

Council meeting

11 April 2019

14:00 to 16:00 approx.

Council Room 1, 25 Canada Square, London E14 5LQ

Public business

1. Attendance and introductory remarks	Nigel Clarke
2. Declarations of interest <i>Public items</i>	All
3. Minutes of last meeting <i>Public session on 07 March 2019</i>	Nigel Clarke
4. Actions and matters arising	Nigel Clarke
5. Workshop summary	Nigel Clarke
6. Online guidance <i>For noting</i>	19.04.C.01
7. Finance and Planning Committee <i>For approval</i>	19.04.C.02 Laura McClintock
8. Ten-year vision <i>For noting</i>	19.04.C.03 Claire Bryce-Smith
9. Joint statement on reflective practice <i>For noting</i>	19.04.C.04 Osama Ammar
10. Any other public business	Nigel Clarke

Confidential business

11. Declarations of interest <i>Confidential items</i>	All
12. Minutes of the last meeting <i>Confidential session on 07 March 2019</i>	Nigel Clarke
13. Confidential actions and matters arising	Nigel Clarke
14. Membership of non-statutory committees 2019-20 <i>For approval</i>	19.04.C.05 Laura McClintock
15. Any other confidential business	Nigel Clarke

Date of next meeting

Thursday, 16 May 2019

Minutes of the Council meeting held on Thursday 7 March 2019 at
25 Canada Square, London at 14:30

TO BE CONFIRMED 11 April 2019

Minutes of the public session

Present

Nigel Clarke (Chair)
Mary Elford
Digby Emson
Mark Hammond
Mohammed Hussain
Jo Kember
Alan Kershaw

Elizabeth Mailey
Evelyn McPhail
Arun Midah
Berwyn Owen
David Prince
Samantha Quaye
Jayne Salt

Apologies

None

In attendance

Duncan Rudkin (Chief Executive and Registrar)
Carole Auchterlonie (Director of Fitness to Practise)
Claire Bryce-Smith (Director of Insight, Intelligence and Inspection)
Laura McClintock (Chief of Staff)
Francesca Okosi (Director of People)
Mark Voce (Director of Education and Standards)
Osama Ammar (Head of Continuing Fitness to Practise)
Vanessa Clarke (Finance Manager and Management Accountant)
Janet Collins (Governance Manager)

108.Attendance and introductory remarks

- 108.1 The Chair welcomed all present to the meeting.

109. Declarations of interest

- 109.1 Council agreed that members would make any declarations of interest before each item.

110. Minutes of the last meeting

- 110.1 **The minutes of the public session held on 7 February 2019 were confirmed as a fair and accurate record and signed by the Chair.**

111. Actions and matters arising

- 111.1 Actions 99.12 and 100.2 from February 2019 were underway and would be reported back to future meetings as shown.
- 111.2 Action 101. 6 from February 2019 had been covered in the Council workshop and, while there would be further iterations of the work to be discussed with Council, was complete for the purpose of this action log.

112. Workshop summary – 7 February 2019

- 112.1 **Council noted the discussions from the February workshop.**
- 112.2 In response to a Council member's query, it was confirmed explicitly that Council had not made any decisions on any of the matters discussed informally in the workshop. All Council decisions were made in formal, minuted meetings.

113. 2019 Fees Rules and consultation analysis

- 113.1 Duncan Rudkin (DR) introduced **19.03.C.01** which reported on the analysis of the responses to the fees rules consultation held between November 2018 and January 2019.
- 113.2 The consultation proposed the increase of entry and yearly renewal fees as follows from 1 July 2019:
- pharmacists by £7 (from £250 to £257)
 - pharmacy technicians by £3 (from £118 to £121)

- pharmacy premises by £21 (from 241 to £262).

- 113.3 There had been 5,409 completed responses received from a range of individuals and organisations which was a record for a GPhC consultation. The paper presented a full and clear account of the consultation and responses, including quantitative and qualitative analysis. The majority of respondents had been opposed to the proposals.
- 113.4 There were themes in the responses which echoed the discussions Council had been having about continually challenging itself on cost and value, including the accommodation strategy and efficiency. However, respondents had not identified any new areas of concern or challenge and while the strength of feeling was understandable, it was not a basis to re-think the proposals. The recommendation was therefore to proceed with the proposed increases.
- 113.5 Members supported the recommendation but identified a number of issues. Digby Emson, Mohammed Hussain, Jo Kember, Evelyn McPhail, Elizabeth Mailey, Berwyn Owen and Samantha Quaye all declared their interest as registrants before speaking.
- 113.6 Points discussed included:
- i) communication - how the communications would be handled, given the scale and strength of the responses. This would be done by acknowledging the key points and setting out the Council's positive responses to them, including actions being taken. Communication channels would include engagement with organisations, publications and a letter to every registrant and pharmacy owner;
 - ii) equality – the possible impact of the proposed changes on women working part-time on low wages. This had been raised before and a clear policy around differential fees was needed, with clear timelines for that work;
 - iii) a lack of clarity on the part of some registrants about what registration with a regulator meant (as opposed to, for example, membership of a professional or representative body) pointed to a need for clearer communication about the GPhC's remit;
 - iv) efficiency – members were concerned that the GPhC was not communicating effectively enough the efficiency savings which had been and were being made. It was suggested that these should be expressed as percentages of outgoings as registrants working in the NHS would be familiar with the annual 3% savings

target. It would also be important to demonstrate value to registrants who worked in premises which were not inspected by the GPhC.

113.7 Members were clear that the decision was neither pre-judged nor easy. The fact that it was being discussed fully in open Council showed that it was taken seriously and there was ongoing work to secure efficiencies and savings and a fair and balanced budget. It was noted that fees had not increased since 2015.

113.8 The Chair summarised the actions arising from the discussion as follows. The Council would:

- communicate proactively and positively;
- begin work on the structure of future fees and consult widely;
- do more to help registrants understand the role and remit of the regulator; and
- continue to look at costs and efficiency.

113.9 The Chair put the recommendations to a vote. **The Council agreed unanimously to:**

- **note the analysis of the fees rules consultation;**
- **approve the proposed changes to fees;**
- **make *The General Pharmaceutical Council (Registration and Renewal Fees) (Amendment) Rules 2019*; and**
- **agree that the GPhC's corporate seal be affixed to the rules.**

113.10 The seal was affixed to the rules after the meeting.

114. Draft consultation on guidance for pharmacist prescribers

114.1 Mark Voce (MV) introduced **19.03.C.02**, which set out a draft consultation on guidance for pharmacist prescribers, including a draft of the guidance document. Carole Green (CG) was in attendance for this item. The guidance was timely in view of the changing roles and services in pharmacy and an increase in questions from individuals who were prescribing as part of their role.

114.2 Members welcomed the draft guidance and made a number of suggestions.

114.3 A number of members raised wider questions about the safety implications of prescribing without access to all available patient records. This would be highlighted as part of the

consultation and a full report of the consultation responses would be brought back to Council.

114.4 It was agreed that:

- some textual changes would be made to the document in the light of members' feedback and signed off by the Chair; and
- issues which had been raised in the discussion but which were not being changed at this stage would form part of the consultation exercise and would be recorded so that Council could be sure to come back to them.

114.5 **Council approved the draft guidance for consultation, subject to some textual changes.**

115. Any other business

115.1 The Chair thanked the five members for whom this was the last meeting – Mary Elford, Mohammed Hussain, Berwyn Owen, David Prince and Samantha Quaye – who had served on Council for six years. They were thanked for their service and their contributions, from which the public and the registrants had benefitted.

115.2 There being no further public business, the meeting closed at 15:50.

Date of the next meeting:

Thursday 11 April 2019

Council actions log

Meeting date	Ref.	Action	Owner	Due	Status	Comments/update
7 February 2019	99.12	Information on how we obtain information/intelligence from Controlled Drug Accountable Officers and how we share information with them	CB-S/JG	Apr 19	Open	
7 February 2019	100.2	Further update on engagement with the public on the publication of inspection reports to be provided before publication begins	MV/RO	May 19	Open	

Meeting paper

Council on Thursday, 11 April 2019

Public business

Council Workshop Summary

Purpose

To provide an outline note of the discussions at the Council workshop on 7 March 2019.

Recommendations

The Council is asked to note the discussions from the workshop.

1. Introduction

- 1.1. The Council holds a workshop session alongside its regular Council meetings each month (there are no meetings in January and August). The workshops give Council members the opportunity to:
 - interact with and gain insights from staff responsible for delivering regulatory functions and projects;
 - receive information on projects during the development stages;
 - provide guidance on the direction of travel for work streams via feedback from group work or plenary discussion; and
 - receive training and other updates.
- 1.2. Following each workshop there is a summary of the discussions that took place, presented at the subsequent meeting. This makes the development process of our work streams more visible to the GPhC's stakeholders. Some confidential items may not be reported on in full.
- 1.3. In the workshop sessions the Council does not make decisions. The sessions are informal discussions to aid the development of the Council's views.

2. Summary of the March workshop

Education and training requirements for pharmacy support staff

- 2.1 Mark Voce (Director of Education and Standards) and Damian Day (Head of Education) presented a session setting out a proposed way forward following a consultation and further engagement.
- 2.2 The GPhC sets requirements for the education and training of support staff in a range of roles relating to the dispensing and supply of medicines and medical products; sets standards for this education and training; and accredits courses which meet those standards.

- 2.3 In 2017 the GPhC had consulted on ending accreditation and while a majority of respondents overall supported the proposal, the majority of organisations opposed it and expressed a number of concerns. As a result the GPhC agreed to reconsider the approach and carried out significant engagement across the three countries with a range of stakeholders including support staff, patients and course providers.
- 2.4 Almost all stakeholders thought that the GPhC should be involved in setting standards and accrediting courses for this part of the workforce, thereby providing a form of regulatory oversight and reassurance.
- 2.5 One point that came over strongly in the engagement was a dislike of the term ‘unregistered staff’ which was seen as confusing for patients and describing a person as *not* being something. There was clear preference for the term ‘support staff’ which was more positive.
- 2.6 The executive reported that a recommendation would be coming to Council at a future meeting in favour of the GPhC continuing to set education and training requirements for support staff and to accredit courses against new outcomes. This could include embedding competences for patient safety linked to the standards.

Equality, diversity and inclusion (EDI) – setting the strategic priorities

- 2.7 The second session was aimed at giving Council members an understanding of the GPhC’s EDI work as both a regulator and an employer and providing an opportunity for members to outline their priorities for EDI.
- 2.8 Roger Kline (RK - Research Fellow at Middlesex University Business School) presented on Regulators and EDI, including the reasons why equality, diversity and inclusion were important (beyond the statutory requirements) and the implications of the national healthcare equality framework.
- 2.9 RK had carried out work with other regulators and spoke about the themes which had emerged, including the pattern of fitness to practise referrals and insider/outsider culture. Possible exacerbating factors were identified, including the question of whether BAME staff were held to higher standards and how insight and apology were understood in different cultures. It was important to be clear that people with protected characteristics were not ‘other’ – everyone had protected characteristics.
- 2.11 The discussion was wide-ranging and it was decided to hold a further session to inform strategic planning in this area.

Performance reporting and the headlines of an Insight report

- 2.12 The third session was led by Claire Bryce-Smith (Director of Insight, Intelligence and Inspection), Heather Walker (Head of Corporate Business Support and Development) and My Phan (Head of Data and Insight). The aim of the session was to introduce prototypes of a balanced scorecard and to share the headlines of a prototype ‘insights report’.

- 2.13 The balanced scorecard would cover areas such as customer outcomes and business processes (internal data) while an insight report would look at trends, patterns and themes emerging from inspections (information about the pharmacy environment – external data).
- 2.14 The areas recommended for the balanced scorecard were customer outcomes, financial data, learning and growth and internal business processes. An example was presented to members.
- 2.15 The insights from inspection were derived from a combination of quantitative analysis of inspection reports and qualitative analysis of a number of them. The report was in the process of being finalised and the presentation was an early snapshot summary of the headlines.
- 2.16 Data included the numbers and proportions of pharmacies rated excellent, good, satisfactory and poor from 2013-18, the standards which pharmacies regularly met or struggled to meet, factors identified as affecting pharmacy performance and the key principles and standards which were drivers of performance. There were also suggestions for how this data could be used. The information would be available to the whole pharmacy sector, providing evidence which the sector could use and build on.

Update on Board effectiveness work

- 2.17 Francesca Okosi (Director of People) gave an update on the progress of the Board effectiveness work in which members had been involved and thanked them for the time which they had given to it. The outcomes of the early stages of the work showed that there was reasonable agreement about the current state and a high degree of consensus about the desired outcomes and the means to achieve them.
- 2.18 The next step would be further work with a core group of members. The outcomes would be reported at the April workshop and also shared with the members for whom this was the last Council meeting.

Reflections from departing members

- 2.19 This was the last Council meeting for Mary Elford, Mohammed Hussain, Berwyn Owen, David Prince and Samantha Quaye, each of whom had served on Council for six years.
- 2.20 They had provided some reflections on their time on Council under a number of headings. The reflections had been provided to members ahead of the workshop and were supplemented by a personal contribution from each of the departing members.
- 2.21 The Chair confirmed that all the feedback had been collected and that the executive would be meeting to discuss how it could best be used.

Recommendations

- 3.1 Council is asked to note the discussions from the workshop

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Meeting paper

Council meeting on Thursday, 11 April 2019

Public business

Finance and Planning Committee

Purpose

To propose that the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG) become the Finance and Planning Committee (FPC) and to set out the suggested terms of reference for the committee.

Recommendations

The Council is asked to agree that the EEAAG should become the FPC and to approve the terms of reference for the FPC.

1. Introduction

- 1.1. The EEAAG was set up in 2015 to provide assurance to the Chief Executive as to the progress of the efficiency and effectiveness programme. The group reviewed its terms of reference in September 2018 and recommended revisions which reflected its updated status as a committee and recognised its role in providing assurance directly to the Council on matters within its remit. Council approved the revised terms of reference in November 2018.
- 1.2. The revised terms of reference described the group's primary activities as:
 - i. Review the organisation's ongoing work to improve the efficiency and effectiveness of the GPhC
 - ii. Review the organisation's strategic and financial planning
 - iii. Review the management's work to ensure that efficiency and effectiveness become embedded with the GPhC's culture and to develop appropriate metrics, evaluation and benchmarking to ensure the ongoing delivery of efficiency and effectiveness
 - iv. Advise the senior leadership group as to matters within the EEAAG's remit
 - v. Report to Council as to the assurance provided by the review work undertaken in relation to i-iii above.

2. Finance and Planning Committee

- 2.1. It is proposed that the scope and remit of the current EEAAG is extended, particularly to support the Council by overseeing and monitoring the implementation of the GPhC's investment strategy and policy, and other investment activities. Given that new focus as well as the continued responsibilities for planning oversight, it is suggested that the name should be changed to the Finance and Planning Committee and that the terms of reference are updated accordingly.
- 2.2. The committee will retain EEAAG's responsibility for overseeing the ongoing work to improve the efficiency and effectiveness of the GPhC and providing assurance to the Council. However, this aspect has been made clearer in the new terms of reference, by specifying that the committee is responsible for overseeing both business and financial planning to ensure that they align with the overall strategy set by Council, and for reviewing any metrics, evaluation and benchmarking.
- 2.3. On the subject of investment, the Council will ultimately be responsible for determining and reviewing the overall investment strategy and policy, including risk appetite and target returns. However, the Committee's role will be one of oversight and monitoring. This is set out in section 1.4 of the proposed terms of reference (**Appendix 1**). There is an additional annex to the terms of reference, which describes committee's activities in relation to investment in more detail.
- 2.4. The revised terms of reference also include an explicit requirement for the Committee to *"ensure that all policies and work within the Committee's remit take account of and promote the GPhC's culture and values, and commitment to equality, diversity and inclusion"*. If this meets with Council's approval, it is suggested that the same sentence should be added to the terms of reference of the Audit and Risk and Remuneration Committees.
- 2.5. The Committee will meet at least four times per year, with the minutes of each meeting circulated to Council in confidential business, and will report annually to the Council on its work.

3. Equality and diversity implications

- 3.1. The Committee is responsible for equality, diversity and inclusion to the extent set out in the terms of reference. As noted above, it is suggested that these should also apply to the other non-statutory committees.

4. Communications

- 4.1. Information about the committee, including its role, terms of reference and membership, will be published on the GPhC website. The Committee will report annually to Council.

5. Resource implications

- 5.1. There are no specific or additional resource implications attached to this specific proposal.
- 5.2. However, Council will note that the membership of the group may also include one external member with appropriate skills and investment experience.

6. Risk implications

- 6.1. It is essential that our committee structure is fit for purpose and supports the Council in the discharge of its responsibilities. In particular, the GPhC's investment portfolio represents an important asset and the Committee will fulfil an important role in the long-term stewardship of those assets. Formally revising the role and remit of the Committee is essential in governance terms and to ensure that the Council is aligned with the proposed changes.

7. Monitoring and review

- 7.1. The terms of reference of the committees are kept under review to ensure that they remain accurate and relevant to their function and workload. If no earlier review was required, the terms of reference for the FPC would be reviewed in 2022.

Recommendations

The Council is asked to agree that the EEAG should become the FPC and to approve the terms of reference for the FPC.

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29 March 2019



Terms of reference of the Finance and Planning Committee

Effective from April 2019

1. Role and purpose

- 1.1 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.
- 1.2 The Committee is a non-executive committee and has no executive powers except as set out in these Terms of Reference.
- 1.3 The Council is ultimately responsible for determining and reviewing the overall investment policy, objectives, risk appetite and target returns. However, the investment portfolio represents an important asset for the GPhC and the Committee fulfils an important role in the long-term stewardship of those assets. Administration of the GPhC's financial and other resources is delegated to the Chief Executive & Registrar.
- 1.4 Under the Council's Scheme of Delegation, the Committee has delegated authority to:
 - Oversee the organisation's business and financial planning, to ensure that it aligns with the overall strategy set by the Council.
 - Review the organisation's ongoing work to improve the efficiency and effectiveness of the GPhC, including any metrics, evaluation and benchmarking.
 - Oversee and monitor the investment strategy and policy, including the GPhC's ethical policy, to ensure it remains appropriate, and to recommend any changes to Council.
 - Make recommendations to Council regarding the appointment or termination of investment managers, where appropriate.
 - Monitor and evaluate the performance cost and cost-effectiveness of services provided by investment managers appointed by the Council.

- Oversee the GPhC's internal business improvement investment activities, including reviewing the organisation's business and financial planning, and work to improve its efficiency and effectiveness.
- Ensure that all policies and work within the Committee's remit take account of and promote the GPhC's culture and values, and commitment to equality, diversity and inclusion.
- Report annually to the Council on the activities of the Finance and Planning Committee.

1.5 The Committee may request the attendance of any employee or member, as set out in section 5 of these Terms of Reference, and may incur expenditure for the purpose of obtaining advice, where required.

2. Duties and activities

2.1 The group's primary activities in relation to investment are set out in more detail at **Annex A**.

3. Accountability and reporting

3.1 The Committee is accountable to the Council. The minutes of each Committee meeting shall be circulated to Council in confidential business. The Committee shall report to the Council annually on its work.

4. Membership

4.1 The Committee shall have five members, but may operate with fewer while a vacancy exists, provided the quorum is maintained. Committee members may include the Chair of Council, Council members, and include at least one lay member and one registrant member. The group may also include one external member with appropriate skills and investment experience.

4.2 The Council will appoint one of the Council members serving on the group as Chair, based on relevant background and skills. In the absence of the Chair, the Committee shall elect another of its members to chair the meeting.

4.3 The Committee, including its Chair, is appointed through arrangements agreed by the Council. This will be carried out in line with the Appointment of members of the non-statutory committees (Audit & Risk, Remuneration Committees and the Finance and Planning Committee policy (reference 0021).

5. Quorum

5.1 The Committee will be quorate with two members of Council.

6. Attendance

- 6.1 Only members shall be entitled to attend Committee meetings. The Chief Executive & Registrar, and the Associate Director of Finance and Procurement will attend the meetings along with other key members of staff, as necessary.
- 6.2 Other Council members may attend meetings at the invitation of, or with the agreement of, the Chair of the Committee.
- 6.3 The Committee may request any employee or member to attend a meeting to assist with its discussions on any particular matter or to provide any information it may reasonably require in order to fulfil its remit. All employees and members are directed to co-operate with any reasonable request made by the Committee.
- 6.4 The Committee may ask any or all non-members to withdraw for all or part of a meeting if it so decides. In such an instance, the Chair shall ensure that a proper record is made of the meeting.
- 6.5 Investment managers who are appointed to manage investment funds on behalf of the GPhC will be expected to attend Committee meetings, as required.

7. Secretariat

- 7.1 The Chief Executive & Registrar shall ensure that appropriate secretariat support is provided to the Chair and to the Committee.

8. Frequency of meetings

- 8.1 The Committee shall meet not less than four times a year. Additional meetings may be scheduled if necessary.

9. Dealing with concerns

- 9.1 Processes have been agreed by Council for raising concerns (Raising concerns policy ref: 0022)
- 9.2 Within these processes, the Chair of the Committee is identified as a point of contact for individuals who still have concerns having followed the policy or where they feel matter is so serious that is cannot be discussed by senior management.
- 9.3 Further information on how matters are handled is detailed within the Raising Concerns policy. The Chair of the Committee will receive appropriate training in this area.

Annex A

Key investment activities

In relation to the GPhC’s investment portfolio, the Committee is responsible for:

- a. Ensuring the management of assets is consistent with the investment strategy and policy set by Council.
- b. Monitoring the investment strategy and policy, including the ethical policy, to ensure it remains appropriate, and to recommend changes to Council where necessary. This includes scrutinising the implementation of any changes approved by the Council.
- c. Agreeing the terms of appointment of the investment managers. This includes the level of portfolio management discretion and fee scales.
- d. Setting and reviewing with the investment managers appropriate investment mandates, ensuring consistency with the investment strategy and policy. This includes setting performance benchmarks for investment managers and monitoring performance over relevant time periods.
- e. Monitoring the organisation’s response to legislative, financial and economic changes affecting, or potentially affecting, investment policy. The Committee may engage external professional advisers to undertake a periodic review of the investment arrangements, as required.
- f. Reviewing the investment policy so that it remains consistent with, and supportive to, Council’s overall business plan, budget and reserves policy. This includes periodically reviewing the fees paid and appraising value for money.
- g. Reviewing the Investment Risk Register, taking into account the Council’s agreed risk appetite.
- h. Reporting annually to the Council on investment performance.

Policy author:	Duncan Rudkin
Job title:	Chief Executive & Registrar
Policy reference:	GPhC00XX

Terms of reference of the Finance and Planning Committee

Reference: GPhCXXX

Effective from:	01 April 2019
Review date:	XX April 2022
Agreed by:	Council on XX April 2019

Meeting paper

Council on Thursday, 11 April 2019

Public business

Developing a 10-year vision

Purpose

To provide Council with an update on the progress made in developing an overarching 10-year vision for the GPhC, and to seek approval to commence a period of broader external engagement to inform its finalisation.

Recommendations

The Council is asked to:

- Note progress on developing the overarching 10-year vision for the GPhC
- Approve commencement of a period of broader external engagement on the draft Vision

1. Introduction

1.1. In 2018, the GPhC identified the need to set a longer-term planning horizon. The intention was to provide a high-level overarching strategic framework to guide the direction and greater integration of the organisation's medium and short-term plans. This would:

- ensure that we remain relevant and impactful;
- enable the continued development of our regulatory approach;
- ensure we are fit to successfully deliver; and
- plan for and deliver a sustainable financial position.

1.2. A driving factor in the development of the longer-term vision was the rapid pace of change in healthcare and pharmacy practice, and in the expectations of patients and the public. The roles of pharmacists and pharmacy technicians are evolving quickly in response to these changes and they are providing an increasing range of services in a wide variety of settings as part of multidisciplinary teams. Technology is playing an increasing role and we are seeing significant changes in how services are delivered. There is also an

increased expectation that pharmacy professionals and pharmacies can help relieve some of the pressures in the wider NHS across the three countries in which we regulate.

- 1.3. In order to keep pace with the changing pharmacy landscape and remain relevant and fit to regulate, it was recognised that a longer-term horizon was essential to ensure big decisions could be made and planned for, including on our operating model.

2. Draft Vision 2029 development

- 2.1. The draft high level 10-year vision, set out in **Appendix 1** is structured around three main areas, signalling our intended level of ambition, how we intend to regulate, and how we will need to operate to deliver these. The main areas are:
 - a good quality, independent regulator of pharmacy for the public;
 - practising an anticipatory and proportionate approach to regulation; and
 - operating as a professional and lean organisation.
- 2.2. The development of the vision has been iterative since May last year, initially with Council members and then with Staff. **Appendix 2** provides a summary of the internal engagement to date for Council's reference.
- 2.3. Each of the three main areas highlighted in 2.1 above is supported by underpinning elements, the key headlines of which are:
 - an independent pharmacy regulator;
 - setting consistent standards for pharmacy practice in all settings;
 - practising an anticipatory (upstream) and proportionate approach to regulation;
 - tailoring our regulatory responses driven by the context and issues presented rather than the function they land in;
 - using communication as a powerful regulatory tool;
 - operating as a professional lean organisation, delivering services in a variety of ways, with a dynamic and flexible workforce; and
 - working collaboratively and in partnership with others, leading and influencing on issues as appropriate.
- 2.4. Explanatory notes for each of the three main areas provide further detail and explanation. Council is asked to note that the vision itself is intentionally high level. This reflects an early preference expressed by Council members for a clear, focussed and concise approach. The supporting strategies and plans that will be developed will provide the detail of the tangible outcomes and sequenced route map to delivering the Vision. The new five-year strategic plan 2020-2025 will be the key medium-term strategy bringing these together. The content

of these will be informed by the broader external engagement and continued internal development with staff.

- 2.5. Council is also asked to note that the Vision is still in draft form, and has not been subject to plain English. This will happen nearer finalisation and, importantly, after broader engagement has occurred and been considered.
- 2.6. Having focussed predominantly internally in developing the Vision with Council and then in more detail with staff with positive feedback, it is the right time to engage more broadly with external stakeholders to inform its development further. This will build on some informal engagement with external stakeholders undertaken to date. Appendix 2 provides a summary of the internal engagement of the Vision's development to date for Council's reference.

3. Equality and diversity implications

- 3.1 We will ensure that our engagement activities include the views of people with protected characteristics. Equality impact assessments will be produced with the supporting strategies and plans for the Vision.

4. Communications

- 4.1. Approval is now being sought to begin initial external engagement on the Vision 2029. This external engagement would include meetings with key stakeholders to seek their feedback on the draft Vision. We also intend to publish the draft Vision on our website for a period of six weeks and invite stakeholders to provide feedback via email.
- 4.2. We will also identify opportunities to seek views on the Vision 2029 during engagement for other key developments and consultations taking place this year, including the implementation of our updated approach to regulating registered pharmacies, ongoing work to develop new standards for the initial education and training of pharmacists and the consultation on our Fitness to Practise strategy.

5. Resource implications

- 5.1. The broader external engagement proposals do not have additional resource implications. We will utilise existing meetings planned with external stakeholders as well as already planned and budgeted events. Internal capacity will be used to analyse feedback provided via email.

6. Risk implications

- 6.1. Without continuing work on the Vision and linking this with our revised approach to planning, there is a risk that any future strategies will become misaligned with the

organisation's capability, culture and capacity to deliver them, as well as fail to integrate or link properly. This would result in a suboptimal impact and potential missed opportunities.

- 6.2. The pace of internal engagement and communications will need to be maintained to ensure continued momentum and enthusiasm for the future direction of the organisation.
- 6.3. Without broader external engagement at this stage, there is a risk of us trying to finalise our Vision in a vacuum, when collaboration and joint-working will be a key part of delivering success.

7. Monitoring and review

- 7.1. A report will be submitted to Council on the feedback from the engagement activities.

Recommendations

The Council is asked to:

- Note progress on developing the 10-year vision; and
- Agree to work beginning on external engagement on the draft Vision 2029

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3 April 2019

Appendix 1

GPhC Draft Vision

In 2029 we will be...

A good quality independent regulator of pharmacy for the public

1. Regulating pharmacy practice to a consistent set of standards in all settings
2. With a clear focus on patient safety and outcomes, taking action swiftly, robustly and fairly
3. Recognised for our contribution to driving improvements in the quality of pharmacy practice because of our work, working effectively with others.

Practising an anticipatory and proportionate approach to regulation




















4. Ensuring education and training results in adaptable pharmacy professionals, confident and capable of working in all health care settings to meet changing patient needs
5. Delivering tailored regulatory responses driven by the context and issues presented to secure the outcomes in the best and quickest way
6. Using a range of the best available insights, intelligence and evidence to inform our decision making on the best course of action to take

7. Using communication and engagement proactively as a powerful regulatory tool to empower pharmacy users, enhance patient safety and drive improvements within pharmacy

Operating as a professional and lean organisation

8. We will be fleet of foot and adaptable to meet future changes in pharmacy and needs of the public alone and in partnership with others
9. With a high skilled specialist dynamic and flexible workforce in touch with the public and the profession
10. Delivering efficient services in a variety of ways, utilising enhanced technology to improve efficiency and customer experience
11. Financially stable and sustainable, funded fairly by those we regulate and making best use of our resources

Appendix 2 – Overview of the development of Vision timeline

PHASE ONE	Council & Executive	May  June  July  Aug  Sept 	<ul style="list-style-type: none"> Council and Executive commenced development of Vision <ul style="list-style-type: none"> Approach to planning reviewed Need for longer term horizon agreed Iterative exploration and development of fundamental assumptions Holistic approach to future strategy progressed <ul style="list-style-type: none"> Setting level of ambition Strategic approach to regulation Organisation's operating model to deliver Executive bring discussions together <ul style="list-style-type: none"> One-page vision document developed Supporting explanatory notes for each of 3x main areas Example 10-year operational plan timeline produced Council discuss draft <ul style="list-style-type: none"> Comments incorporated
PHASE TWO	Broader internal staff engagement	Oct  Nov  Feb  Mar 	<p>Heads of Service briefing, and approach to annual planning for 2019/20, incorporating:</p> <ul style="list-style-type: none"> Last year Strategic plan 17-20 Annual plan Budget Fees consultation <p>All staff briefing on developing Vision Annual business and budget planning Some informal external engagement Annual plan 2019/20 approved by Council (transition year) All staff interactive workshop</p> <ul style="list-style-type: none"> Ideas for shaping priorities and content of more detailed underpinning plans 
PHASE THREE	Broader external engagement and parallel planning workstreams	Apr  May  Jul  Aug 	<p>Seek approval to commence broader external engagement Broader formal external engagement commences Parallel strategy and planning workstreams commence. For example:</p> <ul style="list-style-type: none"> Medium term financial strategy Fitness to Practise Strategy Organisational Development strategy 5-year strategic plan <p>Update and finalise draft Vision for approval</p>
PHASE FOUR	Approval and implementation phase	Sept  Oct  Nov  Dec  Feb 	<p>Final Vision to Council for approval</p> <p>5-year strategic plan prepared and any supporting strategies completed and aligned to Vision Annual plan and budget 2020/21 prepared, aligned to Vision Strategic plan laid before parliaments Annual plan and budget approved</p>

Meeting paper

Council on Thursday, 11 April 2019

Joint statement on reflective practice

Purpose

To present, for noting, the joint statement of support from Chief Executives of statutory regulators of health and care professionals on the benefits of reflective practice.

Recommendations

The Council is asked to note:

- The joint statement of support from Chief Executives of statutory regulators of health and care professionals on the benefits of reflective practice. (appendix one)

1. Reflective practice and revalidation for pharmacy professionals

- 1.1. Reflective practice is a core part of our model for **revalidation for pharmacy professionals**. As a component of the revalidation model, it helps promote improvement in practice and it helps provide assurance to members of the public that their trust in pharmacy professionals is well placed.
- 1.2. The model for revalidation for pharmacy professionals encourages pharmacy professionals to reflect upon their learning, their practice, and the standards for pharmacy professionals involving the perspective of someone who understands their practice. The focus of that reflective activity is solely on the benefit for the people using the services of pharmacy professionals.

2. Reflective practice in the context of the Williams review and Learning from Gosport

- 2.1. In the lead up to and following the **Williams Review** there were concerns expressed that records produced for reflective practice may be compelled for submission for use in fitness to practise investigations and hearings. Recommendations from the Williams Review included professional regulators forming a consistent and clear position on the use of records of reflective practice.

- 2.2. We produced a statement following the Williams's review in the form of a **briefing**. Within that briefing we said:

"We understand that pharmacy professionals may be worried about reporting errors and taking part in processes to learn from errors. But it is vital for patient safety that errors are reported and discussed. For this reason, our revalidation proposals seek to encourage and support pharmacy professionals to reflect on where their practice could be improved during their peer discussion. We recognise there may be concern over how these reflections could be used, and so we want to be clear that we will not ask pharmacy professionals or peers to record what was discussed. Instead they will be asked to record how the process of having a peer discussion has benefited their practice. Records should not contain any details which could identify a patient. We will be producing further information to help pharmacy professionals understand what they are expected to do. "

[further guidance for peer discussions was published in July 2018]

- 2.3. The Department for Health and Social Care, in its **Learning from Gosport** report highlighted the issue of professional isolation, with some professionals being cut off from the norms and expectations across the wider system, as a risk factor for poor care. In reference to our model for revalidation it was noted that the peer discussion, a component of the model, "is designed to encourage professionals to engage with others in their reflection on learning and practice and help reduce the potential for professional isolation."
- 2.4. In a joint exercise with the Royal Pharmaceutical Society and Association of Pharmacy Technicians UK, we produced and published a **reflective and learning tool**. This was publicised widely to encourage pharmacy professionals and others to reflect upon the learning as part of their revalidation recording.

3. The joint statement

- 3.1. In the context of the recommendations for the Williams review, a group was formed with representation from across the regulators to draft a joint statement of support for reflective practice.
- 3.2. As well as providing the sought-after clarity on how reflective practice records will be used by regulators, the statement seeks to demonstrate the benefits of reflective practice. Additionally, the statement aims to support health and care professionals to reflect as part of team or multi-disciplinary working.

4. Equality and diversity implications

- 4.1. There are no specific impacts on people with protected characteristics arising as a result of the publication and communication of the joint statement.

5. Communications

- 5.1. A joint communications plan is being produced across regulators to ensure the statement is shared widely. This will include promotion through the health trade media and directly to health professionals through email campaigns from each of the regulators. The communications group is currently working towards a launch in May.

6. Resource implications

- 6.1. There are no additional resources required for this work other than staff time.

7. Risk implications

- 7.1. There are no additional risks created or further need for mitigation of risks outside of routine communications and policy development risks.

8. Monitoring and review

- 8.1. Revalidation records are monitored and reviewed through our targeted and random selection processes for review. This exercise produces bespoke feedback for selected registrants and aggregate feedback for all pharmacy professionals. Reviews commence for the first time in Q1 of 2019-20 with a view to aggregate feedback being shared in 2020.
- 8.2. Revalidation is subject to evaluation, a forward plan for which was considered by Council in July 2018. Through the evaluation we will consider the impact of the introduction of revalidation on our registrants, including in how they perceive they are able to engage with reflective practice for the benefit of the people using their services.

Recommendations

The Council is asked to note:

- The joint statement of support from Chief Executives of statutory regulators of health and care professionals on the benefits of reflective practice. (appendix one)

Osama Ammar, Head of Revalidation

General Pharmaceutical Council

29 March 2019

