GOsC	Seeking views on their revised and updated guidance for screeners. Initially, an osteopath member of the GOsC's Investigating Committee will 'screen' a concern raised with their Regulation department to determine whether or not it should be referred to the Investigating Committee. If the osteopath screener decides that the GOsC has no power to investigate the concern, the matter is referred to a lay screener to review the documentation and the Screener's decision.	02/03/2021	Reviewed but not responding	No response	Fitness to Practice	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Strategy 2021 consultation</u>	CQC	This consultation seeks the views of stakeholders on CQC's new strategy. CQC want to make changes to the way they regulate so that it's more relevant, working with health and care services to find solutions to problems and improve outcomes for everyone. They also want to be more flexible to help them manage risk and uncertainty.	04/03/2021	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.	
<u>Draft guidance for registrants: Speaking Up</u>	GOC	This consultation gives stakeholders an opportunity to review the new Speaking Up: guidance for GOC registrants, designed to encourage GOC registrants to raise concerns, supporting Standards= 11 in GOC's Standards of Practice for Optometrists and Dispensing Opticians	10/03/2021	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Consultation on changes for flexible regulation</u>	CQC	Seeking views on proposals to make regulation more flexible and responsive.	23/03/2021	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.	
<u>Consultation on a revised threshold level of qualification for entry to the Register (SET 1) for Operating Department Practitioners (ODPs)</u>	HCPC	This consultation seeks the views of stakeholders on the proposed revised threshold level of qualification for entry to the Register (known as SET 1) for Operating Department Practitioners (ODPs).	26/04/2021	Reviewed but not responding	No response	Policy and standards team	We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.	

Delivering equality, improving diversity and fostering inclusion: our strategy for change

Meeting paper for Council on 11 March 2021

Public business

Purpose

To provide the Council with our draft equality, diversity and inclusion strategy

Recommendations

The Council is asked to approve the draft equality, diversity and inclusion strategy for consultation (Appendix 1)

1. Introduction

1.1 This strategy brings a new focus and energy to our efforts to progress how we deliver equality, improve diversity and foster inclusion. It provides a framework for the delivery of this work, across our organisation, in support of our Vision 2030 and Strategic Plan.

2. About this strategy

2.2 The strategy builds on the three key themes that we presented to the Council in December 2020 and includes a series of objectives and outcomes under each theme.

2.3 These have been developed using an evidence-based and collaborative approach, proactively seeking and listening to the views of a wide range of internal and external stakeholders. We have undertaken an iterative process of ongoing, extensive engagement, feedback and review. This is explained in more detail in the strategy.

2.4 The strategy has also been reviewed by an external consultant who is a subject matter expert, as well as a sub-group of seven Council members.

2.5 The strategy, consultation document and consultation questions are attached at **Appendix 1**.

3. Equality and diversity implications

3.1 Equality, diversity and inclusion are central to everything that we do, both as a regulator and employer. They are woven throughout our Vision 2030 and Strategic Plan, which set out our roadmap for the future and underpin all of our regulatory activities.

3.2 This strategy sets out how we will work together and with others to transform our approach to equality, diversity and inclusion, describes how we meet our legal obligations under the

Equality Act and supports us to achieve more than compliance with strict legal requirements in this context.

4. Communications

- 4.1 Once approved, we will consult on the strategy for 12 weeks, in line with best practice.
- 4.2 Alongside the online consultation, we will also engage with a broad and diverse range of stakeholders through various channels, including virtual focus groups, roundtable sessions and individual one-to-one meetings. This will include patient and pharmacy groups as well as other equality networks and organisations. Our engagement will be targeted and tailored, asking the right questions of the right stakeholders to maximise quality of feedback.

5. Resource implications

- 5.1 The resource implications for this work, including communication and consultation activities, have been accounted for in existing budgets.

6. Risk implications

- 6.1 The strategy is closely aligned with our Vision 2030 and Strategic Plan, which have already been subject to consultation. Any risks around opportunities to engage and respond will be managed through our communications and engagement plan.
- 6.2 There is also a risk attached to our credibility, both internally and externally if we do not have a strategy that is fit for purpose and demonstrate our progress against it. This approach will help us to mitigate those risks.

7. Monitoring and review

- 7.1 At the end of consultation, the responses will be analysed, and a consultation analysis and report prepared for Council. Progress against our strategy will be reviewed quarterly. This will be in addition to annual reports.

8. Recommendations

The Council is asked to approve the draft equality, diversity and inclusion strategy for consultation (Appendix 1)

Laura McClintock
Chief of Staff

Arvind Sandhu
Equality, Diversity and Inclusion Manager

02 March 2021

Delivering equality, improving diversity and fostering inclusion: our strategy for change 2021 – 2026



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Foreword

This strategy brings a new focus and energy to our efforts to progress how we deliver equality, improve diversity and foster inclusion. It provides a framework for the delivery of this work, across our organisation, in support of our Vision 2030 and Strategic Plan 2020-2025. It builds on the work we are already doing and recognises, and works alongside, other inter-connecting strategies such as our fitness to practise strategy.

Equality is – and will continue to be – a key driver for our work and is central to this strategy. This is not just because of the imperative to meet our legal requirements, but because it's absolutely the right thing to do. Alongside this central driver, our strategy also reflects that diversity and inclusion sit at the heart of the organisational culture and the way that we aspire to work.

We know that we operate in a world where deep and ingrained structural inequalities exist, including within healthcare regulation, but we will not use this as a reason for inaction. Our strategy sets out our clear commitment to be more proactive, and more joined up, in using our regulatory tools to help reform the structures and practices that maintain inequality and discrimination within pharmacy and pharmacy regulation.

We know that people experience the GPhC in different ways and we want to better understand these differences, so that we can continue to refine and improve the way we work. We don't see this as an optional extra, or even a responsibility that sits within one single part of our organisation. For this strategy to be effective, we also need to work collaboratively with our colleagues and stakeholders across pharmacy to make this happen.

We recognise the importance of taking an evidence-based approach to our work and one of our key priorities highlighted through this strategy is to improve the way we collect, analyse and use our data and insights. However, we are equally committed to making progress on delivering against all our priorities and we will not delay in taking forward action and activity where we can, even while our data and insights are continuing to evolve.

We also need to be realistic and clear-sighted about the challenges ahead, recognising that we still have much work to do. We will often have to face difficult decisions because our resources are limited, and we cannot immediately do everything that our ambitions demand.

As an organisation, we have already committed to keeping our Vision 2030 and Strategic Plan under close review, to make sure we are able to adapt quickly to changes in the external context, the delivery models of pharmacy services and wider changes in the wider health and social care sector. We're applying the same approach to this strategy and we will keep it under review, to make sure that we're anticipating and responding appropriately to emerging internal and external issues, challenges and opportunities.

Issues of disability (both physical and hidden), race and ethnicity, LGBTQ+ rights, and indeed the whole landscape of equality, diversity and inclusions are now increasingly integral to mainstream discourse. Against this backdrop, and in this context, we are committed to making sure that our EDI strategy remains fit for purpose in contemporary society.

And, we know that significant external events – as we have seen with the Covid-19 pandemic and the Black Lives Matter movement – might cause us to refocus or rethink our priorities in the future. If that happens, we will apply the guiding principles in this strategy to help shape our way forward.

This is a five-year strategy, and we see this as the beginning. We will have much more work to do as we move towards achieving our Vision 2030, looking at all our work through the lens of equality, diversity and inclusion. Ultimately, the strategy should be seen as a key milestone on our journey to do better as a regulator and an employer.

Nigel Clarke Duncan Rudkin

About us

We have an important part to play in making sure people receive safe and effective care when using pharmacy services and have trust in pharmacy.

We:

- Promote professionalism within pharmacy
- Help make sure pharmacy professionals have the appropriate knowledge, attitudes and behaviours
- Assure the quality of pharmacy, including its safety
- Support the improvement of pharmacy

We do this in a number of ways, including:

- Registering and listing publicly the pharmacy professionals and pharmacies that provide care to patients and the public
- Setting and promoting the standards needed to enter and stay on our register
- Receiving assurances, in a few ways, that pharmacy professionals and pharmacies continue to uphold our standards – and acting appropriately when they do not
- Sharing with others what we learn through our work
- Investigating concerns about the people or pharmacies we register and taking proportionate action to protect the public and promote our standards

Words matter

Language is continuously evolving. The language we use and the words we choose to express ourselves matter. Words can unite and align people, but they can also exclude and divide.

We know that there can sometimes be uncertainty about the use of language around equalities topics and it's vital that we think about the impact that our words have on others.

We also know that identity, for example, is very personal and that individuals will have their own particular preferences as to how they would describe themselves and how they would wish to be described. We will recognise that through our own work by listening and learning.

We have described what we mean by some of the key words and phrases that we use throughout our strategy below. This is not an exhaustive list and we recognise that there are often different views and opinions about the best way to describe these words and phrases. However, we hope this will serve as a starting point to build understanding of our strategy and to help facilitate conversations and discussions about our work.

Black and minority ethnic (BAME)

We recognise the recent debates and different perspectives about the use and limitations of this term, specifically that it should not be taken as referring to a singular group or identity. We are committed to taking a nuanced approach to issues of race and ethnicity as far as possible, whilst at the same time working with our stakeholders to determine the terminology to support our approach going forward.

Equality

Equality is about making sure that individuals, or groups of people, are not treated less favorably because of their protected characteristic (see more on this term below), and where everyone has an equal opportunity to make the most of their potential. This may mean that at times people are not just treated 'the same', but in ways which reflect their individual needs and characteristics, and the inequality they may experience.

Diversity

Diversity is about recognising, respecting and valuing everyone as an individual. Often, this is referred to in terms of acknowledging unique and different perspectives for the added value these bring to creating better outcomes.

Inclusion

Inclusion is about a sense of belonging and creating an environment where everyone feels welcomed and valued. It is often used to refer to creating a culture of respect and effective engagement with people of all backgrounds. For us, belonging includes a workplace culture where there is a feeling of security, support and acceptance, and identity for all, which helps to develop positive and significant relationships with others.

Intersectionality

To put it simply, intersectionality is about recognising that multiple issues, identities and therefore levels of discrimination can overlap.

Lived Experience

This is about personal knowledge gained through direct, or indirect involvement or experience, in everyday events. When we talk about this in our strategy, we are referring to the way in which we want the personal and first-hand experiences of our staff, our Council members, associates and partners, and our stakeholders to help inform and be reflected in our work.

Protected characteristics

The Equality Act 2010 protects individuals from direct and indirect discrimination, harassment and victimisation, because of nine 'protected characteristics'¹. The Act 2010 defines these as: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Protection applies in the workplace, the provision of services and other contexts, and is subject to defined exceptions.

We recognise that the Equality Act only provides legal protection to individuals. However, we appreciate that there are times when we necessarily refer to people who share a protected characteristic as a collective for the purposes of our work, for example, when we undertake equality impact assessments.

There is more information about the legal framework in Part 7 below.

¹ In ordinary English, to "discriminate" simply means to differentiate or make a distinction. In everyday life we can all discriminate in arriving at almost every decision we make. More recently though discrimination has come to mean being unfair to someone or behaving badly towards people. In the context of equality law, there is an important difference between what is described as lawful and unlawful discrimination. Unlawful discrimination means treating a person unfairly because of their protected characteristics. There are also though circumstances when certain forms of discrimination are lawful under the Equality Act. When we talk about tackling discrimination through our strategy, we are referring to the type of conduct that is prohibited under the Equality Act and which would be seen as unfair treatment.

The consultation process

We are consulting on our strategy until **XX XXXX** 2021. We want to hear your views about the impact of our proposals on patients, the public, pharmacy professionals and employers. We welcome responses from anyone with an interest in equality, diversity and inclusion.

The consultation will run for 12 weeks and during this time, we will be receiving feedback from individuals and organisations. We will send this document to a range of stakeholders, including pharmacy professionals, owners and employers, trade and professional bodies, patients' representative bodies and organisations, members of the public, equality organisations and others with an interest in this area. After the consultation, we will publish a report summarising what we heard.

Our report on this consultation

Once the consultation period ends, we will analyse the responses we will have received and consider any changes that are needed. Our Council will then receive the analysis and consider the responses when approving the final strategy.

We will publish our analysis of the responses received and an explanation of the decisions we will take on our website www.pharmacyregulation.org

Why we consult

We are required to consult before we set any standards or requirements under the Pharmacy Order 2010. We will also consult where necessary to make sure we exercise our statutory functions effectively and proportionately to meet our overarching objective of protecting the public.

Responding to the consultation: how we use the information we gather

We will use responses to help us develop and finalise our strategy. We ask respondents to give us some background information and clarify they whether respond as individuals or on behalf of an organisation. We use this information to help us analyse the possible impact of our plans on different groups. There is an equality monitoring form at the end of the survey questionnaire, which we encourage respondents to complete.

If you respond as a private individual, we will not use your name or publish your individual response. If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it. But we cannot guarantee that confidentiality can be maintained in all circumstances. If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

Your rights

Under data protection law, you may ask for a copy of your response to this consultation or other information we hold about you, and you may also ask us to delete your response. For more information about your rights and who to contact please read our privacy policy on our website.

Part 1: A diversity of challenges and characteristics

Professional regulators, the public they serve and the professionals they regulate undoubtedly face many complex, important and varied equality, diversity and inclusion challenges.

The COVID-19 pandemic and Black Lives Matter movement have quite rightly put the inequalities and discrimination that some minority groups experience at the forefront of national, global and pharmacy agendas. The historic impact of education, training and work environments, as well as background, mean that opportunities, experience and attainment are not equal for all.

And, we know we have more work to do to fully understand and address other issues within pharmacy including: how we can better understand the communities, cultures and challenges facing those we work with and apply this knowledge to our regulatory interventions; how we can better understand why we get a higher number of concerns about Black, Asian and minority ethnic (BAME) professionals being raised with us than we ought to expect statistically; how we can use our regulatory levers to tackle discrimination and support the reduction of health inequalities; and, how to make sure that diversity (including diversity of lived experience) is better reflected both in and through our governance and leadership.

We've already started to confront some of those challenges – through setting this strategy for change – as well through several current and ongoing initiatives. Our work to develop an effective strategy builds on existing work that involves many people and many different streams of activity across our organisation.

For example, through our new **standards for the initial education and training of pharmacists** (launched January 2021) we have placed a much greater emphasis on equality, diversity and inclusion in terms of what we expect from pharmacy students/trainees and from educational providers, to help combat discrimination and health inequalities, and to address the deficiencies and differences that we identified through previous **qualitative research** into candidate registration assessment performance.

We've introduced requirements to make sure that students/trainees, through mandatory learning outcomes, treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences. And, we have introduced similar requirements for educational providers, to make sure that policies and procedures promote the principles and legal requirements of equality, diversity and fairness, and that institutions are actively identifying and reducing discrimination in selection and admission processes. This requires institutions to take specific measures such as annual analysis of degree admissions profile by protected characteristic if that analysis shows that the admissions process may be disadvantaging students.

We also know that equality, diversity and inclusion strategies are often centered on the protected characteristics defined in the Equality Act. While this is still fundamental to our work, we want to go beyond simply delivering interventions that support those who share particular legally protected characteristics and think more holistically.

To clarify, through the themes and objectives identified in **Part 3** of this strategy, we will consider, where possible to do so, these broader characteristics in our work such as caring responsibilities, socio-

economic factors, language or communication challenges, or other diverse needs. We already do this through our equality impact assessments – where we try to identify and consider wider issues or needs as part of analysis the potential impact of our policy changes – but we want to make sure that this approach is applied to our wider work, where we can.

By recognising these broader characteristics and how we might approach these in a meaningful and inclusive way, this supports us to think about the impact of intersectionality - recognising that multiple issues, identities and therefore levels of discrimination can overlap.

Where possible, the activities delivered through this strategy will support the public we serve, the professions we regulate, and our workforce. However, in some cases we will identify clear imperatives and rationales to deliver activities that are targeted to address the experiences of particular groups, internally and externally. These will normally involve working directly with and consulting our staff, our Council members, associates and partners, our stakeholders and our networks. In other cases, these may arise from national or global focus on equality, diversity or inclusion issues.

Part 2: Our strategic approach to EDI

Our **Vision 2030** is for '*Safe and effective pharmacy care at the heart of healthier communities*'. This helps us to focus on the difference we want to make for patients and the public, and is structured around the three main ambitions:

- A good quality, independent regulator of pharmacy for the public
- Practising an anticipatory and proportionate approach to regulation
- Operating as a professional and lean organisation.

Our strategic aims

Our **Strategic Plan 2020-2025** sets out the work we plan to do to help us to achieve our Vision 2030. To make major progress in delivering our vision over the next five years, we will focus on achieving the five strategic aims set out below. These are to:

- Deliver an adaptable standards framework that meets rapidly changing public and professional needs
- Deliver effective, consistent and fair regulation
- Drive improvements in pharmacy care through modernising our regulation of education and training
- Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy
- Enhance our capabilities and infrastructure to deliver our Vision

Our strategic plan brings together in one place our intended level of ambition, how we intend to regulate, and how we will need to operate in order to successfully deliver our Vision.

Each strategic aim is supported by a short narrative for explanatory purposes, the key programmes of work we will be focusing on, along with some high-level examples of success. You can read more about this work [here](#).

Our approach to regulation

To support the achievement of our Vision and Strategic Plan, our approach as a regulator is to:

- Work **collaboratively** with others
- Promote professionalism and **person-centred care**
- Focus on what makes a **difference for patients and the public**
- Base what we do on **evidence**
- Regulate in a way that is effective and **responsive** to developments in the three countries in which we regulate

Our culture and values

Equality, diversity and inclusion is at the heart of our culture and values as an organisation, and in particular:

- We hold ourselves to the standards that we expect of others
- We do the right thing
- We know what we have to do and trust others to do it
- We work together to make things better in pharmacy
- We ask the right questions and make the right connections

In the context of this work, we see legal requirements as imperative, but only as a baseline not a ceiling.

These principles guide our approach as a regulator and employer and are integral to the way we deliver our work. We expect all our staff, council members, associates and partners to embrace these principles and apply them to their day to day activities.

Our EDI strategy

Equality, diversity and inclusion are central to everything that we do, both as a regulator and employer. They are woven throughout our Vision 2030 and Strategic Plan, which set out our roadmap for the future and underpin all of our regulatory activities.

Yet, we still need to do more to **deliver equality, improve diversity and foster inclusion** across the different areas of our work. And, we need to make sure that EDI is fully integrated in our work, that it helps shape our future priorities, measure our achievements and show us where we can do better. A greater level of detail about our work in this context is set out in this strategy, which is designed to:

- Support us to **achieve our Vision 2030 and Strategic Plan**
- Set out how we will work together and with others to **transform our approach to EDI**
- Draw together our cross-cutting and **corporate EDI themes and objectives** in one place, to support transparency, monitoring and reporting on our work
- Describe how we meet our **legal obligations** under the Equality Act and Human Rights Act, and support us to achieve more than compliance with strict legal requirements
- Help **shape our day to day work** in a holistic way, ensuring that we are continually thinking about the specific needs of the different groups and people that we work with

Part 3: Our EDI themes and objectives

At the heart of our Vision 2030 and Strategic Plan is a commitment to *“making sure that the way we regulate is grounded in equality and diversity, and a good understanding of the systems and cultures professionals and the communities they serve are based in”*.

Our strategic intent is to work towards becoming a regulator and employer that truly reflects the diversity of the public we serve and the professions we work with, because we believe this will better equip us to tackle discrimination and support equality of health outcomes.

Through engagement with our staff and stakeholders, we have identified **three key themes**, to help us to transform our approach to EDI. Each theme is underpinned by a **series of EDI objectives**, each of which will be delivered within the strategy period. To help us evaluate and measure the success of any changes we make, we have identified a **set of strategic outcomes** to sit under each theme. These are set out in **more detail below**.

Our EDI themes and objectives are derived from our Vision and Strategic Plan and informed by the requirements set out in the Public Sector Equality Duty. Specifically, this means that we have developed a ‘whole system’ approach to delivering EDI outcomes in all our work, which in turn will better enable us to develop a culture where equality of health outcomes are a key and central driver for our continued improved performance in this area as a regulator and employer.

Over the next five years, our EDI activity will be organised around the following themes:

Theme 1:	Theme 2:	Theme 3:
To make regulatory decisions which are demonstrably fair, lawful, and so free from discrimination and bias	To use our standards to proactively help tackle discrimination in all pharmacy settings <i>and</i> to make sure everyone can access person centred care, fostering equality of health outcomes	To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others

How we developed our EDI themes and objectives

Our themes and objectives have been developed using an evidence-based and collaborative approach, proactively seeking and listening to the views of a wide range of diverse internal and external stakeholders. We have undertaken an iterative process of ongoing, extensive engagement, feedback and review.

Our objectives further reflect actions based on an understanding of our existing data regarding our workforce and the pharmacy professionals we register.

We have also considered the external landscape such as the impact of Covid-19, Black Lives Matter and the UK's exit from the European Union, and the impact of these factors in our work going forward. Ultimately, the themes and objectives represent a renewed resolve to be clear on the real challenges ahead.

How we will report on our progress

This strategy sets out our ambitions for the next five years. We will report externally on our progress against annual action plans and we aim to evaluate the interim impact of the strategy at the end of three years. Our action plan will also give us the flexibility and agility to adapt our approach if required to meet our core themes. This will also help make sure that initiatives are fully and effectively embedded, our people are engaged, and the impact is clearly measured.

You can read more about this in **Part 4 'Leadership and governance'** and **Part 5 'Assurance'** below.

Theme 1:

To make regulatory decisions which are demonstrably fair, lawful, and so free from discrimination and bias

There are several strands to this theme which covers how we regulate, how we make regulatory decisions, and how we publish robust and transparent data about our regulatory decisions.

Much of the activity under this theme aligns closely to the detailed work being taken forward through our new fitness to practise strategy. Both strategies are inter-connected, with a clear focus on how we will minimise and deal with the risk of potential biases in our decision-making; what we will do to better understand why we get a higher number of concerns about BAME pharmacy professionals than we ought to expect statistically and the context in which these are made; and, how we will take a person-centred approach to our work.

However, there are other areas of work that we need to take forward, to support the successful delivery of this theme more widely. We know we need to do more to improve the way we collect, use and share diversity data, to allow us to more effectively monitor the impact of any policy or procedural initiatives and shape anti-discrimination initiatives across our organisation, internally and externally. To demonstrate the seriousness of our intent to achieve real change, we also need to be as transparent as possible about the data, how they compare to others and how we use that data to drive change.

This theme will be delivered through the following objectives³:

- Develop a new corporate approach to assess and improve the diversity data we collect from the professionals on our registers, our workforce and others, in line with best practice

³ Please note that the objectives under this theme may be updated further to reflect any additional work or actions identified through the consultation on our fitness to practise strategy

- Routinely publish diversity datasets, including diversity data related to fitness to practise cases, to support transparency, visibility and intelligence sharing
- Use our diversity data to identify and monitor any disproportionate impacts on different groups, and to take steps to understand and address potentially discriminatory outcomes, for example, through initiatives such as anonymous decision-making pilots
- Support people to make non-discriminatory regulatory decisions, across all parts of our organisation, by implementing a new programme of equalities related training sessions, including bespoke sessions on different types of prejudice and discrimination
- Take appropriate action when concerns are raised about discriminatory behaviour by pharmacy professionals or about pharmacy education and training, taking relevant external expert advice when we need to do
- Identify and take forward appropriate equalities related topics within our future research programmes
- Monitor key sources of intelligences (for example, complaints and fitness to practise concerns) for EDI themes and issues, to shape our work, share learning across the organisation and help us to measure progress

The outcomes that we aim to achieve

To help us evaluate and measure the success of any changes we make, we have identified the following strategic outcomes. This is what we aim to achieve by taking action as a result of this strategy:

Outcome 1:	Outcome 2:	Outcome 3:	Outcome 4:
Our EDI data will be more robust and nuanced, enabling better understanding of gaps which will in turn provide us with a strategic understanding of where we need to improve and how to deliver continuous improvement	Through better and more regular reporting, our stakeholders will have greater confidence about the transparency and fairness of our decisions	We will have a stronger understanding of the individuals with shared characteristics most adversely impacted by our policies, procedures and practices. This in turn will enable us to redress these imbalances in a way that is proportionate and fair	Our staff and associates will feel confident and capable to make regulatory decisions which are free from discrimination and bias, and are able to access the right support and resources

Theme 2:

To use our standards to proactively help tackle discrimination in all pharmacy settings *and* to make sure everyone can access person centred care, fostering equality of health outcomes

The standards that we set for pharmacy students/trainees, pharmacy professionals and registered pharmacies are designed to support the provision of safe and effective person-centred care that recognises and respects diversity and cultural differences.

Through this theme, we want to be explicit, for the first time, that we will also use our standards to proactively help tackle discrimination in all pharmacy sectors and settings and support the reduction of health inequalities.

The actions we plan to take under this theme are designed to tackle the different types of prejudice and discrimination that exist within pharmacy and to better equip pharmacy teams to provide person centred-care, that takes account of the diverse needs and cultural differences of the communities they serve. We are committed to developing an approach to help equip pharmacy teams with the awareness and confidence to be able to provide services in ways that are culturally sensitive. We also want to support pharmacy professionals to speak up and challenge discrimination, using our standards and guidance to help them do that.

We regulate the three countries of Great Britain and we have specific requirements to meet around the Welsh language. We remain fully committed to ensuring that those who wish to communicate with us in Welsh can do so.

Improving our own cultural competence, as an organisation, is also part of this strategy. Under theme three, we will be conducting an equality, diversity and inclusion learning needs analysis across our organisation. Through this, we will seek to understand the nature of training that we need to provide in relation to cultural competence, and where to target this. However, this is just the first step, and we shall continue to build on progress in this area going forward.

This theme will be delivered through the following objectives:

- Develop comprehensive equality guidance for pharmacy owners, to support them to meet their obligations under the Equality Act and the Human Rights Act
- Support pharmacy professionals to provide person-centered care, that recognises and respects diversity and cultural differences, by working with key stakeholders, across all three nations, to develop and share best practice examples or communications messages
- Use our Knowledge Hub for the pharmacy team, to promote and share examples of notable EDI practice that our inspectors have identified through our inspection processes, to support continuous learning and improvement in the sector

- Continue to make EDI a core part of our revised accreditation and quality assurance framework for pharmacy education and training, by strengthening our evidence-framework and raising awareness of EDI themes through our accreditation reports
- Continue to meet our requirements under the Welsh Language Scheme and fully implement the new Welsh Language Standards when introduced
- Proactively monitor external data, insights and reports on emerging EDI themes, including information about the experiences of the public and patients accessing care, and improve the way we share these across the organisation to raise awareness and help shape our work

The outcomes that we aim to achieve

To help us evaluate and measure the success of any changes we make, we have identified the following strategic outcomes. This is what we aim to achieve by taking action as a result of this strategy:

Outcome 1:	Outcome 2:	Outcome 3:	Outcome 4:
Pharmacy professionals, in all pharmacy settings, will be encouraged and supported to reflect and consider the diversity of wider society (including local communities) in the care and services they provide	The way that we support pharmacy professionals to deliver person-centred care will be better informed by, amongst other things, the experiences of patients and their carers	There will be a greater emphasis on education providers to demonstrate how they embed EDI in their curricula and academic culture	Pharmacy teams will be able to access useful EDI guidance and resources linked to our standards, to help them to speak up and challenge discrimination and to support continuous learning and improvement

Theme 3:

To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others

At the heart of this theme is a commitment to hold ourselves to the same standards we expect from others in everything that we do, and to make sure that we are following EDI best practice in our leadership, management and governance – and within all of our policies and procedures. It's essential that we use external resources and support where we need to, but that we also make the most of sharing best practice and relevant learning across our organisation.

Through this theme, we want to improve the way that we're reflecting lived experience in our work, both internally and externally. Our developing communications and engagement strategy will also us to achieve this, alongside the objectives outlined here.

This links closely with our developing communications strategy and our existing approach to better integrating patient and public voice into our work will also contribute to a more inclusive culture and help us reflect a wider range of voices and lived experiences of stakeholders in everything that we do.

We also want our people to feel confident in applying EDI considerations to their work, to understand why this makes a difference, and to feel that they have the right training and support whatever their role. We want to increase confidence, within our organisation, to have difficult conversations that need to happen to transform our approach to EDI, and to make better decisions.

This theme will be delivered through the following objectives:

- Conduct a learning needs analysis to identify EDI knowledge gaps in our workforce and implement a plan to address deficiencies, enabling our people to have a better understanding of EDI and its importance for all of us, no matter what our personal characteristics
- Update our corporate approach to Equality Impact Assessments, developing new resources and training for our staff, and incorporating lived experience in our assessments, where possible
- Refresh the roles and remits of our equality networks, to develop their capability and capacity and to help inform better decision-making, through a wider range of voices and experiences contributing to discussions
- Continue to take positive action to improve the opportunities and experiences of underrepresented groups within our staff, Council members and associates and partners, where appropriate, for example, within our leadership development programme (this work also includes taking a proactive approach to recruitment to make sure that the diversity of our organisation reflects wider society)
- Continue to publish gender pay gap reports, and introduce ethnicity pay gap reporting, and to use the data to identify improvements in our processes or other action we need to take

- Review our HR policies and procedures, and introduce a new HR information system with an applicant tracking capability, capturing equal opportunity data
- Take appropriate action if concerns are raised about our employees experiencing discrimination, and use this to identify and share any future learning points for the organisation
- Adopt a more strategic approach to celebrating diversity dates, by integrating this with our wider internal communications approach and using these as a springboard to share inter-connected messages about our wider work
- Continue to meet Standard 3 of Standards of Good Regulation set by the Professional Standards Authority (PSA), which sets the external benchmark for all health and social care regulators in relation to equality, diversity and inclusion within regulation
- Continue to report annually to the Welsh Language Commissioner on our compliance with the Welsh Language Scheme, and when introduced, the new Welsh Language Standards
- Assess and agree additional external benchmarks that we will work towards in the future, for example, Race Equality Standards, Stonewall Workplace Equality Index

The outcomes that we aim to achieve

To help us evaluate and measure the success of any changes we make, we have identified the following strategic outcomes. This is what we aim to achieve by taking action as a result of this strategy:

Outcome 1:	Outcome 2:	Outcome 3:	Outcome 4:	Outcome 5:
Our workforce and stakeholders will see that our culture is diverse and inclusive	Our policies and procedures will be developed in line with best practice, better reflecting the voices and lived experience of our stakeholders and workforce	Our EDI strategy will be understood across our workforce and will be visibly integrated in all our work in a way that is ingrained in our culture	Positive action, or other improvement action, will be focused and targeted based on evidence	Our staff will be better supported and confident to apply EDI considerations to their work, and our equality networks will be contributing to better decision making

Part 4: Leadership and governance

Our EDI Methodology

Our strategy is structured in a way that mainstreams EDI within all our work across the GPhC, both as a regulator and an employer.

Our senior leaders recognise the role they must play, and it is understood that the successful delivery of our ambitions relies also on the efforts of all staff, Council members, associates and partners. This is something for which we all have a shared responsibility.

At the heart of our approach lie several key fundamental principles, namely:

- Our leaders and all staff are active role models – they understand why EDI matters and how it relates to all our work
- Our approach is evidence led; we will use insights to inform approaches to continuous improvement, thereby ensuring that we place safe and effective care at the heart of healthier communities
- We will have a proactive approach to co – production, reflecting diversity of lived experience, including the voices of those from seldom seen and heard communities

Council is our governing body. It is responsible for the overall control of our organisation, including agreeing this strategy and ultimately holding the executive to account for its delivery.

EDI Strategy Leadership Group

The EDI Strategy Leadership Group comprises senior colleagues from across the organisation, including representation from equality networks. Its purpose is to provide strategic oversight, approval, challenge and management of the delivery of the EDI strategy. It acts as a point of escalation to deal with any issues that may arise over time with the implementation and delivery of the strategy.

This group also functions as a group to monitor external factors with EDI implications relevant to our EDI Strategy and other EDI good practice, including a driven and reinforced focus on equality impact assessments (as per Public Sector Equality Duty) and prompt on monitoring and action pertaining wider issues relevant to the business (e.g. PSA EDI Standard 3).

The EDI Strategy Leadership Group is chaired by the Chief of Staff and receives administrative and project management support from the EDI team. The EDI Strategy Leadership Group has overall responsibility to undertake the following:

- make sure that the programme of work remains aligned with over-arching Vision 2030 and strategic plan
- provide challenge, as well as overview and support
- recommend any projects and support implementation activities within the programme of work to the Senior Leadership Group

- approve changes to any existing projects within the programme of work, with input from the Senior Leadership Group
- resolve issues between areas of work
- monitor progress against the work programme timetable and agree any revisions
- identify and manage risks and issues, and make relevant recommendations to the Senior Leadership Group

Directors

Directors have the authority to determine the EDI priorities in their business areas. They are also accountable to the Chief Executive for ensuring adequate resources are in place to deliver the EDI strategy. Directors are responsible for providing their teams with the support and understanding to deliver EDI through their work.

Senior management and line managers

Senior managers and line managers are responsible for the delivery of the EDI strategy and for understanding and raising the importance of EDI in their business areas. They must make sure that all staff are aware and engaged with these priorities, and how these are aligned to our approach to EDI in the context of the overall GPhC Vision and Strategic Plan.

All employees, Council members, Associates and Partners

Everyone is responsible for making sure they comply with equalities and human rights legislation and for keeping their training and understanding of EDI up-to-date (this includes taking part in training sessions), and contributing to an inclusive working culture that celebrates the diversity of those we serve using our services as well as colleagues.

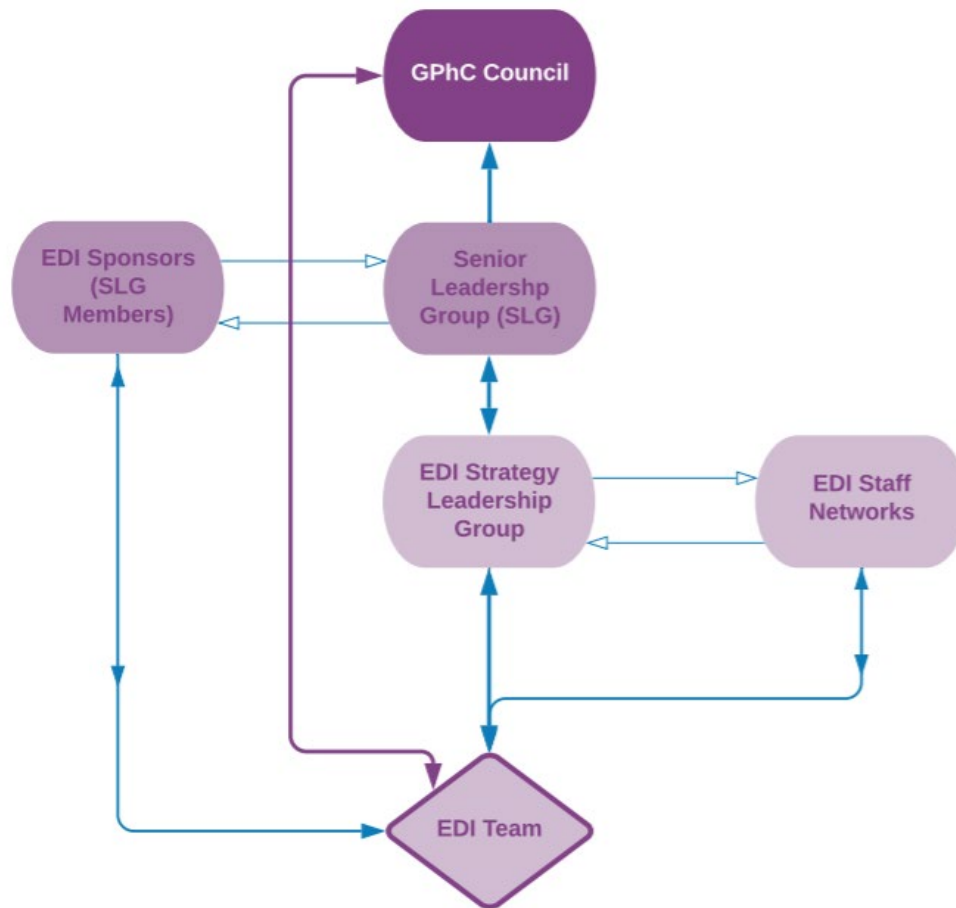
Everyone has a responsibility to live our values and to bring these to life through their work and interactions with others both internally and externally.

Governance

The EDI governance structure reflects our approach to ensuring that there is a clear leadership commitment to support the delivery of our strategy. It further reflects the inter – relationships and collaboration between key stakeholder groups, whose common purpose it is to make sure that considerations of EDI are reflected in all our work.

The diagram below illustrates our governance structure and the inter relationships between stakeholders

Diagram 1: Our EDI Governance structure



Part 5: Assurance

Our approach is to make sure our delivery framework reflects best practice, whilst enabling an effective and collaborative approach to supporting the delivery of our EDI strategy.

Our approach clearly sets out the roles, responsibilities and relationships between key stakeholders.

Council has ultimate **responsibility** for ensuring that we fulfil our legal obligations under equalities legislation. It is the role of Council to hold us to account when delivering our strategy, and in the information that we provide Council.

The EDI Strategy Leadership Group members represent all areas of the business. Members are senior leaders who have **responsibility** for delivering specific actions related to our strategy.

This group also comprises the Chairs and Co – Chairs of our equality networks, who are **responsible** for ensuring that the voices and lived experience are reflected in our work and decisions.

All members are responsible for being EDI Champions within their directorates and across the organisation, and for providing feedback.

It is for the EDI Strategy Leadership Group to report on our progress and to make recommendations to the Senior Leadership Group as appropriate.

Part 6: Monitoring, reviewing and reporting our performance

Our EDI objectives are based on our organisation wide priorities, as well as internal evidence and feedback, and an understanding of emerging themes and issues on the external horizon.

Our objectives are reviewed annually in line with our business planning cycle.

Monitoring our progress

The effective delivery of our objectives is underpinned by our EDI action plan, which details the specific activities that are aligned to the delivery of each objective.

Internal progress against this plan is regularly monitored at the meetings of the EDI Strategy Leadership Group, and we report our progress through our annual reports.

Measuring and evaluation

Our EDI action plan outlines success measures, and progress against these is monitored at the regular meetings of the EDI Strategy Leadership Group.

In addition, we report our progress on a regular basis to Council and the Senior Leadership Group.

Part 7: Our legal obligations

Our commitment is to go above and beyond compliance with the requirements of the Equality Act 2010 and to follow best practice in all of our work in this area. However, it's still essential that we demonstrate how we meet our legal obligations in this context.

Below is a brief summary of the legal requirements that apply to our work as a regulator and an employer. The Act specifies nine protected characteristics that are covered in the legislation, namely:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief (including no religion)
- Sex
- Sexual orientation

Section 149 of the Act 2010 sets out what is known as the Public Sector Equality Duty (PSED.) For the purposes of Act, we are a public authority and we are bound by the PSED. This requires us, in the exercise of our public functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

To 'have due regard' means that in making decisions and carrying out our functions and day to day activities, we must consciously consider all three aspects of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations.

How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group or groups. The greater the relevance and potential impact for any group, the greater the regard required by the duty.

Wherever possible, our approach to demonstrating 'due regard' extends to examining considerations of intersectionality between the protected characteristics.

Consultation questions

Background questions

First, we would like to ask you for some background information. This will help us to understand the views of specific groups, individuals and organisations and will allow us to better respond to those views.

Are you responding:

as an individual (*the views expressed are your own*)

on behalf of an organisation (*the views expressed are those of an organisation you represent*)

Section A: Responding as an individual

Please tell us your:

first name:

surname:

email:

Where do you live?

England

Scotland

Wales

Northern Ireland

Other

If you selected 'other', please say where:

Are you responding as:

a pharmacist?

a pharmacy technician?

a member of the public?

other?

If you selected 'other', please explain:

Free text box

Sector

Please choose the option below which best describes the area you mainly work in.

Community pharmacy (including online)

Hospital pharmacy

Prison pharmacy

GP practice

Care home

Primary care organisation

Pharmaceutical industry

Research, education or training

Other

If you selected 'other', please say what area you mainly work in:

Free text box

Size of community pharmacy

Which of the following best describes the community pharmacy you work in (or own)? *

Independent pharmacy (1 pharmacy)

Independent pharmacy chain (2-5 pharmacies)

Small multiple pharmacy chain (6-25 pharmacies)

Medium multiple pharmacy chain (26-100 pharmacies)

Large multiple pharmacy chain (Over 100 pharmacies)

Online-only pharmacy

Section B: Responding on behalf of an organisation

Do you want any part of your response to stay confidential? Important: we cannot guarantee that we can maintain confidentiality in all circumstances.

Yes

No

Please explain which parts you would like to keep confidential and why the information you have given is confidential.

Free text box

Please tell us your:

first name:

last name:

job title:

organisation:

address:

email:

Type of organisation

Please choose the option below which best describes your organisation.

Organisation representing patients or the public

Organisation representing pharmacy professionals or the pharmacy sector

Registered pharmacy

NHS organisation or group

Research, education or training organisation

Government department or organisation

Regulatory body

Other

If you selected 'other', please specify say what type of organisation you work for:

Free text

Type of registered pharmacy

Which of the following best describes the registered pharmacy you represent?

Independent community pharmacy (1 pharmacy)

Independent community pharmacy chain (2-5 pharmacies)

Small multiple community pharmacy chain (6-25 pharmacies)

Medium multiple community pharmacy chain (26-100 pharmacies)

Large multiple community pharmacy chain (Over 100 pharmacies)

Online-only pharmacy

Hospital pharmacy

Prison pharmacy

Other

If you selected 'other', please describe your pharmacy:

Free text

Consultation questions

Our strategy identifies three key themes, each of which is supported by several objectives and outcomes to help us to transform our approach to EDI and support our Vision 2030.

These will guide our work and help us evaluate the impact of the strategy in the future.

We want to hear your views on our framework to help us improve our approach.

In each section of the survey, we ask you about the three key themes individually, with their corresponding objectives and outcomes.

Theme one and its objectives and outcomes

Theme one is “**To make regulatory decisions which are demonstrably fair, lawful, and so free from discrimination and bias.**” You can read about the **seven objectives** and **four outcomes** that support Theme one at pages 14-15 of this document (< [add in link](#) to the correct section of the con doc).

Q1. To what extent do you agree or disagree that Theme one is appropriate?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Q2. Please tell us if you have any views about theme one.

Free text

Q3. There are seven objectives sitting under theme one. To what extend do you agree or disagree that the objectives under Theme one are appropriate?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Q4. Please tell us if you have any views about the objectives under Theme one.

Free text

Q5. There are four outcomes sitting under theme one. To what extend do you agree or disagree that the strategic outcomes under Theme one are appropriate?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Q6. Please tell us if you have any views about the outcomes under Theme one

Free text

Theme two and its objectives and outcomes

Theme two is “**To use our standards to proactively help tackle discrimination in all pharmacy settings and to make sure everyone can access person centred care, fostering equality of health outcomes**”.

You can read about the **six objectives** and **four outcomes** that support Theme two at pages 16-17 of this document (<- **add in link** to the correct section of the con doc).

Q1. To what extent do you agree or disagree that Theme two is appropriate?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Q2. Please tell us if you have any views about theme two.

Free text

Q3. There are six objectives sitting under theme two. To what extend do you agree or disagree that the objectives under Theme two are appropriate?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Q4. Please tell us if you have any views about the objectives under Theme two.

Free text

Q5. There are four outcomes sitting under theme two. To what extend do you agree or disagree that the strategic outcomes under Theme two are appropriate?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Q6. Please tell us if you have any views about the outcomes under Theme two

Free text

Theme three and its objectives and outcomes

Theme three is “To lead by example and demonstrate best practice within our organisation, holding ourselves to the same standards we expect of others”. You can read about the **eleven objectives** and **five outcomes** that support Theme three at pages 18-19 of this document (< [add in link](#) to the correct section of the con doc).

Q1. To what extent do you agree or disagree that Theme three is appropriate?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Q2. Please tell us if you have any views about theme three.

Free text

Q3. There are six objectives sitting under theme three. To what extend do you agree or disagree that the objectives under Theme three are appropriate?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Q4. Please tell us if you have any views about the objectives under Theme three.

Free text

Q5. There are four outcomes sitting under theme three. To what extend do you agree or disagree that the strategic outcomes under Theme three are appropriate?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Q6. Please tell us if you have any views about the outcomes under Theme three

Free text

Equality and impact questions

We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010.

The protected characteristics are:

age

disability

gender reassignment

marriage and civil partnership

pregnancy and maternity

race/ethnicity

religion or belief

sex

sexual orientation

Do you think our proposals will have a *positive* or *negative* impact on individuals or groups who share any of the protected characteristics?

Matrix question - list all protected characteristics separately

Yes - positive impact

Yes - negative impact

Yes - positive and negative impact

No impact

Don't know

We also want to know if our proposals will have any other impact on any other individuals or groups (not related to protected characteristics), for example, patients and the public, pharmacy owners or pharmacy staff.

Do you think our proposals will have a positive or negative impact on any of these groups?

Matrix question - list patients and the public, pharmacy owners, pharmacy staff separately

Yes - positive impact

Yes - negative impact

Yes - positive and negative impact

No impact

Don't know

Please give comments explaining your answers to the two impact questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.

Free text

Receiving updates

We would like to email you to update you on the progress of this consultation as well as about other work the GPhC does. Please tell us below if you would like to be contacted in the future.

- I would like to be contacted with updates on the consultation on the EDI Strategy
- I would like to be contacted with news and information about other consultations from the GPhC

Please give us an email address for updates and communications from the GPhC. Important: you can unsubscribe from our mailing list at any time by clicking on the 'unsubscribe' option within the email.

Equality monitoring

This is a standard equality monitoring form which is used across the organisation. You should not need to make any changes but do contact the equality, diversity and inclusion manager if you have any questions.

At the GPhC, we are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties.

We want to make sure everyone has an opportunity to respond to this consultation on the GPhC EDI Strategy. This equality monitoring form will give us useful information to check that this happens.

We also want to understand how issues raised in this particular consultation affect different groups and will use this data as part of our analysis of responses. You do not have to answer these questions if you would prefer not to.

What is your sex?

Please tick one box

- Male
- Female
- Other
- Prefer not to say

What is your sexual orientation?

Please tick one box

- Heterosexual/straight
- Gay woman/lesbian
- Gay man
- Bisexual
- Other
- Prefer not to say

Does your gender identity match your sex as registered at birth?

Please tick one box

- Yes
- No
- Prefer not to say

Do you consider yourself disabled?

Disability is defined in the Equality Act 2010 as ‘physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities’.

Please tick one box.

- Yes
- No
- Prefer not to say

What is your age group?

Please tick one box

- 16 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65+ years
- Prefer not to say

What is your race/ethnicity?

Choose the option that best describes your ethnic group/cultural background. Please tick one box.

White

- British
- Irish
- Gypsy or Irish traveller
- Other white background (please fill in the box at the end of this section)

Black or Black British

- Black Caribbean
- Black African
- Other black background (please fill in the box at the end of this section)

Mixed

- White and black Caribbean
- White and black African
- White and Asian
- Other mixed background (please fill in the box at the end of this section)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background (please fill in the box at the end of this section)

Arab

- Arab

Other

- Prefer not to say
- Other ethnic group background (please give more information in the box below)

What is your religion?

Please tick one box

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- None
- Other (please give more information in the box below)
- Prefer not to say



Standing Financial Instructions

Meeting paper for Council on 11 March 2021

Public session

Purpose

To note the update to the Standing Financial Instructions as the final element of a wider review of our core governance framework documents

Recommendations

The Council is asked to approve the updated Standing Financial Instructions

1. Introduction

- 1.1 In line with good governance practice, it is essential that we review our governance structures and processes routinely, so that they support and underpin our work, giving assurance to our stakeholders that we operate as an effective and efficient regulator
- 1.2 In early 2019, following structural, leadership and staff changes to the governance and finance teams, we started a wholesale review and refresh of our governance framework, policies and procedures.
- 1.3 The review of the governance framework continued in early part of 2020 with a larger piece of work to update and review our overarching governance framework documents covering the following documents:
 - a. **Scheme of delegation** – the scheme is intended to facilitate the efficient and effective functioning of the GPhC. It sets out matters reserved to the Council; matters delegated to the Chief Executive & Registrar (CE&R), which may be carried out by persons nominated by the CE&R; and, matters delegated to committees or other structures. The current scheme was approved by the Council in June 2014 and has since been updated as per paragraph 2.3 below.
 - b. **Authority framework** – the authority framework sets out the different levels of management authority across the organisation, as delegated by the CE&R, including delegated decision points relating to the Registrar’s statutory functions. It is designed to ensure that decisions are taken at the right management level across the organisation. The current framework was approved by the CE&R and Senior Leadership Group in June 2014 and has since been updated as per paragraph 2.3 below.

c. **Standing financial instructions** - the Standing Financial Instructions (SFIs) are designed to ensure that the GPhC's financial transactions are carried out in accordance with the responsibilities laid upon it by parliament as well as other financial reporting requirements. They set out the key principles and controls to maintain proper financial integrity and stewardship of our assets and resources. The current SFIs were last updated in November 2015.

2. Scope and progress of the review

- 2.1 The scope of the review was to “review and refresh the current Scheme of Delegation, Authority Framework and Standing Financial Instructions, taking account of the current operational arrangements and legal framework, and to prepare revised drafts for approval by the Senior Leadership Group and the Council”
- 2.2 As part of the review, we sought assurance from two different external sources, covering an advisory review by our internal auditors TIAA and external governance advice from Augury Consulting
- 2.3 In the summer of 2020, the proposed updates to the scheme of delegation and authority framework were reviewed and formally approved by Council and Senior Leadership Group respectively.
- 2.4 At that point the proposed amendments to the SFI were in the process of being finalised and were expected to be brought to a subsequent Council meeting in 2020. A number of factors, such as, the departure of the Director of People, end of the Brexit transition period and proposed changes to the restriction of public sector exit payments (which has subsequently been revoked), have all contributed to a delay in submitting the updated SFI's for formal Council approval.
- 2.5 The proposed SFI's update have now been finalised and are presented to Council for approval. In parallel to being shared with Council the SFI's have also been shared with both internal and external auditors for final comments. Council will be updated at the meeting if there are further comments provided from either auditor.
- 2.6 A summary of the key changes is summarised in the following section.

Summary of key changes

- 2.7 A number of areas for improvement and updates were identified as part of the review including reflecting and recognising:
 - the evolved nature of both the Finance and Planning Committee and the Audit and Risk Committees to ensure the SFI's are in line with the current terms of reference of the respective committee
 - the agreed roles and responsibilities for the governance of the GPhC's investment strategy
 - the change in obligations the GPhC has for complying with competitive tendering requirements following the UK's exit from the European Union
 - the process and consideration that should be considered in the event of the GPhC entering into a severance payment.

- the current structure that is in place within the GPhC

3. Equality and diversity implications

- 3.1 The review did not raise any specific equality, diversity or inclusion implications.
- 3.2 Our legal obligations relating to equality, as well as our wider commitment to equality, diversity and inclusion in the broadest sense, continue to be reflected through our governance framework, policies and procedures.

4. Communications

- 4.1 Once the standing financial instruction is approved by the Council, we will implement a number of staff training sessions, to raise awareness of the key changes across the organisation.
- 4.2 We will also work with HR, to ensure that all staff (including new starters) are aware of the revised authority framework, to help everyone to understand the scope of their authority, and to use this in their day-to-day decision-making in line with our culture statement and behavioural framework.

5. Resource implications

- 5.1 There are no other specific resource implications arising from the review or from any other aspects of this report.

6. Risk implications

- 6.1 The Standing Financial Instructions are a fundamental element of the Council's governance framework and should be kept up-to-date. The Council's overarching statutory duty to protect the public is reflected in the Scheme of Delegation.

7. Monitoring and review

- 7.1 We propose that the Standing Financial Instruction is reviewed again in line with the Scheme of Delegation review point in the summer of 2022.
- 7.2 We anticipate that this document may also need to be reviewed to reflect any changes arising from the ongoing discussions relating to regulatory governance reform that might emerge between now and proposed review date.
- 7.3 Notwithstanding the likely need for further review, this revised documentation helps establish a clearer and more up to date baseline by reference to which future changes can be managed sensibly and transparently.

8. Recommendations

The Council is asked to approve the updated Standing Financial Instructions

Jonathan Bennetts
Director of Adjudications and Financial Services

11 March 2021

Standing Financial Instructions

GPhC0049 Version 1.2

The Standing Financial Instructions (SFIs) set out the key financial responsibilities, policies and procedures adopted by the GPhC



Policy details

Policy reference	GPhC0049
Version	1.2
Policy author	Jonathan Bennetts, Director of Finance
Approved for issue by	Council, 00 July 2020
Effective from	01 April 2021
Next review	31 July 2021, or in line with other legislative or good practice requirements

Version control tracker

Version	Approved date	Description of change	Amendments by
1.2	July 2020	Complete refresh of the existing Standing Financial Instructions, incorporating current working arrangements, policies and procedures, as well as external and audit advice.	Jonathan Bennetts, Director of Finance Laura McClintock, Chief of Staff

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1. Introduction

- 1.1 The Standing Financial Instructions (SFIs) are part of a suite of documents that outline the main governance arrangements for the GPhC¹. You should read this document together with the following:
- the Scheme of Delegation
 - the Authority Framework
 - the lists of budget holders, authorised signatories and purchasing limits (Annex A)
- 1.2 In line with our Scheme of Delegation, appropriate financial matters are delegated by way of the Standing Financial Instructions (SFIs). The SFIs are maintained by the Senior Financial Officer (SFO), as designated by the Chief Executive and Registrar (CE&R). In practice, the role of the SFO is carried out by the Director of Finance, who will delegate the operational delivery of certain tasks, as appropriate within the wider Finance team.
- 1.3 When using these SFIs, you should also follow any relevant guidance in the Employee Handbook, wider organisational policies, and any agreed procedures (“SOPs”) within your own team or Directorate.

2. Purpose

- 2.1 The SFIs are a key mechanism for managing financial risks and for ensuring efficient working by delegating financial decisions to the lowest level competent to take them. The SFIs establish a framework within which the internal financial control systems are built. The SFIs are therefore an essential part of the governance structure which acts as a control against inappropriate expenditure and a protection against fraud.

3. Scope

- 3.1 The SFIs detail the financial responsibilities, policies and procedures adopted by the GPhC. They are designed to ensure that the GPhC's financial transactions are carried out in accordance with the responsibilities laid upon it by parliament and comply with good governance standards.
- 3.2 The SFIs remain in force unless and until they are amended or revoked by the Council.

4. Application

- 4.1 The SFIs set out the financial responsibilities, which apply to Council members and GPhC employees.
- 4.2 The SFIs are the primary source of guidance on financial control within the GPhC and override all other operational instructions and procedures on financial matters. All financial procedures must be approved by the Director of Finance.
- 4.3 If you have any questions about the interpretation or application of any of the SFIs, you must seek advice from the Director of Finance **before you act**.

¹ All of the supporting policies and procedures referred to in this framework are available on the staff intranet in our ‘Policies and procedures library’.

5. Monitoring and compliance

- 5.1 Compliance with the SFIs is compulsory for all Council members and employees.
- 5.2 Council members and employees are expected to understand and apply those sections of the SFIs that are relevant to their responsibilities. **This is particularly important for budget holders.**
- 5.3 It is the duty of all people managers in the GPhC to ensure that their staff read and comply with these SFIs.
- 5.4 Failure to comply can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.
- 5.5 If for any reason these SFIs are not complied with, full details of the non-compliance, any justification and the circumstances around the non-compliance will be reported to the next formal meeting of the Audit & Risk Committee for referring action or ratification.
- 5.6 All members of the Council and employees have a duty to disclose any non-compliance with these SFIs to the Director of Finance as soon as they become aware of this.

6. Key roles and responsibilities

- 6.1 Below is an overview of the key financial responsibilities and delegations.

The Council

- 6.2 The Council has resolved that certain powers and decisions may only be exercised by the Council. All other powers have been delegated to the CE&R and such committees as the GPhC has established. This is set out in more detail in the Scheme of Delegation.
- 6.3 In terms of financial matters, the Council is responsible for:
 - a. consulting on and setting fees;
 - b. keeping accounts;
 - c. preparing and publishing annual accounts in accordance with extant legislation applicable to corporate bodies;
 - d. appointing auditors.
- 6.4 The Council exercises financial supervision and control by:
 - a. formulating the financial strategy;
 - b. requiring the submission and approval of budgets within approved overall income;
 - c. defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
 - d. defining specific responsibilities placed on the Council, committees and Chief Executive & Registrar as per the Scheme of Delegation.

The Chief Executive & Registrar (CE&R)

- 6.5 The CE&R is ultimately accountable to the Council for ensuring that the Council meets its obligation to perform its functions within the available financial resources. The CE&R has overall executive responsibility for the GPhC's activities, is responsible to the Council for ensuring that its

financial obligations and targets are met and has, through the Director of Finance, overall responsibility for the GPhC's system of financial control.

- 6.6 The CE&R and the Director of Finance will, as far as possible, delegate their responsibilities. The CE&R, and the Director of Finance through the CE&R, remain accountable to the Council for financial control.
- 6.7 The CE&R is responsible for ensuring that Council members, employees and all new appointees are notified of, and put in a position to understand, their responsibilities within these SFIs.

The Director of Finance

- 6.8 The Director of Finance is responsible for:
 - a. implementing the GPhC's financial policies and for co-coordinating any corrective action necessary to further these policies;
 - b. maintaining an effective system of internal financial control, including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
 - c. ensuring that good financial practice is adopted by the GPhC, in accordance with accepted professional standards and taking account of advice received from the internal and external auditors;
 - d. ensuring that sufficient records are maintained to show and explain the GPhC's transactions, in order to disclose, with reasonable accuracy, the financial position of the GPhC at any time;

and, without prejudice to any other functions of the GPhC and employees of the GPhC, the duties of the Director of Finance include:

- e. the provision of financial advice to the Council, committees and employees of the GPhC;
- f. the design, implementation and supervision of systems of internal financial control; and
- g. the preparation and maintenance of such accounts, certificates, estimates, records and reports as the GPhC may require for the purpose of carrying out its statutory duties.

Council members and employees

- 6.9 All Council members and employees of the GPhC, severally and collectively, are responsible for:
 - a. the security of the property of the GPhC;
 - b. avoiding loss;
 - c. exercising economy and efficiency in the use of resources; and
 - d. conforming with the requirements of the SFIs and all other financial and governance policies and procedures

Contractors and their employees

- 6.10 Any contractor, or employee of a contractor, who is empowered by the GPhC to commit the GPhC to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the CE&R to ensure that such persons are made aware of this.
- 6.11 For all employees who carry out a financial function, the form in which financial records are kept and the manner in which employees discharge their duties must be to the satisfaction of the Director of Finance.

7. Financial policies and procedures

- 7.1 Despite being the primary source of financial guidance, it is undesirable that the SFIs outline all detailed financial procedures. Instead, more detailed guidance on finance systems, controls and procedures is to be found in our financial policies and procedures.

7.2 Policies and procedures should at all times comply with the requirements of the SFIs.

8. Finance and Planning Committee

- 8.1 The Council has established the Finance and Planning Committee to provide the Council with assurance on the continuing efficiency and effectiveness of the organisation, and to support the Council by overseeing and monitoring the implementation of the GPhC's investment strategy and policy.
- 8.2 The Committee is a non-executive committee and has no executive powers except as set out in the Committee's Terms of Reference.
- 8.2 The minutes of the Finance and Planning Committee meetings are formally recorded and circulated to the Council. The Committee reports to the Council annually on its work.
- 8.3 Where the Finance and Planning Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Finance and Planning Committee should raise the matter at a full meeting of the Council.
- 8.4 The Director of Finance is responsible for agreeing the annual plan and specific agenda items for each meeting with the Chair of the Finance and Planning Committee.

Investment

- 8.5 The GPhC's investment portfolio represents an important asset for the organisation. The Council is ultimately responsible for determining and agreeing the overall investment policy, objectives, risk appetite and target returns. The Council is also responsible for awarding the contract for the supply of investment services and for specifically nominating both the original and ongoing signatories to act on behalf of the Council to operate the investment account.
- 8.6 The Finance and Planning Committee fulfils an important role in the long-term stewardship of the investment assets and provides recommendation and guidance to the Council for all aspects of Council's responsibilities set out above. The Finance and Planning Committee's full responsibilities in relation to the management of GPhC investment strategy are set out in the Committee's Terms of Reference.

- 8.7 The Finance Director is responsible for day to day activities relating to the running, development and implementation of the investment strategy and interaction with the investment suppliers. The Finance Director is also responsible for providing the necessary information and reporting to the Finance and Planning Committee so they can effectively review the ongoing applicability and performance of the investment policy, strategy and performance of the portfolio.

9. Audit

Audit & Risk Committee

- 9.1 An Audit & Risk Committee is a central means by which the Council ensures that effective internal control arrangements are in place. In addition, the Audit & Risk Committee provides a mechanism to assist the Council in holding the executive to account through the CE&R.
- 9.2 The minutes of the Audit & Risk Committee meetings are formally recorded and circulated to the Council. The Committee reports to the Council annually on its work.
- 9.3 Where the Audit & Risk Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit & Risk Committee should raise the matter at a full meeting of the Council.
- 9.4 The Director of Finance is responsible for:
- a. ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function;
 - b. ensuring that the internal audit function meets professional audit standards and provides sufficient independent and objective assurance to the Audit & Risk Committee and the CE&R;
 - c. deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption; and
 - d. ensuring that an annual internal audit report is prepared for the consideration of the Audit & Risk Committee. The report must cover:
 - a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance including, for example, compliance with control criteria and standards;
 - major internal financial control weaknesses discovered;
 - progress on the implementation of internal audit recommendations;
 - progress against plan over the previous year;
 - a strategic audit plan covering the coming three years;
 - a detailed plan for the coming year.
- 9.5 The Director of Finance, or designated internal or external auditor, is entitled without necessarily giving prior notice to require and receive:
- a. access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

- b. access at all reasonable times to any land, premises or Council member or employee of the GPhC;
- c. the production of any cash or other property of the GPhC under the control of a Council member or employee or other appointee; and
- d. explanations concerning any matter under investigation.

Role of internal audit

- 9.6 Internal audit is an independent and objective appraisal service within an organisation which provides
- an independent and objective opinion to the CE&R, the Council, and the Audit & Risk Committee on the degree to which risk management and internal controls support the achievement of the organisation's agreed objectives;
 - an independent and objective consultancy service specifically to help line management improve the organisation's risk management and internal control arrangements.
- 9.7 Internal audit will review, appraise and report upon policies, procedures and operations in place to:
- a. establish and monitor the achievement of the organisation's objectives;
 - b. identify, assess and manage the risks to achieving the organisation's objectives;
 - c. ensure the economical, effective and efficient use of resources;
 - d. ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations;
 - e. safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption;
 - f. ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.
- 9.8 The Audit & Risk Committee must consider the appointment of the internal audit service and make appropriate recommendations to the Council.
- 9.9 The individual responsible for internal audit will provide to the Audit & Risk Committee;
- a. a risk-based plan of internal audit work, agreed with management and for approval by the Audit & Risk Committee, based upon the management's assurance framework that will enable the auditors to collect sufficient evidence to give an opinion on the adequacy and effective operation of the organisation;
 - b. regular updates on the progress against plan;
 - c. reports of management's progress on the implementation of action agreed as a result of internal audit findings;
 - d. an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management and system of internal controls;
 - e. additional reports as requested by the Audit & Risk Committee.

- 9.10 The individual charged with responsibility for internal audit will normally attend Audit & Risk Committee meetings and has a right of access to all Audit & Risk Committee members, the GPhC Chair and the CE&R.
- 9.11 The individual responsible for internal audit is managed by the Director of Finance. The reporting system for internal audit shall be agreed by the Audit & Risk Committee, with advice from the Director of Finance and the individual charged with responsibility for internal audit.
- 9.12 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately.**

Role of external audit

- 9.13 The External Auditor is appointed by the Council of the GPhC. The Council must ensure that a person eligible for appointment as a statutory auditor under the Companies Act audits the Council's annual accounts.
- 9.14 The Audit & Risk Committee must ensure an efficient and effective service through periodic review of service provision and authorise in advance any non-audit work carried out by the External Auditor.
- 9.15 Competitive tenders should be subject to periodic review not more than every 5 years and carried out in line the GPhC procurement policy. The results of the tendering exercise should be reported to the CE&R, the Audit & Risk Committee and the Council.

10. Fraud, corruption and bribery

- 10.1 Fraud, corruption and other irregularities are sensitive and damaging issues that can lead to financial loss, adverse publicity and loss of public confidence in the way an organisation's finances and resources are being used.
- 10.2 It is therefore important that the GPhC has robust systems and procedures in place to ensure that the risk of impropriety is minimised as far as possible, and that where instances do occur, there is a prompt and effective response to them.
- 10.3 The GPhC imposes an obligation that all gifts and hospitality with a value equal to or more than £20 given to staff in the course of their duties are centrally recorded on a gifts & hospitality register, maintained by the governance team. Please read our **Gifts and Hospitality** policy for more information.
- 10.4 Additionally, the GPhC provides clear guidance on how we identify, manage and record conflicts of interest, or potential conflicts of interest. This includes detailed advice on financial and non-financial interests. Please read our **Conflicts of interest** policy for more information.
- 10.5 The GPhC expects all Council members and employees to report to the CE&R, Director of Finance or GPhC Chair any suspicions they might have of fraudulent or corrupt behaviour. Please read our **Anti-bribery policy** and **Raising Concerns** policy for more information.

11. Budgets, budgetary control and monitoring

Approval of financial plans and budgets

- 11.1 Prior to the start of the financial year the Director of Finance, on behalf of the CE&R, will compile budgets for the approval by the Council. Such budgets will:
- a. include a statement of the significant assumptions on which the plan is based, including expected fee levels, financial targets and forecast limits of expenditure and resources;
 - b. be in accordance with the aims and objectives set out in the Council's strategic plan;
 - c. accord with workload and resourcing plans;
 - d. be produced following discussion with appropriate budget holders;
 - e. be prepared within the limits of available funds;
 - f. identify potential risks
- 11.2 The Senior Finance Manager shall monitor financial performance against budget and the financial plan, periodically review them, and report to the Director of Finance who will report to the Council.
- 11.3 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled.
- 11.4 The Senior Finance Manager has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage budgets successfully.
- 11.5 Budget holders shall consult the Director of Finance or the Senior Finance Manager with respect to any new proposals which have financial implications that cannot be met from within agreed budgets; such consultation shall take place in sufficient time beforehand for due consideration to be given to the financial implications.

Budgetary delegation

- 11.6 The CE&R may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
- the amount of the budget;
 - the purpose(s) of each budget heading;
 - individual and group responsibilities;
 - authority to exercise virement;
 - achievement of planned levels of service;
 - the provision of regular reports.
- 11.7 The CE&R and delegated budget holders must not exceed the budgetary total set by the Council.
- 11.8 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the CE&R, subject to any authorised use of virement.
- 11.9 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the CE&R, as advised by the Director of Finance.

Budgetary control and reporting

- 11.10 The Director of Finance will devise and maintain systems of budgetary control. These will include:

- a. regular financial reports to the Council in a form approved by the Council containing:
 - income and expenditure to date showing trends and forecast year- end position;
 - movements in working capital;
 - capital project spend and projected outturn against plan; and,
 - explanations of any material variances from plan;
- b. details of any corrective action where necessary and the CE&R's and/or Senior Financial Officer's view of whether such actions are sufficient to correct the situation;
- c. the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- d. investigation and reporting of variances from financial, workload and manpower budgets
- e. monitoring of management action to correct variances;
- f. arrangements for the authorisation of budget transfers.

Budget holder responsibilities

11.11 Each budget holder is responsible for ensuring that:

- a. any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Council
- b. the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- c. no permanent employees are appointed without the approval of the CE&R other than those provided for within the available resources as approved by the Council
- d. budget holders shall use the GPhC's accounting systems to enable effective monitoring of their budgets and shall ensure that expenditure and income are allocated to the appropriate activity in the accounts.

Capital expenditure

11.12 The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in SFI 20).

12. Annual accounts

12.1 The Council must

- a. keep accounts, which must be in such form as the Privy Council may determine; and
- b. prepare annual accounts in respect of each financial year, which must be in such form and must be prepared by such date as the Privy Council determines.

12.2 The Director of Finance will:

- a. ensure the accounts are prepared in accordance with Privy Council requirements, accounting standards (including disclosures), the GPhC's accounting policies and generally accepted accounting practice;
- b. submit the accounts to the Council.

- 12.3 The GPhC's annual accounts must be audited by a person eligible for appointment as a statutory auditor under the Companies Act.
- 12.4 The GPhC's audited annual accounts together with the report of the external auditor must be presented to the Council for approval.
- 12.5 As soon as is reasonably practicable after those accounts have been audited and approved, the Council will cause them to be published together with the report by the auditors.
- 12.6 The CE&R shall ensure that the Council is supplied with a statement on the effectiveness of internal controls within the annual accounts.
- 12.7 A copy of the annual accounts and the auditors' report will be sent to the Privy Council, which will place before each House of Parliament and before the Scottish Parliament a copy of the annual accounts and report on the accounts made by the appointed auditors. A copy is also provided to the Welsh Parliament. This is completed alongside our other annual statutory reporting requirements.

13. Banking

- 13.1 In accordance with authority framework the CE&R shall approve the banking arrangements, including authorising the opening and closing of bank accounts.
- 13.2 The CE&R and Director of Finance will maintain a list of employees who are on bank mandates and review these annually or as and when an employee leaves the GPhC.
- 13.3 Transfers to and from accounts must be authorised in accordance with the bank mandates approved by the CE&R, by the Director of Finance or his authorised deputy and a senior manager drawn from a panel of authorised signatories approved by the CE&R.
- 13.4 All cheque or individual electronic payments (eg Chaps) must be authorised by the Director of Finance or authorised deputy in accordance with the bank mandates approved by the CE&R.
- 13.5 The Director of Finance is responsible for:
 - the management of bank accounts, including arrangements for opening and closing accounts approved by the CE&R
 - ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made
 - reporting to the Council all arrangements made with the GPhC's bankers for accounts to be overdrawn in accordance with the borrowing levels approved by the Council, in accordance with the Scheme of Delegation.
- 13.6 The Financial Controller will prepare detailed instructions on the operation of bank accounts which must include:
 - the conditions under which each bank account is to be operated;
 - those authorised to sign cheques or other orders drawn on the GPhC's accounts.
- 13.7 The Financial Controller must advise the GPhC's bankers in writing of the conditions under which accounts will be operated.

13.8 The Director of Finance and the Financial Controller will review the banking arrangements of the GPhC and, to ensure that they continue to reflect best practice and represent best value for money; periodically seek competitive tenders for the GPhC's banking business.

13.9 Competitive tenders should be subject to periodic review not more than every 5 years. The results of the tendering exercise should be reported to the CE&R.

14. Income, fees and charges, security of cash, cheques and other negotiable instruments, and debt recovery

Income

- 14.1 The Financial Controller is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.
- 14.2 The Financial Controller is also responsible for the prompt banking of all monies received. No deductions may be made from, or personal (or other) cheques cashed from, monies received.
- 14.3 All agreements, invoices, receipts and other documents relating to income receivable by the GPhC shall be in the name of the GPhC.
- 14.4 An official receipt shall be issued for all payments either by cheque or electronic method whenever requested by the payer.
- 14.5 In the case of card related receipts of monies, the Director of Finance will be responsible for reporting on the GPhC'S compliance with the Payment Card Data Security Standards (PCI DSS), set of guidelines covering all transaction security and data protection to help protect against fraud
- 14.6 The Director responsible for the Applications team will be responsible for ensuring card payment processes comply with the PCI DSS requirements. Compliance with the PCI DSS is mandatory for processing credit card transactions online.
- 14.7 All staff dealing with online receipts must comply with the guidelines, unacceptable use of data or supply to third parties will result in disciplinary action

Fees and charges

- 14.8 The Director of Finance is responsible for annually reviewing the level of all fees and charges and making recommendations to the Council. Independent professional advice on matters of valuation shall be taken as necessary.
- 14.9 The Council is responsible for approving:
- all statutory regulation fees following completion of consultation processes required by the Pharmacy Order 2010;
 - all other fees and charges recommended by the Senior Financial Officer, in accordance with the Scheme of Delegation.
- 14.10 All employees who have the delegated authority to enter into transactions must inform Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

Security of cash, cheques and other negotiable instruments

14.11 The Director of Finance is responsible for:

- a. approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- b. ordering and securely controlling any such stationery;
- c. the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin-operated machines;
- d. prescribing systems and procedures for handling cash and negotiable securities on behalf of the GPhC.

14.12 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

14.13 All cheques, postal orders, cash etc. shall be banked intact. Disbursements shall not be made from cash received except under arrangements approved by the Director of Finance.

14.14 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the GPhC is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the GPhC from responsibility for any loss.

Debt recovery

14.15 The Director of Finance is responsible for the appropriate recovery action on all outstanding debts.

14.16 Income not received, after all attempts at recovery have failed, should be written off in accordance with the following approvals limits

- Financial Controller up to £1,000
- Director of Finance up to £50,000
- CE&R in excess of £50K

(Please note that the recovery of legal costs awarded in favour of the GPhC are dealt with in line with our Costs Recovery policy)

14.17 Salary overpayments not received, after, after all attempts at recovery have failed should be written off in accordance with the following approval limits:

- up to £1000 – payroll Manager with counter approval from the financial controller
- any amount above £1000 - will require approval from the Director of People with counter approval from Director of Finance.

14.18 As the GPhC are not VAT registered, VAT exclusive limits does not apply to debt write offs.

14.19 A schedule of written off debt will be presented to the Audit & Risk Committee on an annual basis when a single item is in excess of £1,000.

14.20 A schedule of debt when a single item is in excess of £50,000 and approved by the Audit and Risk Committee will be presented to Council for noting on an annual basis.

15. Tendering and contracting procedure

Contracting Authority Obligations

15.1 The GPhC is defined as a Contracting Authority for the purposes of contracting. It is not defined as part of Central Government but is part of the wider government bodies.

Duty to comply with Standing Financial Instructions

15.2 The procedure for awarding all contracts by or on behalf of the GPhC shall comply with these Standing Financial Instructions.

Formal competitive tendering

15.3 All procurement activities within the GPhC must now comply with WTO Government Procurement Agreement (GPA); UK-EU Trade & Co-operation Agreement (TCA) and the UK Public Contract Regulations 2015 (PCR 15).

15.4 Following the UK's exit from the European Union at the end of the Transition Period, Contracting Authorities no longer have to publish in the Official Journal of the European Union (OJEU) unless in-flight procurements will not be completed until after 31 December 2020. However, the previous principles followed under OJEU are still enshrined in UK law through PCR15 and will continue until the Government implement some or all of the principles in their Green Paper on Procurement.

15.5 The detailed requirements are set out in the Procurement Policy, which is the responsibility of the Procurement Manager. This policy will be regularly reviewed as Public Procurement Notices (PPNs) are published which modify Contracting Authority obligations.

Compliance requirements

15.6 As a healthcare regulator and having been defined by the Public Contracts Regulations as a Contracting Authority the GPhC are required to follow the GPA, TCA and PCR15 when it comes to purchasing and contracting.

15.7 Prior to the end of the Transition period, the public sector procurement thresholds were updated every two years by the European Union commission. As the transition phase from exiting the European Union has now ended, these thresholds will be updated by the UK directly. However, the updates are likely to be in-line with the EU changes and likely to be covered by the TCA.

15.8 From 1 January 2021, a new e-notification service called **Find a Tender** is being used to post and view public sector procurement notices and PCR 15 still applies.

15.9 The procurement team will continue to monitor and update when further guidance or Directives are issued.

15.10 For more detailed information, please read the procurement policy and procedures.

Personnel and Agency or Temporary Staff Contracts

15.11 The CE&R shall nominate employees with delegated authority to enter into contracts of employment regarding staff, agency staff or temporary staff service contracts.

Disposals (See overlap with SFI no. 21)

15.12 Competitive tendering or quotation procedures shall not apply to the disposal of:

- any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre- determined in a reserve) by the CE&R or his nominee;
- obsolete or redundant articles, which may be disposed of in accordance with the supplies policy of the GPhC;
- items to be disposed of with an estimated sale value of less than £1,000, this figure will be reviewed periodically.

15.13 The CE&R shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an outsourced basis. The CE&R may also determine from time to time that outsourced services should be market-tested by competitive tendering.

15.14 In all cases where the CE&R determines that outsourced services should be subject to competitive tendering the following group shall be set up: Outsourced tender group, comprising a nominee of the CE&R, Director of Finance or representative and technical support.

15.15 The Outsourced tender group shall make recommendations to the CE&R.

15.16 The CE&R shall nominate a member of staff to oversee and manage the contract on behalf of the GPhC.

16. Terms of service, allowances, and payment of employees and members of the GPhC Council

Council members

16.1 The GPhC will pay allowances to the Chair and members of the Council in accordance with those established at the time of their appointment by the Privy Council. Council member remuneration rates are recommended to the Council by the Remuneration Committee (see Remuneration Committee terms of reference for more information).

16.2 Council members expenses will be processed in line with our standard arrangements and in line with our non-staff expenses policy.

Employees

16.3 All rates and regulations regarding expense claims by non-Council members shall be reviewed on a regular basis, by the Director of Finance and approved by the CE&R, in accordance with the Scheme of Delegation.

16.4 The lead officer for Human Resources is responsible for:

- specifying timetables for submission of properly authorised time records and other notifications;
- the final determination of pay and allowances payable on each occasion;
- making payment on agreed dates;
- agreeing method of payment.

16.5 The lead officer for Human Resources, with advice from the Director of Finance, will issue instructions regarding:

- a. verification and documentation of data;
- b. the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- c. maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- d. security and confidentiality of payroll information;
- e. checks to be applied to completed payroll before and after payment;
- f. authority to release payroll data under the provisions of the Data Protection Act;
- g. methods of payment available to various categories of employee and others;
- h. procedures for payment by cheque, bank credit, or cash to employees and others;
- i. procedures for the recall of cheques and bank credits;
- j. pay advances and their recovery;
- k. maintenance of regular and independent reconciliation of pay control accounts;
- l. a system to ensure the recovery from those leaving the employment of the GPhC of sums of money and property due by them to the GPhC.

16.6 Appropriately nominated employees within the payroll department have delegated responsibility for:

- a. submitting payroll notifications in accordance with agreed timetables;
- b. completing payroll records and other notifications in accordance with instructions from the lead officer for Human Resources and in the form prescribed by the lead officer for Human Resources;
- c. submitting termination notifications in the prescribed form immediately upon knowing the effective date of an employee's or other appointee's resignation, termination or retirement. Where an employee fails to report for duty in circumstances that suggest they have left without notice, the lead officer for Human Resources must be informed immediately.

16.7 Regardless of the arrangements for providing the payroll service, the lead of officer for Human Resources shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures. The payroll department will make suitable arrangements for the collection of statutory payroll deductions and payment of these to appropriate bodies.

Contracts of employment

16.8 The CE&R has responsibility for:

- ensuring that all employees are issued with a Contract of Employment in an appropriate form which complies with employment legislation; and
- dealing with variations to, or termination of, contracts of employment.

Severance payments

16.9 Severance payments are paid to employees or contractors outside of normal statutory or contractual requirements or the GPhC's redundancy policy when leaving employment at the GPhC before retirement or before the end of the contract whether they resign, are dismissed or

reach an agreed termination of contract. Severance payments to GPhC employees or contractors should be exceptional.

16.10 In determining a severance payment, the following factors should be considered:

- the nature and circumstance of the case
- the amount involved
- the legal advice where appropriate including reference to a tribunal with its potential consequences including the legal assessment of the organisations chances of winning or losing the case and likely scale of any award
- the management procedure followed
- an assessment of value for money of the case
- any non-financial aspects including the impact of any potential operational disruption
- whether the case in question could have a wider impact eg as a precedent for other potential cases

16.11 All severance payments will require approval from the CE&R and will require reporting to the Remuneration Committee regardless of their value.

17. Financial delegations

17.1 Financial delegations to employees of the GPhC should be set out by the CE&R.

17.2 Financial delegations should be reviewed annually by the CE&R and any proposed changes approved by the Director of Finance.

18. Non-pay expenditure

18.1 The Council will approve the level of non-pay expenditure on an annual basis and the CE&R will determine the level of budget delegation and purchasing authority levels for all authorised signatories.

18.2 The CE&R will set out:

- the list of managers who are authorised to place requisitions for the supply of goods and services;
- the maximum level of each requisition and the system for authorisation above that level.

18.3 The CE&R shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

19. Choice, requisitioning, ordering, receipt and payment of goods and services

19.1 **Requisitioning** - The requisitioner, in choosing the item to be supplied or the service to be performed, shall always obtain the best value for money for the GPhC in accordance with the procurement policy.

19.2 **System of Payment and Payment Verification** - The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with agreed contract terms.

19.3 The Director of Finance will:

- a. advise the Council regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the procurement policy and regularly reviewed;
- b. prepare procedural instructions or guidance on the obtaining of goods, works and services incorporating the thresholds;
- c. be responsible for the prompt payment of all properly authorised accounts and claims;
- d. be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - i. A list of employees (including specimens of their signatures) authorised to certify invoices either manually or electronically.
 - ii. Certification that:
 - iii. goods have been duly received, examined and are in accordance with specification and the prices are correct
 - iv. work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct
 - v. in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - vi. where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - vii. the account is arithmetically correct;
 - viii. the account is in order for payment.
 - ix. A timetable and system for submission to the Financial Controller of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
 - x. Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- e. be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out below.

19.4 **Prepayments** - Prepayments are permitted subject to the following conditions:

- Where the financial advantages outweigh the disadvantages;
- The appropriate budget holder must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the GPhC if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed;
- The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the Director of Finance or CE&R if problems are encountered.

20. Credit finance arrangements, including leases

20.1 No person other than the CE&R or the Director of Finance can approve any contract or transaction which binds the GPhC to credit finance commitments on an on-going basis.

20.2 One off, low value transactions (up to £10K) can be approved by those with the delegated authority to do so.

20.3 Prior to the signing of any agreement, cost comparisons should be carried out for buy, hire or lease options to demonstrate that value for money is being achieved.

Duties of budget holders

20.4 Budget holders must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- a. all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the finance department in advance of any commitment being made;
- b. no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
 - conventional hospitality, such as lunches in the course of working visits;
- c. no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance or the CE&R;
- d. all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract;
- e. verbal orders must only be issued exceptionally - by an employee designated by the CE&R and only in cases of emergency or urgent necessity;
- f. orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

- g. goods are not taken on trial or loan in circumstances that could commit the GPhC to a future uncompetitive purchase;
- h. changes to the list of employees authorised to certify invoices are notified to the Financial Controller who will update the purchasing Authority levels

21. Capital investment, fixed asset registers and security of assets

Capital investment

- 21.1 The Director of Finance, alongside the Systems Development Steering Group, will ensure capital expenditure proposals are prioritised within the available resource envelope that has been set aside for capital funding.
- 21.2 The Senior Responsible Owner of capital investment projects is responsible for ensuring:
- the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost
 - that the capital investment is not undertaken without confirmation of availability of resources to finance all revenue consequences.
 - an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - appropriate project management and control arrangements;
 - that the Systems Development Steering group has reviewed and approved the business case and involved appropriate GPhC personnel and external agencies in the process.
- 21.3 For capital schemes where the contracts stipulate staged payments, the Director of Finance will issue procedures for their management. The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.
- 21.4 The approval of a capital programme shall not constitute approval for expenditure on any scheme. The Director of Finance shall issue to the manager responsible for any scheme:
- specific authority to commit expenditure;
 - authority to proceed to tender (see overlap with SFI no. 14);
 - approval to accept a successful tender (see overlap with SFI no. 14).
- 21.5 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.
- 21.6 Capital Approval limits apply in that any commitments above £10,000 will need to be approved via the Systems Development Steering Group. Expenditure below £10,000 will need to be approved by the Director of Finance and adhere to the appropriate fixed asset procedure.
- ### **Asset registers**
- 21.7 Fixed assets comprise of tangible and intangible assets.

- Tangible fixed assets are those individual assets that will be in existence for more than 1 year and have a value greater than or equal to £1,000. PC's and laptops costing less than £1,000 will be added to the fixed asset register to ensure that they can be tracked and depreciated over their useful economic life.
- Intangible fixed assets are those individual assets that will be in existence for more than 1 year and have a value greater than or equal to £10,000. Internally developed computer software and systems will be added to the fixed asset register and amortised on a straight-line basis over 3 years

21.8 The Financial Controller is responsible for the maintenance of a register of fixed assets, furniture & fittings and equipment, updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

21.9 Additions to the register must be clearly identified to an appropriate budget holder and be validated by reference to proof of acquisition (e.g. invoices, leases, deed).

21.10 Where assets and equipment are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

21.11 The Financial Controller shall approve procedures for reconciling balances on fixed assets accounts in ledger to the fixed asset balances recorded in the register.

21.12 Where required the value of each asset shall be revalued, indexed and depreciated in accordance with methods specified by the Director of Finance taking into account accounting standards and practice.

Security of property and assets

21.13 The overall control of fixed assets is the responsibility of the CE&R.

21.14 The Director of Finance will keep a record of all rights to titles to real property and rights to occupy premises and ensure safe custody of title deeds and associated documents.

21.15 The Director of Finance is responsible for ensuring that all GPhC property is adequately maintained and that, at all times, the GPhC complies with the terms of its property leases, as well as the regulations relating to Health & Safety.

21.16 The Facilities Manager is responsible for the preparation of a maintenance plan and of annual estimates of the costs of repair and maintenance of GPhC property, including leased office premises.

21.17 All staff of the GPhC have an individual and collective responsibility to safeguard the financial resources of the GPhC. These resources may take the obvious tangible form of fixed assets or cash, as well as less tangible items such as lost opportunities to earn or recover income that is due. Further to this requirement, each member of staff has an individual and collective responsibility for the security of property.

21.18 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments and also including donated assets) must be approved by the Senior Financial Officer. This procedure shall make provision for:

- a. recording managerial responsibility for each asset;

- b. identification of additions and disposals;
- c. identification of all repairs and maintenance expenses;
- d. physical security of assets;
- e. periodic verification of the existence of, condition of, and title to, assets recorded;
- f. identification and reporting of all costs associated with the retention of an asset;
- g. reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

21.19 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Senior Financial Officer.

21.20 Where practical, assets should be marked as GPhC property.

21.21 Whilst each employee has a responsibility for the security of property of the GPhC, it is the responsibility of Council members and senior employees in all disciplines to apply such appropriate routine security practices in relation to GPhC property as may be determined by the CE&R. Any breach of agreed security practices must be reported in accordance with agreed procedures.

21.22 Any damage to the GPhC's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Council members, employees and other appointees in accordance with the procedure for reporting losses.

22. Disposals and condemnations, losses and special payments

Disposals and condemnations

22.1 The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations and ensure that these are notified to managers.

22.2 When it is decided to dispose of GPhC assets or equipment, the Head of the relevant department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

22.3 The disposal of obsolete or surplus stock, equipment or furniture with a net book value of less than £1,000 (collective value of items) shall occur only with the prior approval of the Financial Controller.

22.4 Items with a net book value in excess of £1,000 shall only be disposed of with the prior approval of the Director of Finance. The disposal of items with a net book value in excess of £50,000 shall require the prior approval of the CE&R.

22.5 All unserviceable articles shall be:

- a. condemned or otherwise disposed of by an employee (Condemning Officer) authorised for that purpose by the Senior Financial Officer;
- b. recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee (approving officer) authorised for the purpose by the Senior Financial Officer.

22.6 The approving officer shall determine as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

Losses

22.7 **Procedures** - The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations and losses.

22.8 Any employee discovering or suspecting a loss of any kind must either immediately inform their Head of Department, who must immediately inform the CE&R and the Director of Finance or inform an employee charged with responsibility for responding to concerns involving loss. This employee will then appropriately inform the Director of Finance and/or CE&R. Where a criminal offence is suspected, the Director of Finance must immediately inform the police.

22.9 **Suspected fraud** - The Director of Finance must notify the external and internal auditor of all frauds

22.10 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must immediately notify:

- the Audit & Risk Committee
- the external auditor

22.11 The Director of Finance shall take any necessary steps to safeguard the GPhC's interests in bankruptcies and company liquidations

22.12 For any loss, the Director of Finance should consider whether any insurance claim can be made.

22.13 The Director of Finance shall maintain a Losses Register in which write-off action is recorded.

22.14 All non-trivial losses must be reported to the Audit & Risk Committee at its next meeting.

23. Information technology

Director duties

23.1 The Directors in charge of any computerised financial data with the GPhC shall

- a. devise and implement any necessary procedures to ensure adequate (reasonable) protection of the GPhC's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard to the Data Protection Act 2018;
- b. ensure that adequate controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c. ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- d. ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

- 23.2 The Director of Finance shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.
- 23.3 The Data Protection Officer shall publish and maintain a Freedom of Information Publication Scheme. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the GPhC that should be publicly available. This is available on our website.

Contracts for computer services with outside agencies

- 23.4 The Director of Finance shall ensure that contracts for computer services for financial applications with an agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission, storage and disaster recovery. The contract should also ensure rights of access for audit purposes. Where an agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

Requirements for computer systems with an impact on corporate financial systems

- 23.5 Where computer systems have an impact on corporate financial systems the Director of Finance shall need to be satisfied that:
- a. systems acquisition, development and maintenance are in line with corporate policies;
 - b. data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
 - c. the relevant staff have access to such data;
 - d. such computer audit reviews as are considered necessary are being carried out.

24. Financial records

- 24.1 The senior officer responsible for HR shall be responsible for the maintenance of the payroll records and the provision of any relevant information to authorities, including HMRC, that are entitled to receive
- 24.2 The Director of Finance shall be responsible for the maintenance of the accounting records and the provision of any relevant information to authorities
- 24.3 No unauthorised person is allowed access to the financial or payroll records, including records held in the computer system.
- 24.4 The GPhC will ensure that it meets all legal requirements relating to the retention of prime documents and minor accounting records. These legal requirements should be clearly set out in writing and communicated to all employees. Examples of prime documentation are:
- Purchase invoices
 - Sales invoices and copies of receipts
 - Tax and VAT records
 - Bank statements
 - Salaries and wage records
 - Pension records

24.5 The timing of destruction and or disposal of documents and records will be in accordance with the legal requirements for retention of documents and the GPhC's information retention policy. No employee may dispose of or destroy a financial record of the GPhC without the prior authorisation of the relevant Director of People or Director of Finance.

24.6 Records shall be maintained of documents disposed of or destroyed.

24.7 The Director of Finance shall:

- have access to all records, documents, correspondence and explanations relating to any financial transactions of the Council; and
- require to be produced, cash, stores or any other GPhC property controlled by any Council or committee member, panellist, member of staff or other appointee.

25. Risk management

25.1 The Director of Finance shall ensure that the GPhC has a programme of risk management, in accordance with best practice, which must be approved by the Council and monitored by the Audit & Risk Committee. The programme of risk management shall include:

- a. a process for identifying and quantifying risks and potential liabilities;
- b. engendering among all levels of staff a positive attitude towards the control of risk;
- c. management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d. contingency plans to offset the impact of adverse events;
- e. audit arrangements including; internal audit, health and safety review;
- f. a clear indication of which risks shall be insured;
- g. arrangements to review the risk management programme.

25.2 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the annual reports and accounts.

26. Insurance

26.1 The Director of Finance shall arrange all insurance cover and negotiate all claims in consultation with other staff where necessary. The Director of Finance shall ensure that the Certificate of Insurance and other necessary insurance records are maintained and securely stored.

26.2 Budget managers shall be responsible for minimising any insurable risks within their areas, and give prompt notification to the Director of Finance of any new risks which require to be insured and of any alterations affecting existing insurance.

26.3 Budget managers shall notify the Director of Finance in writing as soon as possible, of any loss, liability or damage, or of any event likely to lead to a claim.

26.4 The Director of Finance shall annually, or after such shorter period as may be considered necessary, carry out a risk assessment and review all insurance, in consultation with budget managers as appropriate. Independent advisers should also be consulted as necessary.

27. Evaluation and review

27.1 The SFIs will be evaluated through the performance monitoring and evaluation framework for the organisation and, in particular, through review of the organisation's financial performance.

28. Appendices

28.1 Appendix 1: the lists of budget holders, authorised signatories and purchasing limits



Council chair appointment 2022

Meeting paper for Council on 11 March 2021

Public

Purpose

To consider recommendations on the process for appointing a new Chair of Council, to take office on 1 April 2022

Recommendations

The Council is asked to:

- i) consider the suggested process for appointing a new Chair of Council and provide feedback (designed in accordance with our previously agreed appointments policy at Appendix 1)
- ii) note the high-level timetable at Appendix 2
- iii) approve the updated selection criteria and competencies at Appendix 3;
- iv) agree the term of office which should be advertised;
- v) advise whether it wishes a Council member to be on the selection panel; and
- vi) note the Diversity Action Plan, designed to support the process, at Appendix 4

1. Introduction

- 1.1 On 31 March 2022 the current Chair of Council will complete his second term of office. As the Chair is not eligible to continue in the role due to reaching the maximum term of office provided for in the legislation¹, it is necessary to appoint a new Chair to take office on 1 April 2022.
- 1.2 The GPhC's role is to assist the Privy Council to make the appointment by ensuring that the process is undertaken appropriately, in a timely manner and with sufficient resource allocated to it.
- 1.3 This paper sets out the high-level plan for the appointment process, based on the detailed policy for managing and recommending Council member and Chairs last agreed and updated by Council in September 2020, and seeks Council's feedback. It has also been developed in line with the 'Good practice in making Council appointments' guidance published by the Professional Standards Authority (PSA), given their role in scrutinising the end-to-end

¹ Council members may not hold office for more than an aggregate of 8 years within any 20-year period

process. And, we have also taken account of useful information and insight shared at a recent PSA seminar on appointments, including from regulators that have run their first fully virtual appointment rounds due to the pandemic.

- 1.4 Elements of the plan, such as the timetable, have been discussed with the current Chair and the Chief Executive who have provided feedback. We have also had early discussions with the PSA.

2. Key considerations

(a) Using an agency

- 2.1 In line with our policy, new member recruitment will generally be supported by an external executive search agency, with suitable expertise in attracting diverse and experienced candidates for non-executive roles. This helps to avoid any direct, associative, perceptible or indirect discrimination and to increase the diversity of the candidate talent pool.
- 2.2 On that basis, we will appoint a recruitment agency to run the campaign and some elements of the process, in the same way as is done for member appointments. The agency will advise on the advertising strategy (with GPhC input), use its networks to approach candidates, carry out the first sift (along with the Independent Panel Member), conduct first stage interviews, work with the selection panel on longlisting and shortlisting and support the process from there by liaising with candidates. Fees for this work are included in the 2021/22 budget.
- 2.3 We will also ensure that potential agencies are required to demonstrate through the tender process how they will attract the broadest and most diverse range of candidates, and work in line with our commitment to equality, diversity and inclusion more widely.

(b) Timetable

- 2.4 Given the importance of making a good appointment and the possibility of notice periods or other complex arrangements from other roles, we plan to start the process in March 2021 with the recruitment of an agency to support the work. A high-level timetable showing the key milestones is set out at **Appendix 2**. This includes an induction period of up to four months, based on discussion with the current Chair.

(c) Selection criteria and competencies

- 2.5 At its meeting in September 2020, the Council approved a policy for the appointment and re-appointment of members, which includes the Chair. The policy included a description of the role of the Chair and suggested essential criteria, but also made clear that role specifications and selection criteria would be reviewed and approved by the Council in advance of each appointments process.
- 2.6 The role specification and selection criteria have been discussed with the current Chair and Chief Executive and we have also reviewed the criteria set for similar appointment campaigns (including for Chairs) which have run recently. This included the NMC and the GDC. It was not necessary to conduct a skills audit among members on this occasion as we are only recruiting for the one role. We have concluded that the essential criteria already agreed by Council remain relevant and robust and are therefore proposing that they are used for this campaign. The role description and criteria are set out in **Appendix 3**.

- 2.7 We do not plan to set out ‘desirable’ criteria on this occasion. Desirable criteria are useful in multiple recruitment campaigns such as those that we run for members, where different candidates will meet different desirable criteria and a spread of skills, abilities and experience can be achieved. As this is a single recruitment, we considered that the essential criteria were sufficient.
- 2.8 The current Chair is a lay member of Council and his departure will therefore create a space among the seven lay, rather than the seven registrant, members required by the General Pharmaceutical Council (Constitution) Order 2010. The new Chair must therefore be a lay person in order to maintain the statutory balance required by legislation²
- 2.9 In order to make this clear, we will add a requirement that the applicant must qualify as a lay member.
- 2.10 In discussion with the Chair, it was suggested that one further criterion might be beneficial – namely an ability to lead and facilitate strategic debate and we have added suggested wording to criterion E4 accordingly (additional text in red).

(d) Term of office

- 2.11 The current Chair was appointed for a four-year term and then re-appointed for a further four years, thus reaching the statutory maximum of eight years in any twenty. However, there is no requirement to appoint for four years and Council is therefore able to suggest a different term of office should it wish to do so. For example, the appointment could be made initially for three years and then the re-appointment term adjusted accordingly if that was the wish of the Council at the time.
- 2.12 Under current circumstances, with the prospect of regulatory reform and a move to a unitary board, the Council may wish to consider whether a shorter term of office in the first instance might give greater flexibility should the needs of the organisation and the profession change. Equally, Council may consider that the usual four-year term remains suitable.

(e) Salary

- 2.13 As agreed by Council in December 2020, on the recommendation of the Remuneration Committee, the salary for the post will be £60,000 per annum.

(f) Selection panel

- 2.14 The PSA set prescriptive requirements on the constitution of the selection panel which we must follow as part of our governance processes. For example, they should not be constituted to have a registrant majority and should have at least one member who has no connection with healthcare regulation i.e. is not a current or recent registrant of any health and care regulator nor currently works in the health and care field.

² Lay members are those who are not and never have been entered in the register of any regulatory body (which has the function of authorising persons to practise as a member of a health or social care profession), and do not hold qualifications which would entitle them to apply for registration under the Pharmacy Order 2010.

- 2.15 It is important to highlight that panels are required to make recommendations about appointments in the public interest. In order to do so, panel members should not consider themselves, or be treated as, representatives of any particular group or organisation.
- 2.16 For this appointment, we will have:
- an independent Chair experienced in public appointments;
 - an Independent Panel Member (IPM) responsible for providing assurance to the PSA that principles of a good appointments process have been followed;
 - a pharmacy professional; and
 - a current Council member, who is closest to the end of their tenure
- 2.17 For Chair appointments (unlike those for members) there is the option in the PSA guidance to have a current Council member on the panel. The only stipulation is that it should be a member who is coming to the end of their tenure and is not eligible for re-appointment. The PSA explains this as being to avoid the perception that the member's views could be influenced by the fact that they will be appraised by the person they select and that the new Chair could be seen as being beholden to the person who was involved in their selection.
- 2.18 We have explained to the PSA that, given what Council has already agreed about its staggering arrangements for the next two years, we do not have anyone who is not eligible, in principle, for re-appointment. The PSA has confirmed that, should we wish to include a registrant, it will be acceptable to the Authority for us to use a member who is in, or will shortly be entering, their final term (depending on how the re-appointments process timeline aligns with this project).
- 2.19 We will carefully consider the diversity of the selection panel in line with our updated policy (see section on Equality below).

(g) Scrutiny

- 2.19 The Professional Standards Authority (PSA) sets detailed guidance for regulators on the appointment and re-appointment of members and Chairs. The Authority provides close oversight of the process – it requires an Advance Notice setting out considerable detail of how the process will be conducted and allowing it to raise any concerns it may have at an early stage.
- 2.20 When a candidate (or candidates for multiple appointments) has been selected, we make a Notice of Recommendation to the PSA which includes information on the outcomes of every interview carried out in order that they can be sure that the process was fair and balanced. Only once the PSA is satisfied of this will it recommend the appointment to the Privy Council. In previous recruitment rounds, the PSA has commended the GPhC for the thoroughness of its existing processes and reporting.
- 2.21 The Audit and Risk Committee has identified the transition process between Chairs as a possible risk point and will have sight of a transition plan to provide assurance that the risk is being managed appropriately.
- 2.22 Council will also receive updates as the process progresses.

3. Equality and diversity

- 3.1 We have produced a Diversity Action Plan to support the process of recommending a Chair appointment, to demonstrate how we meet our equality obligations and our broader commitment to equality, diversity and inclusion at all stages of the planning and implementation of the appointments process.
- 3.2 The plan is based on that used to support Council appointments in 2020. It is designed to help us to identify practical steps that we can take to attract a diverse range of suitably qualified candidates and reflects learning, insight and feedback from previous appointment processes as well as external reports that are relevant to our work. A copy of the Diversity Action Plan is attached at **Appendix 4**.

4. Communications

- 4.1 The PSA requires vacancies to be advertised for at least four weeks, to give potential candidates sufficient time to see the opportunity and apply for it. We will advertise for at least six weeks as the advertising period will run over the summer. We will work with the appointed agency on an advertising strategy which will attract a strong and diverse field of candidates. We are also working on a communications plan to underpin the campaign.

5. Resource implications

- 5.1 Provision for the recruitment campaign, including the use of an agency, has been made in both the budget and the Governance team's workplan for 2021/22.

6. Risk implications

- 6.1 The appointment of a new Chair is fundamental to the future development of the organisation. An appropriate and robust process for the appointment is an essential step in ensuring good governance within the GPhC
- 6.2 It is essential that the process meets the PSA's requirements and the four principles of merit, fairness, transparency and openness; and inspiring confidence in regulation. If it does not, the PSA will not have confidence in the process and will not recommend the appointment to the Privy Council. Close adherence to the PSA's guidance mitigates that risk.

7. Monitoring and review

- 7.1 Council will be kept updated on the appointments process as it progresses.

8. Recommendations

The Council is asked to:

- i. consider the suggested process for appointing a new Chair of Council and provide feedback (designed in accordance with our previously agreed appointments policy at Appendix 1)
- ii. note the high-level timetable at Appendix 2
- iii. approve the updated selection criteria and competencies at Appendix 3;
- iv. agree the term of office which should be advertised;
- v. advise whether it wishes a Council member to be on the selection panel; and
- vi. note the Diversity Action Plan, designed to support the process, at Appendix 4

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

Laura McClintock, Chief of Staff
General Pharmaceutical Council

03 March 2021

Council member and Chair appointments and reappointments

GPHC0050 Version 1.0

This policy sets out our approach to managing and recommending Chair and Council member appointments and reappointments



Policy details

Policy reference	GPHC0050
Version	1.0
Policy author	Laura McClintock, Chief of Staff
Approved for issue by	Council, 17 September 2020
Effective from	17 September 2020
Next review	01 October 2023 (or in line with other legislative or good practice changes)

Version control tracker

Version	Approved date	Description of change	Amendments by
1.0	17 September 2020	Created a new policy and approach to recommending appointments and reappointments in line with the relevant legislative framework and the PSA Good Practice in making Council Appointments guidance, with a clear and positive emphasis on equality, diversity and inclusion at all stages of the process.	Laura McClintock, Chief of Staff

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1. Introduction

1.1 This policy sets out our approach to managing and recommending Council member and Council Chair appointments and reappointments.

2. Purpose

2.1 It is designed to ensure that we follow a consistent approach to all appointments and reappointments, in line with relevant legislation¹ and other best practice. This includes the Professional Standards Authority's '*Good practice in making Council appointments*', which sets out the principles, guidance and the scrutiny process for regulators recommending appointments, subject to section 25C scrutiny². See associated documents list in section 13 below for more information.

3. Scope

3.1 This policy applies to all Council member appointments and reappointments, including the Chair of Council.

4. Exclusions

4.1 This policy does not cover any other types of appointments or reappointments, for example, appointments of statutory committee members, or external members of the non-statutory committees.

5. Responsibilities

5.1 Below are the key roles and responsibilities across the process:

- **Privy Council:** the power to make appointments to the GPhC Council rests with the Privy Council. In doing so, the Privy Council acts in accordance with legislation setting out, amongst other things, who may and may not be appointed to the Council and for how long they may serve³. In most cases, the Privy Council's decision will be informed by advice from the Professional Standards Authority.
- **Professional Standards Authority (PSA):** the role of the PSA is to advise the Privy Council on the processes used to select the candidates recommended for appointment. It is important for the Privy Council to have confidence in the process used by the regulators to make these recommendations before it makes its decision. The PSA scrutinises each appointments process carefully and advises the Privy Council whether it can have confidence in that process. The PSA is not a decision-maker and looks solely at the process undertaken by a regulator to make a recommendation.
- **Regulators (including the GPhC):** the role of the regulator is to assist the Privy Council to make the appointments. Regulators are responsible for managing the processes to identify suitable candidates and recommending these candidates to the Privy Council for

¹ This includes the Pharmacy Order 2010, the General Pharmaceutical Council (Constitution) Order 2010, as well as the Equality Act 2010

² Section 25(c) of the National Health Service Reform and Health Care Professions Act 2002

³ The Constitution Order sets out the criteria by which individuals are disqualified from appointment to the council. This disqualification criteria is tightly prescribed. Individuals must also meet other relevant eligibility criteria.

appointment. This includes recommending the Privy Council reappoint or extend the term of existing Council members.

- **GPhC Council:** the Council is responsible for ensuring that the appointments process is undertaken appropriately and in a timely manner, and for allocating sufficient resources to it. This includes approving the overall approach to recommending appointments and reappointments, in line with this policy.
- **Governance team:** the governance team is responsible for ensuring that the need to plan and initiate the process is brought to the Council's attention in good time, and for managing the day to day work. This includes preparing all evidential submissions to the PSA, liaising with the Privy Council on timetabling and working with any external recruitment agency to support the overall process, including designing the candidate packs, advertising strategies and interview processes. The team also provide support and advice on governance matters within the process such as due diligence and conflicts of interest.

6. Guiding principles

6.1 The Council has agreed the following guiding principles to underpin the process for recommending appointments and reappointments to the Privy Council:

- a. appointments and reappointments must comply with the requirements of the Pharmacy Order 2010 and the Constitution Order 2010
- b. all aspects of the process must comply with the Equality Act 2010, as well as the GPhC's commitment to equality, diversity and inclusion more widely
- c. all aspects of the process must adhere to the PSA principles of a good appointments process: merit, fairness, transparency and openness and inspiring confidence
- d. generally, Council member vacancies will be filled using a combination of open competition⁴ and reappointments⁵ (for each appointments round, Council will be asked to confirm, in advance, whether the vacancies will be filled using a combination of open competition and reappointment, open competition only, or by reappointment only)
- e. in deciding whether to use open competition, reappointments or a combination of both, the Council will consider:
 - the current and future needs of the Council in relation to particular skills, background or experience
 - the balance within registrant membership (pharmacist and pharmacist technician) as well as the mix of pharmacy sector or setting experience
 - the diversity of backgrounds within the existing Council's membership, specifically that the Council should reflect the diversity of the public it serves and the pharmacy professions it works with

⁴ An open competition is when candidates are appointed to Chair or member posts following a publicly advertised competitive selection process.

⁵ Reappointments occur when sitting Council members or Chairs are appointed for a further consecutive term, following a formal process to assess whether their skills and expertise continue to meet the needs of the council but without having to go through a further open competition.

- the balance between continuity and refreshment of the Council’s membership (the aim should be to produce a degree of change which minimises the risks of stagnation, on the one hand, and instability and delays, on the other)
 - any other relevant external factors, for example, any anticipated changes to the constitution of the Council
- f. new member recruitment will generally be supported by an external executive search agency, with suitable expertise in attracting diverse and experienced candidates for non-executive roles. This helps to avoid any direct, associative, perceptive or indirect discrimination and to increase the diversity of the candidate talent pool.
 - g. communications and advertising strategies will be designed to ensure broad appeal and to identify a diverse field of candidates (which includes encouraging applications from particular groups, where appropriate) and promoted through diversity-focused channels and networks.
 - h. candidate packs and other supporting materials will be produced in accessible formats, with clear, positive and welcoming messages about our commitment to equality, diversity and inclusion.
 - i. a diverse selection panel for new appointments will be convened in line with the PSA guidance, including the requirement for an external independent panel member (see section 8 below for more information).
 - j. selection and decision-making processes will be objective, fair and unbiased with robust independent quality assurance.
 - k. diversity data will be collected and monitored at all stages of the process, including initial application, longlisting and shortlisting (please note data is not used in the individual selection process and will only be used for statistical purposes, and to help us review our performance in relation to our equality, diversity and inclusion responsibilities).

7. Selection criteria and competencies

- 7.1 The selection criteria and competencies used for Chairs and Council members should reflect the current and expected future needs of the Council.
- 7.2 To ensure that it continues to reflect these needs, the Council will approve the selection criteria ahead of each appointments process. As part of this, the Council will consider the current mix of skills and expertise, with a view to filling any gaps.
- 7.3 Essential criteria should be common to all Council members, while skills that are not essential for them all may be included as ‘desirable’ criteria.
- 7.4 When developing selection criteria, it is important to remember that Council members are not ‘representatives’ of any organisation, or profession, group or viewpoint.
- 7.5 The Council needs to be credible through its performance and the mix of background, knowledge and skills of the members, not because members individually are representatives of particular interests or constituencies. However, it is critical that a diversity of life experiences, ideas and

perspectives inform our decision-making at Council level and that our Council reflects the diversity of the public that it serves and the pharmacy professions it works with.

- 7.6 When setting the selection criteria and competencies, the Council will consider the diversity of the current council at this point and decide whether it may be desirable actively to seek applications from particular under-represented groups⁶.
- 7.7 The Council will ensure that the selection criteria does not create any unnecessary barriers and supports diversity in membership more widely. It must not directly or indirectly discriminate against, or deter applications from, any group.

8. Selection panels

- 8.1 A diverse selection panel will be convened for new appointments in line with PSA good practice guidance and other governance requirements.
- 8.2 The panel's main task is to assess candidates against the published criteria, in accordance with the published process, and decide who to recommend for appointment.
- 8.3 It is important to highlight that panels are required to make recommendations about appointments in the public interest. In order to do so, panel members should not consider themselves or be treated as representatives of any particular group or organisation in particular registrant membership bodies.
- 8.4 In line with PSA guidance, panel members should have experience in public appointments or transferable skills in the recruitment of leaders, and a range of different backgrounds, both professionally and personally, bringing different perspectives and inspiring confidence of different groups. The PSA guidance provides detailed guidance on panel constitution, including the need for an independent panel member, who can bring a credible, impartial perspective.
- 8.5 Selection panels must not include members of the GPhC staff. This is a strict requirement within the current PSA guidance.
- 8.6 Once established, we will ensure that the selection panel demonstrates a commitment to equality, diversity and inclusion throughout the process. The Chair of Council will raise awareness of our commitment to equality, diversity and inclusion with all new selection panel members in advance of the recruitment process starting and outline clearly what is expected from panel members throughout the process.

9. Terms of office

- 9.1 Council member appointments should be staggered, where possible, so that a full appointments process (through open competition) does not need to be run every year. Ideally, this should be no more than every 2 years.
- 9.2 When recommending terms of office, the following factors will be considered:

⁶ While positive discrimination, whereby an individual is chosen purely because they fall within a particular group, is illegal, positive action is now permitted under the Equality Act 2010. Examples of positive action in this context might include encouraging applications from certain groups through express statements in job adverts, hosting an open day for certain groups, or favouring a candidate from an under-represented group when two candidates are as qualified as each other.

- the likelihood of change in the Council’s need for particular skills and expertise during the term being contemplated
- the balance between continuity and change within the Council’s membership
- the wishes of the member concerned (this applies to reappointments only, as new appointments are advertised along with the specific terms of office dates)
- any other relevant information, for example, likely legislative or strategic change during the term being contemplated.

10. Council member reappointments

Overall approach

- 10.1 Reappointments occur when sitting Council members or chairs are appointed for a further consecutive term, following a formal process to assess whether their skills and expertise continue to meet the needs of the Council but without having to go through a further open competition.
- 10.2 Where there are Council members or chairs whose terms are ending, and who are eligible to remain, the Council should decide whether reappointments without open competition will be considered in principle and ascertain which eligible members would like to seek reappointment.
- 10.3 Reappointments are not automatic but can be an alternative to running an open competition if individuals’ performance during their first term has been satisfactory and their skills and experience continue to meet the council’s needs. This is made clear to members at appointment and gain when terms are due to end.
- 10.4 Individuals may be reappointed only if they continue to meet the eligibility and term-length criteria specified in Constitution Orders or other relevant legislation.
- 10.5 All reappointments must be made via recommendation or open competition – there must not be a mixture of the two, with some members recommended for re-appointment and others required to go through open competition. If an open competition is run, all sitting members who desire (and are eligible for) a further term must go through the open competition. This is in line with guidance from the PSA.
- 10.6 Below is the approach we take where Council agrees to the use of reappointments for a particular recruitment round (subject to the criteria set out above).

Reappointments procedure

- 10.7 Generally, reappointments should not be made more than six months before they are due, so as to ensure that evidence of the member’s performance is current and relevant.
- 10.8 Members seeking a further term will be asked to provide a brief statement of their case for reappointment, including a number of declarations.
- 10.9 The Chair of Council will decide whether to recommend a member for reappointment and, if so, the recommended term of the reappointment. In doing so, the Chair should assess whether the member seeking reappointment continues to meet the Council’s requirements and is likely to continue to do so during a further term, bearing in mind the current context of the Council’s work and any anticipated changes.

10.10 The Chair will consider the following factors:

- total period in office and eligibility for a further term⁷
- continued eligibility for the role (including the member's declaration that they continue to meet the eligibility criteria)
- overall performance in the role (including the member's appraisal records)
- attendance record (including attendance at all Council, Committee or other working group meetings)
- the member's willingness and ability to commit the time required to the role
- any conflicts of interest or potential conflicts of interest
- anything in the member's professional or personal background which could cause embarrassment to the GPhC or the Privy Council
- any complaints received about the member
- the results of any other due diligence checks (e.g. fitness to practise history)
- the statutory requirement to have at least one Council member living or working in each of England, Scotland and Wales.

10.11 Each case will be considered on its own merit, bearing in mind the current and future needs of the Council.

10.12 As part of this decision-making process, the Chair will take soundings from one or more of the Chairs of the Audit & Risk, Remuneration, or Finance & Planning Committees. In the event that this is not appropriate, or there is a conflict or perceived conflict of interest, the Chair may take soundings from one or more external members of the sub-Committees referred to above.

10.13 The Chair will also seek third party and key stakeholder feedback, in particular from the Chief Executive and Registrar, or, should this not be possible other members of the regulator's senior team.

10.14 No Council member should be involved in any matter affecting their own reappointment.

10.15 The Chair will provide the Notice of Reappointment Recommendation to the Authority with the following information (with the name of the member redacted):

- statement of case for reappointment from the Council member concerned
- recommendation from the Chair (please note if the competencies required of Council members have changed since the member was first appointed, the Chair should outline how the member has demonstrated that they continue to meet these)
- summary of the member's most recent appraisal, including the outcome of the appraisal and any areas of concern
- up-to-date profile of other Council members
- recommendation for term of reappointment and explanation
- any other information relevant to the reappointment.

⁷ Council members may not hold office for more than an aggregate of 8 years within any 20-year period

11. Council Chair reappointments

11.1 The process for reappointing the Chair of Council will be the same as the process for Council members except that:

- The Chief Executive & Registrar will discuss with the Chair whether they intend to seek a further term.
- If so, the Council will assess its current and future needs.
- The Chair will be asked to provide a broader statement in support of their potential reappointment, including their ideas and approach to a further term.
- The Council will nominate two Council members (one lay, one registrant) to oversee the collation and assessment of evidence in the same way that the Chair of Council does for a member seeking reappointment, and to submit the recommendation of reappointment to the PSA.
- The Council should select members with appropriate skills and experience who are impartial and will be perceived to be so. These members would be expected to provide a written declaration that they do not intend to seek a further term of office.
- The appraisal reports for the Chair of Council will be based on a 360° appraisal process, including third party feedback.
- The Council will decide whether to recommend a Chair for reappointment and, if so, the recommended term of office.
- In doing so, the Council will take account of the current and future needs of the regulator, as assessed. The Council should also reflect on other relevant information including: the GPhC's annual report, accounts and strategic plan; media and reports in the public domain, and proposed changes in the regulatory environment.

12. Monitoring and compliance

12.1 The Council is responsible for agreeing the overall approach to appointments and reappointments.

13. Associated documentation

13.1 This policy should be read alongside the following supporting documents:

- PSA Good Practice in making Council appointments available [here](#)
- **Annex A:** Example Chair role description and essential criteria
- **Annex B:** Example Council member description and essential criteria

(As specified in section 7 above, role specifications and selection criteria are reviewed and approved by the Council in advance on each appointments process)

High-level timetable for Chair recruitment

(subject to alteration in discussion with appointed agency)

Task	Start date	Duration	End date / Deadline
Council approves criteria and plan			11 March
Run tender		2 weeks	29 March
Submit Advance Notice to PSA			29 March
Award contract			6 April
Role goes live	17 May	6 weeks	
Closing date			25 June
Agency assesses applications	28 June	2 weeks	9 July
Longlisting meeting			w/b 12 July
Agency conducts first stage interviews	19 July	2 weeks	30 July
Shortlisting meeting			w/b 9 August
Due diligence		3 weeks	
Interviews	6 September	1 week	10 September
Decision			10 September
Submit notice of recommendation			By 24 September
PSA recommends appointment to Privy Council	18 October	1 week	By 22 October
Successful candidate informed			By 29 October
Contingency time and/or time to liaise with candidate over announcement etc.	1 November	4 weeks	26 November
Publish announcement	1 December		
Induction	1 December		31 March 2022
Takes office			1 April 2022

Role of the Chair and essential criteria

The role

The Chair is responsible for:

Leading Council

- Providing strong non-executive leadership to develop a focused Council who work collectively and ensuring that each Council Member puts the interests of the GPhC above their own, upholding the public interest at all times.
- Promoting the public interest and fostering an environment of openness, transparency, and accountability in the activities of the Council and of the GPhC more broadly.
- Leading Council in overseeing and scrutinising the development and delivery of realistic business plans and budgets, monitoring performance and examining proposals for change to arrive at proportionate and targeted decisions in line with corporate objectives, with the ability to withstand public scrutiny.
- Leading Council in holding the Executive to account for performance, delivery of the business plan, governance, risk and financial management.
- Chairing Council meetings effectively, to facilitate wide debate, listen to discussion carefully, summarise areas of consensus prior to decision making and articulate clear actions (this includes working with the Executive to ensure an effective and efficient annual programme of Council meetings with appropriate agendas).
- Communicating effectively with Council Members between meetings to ensure that business is taken forward, and effective contributions are made by utilising the appropriate skills of Council members.
- Providing leadership to develop a positive culture at the GPhC and within the Council, promoting equality, diversity and inclusion throughout all of our work

Governance

- Maintaining appropriate governance and ensuring that the GPhC's code of conduct and other relevant policies and procedures are adhered to by all Council Members.
- Handling any complaints or concerns about Council Members in line with agreed procedures.
- Lead the appointments process for Council Members in line with the relevant legal and governance frameworks, agreed procedures and good practice guidance.

Stakeholder engagement

- Playing a key role in representing the GPhC, developing and managing positive, productive, collaborative and influential relationships at all levels, including relationships with key senior stakeholders within and outside of the professions and accounting for GPhC performance to key senior stakeholders and its oversight body.

Working with the CEO and Senior Leadership Group

- Establishing and maintaining a close working relationship with the Chief Executive & Registrar, Senior Leadership Group and other staff, as appropriate; and providing a sounding board for discussion of emerging issues for the Executive
- Developing the critical friend relationship with the Chief Executive & Registrar and holding them to account for the performance of the organisation.

The essential criteria

Candidates will need to demonstrate that they have the necessary skills, knowledge and experience for this role. Candidates should provide specific examples to demonstrate how they meet the essential criteria for this role, including how they personally contributed to or achieved specific outcomes.

All candidates will be required to show how they meet the following criteria:

- **E1:** Proven ability to chair a complex and high-profile organisation [or an outstanding leadership record in a substantial, national or high-profile role]
- **E2:** ability to operate strategically, respond effectively to future challenges in healthcare regulation, be held accountable and hold others to account – contributing positively to the GPhC in a non-executive capacity.
- **E3:** High level governance and organisational skills including strategic planning, financial management, risk management, corporate and senior executive performance management and service delivery in a regulated environment with experience of non-executive work, understanding the boundaries between executive and non-executive responsibilities
- **E4:** Ability to lead and chair the Council in **strategic debate and** effective decision-making, interpreting complex information, identifying key issues, handling **diverse perspectives and** conflicting views, **bringing those views together to** build consensus where possible and **delivering concrete reaching clear** decisions to deliver the organisation's objectives.
- **E5:** Outstanding interpersonal and stakeholder management skills with a proven record of building effective and positive strategic relationships, so as to command credibility, confidence and support of a wide and complex range of interested parties at national level and ability to navigate a complex political environment.

- **E6:** Ability to build supportive relationships and work successfully as a team - welcoming and showing regard to the views and advice of others and supporting collective decision making.
- **E7:** Commitment to equality, diversity and inclusion – dealing with people and issues honestly, fairly and with respect, and promoting equality, valuing diversity and being inclusive

Appendix 4

Council Chair appointment 2021/22 Diversity Action Plan

“Good governance has to be accomplished through superior quality decision making at board level. It is therefore important that board members are drawn from the widest possible talent pools. It is critical that boards reflect and represent their customers and stakeholders. It’s also vital that different life experiences and perspectives inform board discussions and decisions. A diversity of ideas and perspectives leads to superior decision making and therefore outcomes”¹

We have produced this Diversity Action Plan to support the process of recommending the appointment of a new Chair for the GPhC in 2021/22 and to demonstrate how we meet our equality obligations, as well as our broader commitment to equality, diversity and inclusion at all stages of the planning and implementation of the appointments process. This plan is based on the one we use for recommending the appointment of Council members. Both are also designed to help us identify the practical steps and actions that we can take, to attract a broad, diverse range of suitably qualified candidates, and reflect learnings, insights and feedback from the previous appointment rounds as well as external reports that are relevant to our work. The plan will be updated at various stages of the appointments process.

Table 1: List of actions and next steps under each stage in the appointments process

Action details	Status update / next steps
Initial planning and development	
Assess the equality impacts at all stages of the recruitment process, from planning through to implementation and beyond	We have considered equality, diversity and inclusion themes as part of our initial planning for this recruitment, leading to the development of this Diversity Action Plan. We will continue to consider these themes at all stages of the process through to the appointments being made in March 2022.

¹ Christian Brodie, Chair of the Public Chairs’ Forum, referenced in the Centre for Public Appointments, Public Appointments Diversity Action Plan

Action details	Status update / next steps
<p>Consider and review insights and learnings from recent and relevant reports, inquiries or publications relating to diversity in public appointments</p>	<p>An initial review has been carried out and relevant learnings have been fed into the development of this Diversity Action Plan and our ongoing assessment of equality, diversity and inclusion considerations throughout the process. As part of this work, we have considered reports and information from sources such as the Centre for Public Appointments (CPA) in the Cabinet Office, which supports Government in the appointment of individuals to the boards of the public bodies.</p> <p>Data for 2018-19 shows that 45% of new appointees to public bodies were women, 13% were from a BAME background and 6% declared a disability.</p> <p>However, the data did not translate to Chair appointments, where 31% of new appointees were women and less than 3% were from a BAME background or declared a disability (Source: Commissioner for Public Appointments Annual Report 2019)</p>
<p>Review the findings from the Lord Holmes Review '<i>Opening up public appointments to disabled people</i>', to ensure that insights and learnings are incorporated into our process for 2019/20</p>	<p>Although the recommendations in the Lord Holmes Review were primarily for the government, the learnings and themes are still relevant to our work. We also considered the Review's case studies demonstrating how organisations such as Social Care Wales, the Social Mobility Commission and the Honours Committee have run more open selection processes. This work was done for the member recruitment but is also relevant to Chair recruitment.</p>
<p>Review and follow the updated PSA Good Practice in Making Council Appointments guidance (revised March 2019)</p>	<p>We are required to follow the PSA guidance at all stages of the recruitment and appointments process. We have reviewed the revised guidance published by the PSA. Our Council policies and procedures have been updated to reflect the current guidance</p> <p>We also attended a virtual seminar hosted by the PSA in December 2020 to hear insights and learnings on key aspects of appointments such as anonymisation, examples of positive action in practice and feedback from other regulators with experience of online recruitment as a result of the pandemic.</p>
<p>Review of selection criteria and competencies</p>	
<p>Ensure that our core competencies and selection criteria have been reviewed</p>	<p>Council members considered equality and diversity aspects when reviewing the suggested criteria in September 2020, primarily to ensure that the criteria and competencies do not create unnecessary barriers and allow the Council to progress towards achieving greater board diversity generally (including but not limited to BAME, gender, disability, LGBTQ+, age, socio-economic).</p>
<p>Candidate packs and application forms</p>	
<p>Review candidate pack and application forms and produce an accessible application form (available in different formats on request), including clear guidance for all potential candidates</p>	<p>We will work with our Communication team to review the content and formatting of advert and application pack, to make sure they are accessible, clear and inclusive.</p> <p>We added stronger and clearer messages about our commitment to equality and diversity in the Council member candidate pack and supporting materials for the 2020 appointments and will ensure that these are reflected in the materials for the Chair role.</p>

Action details	Status update / next steps
The selection panel	
Ensure that the newly formed candidate selection panel understands and demonstrates a commitment to equality, diversity and inclusion	We are looking to constitute a selection panel with experience in ensuring that public appointments processes are fair and inclusive. We will seek panel members with a demonstrable commitment to EDI. We have secured an Independent Panel Member with a track record of ensuring fairness throughout the process.
Increase the diversity of our selection panel, specifically by appointing a BAME member to the panel	<i>To be updated in due course</i>
Executive search agency	
Use an external search agency to avoid any direct, associative, perceptible or indirect discrimination and to increase the diversity of the candidate talent pool	Council is being asked to agree the overall process for the appointment of the new Chair, which included the use of an external agency. We will look for evidence of a successful track record of diverse appointments as part of the agency selection process. the process of appointing an agency will begin once Council has given its approval.
Revise and strengthen the wording of the tender document, to ensure that bidders are required to demonstrate through the tender process how they will attract the broadest and most diverse range of candidates, and work in line with our commitment to equality, diversity and inclusion more widely	The agency selection process will include clear and express requirements around equality, diversity and inclusion and what is expected from the search agency. This will also be explored through the assessment and evaluation of the bids.
Attracting talent: advertising strategies	
Design and launch our communications and advertising campaign to ensure broad appeal and to identify a diverse field	<p>We are in the process of developing a communications plan designed to:</p> <ul style="list-style-type: none"> - Support the development of recruitment materials that are accessible, clear and inclusive - Encourage applications from a diverse range of applicants, including people with certain protected characteristics - Emphasise our commitment to equality, diversity and inclusion at all stages of the process - Demystify the role and process and provide information to support candidates to understand what is required at each stage <p>Our Communications Plan covers important aspects including:</p> <ul style="list-style-type: none"> - Initial promotion and awareness raising - Social media - Press releases - Stakeholder engagement - Blog posts or podcast

Action details	Status update / next steps
Work with the executive search agency, to promote the opportunities through a range of different channels and networks	The next phase is to work in conjunction with the search agency, drawing on our insights and learning from recent member recruitment processes (including our advertising report and equality monitoring report) to finalise our campaign. We will use existing data to identify whether further steps need to be taken.
Raise awareness of the post and ensure the recruitment process does not act as a barrier to talented candidates from a wide range of backgrounds applying for public appointments	We have applied the insights from external reports, to help us to encourage applications from a diverse range of applicants. This will be done through enhanced awareness raising and communications messages..
Increase the visibility of appointees who share certain protected characteristics through outreach, events and social media	Last year, we published a video about the experiences from existing Council members to raise awareness of the role and encourage a wide range of applicants to apply. We will be working with our communications team and our recruitment agency to finalise our advertising strategy, including any targeted campaigns. We will also be working to identify key networks and organisations that may be able to reach/engage with potential candidates
Update our social media and other online pages to ensure that those who want to understand more about the opportunities available	We will make sure that our campaign materials make it clear that people can easily ask for advice or information about the role and the process for making an application.
Develop the networks through which we raise awareness of public appointments and provide support for candidates	As above, through recent reports and publications, we have identified some new sources and networks within which we will be able to share the information about the role.
Use diversity-focussed jobs board to source candidates	We will reflect on the equality monitoring statistics from last year, in order to identify any new or alternative ways to reach out to people who share certain characteristics, and to support / encourage them to apply via our webinar and communications materials.
Build on our existing pool of potential talent	Where possible, we will ask our recruiters to approach applicants from previous campaigns whom panels identified as having excellent potential.
Support potential candidates to have a 'look and feel' of the organisation before going through the process	We will encourage people to attend a Council meeting before submitting their application to give them an idea of what was involved and to help them feel more prepared for the application and interview stages.
Accessibility and adjustments	
Offering adjustments to meet the needs of individual candidates and reminding candidates about this at different points in the process.	Our executive search agency reported that they received positive feedback from candidates in both recent member recruitment rounds, indicating that the adjustments were managed well and that the GPhC was very accommodating of these different needs. We will continue to update our approach to offering adjustments in line with our commitment to the recommendations of the Holmes Review (covered in detail in our Diversity Action Plan for Council member recruitment for 2020)

Action details	Status update / next steps
Interview process	
Ensuring that all application forms are redacted to remove the names of candidates and any other information by which they may be identifiable.	In line with our usual procedures, and PSA guidance, all candidates will remain anonymous to the panel until the final interview stage. We will ensure that the search agency is well-briefed on the requirements around removing identifiable information from application forms. This is something that is also carefully monitored by the Independent Panel Member as we go through the process.
Ensuring the selection and decision-making processes are objective, fair and unbiased with robust independent quality assurance established.	We will follow external guidance on making Council appointments. We will continue to have an independent panel member on the selection panel, who is responsible for providing assurance to the PSA that the principles of a good appointments process have been followed, namely merit, fairness, transparency and openness, and inspiring confidence.
Declaring and recording where a candidate is known by a member of the panel (in a professional and/or personal sense)	We will ensure that the panel Chair reminds panel members to make declarations at all stages of the process and we will record these in the notes of the meetings.
EDI monitoring	
Continue to collect, monitor and report on diversity data.	Our recruiters will collect this data and produce a diversity statistics report at the conclusion of the process.
Keeping equality and diversity monitoring data separate from the main application forms and ensuring that these are not used in the selection process	We have reviewed the wording of our candidate pack to ensure that it is clear and explains fully how the information will be used. Equality and diversity data will not be used in the selection process.
Providing equality and diversity monitoring data to the PSA as part of their assurance of the process.	We will provide a full report to the PSA as part of our Notice of Recommendation submission.

Deputising arrangements for Chair of Council

Meeting paper for Council on 11 March 2021

Public

Purpose

To note the deputising arrangements for the Chair of Council

Recommendations

The Council is asked to note the arrangements for the deputy Chair, should the Chair be unavailable.

1. Introduction

- 1.1 In February 2010 the Council agreed to establish a rota of Council members to deputise for the Chair if required. It was agreed that a rota was more appropriate than a formal election process, given that the need for a deputy would arise only if the Chair was absent or unable to perform his or her duties. This system would also avoid the impression that there was a 'Deputy Chair' with a different role and status from other Council members.
- 1.2 It was also agreed that a rotation every six months, agreed in advance, would allow arrangements to be made quickly should the Chair be unexpectedly absent.

2. Deputising rota for 2020-21

- 2.1 The current rota expires at the end of March 2021. The new rota to cover the next twelve months is as follows (the rota for the last five years is included for reference):

New rota:

Name	Deputising start date	Deputising end date
Ann Jacklin	01 April 2021	30 September 2021
Neil Buckley	01 October 2021	31 March 2022

Current and previous rotas:

Name	Deputising start date	Deputising end date
Aamer Safdar	01 October 2020	31 March 2021
Elizabeth Mailey	01 April 2020	30 September 2020
Jayne Salt	01 October 2019	31 March 2020
Mark Hammond	01 April 2019	30 September 2019
Samantha Quaye	01 October 2018	31 March 2019
Joanne Kember	01 April 2018	30 Sep 2018
Mohammed Hussain	01 October 2017	31 March 2018
Arun Midha	01 April 2017	30 September 2017
Mary Elford	01 October 2016	31 March 2017
David Prince	01 April 2016	30 September 2016

3. Equality and diversity implications

3.1 There are no specific equality and diversity implications.

4. Communications

4.1 Council members and staff need a clear understanding of the arrangements for deputising for the Chair, if required. These will be communicated to staff via the intranet.

5. Resource implications

5.1. These arrangements are to provide cover for single events over short periods of time and as such have no specific resource implications. Should the position of Chair become vacant for a longer period of time, other arrangements would need to be put in place.

6. Risk implications

6.1 If the Council does not have a process in place for identifying a deputy in advance should the need arise, it runs the risk of having no leadership for a period of time should the Chair be absent without warning or the position of Chair become temporarily vacant for any reason. These arrangements mitigate that risk.

7. Monitoring and review

7.1 The rota is considered annually.

8. Recommendations

The Council is asked to note the arrangements for the deputy Chair, should the Chair be unavailable.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

04 February 2021

Minutes of the Audit and Risk Committee meeting held on 09 February 2021

Minutes of the public items

Present:

Neil Buckley (Chair)

Yousaf Ahmad

Helen Dearden

Ann Jacklin

Apologies:

Aamer Safdar

Jayne Salt

In attendance:

Duncan Rudkin Chief Executive and Registrar

Jonathan Bennetts Director of Finance

Janet Collins Senior Governance Manager

Rob Jones Risk and Audit Manager

Saleem Akuji Financial Controller

Ashley Norman TIAA

Chris Barrett TIAA

Tim Redwood Crowe Clark Whitehouse

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting. Apologies had been received from Aamer Safdar and Jayne Salt.

2. Declarations of interest

- 2.1 The Chair reminded members of the committee to make any appropriate declarations of interest at the start of the relevant item.

3. Minutes of the last meeting – public items from 15 December 2020

- 3.1 The minutes of the public items discussed at the meeting on 15 December 2020 were approved.

4. Actions and matters arising – public items

- 4.1 Actions due for this meeting were included on the agenda. There were no matters arising.

5. Item 7 – Chief Executive’s update

- 5.1 Duncan Rudkin (DR) updated the committee on the current context for the GPhC.
- 5.2 The risks which DR had previously noted as the most pressing were timeliness in fitness to practise (FtP) cases, the online registration assessment and procurement. Timeliness in FtP and the registration assessment remained the top two. Progress was continuing on the PSA action plan in FtP but a further round of reflection was needed as there were more areas to explore.
- 5.3 Preparation for the first sitting of the online registration assessment in March was going well. The risks around this included variables which could impact the pass rate; and communications, engagement and handling in relation to provisionally registered pharmacists who failed the assessment.
- 5.4 There was an issue around the possibility of candidates being able to sit the assessment overseas in areas where the difference in timezone could constitute a risk to the integrity of the assessment. The company running the assessments would not open its centres out of hours and there were risks attached to candidates sitting at home which were tolerated when home sitting was a reasonable adjustment for an individual but it was not clear that they could be tolerated on the scale that would be required. Discussions seeking a solution were ongoing.
- 5.5 The White Paper on reforms to the NHS in England and health and social care regulation in the UK did not contain any new ideas or specific proposals around regulatory reform. However, there was still a risk around the political and legislative context as the country began to exit lockdown, specifically that uncertainty in those areas could get in the way of progress.
- 5.6 The risks of challenge to remote hearings had decreased with the passing of legislation which regularised the position. The intention post-pandemic was to have a more mixed model of hearing delivery, taking into account the views of stakeholders.

5.7 The committee noted the update.

6. Item 8 – Never events framework update

- 6.1 Rob Jones (RJ) introduced **21.02.ARC.01**, which updated the committee on the development of the Never events framework and asked for feedback.
- 6.2 The Senior Leadership Group (SLG) had reviewed the framework at the request of the committee. As a result, some minor changes had been made to the four Never events already identified and a fifth one – focussed on ensuring that the Register was updated immediately after any sanction had been imposed at a hearing – had been added. A revised Never events register had also been produced, in the same format as the risk register.
- 6.3 All the Never events related to the integrity of the GPhC Register. Although it was acknowledged in the discussion that critical events could happen in any area of the organisation, the Register was essential to the organisation’s patient protection role. There were other tools for managing risks in other areas and this would be made clear in the document.
- 6.4 A quarterly incident analysis was presented to SLG and Never events would also be included in the developing Balanced Scorecard

7. Item 9 – External audit planning

- 7.1 Tim Redwood (TR) of Crowe Clark Whitehill introduced **21.02.ARC.02** which set out the draft external audit plan. The plan was largely consistent with that used the previous year with some minor differences:
- there was a new auditing standard on fraud, where the audit would focus on the ability to identify fraud and other irregularities and the reporting would change;
 - there was a small change to the wording of the going concern reporting but the approach would be the same;
 - an updated standard on estimating which again would not change the work done but would affect the reporting.
- 7.2 The audit would be carried out remotely again due to the ongoing pandemic. Some processes and controls would have changed as a result of twelve months of remote working and these would be reported.
- 7.3 Dilapidations and re-instatements were being re-valued.
- 7.4 In response to a question, TR confirmed that the materiality threshold being applied conformed to the figures used across CCW’s client base.
- 7.5 **The committee approved the external audit plan.**

Saleem Akuji left the meeting

8. Item 10 – Audit strategy and internal audit plan

- 8.1 Jonathan Bennetts (JB) and Ashley Norman (AN) presented **21.02.ARC.03** which set out the audit strategy and internal audit draft plan for the coming year.
- 8.2 Some changes had been made to the rolling strategic plan in developing the annual plan for the coming year, based on current priorities. A governance review had been replaced with Integrity of the register; and a review of performance reporting with an audit of the implementation of the new enforcement Rules related to inspections. High level scopes of the planned audits were provided.
- 8.3 The scope of cyber audits had been narrowed as the GPhC was working towards Cyber Essentials Plus accreditation. The committee would receive the reports on that work so would not lose the assurance but would receive it in a different way.
- 8.4 The committee discussed the draft plan and raised the following points:
- a question as to whether TIAA could support the scoping and planning of a review of manual processes, possibly at the expense of some of the audit work;
 - the need for the audit plan to reflect the key risks identified in DR's updates to the committee;
 - whether a Governance audit should be re-instated;
 - how the risks associated with the new Initial Education and Training standards for pharmacists should be assessed; and
 - whether there was a role for audit in assessing the transition to the new Chair.
- 8.5 **The points would be considered in further discussions with the SLG and TIAA and a further iteration of the plan brought back to the committee in March.**

9. Item 11 – Committee effectiveness review

- 9.1 JB introduced **21.02.ARC.04** which reported on the effectiveness review undertaken by the previous composition of the committee. The need to postpone this item from previous agendas had limited its usefulness. However, it had been a proportionate way of establishing whether there were concerns about the way that the committee operated.
- 9.2 It was agreed that future agendas should include a short time for reflection at the end of each meeting.
- 9.3 **The committee noted the effectiveness review.**

10. Item 12 - Any other business

- 10.1 There was no other business.