

Council meeting

By Zoom

Thursday, 17 September 2020

10.00-13.00

Public business

- | | | |
|-----|--|-----------------------------------|
| 1. | Attendance and introductory remarks | Nigel Clarke |
| 2. | Declarations of interest – public items | Nigel Clarke |
| 3. | Minutes of the meeting held on 23 July 2020
<i>Minutes of the public session</i> | Nigel Clarke |
| 4. | Actions and matters arising | Nigel Clarke |
| 5. | Q1 reporting: finance update, annual plan progress and performance monitoring reports
<i>For noting</i> | 20.09.C.01
Duncan Rudkin |
| 6. | Managing concerns about pharmacy professionals – our strategy for change
<i>For approval for consultation</i> | 20.09.C.02
Carole Auchterlonie |
| 7. | Social media guidance for Council members, associates and partners; and the procedure for managing complaints against Council members
<i>For approval</i> | 20.09.C.03
Janet Collins |
| 8. | Diversifying Council membership
<i>For approval</i> | 20.09.C.04
Laura McClintock |
| 9. | Governance of the work to reform initial education and training standards for pharmacists
<i>For approval</i> | 20.09.C.05
Mark Voce |
| 10. | Update on provisional registration and the registration assessment
<i>For noting</i> | Oral update
Mark Voce |
| 11. | Any other business | Nigel Clarke |

Confidential business

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| 12. | Declarations of interest – confidential items | Nigel Clarke |
| 13. | Minutes of the meeting on 23 July 2020
<i>Minutes of the confidential session</i> | Nigel Clarke |
| 14. | Any other confidential business | Nigel Clarke |

Date of next meeting

Thursday, 12 November 2020

Minutes of the Council meeting held on Thursday 23 July 2020 at
14.00, by Zoom

TO BE CONFIRMED 17 September 2020

Minutes of the public session

Present

Nigel Clarke (Chair)
Yousaf Ahmad
Neil Buckley
Mark Hammond
Penny Hopkins
Ann Jacklin
Jo Kember

Elizabeth Mailey
Rose Marie Parr
Arun Midha
Aamer Safdar
Jayne Salt
Selina Ullah

Apologies

Rima Makarem

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)
Laura Fraser (Director for Scotland)
Liam Anstey (Director for Wales)
Annette Ashley (Head of Policy and Standards)
Rachael Oliver (Head of Communications)
Heather Walker (Head of Corporate Business Support and Development)

Janet Collins (Governance Manager)

Rob Jones (Risk and Audit Manager)

Balraj Pawar (Policy Manager)

1. Attendance and introductory remarks

- 1.1 The Chair welcomed those present to the meeting, which was being held by Zoom due to the Covid-19 pandemic. Apologies had been received from Rima Makarem.
- 1.2 The Chief Executive paid tribute to GPhC colleague Terry Orford who had died recently. Terry had been the GPhC's Head of Customer Service. Following an earlier international career in banking, Terry had held senior roles in both the General Dental Council and the General Pharmaceutical Council, joining the GPhC at its inception in 2010. He had been a much-loved husband, father and friend, as well as an accomplished musician and sportsman. Terry's many GPhC friends and colleagues would miss his warmth, compassion and humour.

2. Declarations of interest

- 2.1 The Chair reminded members to make any declarations of interest before each item in the usual way.

3. Minutes of the last meeting

- 3.1 **The minutes of the public session held on 09 July were confirmed as a true and accurate record of the meeting.**

4. Actions and matters arising

- 4.1 It had been agreed at the meeting on 09 July that an update on the development of the Fitness to Practise strategy would be given at this meeting. The update was on the agenda at Item 8.

5. Premises registration fees

- 5.1 Jonathan Bennetts (JB) presented **20.07.23.C.01** which set out proposals for an increase in premises registration fees, together with the analysis of consultation responses and an equalities impact assessment.
- 5.2 The consultation had opened in January and the closing date had been extended from March to the end of April because of the pandemic.
- 5.3 The proposal was that premises registration fees should rise by £103 to £365, which was the cost of regulating pharmacy premises based on the cost allocation model. Previous fee freezes meant that the fees paid by premises had not kept pace with the cost of regulating them. The proposed rise would allow the GPhC to rebase its fees and provide a solid platform to consider differential fees for premises in the future. A business impact assessment had shown that the proposed increase was very small in terms of the financial performance of pharmacy premises. However, it was recognised that the pandemic had put additional pressures on pharmacies and so the new fee rules would not take effect until April 2021, meaning that a significant number of pharmacies would not have to pay the increased fee until late 2021.
- 5.4 The next stage of the fee strategy would be a consultation exploring the feasibility of:
- differential fees for individuals;
 - a multi-year fee cycle; and
 - charging for the accreditation and re-accreditation of all training courses.
- 5.5 The organisation had already made some efficiency savings and was committed to continuing that process.
- 5.6 in discussion, members supported both the proposed increase and the later implementation. It was noted that the increase would put an end to the current situation in which fees for registered premises had not kept pace with the costs of regulating them.
- 5.7 **The Council:**
- i) **noted the analysis of the 2020 fees rules consultation included in the paper at Appendix 1;**
 - ii) **noted the equality impact assessment included in the paper at Appendix 2;**
 - iii) **approved the increase of the registered pharmacy entry and renewal fee by £103 from £262 to £365;**
 - iv) **made *The General Pharmaceutical Council (Registration and Renewal Fees) (Amendment) Rules 2020* and agreed that the GPhC's corporate seal be affixed to these rules; and**
 - v) **noted the next phase of the long-term fee strategy.**

6. Reset and renewal

- 6.1 Duncan Rudkin (DR) presented **20.07.23.C.02**, which updated the Council on the progress of the Reset and Renewal project. The paper set out the current objectives, including enabling in-person hearings as required (while keeping online hearings as the preferred option where legally and logistically practicable); carrying out a small pilot of office-based work in parallel; providing safe environments for these activities on the 25th and 26th floors of 25 Canada Square; establishing views through a range of engagement activities; and identifying changes to working arrangements which we would want to maintain into the future post-lockdown.
- 6.2 Equality, diversity and inclusion were at the forefront of both the short and longer term aspects of the work. Ensuring that all voices were able to be heard and avoiding assumptions based on generalisations would be critical to the success of this work.
- 6.3 A risk appetite statement had been developed and was attached to the paper at Annex A. Whilst a risk appetite statement would ordinarily be set at a strategic level and encompass an organisation's risk profile in the broadest sense, the once in a lifetime challenges and opportunities presented by Covid-19 required their own careful evaluation and statement of intent, agreed and owned by Council. Agreement would give the executive a broad framework for practical decision making throughout the project.
- 6.4 The suggested categories of risk and the ratings for risk appetite were:
- (a) Health, standards of safety, and wellbeing (low)
 - (b) Regulatory effectiveness (low/medium)
 - (c) Organisational efficiency (medium).
- 6.5 Risk assessments would be carried out per hearing, with all staff members and with all associates and Council members. The template was based on one used in the NHS and addressed the evidence of increased risk for colleagues of BAME origin as well as clinical vulnerabilities.
- 6.6 Members welcomed the approach, noting that the GPhC was acting as a responsible employer and modelling behaviour for the sector. It was noted in discussion that an agreed risk appetite should not prevent the discussion and exploration of radical solutions. The GPhC should be willing to take risks to exploit the opportunities presented by the situation, but not in relation to health, safety and wellbeing.
- 6.7 **The Council noted the update and agreed the risk appetite statement which accompanied the paper.**

7. Provisional registration – implementation report

- 7.1 Mark Voce (MV) presented **20.07.23.C.03** which provided an update on the implementation of the provisional registration scheme and the registration assessment; and also presented suggested amendments to the policy for provisional registration which the Council had approved on 21 May 2020.
- 7.2 Over 1150 pre-registration trainees had applied to join the provisional register to date. Registrations would take effect from 1 August.
- 7.3 Guidance for employers had been published on 10 July setting out the requirements which they needed to meet in relation to risk assessments, raising concerns, patient safety requirements and support requirements. In response to a question, MV clarified that a separate risk assessment was required for each trainee, taking into account their knowledge, experience and the situation that they would be going into, rather than one assessment per location.
- 7.4 Through continued engagement with stakeholders, two areas of the provisional registration policy had been identified as needing clarification. The original definitions did not take full account of the primary care settings in which some provisional registrants intended to work. The policy had been amended to include a specific reference to this, setting out the structured support which must be in place.
- 7.5 Secondly, a small cohort had been identified who had successfully completed their pre-registration training in 2019 but had not taken the registration assessment for reasons such as illness or maternity leave. The policy had been amended to ensure that this cohort was eligible, provided that they obtained the enhanced tutor sign-off which was an integral part of the assurance. The updated policy was attached to the paper.
- 7.6 The procurement for the online Registration Assessment had closed the previous day and seven bids had been received which would now be assessed, with a view to being able to hold an examination in late 2020 or early 2021. The executive understood the need to continue to communicate with the pre-registration trainees affected.
- 7.7 **The Council noted the update and agreed the amendments to the provisional registration policy.**

8. Update on the development of the Fitness to practise strategy

- 8.1 Carole Auchterlonie (CA) gave an oral update on the development of the strategy. She summarised the feedback which had been received on the draft strategy at the previous meeting, including the need to get the right balance between patients and registrants, the need to be able to engage patients and the public and the need for success measures.

- 8.2 CA thanked the members who had volunteered to support the work and explained the changes which were being made to both the structure and the content of the document. There was now a clear flow from the strategic aims to the problems needing solutions and on to the actions being proposed. It was also more explicit about what had already been done.
- 8.3 The revised strategy would be brought back to Council in September and, if approved in draft, would then go out for consultation. The revisions to the strategy would not delay the implementation of all the improvement workstreams in Fitness to Practise, as some were already underway.
- 8.4 **The Council noted the update.**

9. Re-appointment of the external auditors

- 9.1 JB presented **20.07.23.C.05** which proposed extending the appointment of Crowe Clark Whitehill (CCW) as the GPhC's external auditors for an initial 12-month period and also sought provisional agreement to a second 12-month extension, subject to final review by June 2021.
- 9.2 It had always been the intention that the contract with CCW would run for five years. The option to break or continue after three and then four years had been put into the contract largely to protect the GPhC. The issue had already been considered by the Audit and Risk Committee, which was happy with the proposed extension. Neil Buckley, Chair of the Audit and Risk Committee, supported the proposal.
- 9.3 **The Council approved extending the appointment of Crowe Clark Whitehill as the GPhC's external auditors for an initial 12-month period. The Council also provisionally agreed a second 12-month extension, subject to final review by June 2021.**

10. Governance framework – review of key documents

- 10.1 Laura McClintock (LM) presented **20.07.23.C.06**, the revised Scheme of Delegation. In addition to regular review of key documents being good practice, there had been a number of leadership and team changes since the last version of the document had been written.
- 10.2 The revised draft had two sources of assurance – it had been subject to an advisory review by the auditors and its development had been supported by an external expert.
- 10.3 The issues reserved to the Council had not changed in the new version. The revisions were largely in relation to the committees and internal structure. The Scheme would be updated again if there were reforms to the governance of the regulators and/or changes

to the GPhC's work in relation to education and training but it was important to have a clear and up-to-date document in place.

10.4 The Council approved the revised Scheme of Delegation

11. Any other business

11.1 There being no other business, the meeting concluded at 15.25

Date of the next meeting:

Thursday 17 September at 10.00

GPhC Performance Report: Quarter 1 2020/21

Meeting paper for Council on 17 September 2020

Public Business

Purpose

To report to Council on three areas of the organisation's performance in Quarter 1 (April – June) 2020/21. This includes financial performance, progress against the annual plan and operational performance.

Recommendations

The Council is asked to note and comment on:

- i. 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
- iii. the operational performance information provided at **Appendix 3**.

1. Introduction

- 1.1 Prior to submission to Council, the content of these reports is reviewed by the Senior Leadership Group (SLG) operating as a Performance and Delivery Board. The focus of the Board is on reviewing financial performance, monitoring the operational performance of the organisation and delivery against agreed plans. These are set out in our 5-year strategic plan 2020-25, and the supporting annual plan and budget 2020/21.
- 1.2 This report is the first performance report since the Covid-19 pandemic and lockdown and the very different operating context. It reflects the way in which we've responded to and rapidly adjusted to how we approach and deliver our work. Notably, this includes the remote working of the whole organisation.

Covid-19 context

- 1.3 Supporting the safe and effective practice of pharmacy during the pandemic has been our core focus. As a result, key decisions have been made quickly and resources have been diverted to meet the challenges of new priorities emerging and ways of working. Appendix 2 reflects the reprioritised annual plan for the first six months of the year

formatted as outputs and outcomes expected by the end of each quarter. Most of these are focussed on delivering the changes to our regulatory approach to support the sector to deliver the safe and effective provision of pharmacy care to patients and the public during the pandemic. A further re-prioritisation exercise incorporating a wider look at the medium-term Strategic Plan 2020-25 is planned for September. This will include any work scheduled for completion in quarters 1 and 2 that have already been identified as being delayed or need to be reviewed with a view to new and emerging ways of working. These have been marked with an asterix for ease of reference.

- 1.4 Council is asked to note that in reporting this quarter, we have continued to measure the performance of our services against the standards set for normal operating conditions. We have done this even though it has been anything but for both ourselves, and for those interacting with us. This is to ensure continuity and openness and transparency in the way we report, whilst understanding that assessing and comparing performance with previous quarters is more difficult. Inevitably, there have been some impact on performance. Some of these were expected and planned for in line with the changes in our regulatory approaches, and others emerged as the pandemic unfolded. We will be closely monitoring the direction of travel of our services performance as the pandemic continues and the actions being taken to minimise the impact of these. Appendix 3 provides the performance summary for functional areas with accompanying explanatory narratives.
- 1.5 The next section summarises the key performance headlines from April to June 2020. Further detail is provided in the accompanying appendices.

2. Key performance headlines for quarter one

- 2.1 There has been a significant reduction in expected expenditure and a small reduction in income for the first quarter of the financial year as a result of the impact of the coronavirus pandemic. Delays, cancellations and postponements for a wide number of statutory activities has impacted on expenditure. This has been marginally offset by a small amount of spending in relation to updating the way we work, mainly centred around homeworking arrangements, IT and health and safety. The small reduction in income is predominantly due to the registration assessment not going ahead in June as a result of lockdown restrictions being in place. An updated forecast on the anticipated income and expenditure for the remaining nine months of the financial year is set out in Appendix 1. This is now substantially different to the previously agreed budget for 2020/21, with a projected surplus of £0.3m. This incorporates all the known adjustments due to Covid-19.
- 2.2 In relation to progress against our re-prioritised annual plan 2020/21, most of the priority programmes of work for quarter one were successfully completed. These are annotated in Appendix 2. A snapshot of these include:
 - Establishing a temporary register for just over 6,000 former pharmacy professional registrants who had left the register in the last three years, enabling them to practice during the pandemic.
 - Developing a new policy for the provisional registration of the current cohort of pre-registration pharmacist trainees and commencing a procurement exercise for the development of the online registration assessment.

- Working extensively with other key stakeholders to produce guidance and other supporting materials for the sector in response to the pandemic.
 - Developing and implementing remote accreditation for pharmacy schools and for new education and training courses for pharmacy technicians based on revised standards.
 - Commencing remote ftp hearings and Investigating Committee operations.
 - Mobilising a Covid-19 rapid response team to manage and respond to incoming information, enquiries and intelligence as a result of the pandemic.
 - Initiating a reset and renewal project for a phased resumption of office-based operations, and to identify beneficial long-term changes to our organisational ways of working
- 2.5 Two of the expected outputs was not delivered this quarter. One related to the ‘scoping our role and plans in relation to the pharmacy technician profession’, under strategic aim three. Whilst there have been some initial conversations with the professional body APTUK, this has not progressed further due to the work around the registration assessment and provisional register. This will be included in the phase two reprioritisation exercise starting in September. The other activity identified in quarter one relates to the development and implementation of a business systems strategy under strategic aim five, which will now need to be reviewed and linked with any new and emerging ways of working.
- 2.6 In relation to the performance of our services this quarter, teams adapted quickly to the very sudden and different operating context and the change in our approach to regulation to ensure business as usual functions continued to operate alongside the delivery of new and urgent pieces of work. As highlighted in paragraph 1.4 inevitably there has been some impacts on performance, some of which were expected and some unfolded with the pandemic. Appendix 3 provides the performance summary for functional areas with accompanying explanatory narratives.
- 2.7 Importantly, during this quarter we have continued to act quickly where there is information that suggests there is a serious risk to safety or public confidence. This has covered both pharmacy professionals and a pharmacy, resulting in the use of interim orders and enforcement action respectively to mitigate risks.
- 2.8 In addition, whilst we suspended our routine inspection programme as part of the changes to our regulatory approach, 2,263 support visits to pharmacies were undertaken by the inspectorate this quarter, both virtual and physical. This enabled us to gain assurance on how risks to the delivery of pharmacy services during the pandemic were being managed, but also to support pharmacy by signposting information to them and providing guidance. As a result of these support visits, 86 examples of notable practice were published. These provided easy access to examples of how pharmacies were meeting the everyday challenges of delivering services during the pandemic, resulting in 9,870 visits to these pages on the publication site during April to June. In addition, we were able to gather important intelligence to inform wider proactive actions and communications by the organisation.

- 2.9 In terms of expected and emerging impacts on performance from our approach to regulation, two service areas were affected in particular. Timeliness in case progression across fitness to practise slowed, and the performance of the customer contact centre was impacted more heavily as the pandemic unfolded. Appendix 3 sets out further details on performance, reasons and actions taken.

3. Equality and diversity implications

- 3.1 Our aim is to embed equality, diversity and inclusion in both our role as a regulator and an employer.
- 3.2 One of our key activities is to develop an updated comprehensive Equality, Diversity and Inclusion strategy with a focus on our regulatory functions. We will continue to look at how we can monitor, demonstrate and report on our progress towards this aim, including as part of our performance reporting.

4. Communications

- 4.1 The development and publication of this report is reflective of our commitment to openness and transparency concerning our performance.
- 4.2 We continue to carry out specific communications on each of the areas of reported performance. This includes information on our website, wider communications through the media and directly through our own publications and communications materials. These activities are designed to reach all our key interest groups including patients and their representatives, pharmacy professionals and their employees, education providers and others. As part of this quarter's reporting, it is of specific note that there has been an extensive proactive programme of engagement and communications during the peak of the pandemic to provide clarity and assurance about regulatory requirements to pharmacy professionals and the public. Council receives information on these as part of the regular quarterly communications updates.
- 4.3 Internal communications on our re-prioritised annual plan, including the detail that sits underneath it is important as we look to go through a continued period of change. There have been transparent and specific communications around key stages of activities within the reprioritised plan to inform and engage with staff, including relevant content on the staff intranet and all staff remote briefings.

5. Resource implications

- 5.1 Resource implications are addressed within the report.
- 5.2 The allocation of resources required to progress with the reprioritised annual plan as well as delivering our statutory responsibilities continues to be a key consideration as monitor the implications for the 2020/21 budget as well as future fee arrangements.
- 5.3 We will continue to monitor our resource capacity to deliver our statutory responsibilities, progress the reprioritised annual plan, whilst ensuring capacity to respond to unforeseen events and deal with work reactionary in nature.

6. Risk implications

- 6.1 The strategic risk register will continue to be reviewed as part of our management framework and risks will be recorded and reviewed in relation to our work.

- 6.2 Any significant decrease in registrant numbers could lead to a lower income rate than expected.
- 6.3 With regards to operational performance, failure to maintain accurate registers and/or carry out our other regulatory functions efficiently and effectively could have implications on patient safety, and a significant impact on the GPhC's reputation.

7. Monitoring and review

- 7.1 Council will receive a performance report on a quarterly basis, providing a financial update, an overview of the delivery of the GPhC's regulatory functions and progress made against the annual plan.
- 7.2 As highlighted earlier in this paper, the Senior Leadership Group convenes as a Performance and Delivery Board reviewing financial performance as well as the content of both the performance monitoring report and annual plan progress report, on a quarterly basis prior to Council.
- 7.3 We continue to be mindful of and look to feed in learning from planning and reporting previously as part of our commitment to continuous learning and improvement.

8. Recommendations

The Council is asked to note and comment on

- i. key areas of performance as highlighted in the cover paper
- ii. the finance update provided at **Appendix 1**
- ii. the report on progress against the 2019/20 annual plan at **Appendix 2**; and
- iii. the operational performance information provided at **Appendix 3**

Duncan Rudkin, Chief Executive
General Pharmaceutical Council

10 September 2020

Quarter one – Finance update

Meeting paper for finance and planning committee meeting on 15 September 2020

Purpose

This paper provides an update of GPhC's 2020/21 financial plan following the quarter one reforecast exercise which includes a summary of:

- The revised financial forecast for the year including the known financial impacts resulting from the implications of the COVID-19 pandemic
- The most significant movement in income and expenditure
- The main financial risk and opportunities that remain for the year

This paper also begins with a short summary update confirming the final financial outturn position for 2019/20.

1. 2019/20-year end update

- 1.1 The 2019/20 financial year resulted in a small surplus of £0.3m for the year, in line with the upper range forecast that was identified following the quarter three reforecasting process. The £0.3m surplus represents the first surplus that the GPhC has recorded in several years and is a positive step towards achieving Council's stated intent of delivering a financially stable organisation that can effectively fund the cost of regulation.

Please see **Annex 1** for the summary outturn report for the 2019/20 financial year.

- 1.2 Expenditure for the year was below budget by £1.5m and the three main areas that contributed to this underspend include:
- £0.6m in council and associate's costs with a reduced number of FtP hearing days, associate training events and fewer accreditation events taking place.
 - £0.2m in legal costs with a reduced number of cases going out to panel firms in part due to a change in suppliers.
 - £0.5m in IT costs with more work being carried out internally and an increased amount of savings being recognised as part of the moved to cloud based services.

- 1.3 Some of the reduction in expenditure that was seen in 2019/20 has been delayed in to 2020/21 and will need to be absorbed within the budget, albeit this is only expected to be of a low value.
- 1.4 The effect of the pandemic and the adjustments to how the GPhC operates has had minimal impact on the 2019/20 financial outturn as it occurred very late in the financial year.

2. Forecast changes to the 2020/21 budget

- 2.1 A full reforecast exercise was carried out at the end of June 2020 and given the exceptional circumstances that have resulted from the coronavirus pandemic, the financial forecasts are now substantially different to the previously agreed budget.

The forecast has been based on a combination of actual financial results for the first quarter and the updated forecast of the remaining nine months of the year using the current snapshot of the activities planned for the rest of the year. However, due to the ongoing situation with COVID- 19, there are some uncertainties built into these forecasts which could to further financial fluctuation, including further costs in some areas and additional savings in others.

- 2.2 The agreed budget for 2020/21 was balanced with the total income equal to the total expenditure with zero surplus/deficit. The reforecast has resulted in a forecast surplus of £0.3m. This is the net outcome of a projected income fall of (£0.5m) which is offset by an estimated reduction in expenditure of £0.8m (after interest and tax) across all many areas of the business. (see **Annex 2** for full summary of income and expenditure)
- 2.3 The key driver of the forecast surplus has been the unprecedented impact of the coronavirus lockdown and ongoing restrictions. Several operational activities have either been cancelled, reduced, put on hold or postponed. These changes in activities have also had an impact on timings of receipt of income and expenditure spend.
- 2.4 The finance and planning committee continue to review the specific financial impact that Covid-19 has had on the organisation.

3. Income

- 3.1 The GPhC has updated a number of budgeted income assumptions which takes into account of the impact of COVID-19 on the timing of income from new pharmacist joiners' fees and other income streams. Overall the total forecast income has decreased by £0.5m (2.1%) from £24.2m down to £23.7m

It is important to note that a large proportion of the income for the financial year comes from renewal fees. Most of the renewal fees relating 2020/21 financial year have been received in advance and are not specifically impacted by COVID-19. The fees likely to be affected by the pandemic are upcoming fees and fees associated with practise.

- a) Pharmacist income forecast has reduced by £0.2m on budget due to the revised plan to sit the pre-registration exams later than originally planned in the financial year (FY). The scheduled June sitting had to be cancelled due to the restrictions of COVID-19 lockdown period. The GPhC has confirmed that exams will now be taken online though dates are not yet agreed.
- b) There is a £0.4m decrease in total forecast income from premises. This includes £0.3m premises retention and £0.1m from other premises income streams. The proposed fee

increase was provisionally projected to come into force in October 2020. However, due to the pressures experienced by the pharmacy sector during the coronavirus pandemic, council has decided to delay bringing in the fee increases until April 2021.

- c) Subject to further clarification of proposed dates for the online pre-registration assessment, the expected forecast income from pre-reg exam fees remains in line as budget.
- d) Other income forecast from prison inspections cost recovery have been reduced by 75% as the visits are not expected to resume until quarter three. These reductions will be offset by increase in cost recovery from accreditation as more event dates are now set to go ahead than was predicted in the budget.
- e) The implementation phase of the investment strategy is currently underway. There is currently therefore some level of uncertainty around the financial implications for the current financial year. Council are reminded however, that the objectives of the investment strategy are based on a long-term time horizon and within that long-term horizon there is likely to be short term fluctuation. The volatility of these fluctuations is likely to be higher in the current climate. The FPC will continue to monitor the ongoing performance of the investment strategy and update Council as appropriate

4. Expenditure

- 4.1 The updated forecast predicts a £0.8m decrease in expenditure (after interest and tax) when compared to the original budget. Most of the reduced expenditure can be directly attributed to COVID-19 with:
 - a) Delays and cancellation to statutory functions
 - b) Changes to the way in which the GPhC delivered services
 - c) Reduced volumes and increased time to process
- 4.2 This has been offset by marginal increased spending to accommodate modified working arrangements during the pandemic.
- 4.3 Progress continues around reviewing our costs and ensuring that we seek efficiencies where possible; these include:
 - a) Identifying structural savings which will continue into future years
 - b) Evaluating work to see if it still necessary or would provide bigger benefits if delivered at a different time or if it can be delivered in a different way.
 - c) Negotiating and evaluating contract and services to ensure we attain the best value for money.
- 4.4 A large proportion of the expenditure can be attributed to reduction in volumes due to COVID-19 and the restriction in working practices. As the restrictions ease and new ways of working are engaged, we expect volumes to increase for the latter proportion of the year.

A summary of the most significant changes in the financial plan is provided as follows:

Cost Category	Value	Principle reasons for movements
Committee & Associate Costs	£0.60m	Most of the reduced expenditure has been realised in council and committee attendance fees £0.26m, travel and accommodation £0.19m and all other associated costs. There has been a 50% reduction in fitness to practise committee costs alone, with no principal hearing taking place during the 1st quarter and interim and review hearings being held virtually. All other associate groups also show reduced spend with the initial delays and move to virtual arrangements.
Employee costs: Other	£0.15m	£0.08m relates to reduced staff travel costs approximately 70% of this figure is COVID related, the remainder is associated with a reduction in motor fleet costs. A further £0.06m of cost reduction relates to staff training with several planned courses no longer going ahead across the organisation.
Office Costs	0.16m	£0.07m is due to reduced expenditure in postage and the vast majority relates to exam courier costs. Further reductions have also been reflected in paper and stationery and exam furniture hire, £0.03m in each area. The savings have been marginally offset by increased expenditure on health and safety (making the office environment safer) and furniture (to create suitable homeworking arrangements for staff) as a direct response to COVID-19.
Professional Costs	£-0.15m	One of the only areas to see an increase costs and is based on estimated costs for the provision of the online registration assessment. There is still ongoing work in this area, and we would expect to see further cost fluctuations as we finalise this piece of work. The increased costs of developing an online registration assessment (which are categorised as professional costs) will be in part offset by savings that are being realised from not holding the assessment in the traditional manner, as reflected in the below event costs line.
Event Costs	£0.19m	The most significant cost reduction is around exam venues with a current figure of £0.14m, we are still finalising terms with some venues and are negotiating as much as we can to minimise cancellation charges.

4.5 Savings

- a) The 2020/21 budget included a £0.4m savings target. Following confirmation of a small number of redundancies, a significant contribution to this target has been generated by the end of the first quarter. Whilst the full year value of these savings is circa £0.4m, the net financial savings for 2020/21 is circa £0.2m once the in-year salary and associated redundancies costs are factored in.

This area of expenditure will remain under review, but the direction and focus will need to be reviewed in light of the update to the ways in which we work. This will include the impact COVID-19 and prioritising the right resources in the appropriate areas.

- b) The budget includes a 5% vacancy saving assuming not all roles will be filled 100% of the time. At present the vacancy rate is running between 5-6% so the variance in headcount expenditure is minimal.
- c) The organisation continues to monitor expenditure and we have received credits back for building service charges, utilities and postage through reviewing contracts and services and challenging pricing.
- d) The GPhC remains committed to ensuring value for money and ensuring we remain efficient and effective during these challenging times. We need to have the ability to be flexible enough to manage the unknowns and that we continue to be financially proficient for the longer term.

5. Risks and opportunities

- 5.1 There are a few potential financial risks and opportunities that have been identified that could emerge over the remainder of the financial year which are summarised below.

5.2 Risks

- a) **Uncertainty around registrant numbers**, certain assumptions had been incorporated in the budget, but there may be changes in habits and behaviours due to the pandemic that may impact on registrant numbers and changes in the expected level of growth. These include students sitting the exam and joining the register, changes in numbers leaving the register, closures of pharmacy premises, longer term impacts students joining the register.
- b) **The ability to facilitate both the examination sittings this financial year**, failure to do so would reduce the income expected from this stream and delay the income expected from new joiners.
- c) **An increased reliance on temporary staffing arrangements** to cover permanent posts and enable completion of statutory functions, catch up on delayed/postponed events.
- d) **Reduced staff availability** for reasons such as a high concentration of staff using annual leave during the latter quarter of the year. Potential impact on staff if higher numbers of staff health is impacted by the virus.
- e) **Further delays in children returning to school** and the impact on output whilst caring for children etc.

5.3 Opportunities

Adapting the way we work so we can continue to deliver services during the crisis period has generated savings; such as from the increased use of video technology to hold meetings and working in a more virtual way. There are further opportunities to make more fundamental changes and continue building on the savings that have already been made.

- a) **Review longer term accommodation arrangements** and exploring short- and longer-term homeworking arrangements.
- b) **Deliver more services virtually**, hearings, accreditation events, council meetings etc can be delivered through a combination of physical and virtual meetings. With savings predominantly being achieved through travel accommodation etc. We are also currently redeveloping the case load model to help better understand the costs that need to be budgeted and the impact that internal and external influences may have on timings.
- c) As part of our longer-term vision the plan included **moving to an online registration exam**. The inability to deliver a physical exam during the lockdown and the ongoing uncertainty has caused a review around this approach. This has now been pulled forward as part of the strategic vision and the intention is to implement in the current financial year.
- d) Continue to work in a **paperless environment**, we have achieved savings in postage and printing costs so far this year. This is an area where changes made could become more substantive.
- e) The increase in employer pension contributions may be unlikely to be implemented this financial year, as we are still awaiting clarification in this area.

6. Conclusion

- 6.1 The 2020/21 financial plan currently anticipates a surplus of £0.3m with a £0.8m reduction in expenditure being offset by a £0.5m reduction in income. There has been a small amount of additional spending that has occurred in response to the pandemic and this has largely been absorbed by the savings generated by delays and postponements to statutory functions during the period. (please see **Annex 3** to review the forecast surplus/deficit position by quarter)
- 6.2 There remains a high degree of uncertainty on several important workstreams that could still cause significant financial fluctuations for both the remainder of this financial year and possibly future financial years as well. The second reforecast exercise will take place in the autumn of this year and this will coincide with several other pieces work taking place at the same time which could help to reduce some of the current uncertainty including:
 - Reprioritisation which will examine the business plan and update it to reflect the change in the current working environment and incorporate our expected perspective on service delivery for the remainder of the financial year.
 - Reset and Renewal looking at how we arrange ourselves over the longer term as a result of COVID-19.
- 6.3 The current forecast shows an improvement from the planned balanced budget to a surplus position. The funds should be retained as reserves. The current reserves are around the

minimum level and the longer-term financial plan included replenishing reserves to improve the financial position. Please see **Annex 4** for more detail on the reserves position)

- 6.4 The reserves will provide the flexibility to respond to unexpected events, fund the investment initiatives, continually improve the way we deliver services and respond to technological advances.

[Author's Name, Job Title]
General Pharmaceutical Council

[Enter date final version signed-off]

Annex 1

2019/2020 reforecast three outturn report

The table below compares the actual financial figures for the financial year ended 31 March 2020 against the f budget reforecast for the year.

	2019/2020 Reforecast three £000's	2019/2020 Outturn £000's	2019/2020 Variance £000's	2019/2020 Variance %
Income				
Pharmacist income	15,144	15,120	(24)	(0.2%)
Premises income	3,725	3,716	(9)	(0.2%)
Pharmacy technician income	3,000	3,017	17	0.6%
Pre-registration income	1,123	1,112	(11)	(1.0%)
Other income	218	221	4	1.6%
Total income	23,209	23,187	(23)	(0.1%)
Expenditure				
Total employee costs:Payroll	12,784	12,901	(117)	(0.9%)
Total employee costs:Other	815	697	118	14.5%
Total employee costs	13,599	13,598	1	0.0%
Total committee and associate costs	1,955	1,770	185	9.5%
Total professional costs	1,010	966	44	4.4%
Total legal costs	567	503	64	11.4%
Total IT costs	1,648	1,578	71	4.3%
Total event costs	465	410	54	11.7%
Total office costs	328	317	12	3.6%
Total property cost	305	331	(26)	(8.4%)
Total service level and occupancy	2,193	2,105	88	4.0%
Total financial cost	223	221	3	1.2%
Total depreciation	1,003	1,060	(57)	(5.7%)
Total other costs	38	38	(1)	(1.4%)
PSA levy costs	217	217	0	0.0%
Efficiency savings	(36)	-	(36)	100.0%
Total Expenditure	23,517	23,114	403	1.7%
Total Interest & Tax	187	202	(15)	(8.1%)
Net Operating Surplus/(deficit) After Interest and Tax	(120)	275	(395)	328.3%

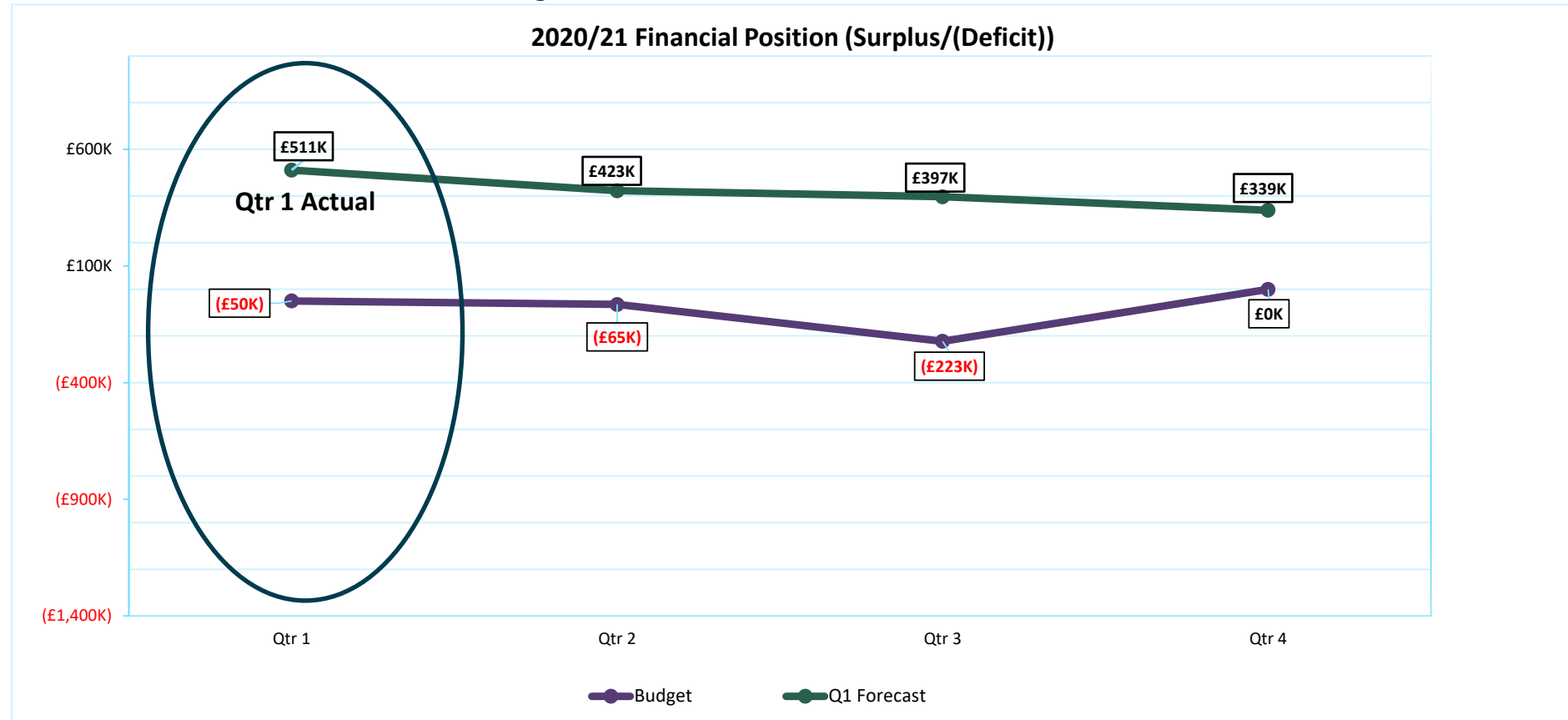
Annex 2

2020/2021 Summary Income and Expenditure

	2020/2021 Reforecast one £000's	2020/2021 Budget £000's	2020/2021 Variance £000's	2020/2021 Variance %
<u>Income</u>				
Pharmacist income	15,528	15,683	(156)	(1.0%)
Premises income	3,851	4,221	(370)	(8.8%)
Pharmacy technician income	3,069	3,049	20	0.6%
Pre-registration income	1,121	1,126	(6)	(0.5%)
Other income	148	133	15	11.4%
Total income	23,716	24,212	(496)	(2.1%)
<u>Expenditure</u>				
Total employee costs: Payroll	13,518	13,429	(89)	(0.7%)
Total employee costs: Other	687	841	153	18.3%
Total employee costs	14,206	14,270	65	0.5%
Total committee and associate costs	1,514	2,109	595	28.2%
Total professional costs	1,292	1,141	(151)	(13.3%)
Total legal costs	648	750	102	13.6%
Total IT costs	1,545	1,572	26	1.7%
Total event costs	258	452	194	42.9%
Total office costs	200	362	162	44.7%
Total property cost	290	300	10	3.2%
Total service level and occupancy	2,166	2,226	60	2.7%
Total financial cost	197	195	(2)	(1.1%)
Total depreciation	1,113	1,114	1	0.1%
Total other costs	45	36	(9)	(25.3%)
PSA levy costs	218	232	14	6.0%
Efficiency savings	(220)	(400)	(180)	45.1%
Total expenditure	23,472	24,358	886	3.6%
Interest and tax	95	145	(50)	(34.6%)
Net operating surplus/(deficit) after interest and tax	339	0	339	0.0%

Annex 3

2020-21 Cumulative Financial Position- Budget vs Actual and Forecast

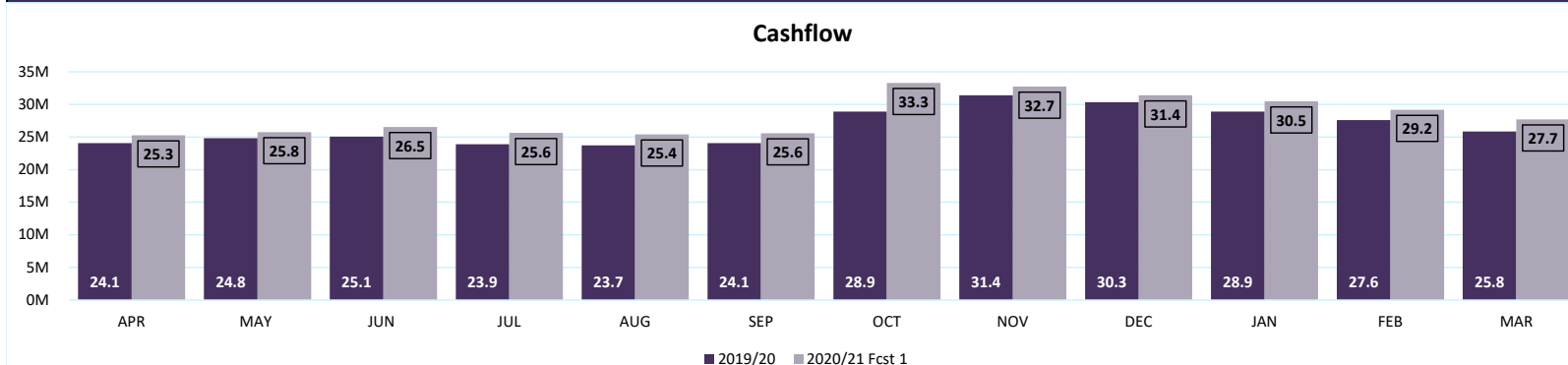


The graph shows cumulative financial position (surplus/(deficit)) for budget, actuals and forecast. The first quarter to June 2019 compares actual surplus/(deficit) position to budget whilst the rest of the year (July 2020 to March 2021) compares forecast to the original budget.

Annex 4

Investments Overview - Q1 Reforecast 2020-21

Cashflow 2020/21 Forecast vs 2019/20 Actual Results



Cash balances have increased each month when compared to the same period last year. This due to a fall in our expenditure for the first three months. The mainly due to the current COVID-19 impact on various element of the business in terms of volume and timing of transactions. We expect this increase in cash to continue in the second quarter as we foresee lower monthly expenditure. This could change in the next forecast as we incorporate any adjustment to the business plans for the second half of the year. Which will include the COVID-19 cost (not yet confirmed) of setting up the online exam platform for pre-reg assessments to replace the June/September paper exam that have been cancelled.

Reserves	Actual 31-Mar-20	Projected 31-Mar-21
General free reserves	8,271	8,827
Fixed asset reserves	3,135	2,918
Total Reserves	11,406	11,745
No. of month's operating expenditure based on free reserves	4.1	4.2

In line with the re-forecasted surplus for the financial year. The number of months of free reserves is expected to rise to 4.2 months, which is over and above the agreed minimum level of reserves. As expected Fixed Assets will depreciate over time and the projected forecast has been updated to account for this and any further capital expenditure for the year.

Bank Name	Balance	Invested funds %	Rate
Goldman Sachs	3,490,047.73	13%	Variable
Natwest business reserve	1,096,599.05	4%	Variable
Nationwide - Buisness saver	5,126,693.56	18%	0.5%
Handelsbanken	1,000,402.62	4%	0.56%
Santander	2,000,000.00	7%	0.6%
Goldman Sachs - Investment portfolio	15,000,000.00	54%	Variable
Total	27,713,742.96		

We will move £15m from deposit accounts into a long term investment portfolio of fixed income sovereign bonds and equities. The portfolio was set up on in June 2020 and will managed by Goldman Sachs. In future, performance of the investment will be reported on separately.

Annual Plan 2020/21 – April to September

Strategic aim 1

Deliver an adaptable standards framework that meets rapidly changing public and professional needs

By the end of June 2020, we will have:

1. Published guidance on the use of NHS volunteers to deliver medicines in partnership with the Royal Pharmaceutical Society (RPS)
2. Developed fact sheets on controlled drugs in partnership with the RPS
3. Contributed to a new ethical decision-making framework to support pharmacists and the pharmacy team published by the RPS

By the end of September 2020, we will have:

4. Developed standards for employers as part of the provisional registration scheme

Strategic aim 2

Deliver effective, consistent and fair regulation

By the end of June 2020, we will have:

1. Approved a strategic approach to evaluating the impact of our work
2. Implemented a temporary register for pharmacy professionals who had left the register within the last 3 years
3. Developed and implemented ongoing remote accreditation for pharmacy schools and for new education and training courses for pharmacy technicians based on revised standards
4. Promoted the introduction of the SAFE Space initiative in pharmacies for people who may be experiencing domestic abuse during the pandemic
5. Commenced remote Fitness to Practise (FtP) hearings and Investigating Committee (IC) operations

By the end of September 2020, we will have:

6. Continued with the ongoing continuous improvement programme in relation to meeting PSA standards
7. Developed a medium-term phased implementation programme for the roll out of wider reporting on regulatory and service performance
8. Completed consultation and engagement with external stakeholder groups on our draft EDI strategy based on our regulatory work
9. Commissioned EDI research in support of COVID-19 and produced internal guidance

Strategic aim 3

Drive improvements in pharmacy care through modernising our regulation of education and training

By the end of June 2020, we will have:

1. Developed new policy for the provisional registration of the current cohort of pre-registration pharmacist trainees
2. Commenced the procurement exercise for the development of the online registration assessment
3. Scoped our role and plans in relation to the pharmacy technician profession*

By the end of September 2020, we will have:

4. Implemented revised education and training requirements for pharmacy support staff
5. Introduced revised student FtP guidance
6. Implemented the provisional registration scheme for pharmacists
7. Awarded the contract for the development of the online registration assessment
8. Worked with stakeholders to oversee a review of years 1-5 of the initial education and training of pharmacists (IETP), setting out a clear vision and narrative, and detailed work required to implement changes
9. Worked with stakeholders to implement changes to year 5 for the pre-registration cohort that started training in July

Annual Plan 2020/21 – April to September

Strategic aim 4

Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy

By the end of June 2020, we will have:

1. Adapted our regulatory approach to support pharmacy to deliver safe and effective care during the unfolding pandemic
2. Mobilised a COVID-19 rapid response team to manage and respond to incoming information, enquiries and intelligence
3. Undertaken an extensive proactive programme of comms messaging during the peak of the pandemic to provide clarity and assurance about regulatory requirements to pharmacy professionals and the public
4. Established new information sharing agreements with key stakeholders to support their work
5. Commenced engagement with stakeholders over approach to inspections during extended periods of social distancing
6. Proposed some limited procedural rule changes to government to enable remote Hearings

By the end of September 2020, we will have:

7. Established an insights programme
8. Published key datasets on the website
9. Commenced consultation on a new fitness to practise strategy
10. Commenced pilots of some amended approaches to inspection
11. Fed into cross-regulatory work on model rules for FtP regulatory reform as well as ongoing discussions around governance reform
12. Continued development and piloting of a corporate approach to managing incoming information, intelligence and concerns

Strategic aim 5

Enhance our capabilities and infrastructure to deliver our Vision

By the end of June 2020, we will have:

1. Developed and implemented a business systems strategy*
2. Continued implementation of our IT cloud strategy (Azure migration)
3. Agreed a new approach to prioritising and managing Council business during the pandemic
4. Addressed GDPR implications of COVID-19 rapid changes to operations
5. Initiated a reset and renewal project for a phased resumption of office-based operations and to identify beneficial long-term changes to our organisational ways of working for consideration
6. Completed phase one of the re-prioritisation of the annual plan 2020/21 in light of the pandemic
7. Implemented amendments to the revalidation requirements for pharmacy professionals
8. Produced a vision for Adjudication Services
9. Revised and developed policies and guidance related to protecting and managing employees during Covid-19
10. Implemented phase 2 of the organisational design

By the end of September 2020, we will have:

11. Continued reset and renewal project with plans for phased resumption to new normal
12. Scoped phase 3 of organisational re-design*
13. Procured and implemented a new purchase order system for the organisation*
14. Completed the migration of all targeted services to the Azure platform in line with our IT Cloud Strategy*
15. Completed efficiency improvements to MyGPhC (our online services platform)*
16. Approved final decisions on redevelopment of the organisation's website*
17. Made a decision about the 2020 fee review proposal that has been consulted on
18. Commence Phase 2 re-prioritisation of 5-year strategic plan and quarters 3 and 4 of the annual plan
19. Commenced phase 2 of the 'reward and recognition' review
20. Consulted with staff on the People Plan
21. Consulted on the talent acquisition plan
22. Implemented new occupational health contract and service changes
23. Introduced gender fees gap monitoring for associates and partners
24. Developed 2020 employee survey action plans

Customer contact centre				Q1	R	↓	
<p>This quarter represents the first period where the customer contact centre (CCC) was operating entirely from home in lockdown. The team faced a number of technical and operational challenges, especially during the early stages of lockdown. Whilst the CCC call technology generally worked, a number of staff faced connectivity issues (mainly related to their own home working situation), plus two staff members were abroad and unable to return home for over a month. In terms of queries received, the overwhelming majority related to pharmacy professionals and how pharmacies should react to the unfolding pandemic. In particular, queries focused initially on the establishment of the temporary register (where over 6,000 people who had previously left the register were brought back on to assist during the pandemic). Towards the end of the quarter, attention was more focussed upon development of the provisional register for pre-registration trainees, and uncertainty around proposed arrangements for the registration assessment. In all the above situations, the policy and operational decisions were being developed urgently in parallel. As a result, queries took longer to handle as the team explained the issues that were being addressed and sought to provide reassurance about timescales for providing definitive answers. For example, average call length has risen from around four minutes to often being over seven minutes, plus additional time required to write up notes or pass on further information to other areas. Positively, we have developed significantly improved ways of communicating between teams with particular emphasis on more dynamic and regular updates with the communications team to ensure that messages on social media, the website and emails to registrants and trainees responded quickly to the main questions being received by the contact centre. The team have worked tirelessly throughout a very difficult period to provide a good level of service in challenging circumstances.</p>							
Performance measure	Perf standard	Q1	RAG	DO	Q4	Q3	Q2
Average speed of answering telephone calls	<2mins	7.17mins	R	↓	1.34 mins	2.19 mins	2.33 mins
Percentage of calls abandoned	<5%	29.2% (2,365/8,098)	R	↓	9.7% (782/8,058)	12.9% (1,595.8/12,370)	13.3% (2,386/17,939)
Percentage of emails actioned within 2 days	>90%	83.6% (5,681/6,797)	A	↓	91.6% (4,131/4,512)	98.9% (5,876/5,940)	97.0% (7,680/7,916)

Registration				Q1	A	↓	
The median processing time for applications to join the register is higher for both pharmacists and pharmacy technician registration applications this quarter compared with previous quarters. Several factors have influenced this. Due to the Covid-19 pandemic, some applicants had submitted an online application, however they were not able to obtain certificates from course providers (pharmacy technicians), certify identification documents by solicitors, or obtain birth certificates from the Registrar’s office. To overcome these issues several changes were put into place which took a bit of time setting up. These include the course providers temporarily providing pass lists to the GPhC instead of printing certificates, and the Post Office being able to certify certain identification documents. Our Registration Rules still require applicants to send in hard copies of supporting documentation for us to verify. In addition, following the office closure, Applications Team members only attended the office twice between 16 th March and 7 th May to process the post. They then attended fortnightly for the remainder of Q1.							
Performance Measures	Perf standard	Q1	RAG	DOT	Q4	Q3	Q2
Median processing times from receipt of application to approval for pharmacists (working days)	28 days	33 days	A	↓	5 days	13 days	10 days
Median processing times from receipt of application to approval for pharmacy technicians (working days)	28 days	20 days	G	↓	10 days	4 days	0 days

Fitness to practise

Q1

R



Whilst the numbers of concerns received during this quarter reduced to 721, this was preceded by an unprecedented increase in Q4 where 849 new concerns received. Notably, this included new types of concerns associated with the pandemic which continued to flow in during April. The number of concerns triaged fell and the time taken to process them fell significantly short of our normal operating performance standards. 12.8% of concerns were triaged within five working days. The team itself also had several new starters who were still getting up to speed and adapting to the new working environment. To highlight, there was a significant difference in the number of concerns closed at triage this quarter at 97.5%. This contrasts with 59.4% in the previous quarter. This was largely due to a number of Covid-19 related issues which were outside of our regulatory sphere. Where appropriate we worked closely with other regulators, such as the Competitions and Markets Authority, to ensure that individuals raising concerns were correctly signposted so that the right authorities were taking concerns forward.

Whilst we have still been able to move investigations forward, progression from stream 2 through to closure at the appropriate stage has declined as expected due to the operational impacts of Covid-19 and the changes to our regulatory approach. 69 cases were closed (or referred) at pre-Investigating Committee (IC), at IC or at Fitness to Practice Committee (FtPC), compared to 110 during the last quarter. And, the time taken to close cases pre-IC, refer cases to the IC and the FtPC remains short of our normal operating performance standards. Of note, the total number of cases on hold which are over 12 months has fallen from 53 to 46 this quarter. Importantly we have still continued to act quickly where there is information that suggests a serious risk to safety or public confidence. The FtP Committee considered three applications for an interim order. One suspension order was imposed and two conditions of practice orders were imposed. One interim order on a premise was allowed to lapse without review or an application to the high court for an extension to the order being submitted. The risks associated with this lapse were minimal as the premise had ceased trading and was in the process of voluntary removal from our register. Nevertheless, at its meeting in October, Audit and Risk Committee will be scrutinising the improvement actions put in place following the serious incident review that was undertaken to ensure this does not happen again. All other applications for extensions were heard within the relevant deadline.

Performance measure	Perf standard	Q1	RAG	DO T	Q4	Q3	Q2
Number of concerns triaged within 5 working days	90%	12.8% (83/648)	R	↓	39.1% (287 /734)	67.7% (495 /730)	82.3% (562 /682)
Number of stream 1 cases closed within 3 months	95%	70.3% (78/111)	A	↓	75.0% (213/284)	77.5% (227/293)	80.9% (224/277)
Number of stream 2 cases closed or referred within 44 weeks (10 months)	75%	45.8% (27/59)	R	↑	42.0% (37/88)	57.5% (61/106)	46.1% (47/102)
Number of cases closed or referred at IC which reach IC within 52 weeks (12 months)	70%	25% (2/8)	R	↑	23.1% (3/13)	42.9% (6/14)	36.8% (7/19)
Number of Fitness to Practise committee cases closed within 104 weeks (24 months)	85%	0% (0/2)	R	↓	55.6% (11/15)	73.3% (11/15)	75.0% (9/12)
Median time (weeks) from receipt of information suggesting an immediate risk to interim order being imposed	3 weeks	3.1 wks	G	↑	3.3 wks	2.5 wks	2.9 wks

Inspection					Q1	A	↓
2,263 support visits (virtual and physical) were made to pharmacies following the move to a more supportive regulatory approach during the pandemic, and the subsequent suspension of the routine inspection programme. Assurance was gained on the effectiveness of pharmacy’s management of risks; insights and intelligence was gathered to inform our communications and actions; and vital support and information was given with positive feedback received. Notably, 89 examples of notable practice were published on the publication site to support improvement and quality of practice. These covered how pharmacy teams were managing various challenges related to the Covid-19 pandemic, with 9,870 knowledge hub searches recorded during April to June. Importantly, 10 pre-registration visits and four intelligence led inspections were carried out during this period, with enforcement action taken quickly against one pharmacy to restrict the on-line supply of controlled drugs liable to abuse to remove the risks to patient safety.							
Performance Measures	Perf standard	Q1	RAG	DOT	Q4	Q3	Q2
Average turnaround from inspection to finalisation of report	20 days	25.2 days (2 reports)	A	↓	19.4 days	25.8 days	
Average time taken from inspection to service of enforcement notice where evidence of serious risk to patient safety exists		2 days (1 notice)	G	↑	6 days (1 notice)	11 days (12 notices)	3 days (4 notices)

Corporate complaints				Q1	A	N/A	
The number of corporate complaints received this quarter remains stable, with 12 new issues and three requests for a Stage 2 review. The profile of complaints also remains consistent, with FtP decisions the most common at Stage 1 and the subject of all the stage 2 reviews. One complaint, relating to data and information, was upheld and has led to new guidance and training for case officers regarding the disclosure of concerns to employers. Heads of teams preparing stage 1 responses identified learning for their teams in relation to six complaints. These related to the need for clearer correspondence.							
Performance Measures	Perf standard	Q1	RAG	DOT	Q4	Q3	Q2
Percentage of stage 1 and 2 complaints acknowledged within 3 days	95%	78% (14/18)	R	N/A	N/A	N/A	N/A
Percentage of stage 1 complaints responded to within 15 days	90%	73% (11/15)	R	N/A	N/A	N/A	N/A
Percentage of stage 2 complaints responded to within 20 days	90%	100% (3/3)	G	N/A	N/A	N/A	N/A

Information governance					Q1	A	↓
<p>There were delays on two requests for information out of 33. One freedom of information (FOI) data request was partially answered, but the final data set was delayed due to prioritisation of urgent pandemic-related work and one rights request was delayed as we awaited deletion of data by an external supplier. Regrettably, two data breaches occurred this quarter as a result of human error and were reported to the Information Commissioner's Office (ICO). Both of these involved data about a single person. Whilst both were closed by the ICO with no further action, we have taken internal actions to prevent a recurrence. These include information security and GDPR refresher training for the whole organisation.</p>							
Performance Measures	Perf standard	Q1	RAG	DOT	Q4	Q3	Q2
% of FOI requests responded to within statutory 30-days	95%	95% (20/21)	G	↓	100% (43/43)	100% (39/39)	100% (36/36)
% of data subject access requests responded to within statutory 30 days	100%	92% (11/12)	A	→	87.5% (7/8)	100% (9/9)	100% (10/10)
No. data breaches reported to the ICO	0	2	R	↓	0	0	3

HR					Q1	G	↑
<p>At the end of this quarter our rolling 12-month total labour turnover rate of 21% remains in line with the UK average rate. There are though variations across the organisation with Fitness to Practise and Education and Standards directorates experiencing the highest number of leavers over the last 12 months, with 15 and 14 leavers respectively (at 27% and 29%). The reasons for turnover vary from voluntary resignations, the end of fixed term contracts (FTC's), through to redundancies (as a result of localised restructures), and very sadly a death in service. The stability rate of permanent staff for the organisation overall though remains positive at 87.1%. This is the highest it has been for more than two years and measures the number of permanent employees with more than 12 months employment (currently at 195). Sickness levels have improved this quarter falling to 2.25% from 3.3% previously. Sickness absence continues to be managed in line with the attendance management policy.</p>							
	Perf standard	Q1	RAG	DOT	Q4	Q3	Q2
Overall organisational absence rate	<3.4%	2.2%	G	↑	3.3%	2.2%	2.5%
Rolling 12-month total labour turnover rate	20.9%	21%	G	↑	21.2%	26.1%	29.1%

KEY for RAG rating		Description
G	Green	Performance judged to be meeting performance standard(s) or exceeding
A	Amber	Performance judged to be within performance tolerance(s) (an acceptable level of normal variation expected)
R	Red	Performance judged to have fallen short of performance standard(s) and outside of tolerance(s)

Direction of travel indicator		Description
↑	Improving DOT	Performance has improved since the previous quarter's performance
→	Staying the same	Performance has largely stayed the same as it was in the previous quarter
↓	Declining DOT	Performance has got worse than it was the previous quarter

Managing concerns about pharmacy professionals: Our strategy for change

Meeting paper for Council on 17 September 2020

Public business

Purpose

To provide Council with our draft fitness to practise strategy and a summary of the changes we have made since the July Council meeting.

Recommendations

The Council is asked to approve the draft fitness to practise strategy for consultation.

1. Introduction

- 1.1 We have a responsibility to make sure that our fitness to practise function remains relevant and that we continue to deliver our overarching objective to protect the public. We want to move away from a process which can be adversarial, slow and have an unintended adverse impact on those involved. Instead, we want to take swift action to protect patients where necessary and at the same time promote and encourage a learning culture which enables pharmacy professionals to address concerns and return to practise in appropriate circumstances.
- 1.2 We presented a draft fitness to practise strategy at July's Council meeting and Council provided feedback on a number of areas. This paper provides an overview of what we heard in July and explains how the revised strategy takes account of this feedback and the outputs from a smaller working group of interested Council members.

2. About the strategy

- 2.1 The strategy has been influenced by what we heard through our engagement with stakeholders in autumn 2019, internal feedback and changes in the regulatory environment. The strategy will build on improvements we've already made to the way we manage concerns, which we believe will help us to protect the public in a more effective, fair and proportionate way.
- 2.2 The strategy helps us deliver on our commitments in the recently published strategic plan and also contributes to the 2030 vision.

- 2.3 Once the strategy has been agreed we will undertake a consultation exercise. We will engage with a broad range of stakeholders through a number of channels, including a questionnaire, webinars and individual meetings.
- 2.4 Our engagement will be targeted and tailored to ensure we ask the right questions of the right stakeholders to maximise the quality of feedback. Once the consultation exercise is complete, we will report the findings to Council prior to taking forward the key changes for implementation.

3. The proposed changes

- 3.1 Council's feedback at its July meeting focused on the purpose of the strategy and also covered some general drafting points. The strategy needed to make it clear that our overriding objective is the protection of the public. It also needed to make clearer links between what was being proposed, how this would address challenges with the current process, and how we would measure our success. A stronger focus on the specific changes being proposed by the strategy could also help engage patients and the public during the consultation.
- 3.2 As part of the post-Council work a small group of interested Council members provided further feedback during a short workshop session. This provided a steer on the shape of the strategy that is now before Council.
- 3.3 We have amended the structure of the document and ensured there is a consistent emphasis on our primary objective of public protection and that we must uphold public confidence in the regulator.
- 3.4 In summary, we have made the following changes:
 - a) drafted a shorter and more focused foreword and overall document, along with a separate overview 'visual' for use as an executive summary;
 - b) clearly linked the challenges we face with the current process and how the strategy proposes to address them;
 - c) set out 4 strategic aims, rather than 5 objectives with 10 guiding principles;
 - d) separated the issue of eliminating bias in decision making (under aim 2) from the systemic issue of disproportionate representation of Black and minority ethnic registrants in referrals (under aim 4). We've also said more about the action we'll take; and
 - e) removed FtP language from the title and used 'managing concerns' instead to reflect our aim to shift perceptions.
- 3.5 In parallel to the consultation we will continue work on designing the evaluation process so we can assess how effective we have been in achieving our strategic ambition in practice. This will include identifying the measures needed to evaluate the success of the strategic outcomes set out in the strategy.

4. Equality and diversity implications

- 4.1 We are developing our equality, diversity and inclusion (EDI) strategy in parallel with the fitness to practise strategy and are committed to demonstrating how our approach to fitness to practise will support our EDI work.

- 4.2 The draft strategy sets out some of the actions we propose to take to tackle any unfairness, bias and lack of inclusion in the FtP process. But part of the strategy's purpose is to help us better understand some of the wider systemic issues underlying these challenges and to explore how we can tackle them. The responses to the strategy will leave us better placed to develop appropriate policy and initiatives as a result. An Equality Impact Assessment will be carried out for all policy initiatives that stem from the strategy.

5. Communications

- 5.1 It is important that we communicate our proposals in a transparent and open way, seeking views from everyone who may be affected by the proposals. The consultation will be published on the GPhC's website. It will also be sent to a wide range of stakeholders and communicated to the pharmacy media. The consultation will run for 12 weeks and respondents will be able to respond online, by email or by post.
- 5.2 The summary overview document will support our engagement activities by lifting out some of the key messages for stakeholders.

6. Resource implications

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

7. Risk implications

- 7.1 The strategy is closely aligned with our strategic plan and 2030 vision which have already been subject to consultation. Any risks around opportunities to engage and respond will be managed through the communications and engagement plan.
- 7.2 The pandemic has had an impact on the publication of both this consultation and the pace at which the reform work has progressed. Our consultation, report to Council and the proposals we want to take forward will be complete in advance of the legislative reform consultation.

8. Monitoring and review

- 8.1 The consultation responses will be analysed and a consultation report prepared for Council in early 2021. Council will also receive an update at a workshop mid-way through the consultation period (November).

9. Recommendations

The Council is asked to approve the draft fitness to practise strategy for consultation.

Carole Auchterlonie, Director of Fitness to Practise
General Pharmaceutical Council

10 September 2020

Managing concerns about pharmacy professionals: Our strategy for change



Our strategy for changing how we manage concerns about pharmacy professionals

Foreword

It is an important time for healthcare regulation in general, and more specifically, health regulators' approaches for managing fitness to practise concerns as we embed learning from recently published reports and look forward to legislative reform. The current environment provides the opportunity for us to review areas of our current practice and change things for the better.

A pharmacy professional may not be fit to practise for a number of reasons, for example if their behaviour is putting patients at risk, they are practising in an unsafe way, or their health may be affecting their ability to make safe judgements about their patients. We have a responsibility to make sure that we manage these types of concerns better to protect patients and the public while being fair to pharmacy professionals.

We need a robust approach that upholds standards and maintains public confidence. One that protects patients by taking swift action when serious issues arise. One that also enables professionals to achieve the standards required by allowing them an opportunity to remediate, learn and improve when it's right to do so. Some of the changes needed can, in part, be achieved through regulatory reform. But changes to regulations can be slow, so our strategy identifies steps we can take now that don't require legislative intervention.

The recent pandemic has reinforced the importance of considering the wider context when understanding the nature of a concern about a pharmacy professional and identifying the appropriate outcome or action. Often an individual professional's behaviour may be indicative of a wider system failing. The pandemic has also highlighted the extent to which patients and the public are reliant on the professionalism of those providing care in the face of novel challenges and different ways of working. As pharmacy and healthcare continue to evolve and demands on pharmacy increase, we need to enable professionals to continue to practise safely wherever appropriate.

We need to challenge ourselves by asking fundamental questions about the purpose of fitness to practise and what it means to the public we seek to protect and the professionals on our register. We are therefore developing a strategy that will clearly set out what we will do in the coming years.

This is part of our programme for change as we work towards legislative reform and delivery of **our Vision 2030**, which is an ambitious 10-year vision for safe and effective pharmacy care at the heart of healthier communities. We have also published our **strategic plan 2020-25**, which sets out the work we plan to do in the coming five years to help us achieve our 10-year vision, including delivering effective, consistent and fair regulation and shifting the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy. We are also developing our equality, diversity and inclusion (EDI) strategy in parallel with this fitness to practise strategy and are committed to demonstrating how our approach to fitness to practise will support our EDI work.

How we have developed the strategy

1. Over the last eighteen months we've undertaken a range of research and engagement work to help prepare our strategy. It is clear from this work that our current approach to fitness to practise is no longer sustainable and needs to change. In developing the strategy we have taken account of the following:
 - stakeholder engagement that took place in the summer of 2019. For example, we spoke to patient organisations, professional bodies, defence organisations, representative bodies, employers and other health regulators
 - an internal review of how a number of regulators from within and outside of healthcare regulation have changed their approaches to how they manage concerns. This includes the future of regulation as set out by Social Work England (SWE)
 - the Professional Standards Authority's Lessons Learned report into the NMC's handling of the cases relating to the Morecambe Bay maternity deaths, published in May 2018
 - the findings of the report into patient deaths at Gosport Memorial Hospital, published in June 2018
 - the Williams review into gross negligence manslaughter, published in June 2018
 - the PSA's report on *How is public confidence maintained when fitness to practise decisions are made?*
 - findings of the PSA's GPhC performance review 2018/19
 - reports on feedback we have received about our fitness to practise process and outcomes
 - our reflection about how we ensure our role as a regulator meets our aspiration for embedding equality, diversity and inclusion in our work
 - the learning from our response to the impact of the COVID-19 pandemic, including the use of remote hearings.
2. We have also taken account of the PSA's published guidance *Right-touch reform: A new framework for assurance of professions*. The report included a number of guiding principles for fitness to practise reform. For example, it proposed only using fitness to practise measures when necessary and seeking early resolution and remediation where appropriate.

Our current approach to fitness to practise and the issues we want to address

3. Our current approach to fitness to practise is set out in the following guidance documents:
 - **Good decision making: Investigations and threshold criteria guidance**
 - **Good decision making: Investigating committee meetings and outcomes guidance**
 - **Good decision making: Fitness to practise hearings and sanctions guidance.**
4. We have already started to make improvements to the way we manage concerns to make sure we focus our resources on the right concerns, introducing more senior oversight into the triage process. This has provided additional assurance that we are progressing concerns, or closing

them, through the most appropriate route. We also use revised threshold criteria to help us make decisions about which concerns should be referred to our Investigating Committee.

5. We have begun work on helping people better understand our processes and the potential outcomes from fitness to practise. This includes improving our communications with those involved in the process and improving the reasons we give for our decisions.
6. Looking further upstream, we have separately been engaging stakeholders in relation to managing concerns about pharmacy students and trainee technicians. Professionalism is an important cornerstone not only for current but also future pharmacy professionals. Understanding what it means to be a professional in the early stages of their pharmacy career will help students prepare for the future and manage any potential concerns better.
7. We want to build on these improvements to address the wider issues we have identified through our strategy development work.
8. Fitness to practise is still perceived as being overly legalistic and adversarial. It is largely rigid and reactive when it needs to be flexible and proactive. To the patients, families, witnesses and professionals involved, the current approach can be confusing, inconsistent and slow. For employers, it's not always clear what amounts to a concern that should be referred to the regulator.
9. Investigations into concerns about professionals are lengthy and can be frustrating for everyone involved. How we engage with people, the method and tone of our communications can result in unintended consequences such as impacting on the mental health of those we are investigating. Those who are vulnerable can find support hard to access.
10. We need to make more progress on the time it takes to conclude cases. We accept that in the interests of fairness, some cases require more in-depth investigation and will inevitably take time. But we need to find a balance and make efficiencies where possible, taking no longer than necessary to achieve the right outcome.
11. We need to better understand why black Asian and minority ethnic (BAME) professionals are disproportionately represented in the concerns we receive. Moreover, when we progress a concern, we need to have assurance in place that we are minimising and addressing risks of potential biases in our decision making.
12. We need to understand more about the impact of a professional not having legal representation, or not attending a hearing, as our analysis indicates these factors can result in a more serious outcome. We need to explore what we can do to help both pharmacists and pharmacy technicians understand and access the support available during the process.
13. The number of concerns raised with us are increasing year on year and puts pressure on resources. Our latest **annual report** provides an overview of concerns received, from whom and how they are concluded. At the same time, we need to work smarter within our legislative parameters to make operational efficiencies so that we can conclude concerns more quickly. Looking forward, efficiencies will be achieved through legislative reform, however, there is much we can do ahead of any such change.

Strategic aims

14. We used the learning and insights from our engagement and reviews to develop four strategic aims to shape and underpin this strategy. These aims reflect our ambition to drive improvement by promoting a just, learning culture for the benefit of patient and public safety and everyone in the pharmacy sector.
15. Our strategic aims are:
 - a) Keeping patients and the public safe by using our full range of regulatory tools to prevent, anticipate and resolve concerns
 - b) Taking a person-centred approach that's fair, inclusive and free from discrimination and bias
 - c) Shifting the perception from blame and punishment to learning and improvement
 - d) Taking account of context and working with others to address systemic issues.
16. We explain below what we mean by each strategic aim and then go on to say what we will do to achieve each one.

Strategic aim 1: Keeping patients and the public safe by using our full range of regulatory tools to prevent, anticipate and resolve concerns

17. Fitness to practise is about patient safety and public protection and we will take swift action to uphold this when a serious issue occurs. We recognise that there will be situations where restrictions on a pharmacy professional's practice or their removal from practice are inevitable, but we don't think that these cases are the norm. We will ensure that only the most serious concerns reach a hearing.
18. Regulatory action against an individual professional may not be enough, or necessary, to ensure that a wider systemic problem and future public protection issue has been addressed. We will consider all the relevant factors and risks around what went wrong, including assessing whether there are underlying system failures.
19. We will only use formal fitness to practise processes when it is absolutely necessary and seek early solutions and remediation where appropriate. Most pharmacy professionals who have difficulties in their practice are willing and able to improve and resolve the problem. We want to break down the barriers that stop them from doing so as early as possible and we will work with employers, other regulators and those that set our standards to achieve this goal.
20. Local investigations which are focused on learning and reflection rather than blame can lead to improvements to patient safety and manage risks better. Employers may often be best placed to recognise and manage some concerns. We will work with employers to help them identify the types of concerns that can be managed locally for faster, more focused and fairer resolutions.
21. There may be some concerns which don't present an ongoing risk or where the risk to the public has already been removed and so they may not need to be investigated. It may be in the public interest to take a restorative approach, enabling the pharmacy professional to continue working or return to work, whenever such an approach can be managed safely.
22. Managing certain types of health and performance concerns differently will allow a pharmacy professional, who has remediated, learned and reflected, to return to safe practice as soon as it

is right for them to do so. To help with this, pharmacy professionals will be encouraged to be open about what has happened and to talk to us as early as possible about what they have done to put things right.

How we will achieve this

Making more enquiries at triage

23. We will develop proposals for making more enquiries in the early stages of our process after receiving a concern (triage). This will help us ensure the right concerns are investigated and those that can be resolved through alternative means are dealt with quicker.
24. The enquiries we make will be framed around the following:
- the impact of the concern on patient/public safety
 - the likelihood of repetition
 - the availability of sufficient evidence to support an allegation of impaired fitness to practise
 - whether the concern suggests a pharmacy professional has failed to meet any relevant published professional standards or guidance
 - the outcome of any investigation by another body such as an employer, or the police
 - whether the pharmacy professional has any fitness to practise history
 - whether the matter appears to be part of a wider pattern of concern
 - whether there are any wider systems issues or considerations.
25. Once our enquiries conclude we will use the following test to determine if the concern should be referred for investigation or an alternative is appropriate in the circumstances:

Does the information suggest potential grounds for investigating whether a pharmacy professional's fitness to practise may be impaired?

Taking swift action to protect patients and the public

26. An enquiry-based approach will help us take swift action on the most serious concerns. We will be able to quickly identify any risk to patient safety and either refer these for immediate investigation or seek an interim order of suspension.

Introducing a flexible range of outcomes to manage some concerns outside formal processes

27. We will use revalidation as a tool to promote reflection and learning by introducing a **reflective piece** for some concerns where there are health and performance issues.
28. Once we conclude our enquiries we may, depending on the circumstances of the concern, ask the professional to complete a reflective piece specifically related to the nature of the concern. For example, we may ask them to tell us how they intend to address some performance deficiencies or how they have learnt from a particular matter. We would seek to involve the employer so there is broader practice-related learning not necessarily for one professional but for all in the working environment. This can either be submitted as part of their revalidation or separately depending on timing.

29. We want to raise awareness about **Voluntary Agreements**, which we can use to support professionals to address issues with their practice on a voluntary basis to ensure that any potential risk doesn't develop into a future patient safety issue. These are already in place and have assisted a number of professionals to remain in practice.
30. We will introduce an **information pack** for professionals experiencing health issues that don't pose a risk to patient safety. The pack will include resource materials to support those professionals with health issues and also direct them to others for support. This will also include learning from professionals who managed similar concerns and detailed sign posting information for sources of support.
31. We will proactively consider wider use of **voluntary removal** from the register in appropriate cases. This will allow those who wish to be removed and where there is no public interest in concluding the concern through normal fitness to practise processes, for example, if there is a serious mental health or personal issue.
32. Discussions with stakeholders indicated that **mediation** could be used as an alternative to formal fitness to practise procedures and that it could bring benefits to patients and the public as well as professionals. We understand it has been successfully introduced in other regulated fields. We are keen to explore mediation as an alternative outcome and want to understand more about how it might be used.

Supporting employers and those making referrals

33. We will develop and publish guidance, referral tools, templates and case studies for employers. This will help them understand what to refer to us and when they are better placed to manage concerns and resolve concerns quickly at local level where there is no immediate risk to patient or public safety. We will develop a web-based tool to share insights from concerns we see and how these are successfully resolved.

Strategic aim 2: Taking a person-centred approach that is fair, inclusive and free from discrimination and bias

34. Taking a person-centred approach will help us recognise that everyone is an individual with differing needs. It means we will be able to better understand the concern about the pharmacy professional. And it will enable us to understand the impact of our approach on those immediately affected such as patients, their families and carers, as well as the wider public and pharmacy professionals.
35. We have a responsibility to make sure that everyone understands our process so they have a clear expectation of what it can, and should, do for them and what it cannot. This openness and clarity, combined with treating everyone involved with dignity, respect, empathy and compassion, will help maintain public confidence in pharmacy and the regulatory process.
36. We know that when a concern is raised about a pharmacy professional it can have an impact on their mental health. A more person-centred approach can also help alleviate the impact on pharmacy professionals.
37. Being fair and inclusive at all times is important not simply because this is a statutory and regulatory requirement, but because we as a regulator can and should play our part in ensuring all aspects of pharmacy training, employment and service provision are fair, appropriate and

inclusive. We want to eliminate barriers to engaging with us once a concern has been raised but also when someone has a concern they want to self-report, for example a health issue.

38. We acknowledge that pharmacy professionals from BAME backgrounds are overrepresented in fitness to practise proceedings and that this is driven by disproportionate referrals to us across a range of sources. We need to have assurance in place that we are minimising and addressing risks of potential biases in our decision making. We also need to better understand why we receive a disproportionate number of referrals in the first instance and this latter point is addressed below under strategic aim 4.

How we will achieve this

Our website and communications

39. We will provide better information on the type of concerns we deal with and the process as well as an improved section on our website for submitting all concerns. We have already started work on revising our online content and online facility for submitting concerns. We will also revise all of our template communications in line with our tone of voice and style guide and learning from those that have been involved with a concern. Learning from other organisations will be taken into account, for example the NHS accessible information standard.

Our service promises

40. To help us provide a high level of service for those that we come into contact throughout the process we have developed some service *promises*.

We are committed to putting you at the centre of what we do. This means we will take a person-centred approach to fitness to practise. To do this we will:

Promise	What it means
Communicate with you clearly and tailor our communications to address your needs	We recognise that communication is a two-way process and we want to make it as easy as possible for you to understand all aspects of the fitness to practise process. We will actively listen and adapt our communication methods based on your needs, accessibility requirements and preference. We will try to contact you at a time and place that suits you. If you have a concern raised about you or you have raised concerns about another, you will have a dedicated member of staff assigned to the matter, who will be your main point of contact to answer any queries you may have. We will inform you of the likely timescales at the outset of the investigation and keep you updated throughout the process.
Explain what you can expect from us	We want to help you resolve your concerns appropriately and effectively. However, on some occasions there may be concerns that the GPhC can't address directly. When this happens, we will explain clearly why this is the case and will help point you in the direction of an organisation who can.
Handle your information with care	We will keep all personal and sensitive information confidential in line with data protection legislation. We will take extra care when

Promise	What it means
	handling information relating to health and protected characteristics. We may share health related information with other organisations who can offer further support, but we will discuss this with you before we do that.
Act with professionalism, kindness and respect at all times	Our staff are trained to act with courtesy, empathy and professionalism to help ensure concerns are managed appropriately and effectively.
Provide an accessible service to everyone involved	We want our stakeholders to experience a high-quality, transparent and accessible service that provides assurance to everyone that our fitness to practise processes are efficient and effective. In line with our Equality, Diversity and Inclusion commitment, we will ensure that our services are accessible and appropriate for everyone involved.
Listen and respond to feedback and use this to learn and improve our services	We are committed to providing a high-quality service, but if something goes wrong or we fall short of expected standards we want you to tell us about it. This will help us learn from our mistakes and improve our standards — we see this not as a nuisance, but rather as valuable feedback on the quality of our services. Equally if you have experienced great service from our organisation, or you feel someone deserves praise — we encourage you to let us know.

An assessment of needs once we receive a concern

41. We will develop an *assessment of needs* to make sure the person is at the centre of the concern once it is received.
42. This is a short assessment that records the needs of any person involved in the concern, for example, if the person that raised the concern is a family member of someone that has been harmed or the professional has a mental health issue or specific communication needs. It will also provide an initial indication of whether there are any potentially vulnerable witnesses who we need to treat more sensitively.

Being fair and inclusive

43. We will speak to professional and representative bodies and pharmacy professionals to improve our understanding about the potential barriers that may prevent groups and individuals, with one or more protected characteristics, being able to engage effectively with us. This will help us identify effective measures to address these barriers.
44. We are currently exploring the provision of lay advocacy services for patients, carers or witnesses who may need it.

45. We will also explore if there is more we can do for professionals who aren't legally represented, for example by providing access to, or awareness of, support through guidance or partnerships.
46. We have successfully held some remote hearings during the pandemic with the consent of everyone involved and the response has been positive whilst public protection has been maintained. We are keen to take the positive learning from this period and to hear stakeholders' views on the potential benefits of continuing with some remote hearings in future, including the types of circumstances when this might be appropriate.

Addressing discrimination and eliminating bias

47. We will continue to provide training on unconscious bias in decision making to all key decision makers across the process. We will also undertake a pilot project to scope unbiased Investigating Committee decisions. The pilot seeks to test a mechanism to potentially minimise unconscious bias in decision making by redacting references to personal characteristics like race and ethnicity from documents provided to the Investigating Committee.
48. We are developing our equality, diversity and inclusion strategy in parallel with this fitness to practise strategy and are committed to demonstrating how our approach to fitness to practise will support our EDI work.

Managing concerns about pharmacy professionals with mental health conditions

49. The mental health of a professional may form the basis of, or contribute to, a concern. A mental health condition may also affect an individual's engagement with support and the fitness to practise process, and being involved in the process can aggravate some existing mental health conditions. We need to enable the professional to engage with us so we can identify the appropriate outcome.
50. We will ensure staff are trained to understand the nature of mental health issues and manage conversations sensitively when a concern is raised, or a professional self-refers. We will consider whether the issue can be resolved appropriately outside of formal fitness to practise processes whilst still managing any risk to patient safety. This could be through a voluntary agreement, the provision of an information pack, a reflective piece or local support measures organised by an employer.
51. However, where a pharmacy professional's conduct calls into question their fitness to practise and they also have a mental health condition, their behaviour may need to be addressed by fitness to practise processes in tandem with support.

Personal experience statements

52. We will look at the physical and emotional harm that might have been suffered by a patient or family member involved in raising a concern. We may explore this during our initial enquiries or through a full investigation and it will help us understand the seriousness of any concern and help us arrive at the appropriate outcome. There are a number of benefits and challenges around how we take these personal experience statements into account as a concern progresses across the various stages of fitness to practise. We are keen to get a better understanding of the wider implications and appropriateness of their use.

Strategic aim 3: Shifting the perception from blame and punishment to openness, learning and improvement

53. Our engagement with stakeholders clearly indicated that there was a perception of punishment and blame and there is a reluctance for professionals to engage with the regulator. This means pharmacy professionals are likely to be concerned about how the regulator will view their fitness to practise no matter what the nature of any concern is. For example, they may be reluctant to report a dispensing error or self-report a health concern.
54. This failure to report or concealment of incidents can impact on patient safety and does not promote a professional culture of openness, learning and improvement.
55. We want pharmacy professionals to understand that learning and reflective practice is fundamental to professionalism. We know that when professionals are open and honest, and demonstrated they have learned from mistakes, it has helped promote a professional, just culture that will contribute to enhancing patient safety.

How we will achieve this

Knowledge hub for case studies, insights and sharing learning

We will promote a culture of learning, reflection and improvement when something has gone wrong. For example, we will develop a knowledge hub to share insights and learning from a number of aspects of fitness to practise. This will include case studies for employers about referrals and action taken to avoid the need for a referral. We will also publish anonymised cases where we haven't taken any regulatory action because effective local action or remediation measures were taken or because they are examples of good learning when something has gone wrong.

Continuous improvement

56. We want to include people who have experience of being involved in a concern to help us improve. We will seek feedback at various points, including when a case concludes, and from various participants, including witnesses, to ensure we continuously evaluate and improve the approach we take and the information we share.

Engagement with educators and employers

57. We want to help prevent things going wrong in the first place by promoting a better understanding of professionalism and the importance of learning and reflection and the purpose of fitness to practise. We will engage with educators, students and trainees by introducing new guidance for managing concerns in education and training. Supporting professionalism in this way could ultimately lead to more effective and safer healthcare practice and a reduction in concerns raised about pharmacy professionals.
58. We currently undertake engagement activities across Great Britain including inspectors and Directors for Wales/Scotland engaging with schools, educators and key stakeholders. We want to work more closely with communications colleagues to ensure shared learning from, and consistency of message across, all engagement.
59. We will explore how we can most effectively liaise and engage with employers and educators to do the following:
 - provide advice on issues related to fair and restorative regulation

- deliver events to share learning and good practice and to embed professional values and behaviours
- provide regular learning and feedback on fitness to practise issues including case studies on current and emerging issues.

Strategic aim 4: Taking account of context and working with others to address systemic issues

60. We need to look beyond the individual and see the wider context when we assess concerns. Regulatory action against an individual professional may not be enough, or necessary, to ensure that a wider problem and future public protection issue has been addressed. The root cause of an incident may lie with a wider system failing rather than an individual professional's behaviour. It is important that we consider all the relevant factors and risks around what went wrong, including assessing whether there are underlying system failures.
61. The wider context also includes changes in the role of the pharmacy professional, the scope and location of practice and how pharmacy services are delivered. Technological innovations, such as a shift to online services, and greater multi-disciplinary working demonstrate an evolving picture. We need to anticipate the impact of these changes and be prepared to manage any emerging issues.
62. Where appropriate, we need to engage with others to tackle wider systemic issues. For example, we are working with a range of other regulators to ensure we each play our part in ensuring the effective regulation of online pharmacy services. We have also been working with the Competition and Markets Authority during the pandemic to make clear our respective roles and responsibilities in relation to concerns about excessively high prices of essential products being sold in a small number of pharmacies.
63. The challenges we face as a regulator in developing good practice in effective consideration of equality diversity and inclusion are not limited to us alone, in particular why we receive a disproportionate number of BAME referrals in the first instance. Other regulators are facing similar challenges. We need to learn from the concerns referred to us, and influence and share learning with others within pharmacy, and the broader healthcare sector, to identify solutions to shared problems.

How we will achieve this

Consider the wider pharmacy context

64. We will consider the wider context within which the professional is working when we assess concerns and decide on the most appropriate way of managing them. This will help us understand if there is any alternative, or parallel, action we should take with our inspectorate.
65. We will use all available sources of information to inform our assessment of the risk to patient and public safety. This includes making sure that public protection risks are managed proactively and effectively by the right people, including our team of inspectors, by taking action focused on bringing an end to any risk caused by the way in which a pharmacy is operating.
66. We can also share intelligence about context with employers to support our work in developing a culture of openness, learning and improvement.

Work with other regulators

67. We will share information and engage with other regulators on parallel investigations to ensure we move our investigations forward as promptly and effectively as we can.
68. We will also learn from and share good practice with other regulators on embedding EDI in our approach to fitness to practise and explore opportunities for joint working where they're in the interests of public protection.
69. We need to improve our understanding of what drives the disproportionate referrals of BAME professionals and the context in which these referrals are made. During 2019/20 55% of the concerns we received were from members of the public, with 17% from other health care professionals and 7% from employers. We are considering collecting more data about the sources of concerns to help us identify appropriate action to address any bias that we identify.
70. We will work with others facing similar challenges to learn and adopt best practice to address disproportionate representation both when a concern is raised and throughout the process.
71. We will continue to improve our understanding of the impact of our approach and learn more about the approaches taken by other regulated healthcare professions to help us improve and be consistent where possible. For example, we will work with other regulators to understand and learn about upstream regulation activities that support professionalism and prevention. We will also continue to share regulatory good practice and align our approach with other regulators, where possible, as we work through the proposals for regulatory reform.
72. We will use our data to identify trends and factors that occur frequently in concerns and share these with others, including employers and other regulators, to help prevent issues occurring or recurring. We will also share intelligence with other regulators about the learning from concerns where there is multi-disciplinary team working or where pharmacy professionals work in developing settings, for example, general practice.

Strategic outcomes

73. In order to help us evaluate and measure the success of any changes we make, we have identified the following strategic outcomes which we aim to achieve by taking action as a result of this strategy:
 - patients and the public receive safe and effective care because pharmacy professionals are safe to practise and can get support to help them meet our standards when appropriate
 - professionals understand the importance of being open and honest and that by acknowledging any mistakes quickly this will minimise the need for a fitness to practise investigation
 - it is easy to raise a concern, understand the process and what it means to everyone involved
 - our decisions are clear, timely, free of bias, proportionate and address the cause of the regulatory concern
 - professionals, patients, the public and any witnesses feel confident and supported to engage in the process

- our stakeholders are confident we are taking appropriate action to address concerns, even if we do not pursue a formal fitness to practise investigation
- more concerns are resolved safely at an earlier stage through support, reflection and learning, without the need for a hearing
- only the most serious concerns reach a hearing.



Our strategy for managing concerns about pharmacy professionals

We want to improve how we manage concerns about a pharmacy professional’s fitness to practise so that we protect patients and the public and ensure public confidence while being fair to pharmacy professionals. This work will help deliver key parts of our ten- year vision and strategic plan 2020-25, including delivering effective, consistent and fair regulation and shifting the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy.

Current challenges

- Fitness to practise is still perceived as being overly **legalistic** and **adversarial**.
- Investigations into concerns about professionals are **lengthy**, can be **frustrating** for everyone involved and can result in **unintended consequences** such as impacting on the **mental health** of those we are investigating.
- How we engage with people, the method and tone of our communications, can have an **adverse impact**.
- The **support** people receive, particularly those who are vulnerable, can be hard to access.
- To the **patients, families, witnesses** and professionals involved, the current approach can be **confusing, inconsistent** and **slow**.
- For **employers**, it’s not always clear what amounts to a concern that should be referred to the regulator.
- We need to better understand why black Asian and minority ethnic (BAME) professionals are **disproportionately represented** in the concerns we receive and to assure ourselves that we are minimising and addressing risks of potential biases in our decision making.
- We need to understand more about the impact of a professional not having **legal representation**, or **not attending** a hearing, as our analysis indicates these factors can result in a more serious outcome.

We will focus on addressing these challenges by achieving 4 strategic aims....

Strategic aims

1.

Keeping patients and the public safe by using our full range of regulatory tools to prevent, anticipate and resolve concerns

2.

Taking a person-centred approach that’s fair, inclusive and free from discrimination and bias

3.

Shifting the perception from blame and punishment to learning and improvement

4.

Taking account of context and working with others to address systemic issues

How we will achieve this

We will:

- Make more enquiries once we receive a concern to ensure we investigate the right concerns and deal more quickly with those that can be resolved through alternative means
- Introduce a flexible range of outcomes to manage some concerns outside formal fitness to practise processes. These include a reflective piece for some concerns where there are health and performance issues, and voluntary agreements to support professionals to address issues with their practice to ensure that any potential risk doesn’t develop into a future patient safety issue
- Introduce an information pack to support professionals experiencing health issues that don’t pose a risk to patient safety
- Consider wider use of voluntary removal from the register in appropriate cases

We will:

- Provide better information on the type of concerns we deal with and what the process involves, as well as an improved section on our website for submitting concerns
- Revise our template communications in line with our tone of voice and style guide and learning from those that have been involved with a concern
- Develop service *promises* to describe the level of service people can expect throughout the process
- Assess the needs of people involved in a concern so that we understand and can be sensitive to any communication or health issues involved
- Engage with stakeholders to improve our understanding about the potential barriers that may prevent groups and individuals, with one or more protected characteristics, being able to engage effectively with us
- Explore the provision of lay advocacy services for patients, carers or witnesses who may need it

We will:

- Develop a knowledge hub to share insights and learning from aspects of fitness to practise to help promote a culture of learning, reflection and improvement when something has gone wrong.
- Publish anonymised cases where we haven’t taken any regulatory action because effective local action or remediation measures were taken or because they are examples of good learning when something has gone wrong.
- Seek feedback at various points in the process and from various participants to ensure we continuously evaluate and improve the approach we take and the information we share
- Engage with educators, students and trainees by introducing new guidance for managing concerns in education and training. Supporting professionalism in this way could ultimately lead to more effective and safer healthcare practice

We will:

- Consider the wider context within which the professional is working when we assess concerns and decide how best to manage them
- Use all available sources of information when we assess the risk to patient and public safety
- Learn from and share good practice with other regulators on embedding equality, diversity and inclusion in our approach to fitness to practise and explore opportunities for joint working
- Work with others facing similar challenges to learn and adopt best practice to address disproportionate representation of BAME professionals both when a concern is raised and throughout the process
- Continue to improve our understanding of the impact of our approach and learn more about the approaches taken by other

<ul style="list-style-type: none"> Discuss with stakeholders how mediation could be used as an alternative to formal fitness to practise procedures Support employers and those making referrals through guidance, referral tools, templates and case studies. 	<ul style="list-style-type: none"> Listen to stakeholders’ views on the potential benefits of continuing with some remote hearings in future, including the types of circumstances when this might be appropriate Undertake a pilot project to scope unbiased Investigating Committee decisions Ensure staff are trained to understand the nature of mental health issues and manage conversations sensitively when a concern is raised, or a professional self-refers Get a better understanding of the wider implications and appropriateness of the use of personal experience statements in fitness to practise procedures. 	<p>and a reduction in concerns raised about pharmacy professionals</p> <ul style="list-style-type: none"> Explore how we can most effectively liaise and engage with employers and educators to provide advice on issues related to fair and restorative regulation, to share learning and good practice and to embed professional values. 	<p>regulated healthcare professions. For example, we will work with other regulators to understand and learn about upstream regulation activities that support professionalism and prevention</p> <ul style="list-style-type: none"> Use our data to identify trends and factors that occur frequently in concerns and share these with others, including employers and other regulators, to help prevent issues occurring or recurring Share intelligence with other regulators about the learning from concerns where there is multi-disciplinary team working or where pharmacy professionals work in developing settings, for example, general practice.
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This work will help us achieve the following.....

Strategic outcomes							
Patients receive safe and effective care because pharmacy professionals are safe to practise and can get support to help them meet our standards when appropriate	Professionals understand the importance of being open and honest and that by acknowledging any mistakes quickly this will minimise the need for a fitness to practise investigation	It is easy to raise a concern, understand the process and what it means to everyone involved	Our decisions are clear, timely, free of bias, proportionate and address the cause of the regulatory concern	Professionals, patients, the public and any witnesses feel confident and supported to engage in the process	Our stakeholders are confident we are taking appropriate action to address concerns, even if we do not pursue a formal fitness to practise investigation	More concerns are resolved safely at an earlier stage through support, reflection and learning, without the need for a hearing	Only the most serious concerns reach a hearing

Values, conduct and behaviour: Social media guidance for Council members, associates and partners; and the procedure for managing complaints about Council members

Meeting paper for Council on 17 September 2020

Public

Purpose

To seek the Council's approval for guidance on the use of social media by Council members, associates and partners; and updates to the procedure for dealing with complaints against Council members

Recommendations

The Council is asked to approve the draft guidance set out at **Appendix 2** and the updated procedure set out at **Appendix 3**.

1. Introduction

- 1.1 As part of a review of various policies and procedures, the Council approved the *Values, conduct and behaviours for Council members, associates and partners* in December 2019.
- 1.2 During the discussion, members asked whether the guidance on communicating in public should be strengthened, taking account of relevant external guidance. This paper sets out the results of the work arising from that question.
- 1.3 Continuing the review of policies, we have also updated our procedure on managing complaints about Council members, to ensure that it remains fit for purpose and in line with relevant legislation and good practice.

2. Guidance on the use of social media

Current GPhC guidance

- 2.1 The guidance approved in December 2019, pending this further work, requires members, associates and partners to "use good judgement and communicate professionally in public or online" (paragraph 5.1e).
- 2.2 This is expanded later in the guidance (paragraphs 5.2-5.5) as follows:

“... Council members, associates and partners must use good judgement and communicate professionally when in public, or online. This includes maintaining confidentiality and privacy, when appropriate to do so.

When communicating in a public space such as at an event or on social media, members, associates and partners must understand and take into account that their opinions are likely to be interpreted as being representative of the GPhC, despite any efforts they make to point out that their views are their own.

Similarly, members associates and partners must understand and take into account that their behaviour is likely to be interpreted as being endorsed by the GPhC and reflective of its values.

It is therefore important that members, associates and partners think carefully about these risks before engaging in communications that may be associated with the GPhC or topics that could be related to the work of the GPhC and avoid being drawn into negative, unconstructive discussions or behaviours”

- 2.3 Later in the document, the policy emphasises that good corporate behaviour is characterised by members, associates and partners engaging in constructive challenge internally “while speaking with a single voice externally”.
- 2.4 In considering whether the guidance needs to be strengthened, we have looked at the guidance for GPhC registrants and explored guidance produced by a range of other bodies.

GPhC guidance for registrants

- 2.4 As part of the guidance accompanying the Standards for pharmacy professionals, the GPhC has issued guidance for its registrants on the use of social media. This guidance – *Demonstrating professionalism online* is attached at **Appendix 1** for reference.
- 2.5 Members of Council, associates and partners who are pharmacy professionals already have to comply with *Demonstrating professionalism online*. It therefore makes sense to refer to it when considering whether the guidance for members, associates and partners generally needs to be strengthened.

Guidance from other bodies

- 2.6 We have looked at the guidance produced by a number of bodies, including other healthcare regulators, the Bar Standards Board, the Cabinet Office, the Foreign and Commonwealth Office, a large NHS trust, the Local Government Association and the Welsh Local Government Association. We also reviewed the U.K. government’s Code of Conduct for board members of public bodies.
- 2.7 There is a high degree of similarity between what the various bodies require of their Council members/board members/councillors. Most advise thinking before posting, applying the same standards to posts that you would to communication in-person and checking the accuracy of information before re-posting or re-tweeting. They also caution users to remember that once something has been posted, it can be re-posted or re-tweeted numerous times and can be very difficult, if not impossible, to remove.
- 2.8 We found no prohibitions on the use of social media to discuss professional issues. Many organisations encouraged it as a way of engaging with registrants, residents and other audiences, increasing transparency through open dialogue.

Implications for GPhC guidance

- 2.9 On reflection, it does not appear that the GPhC guidance as set out needs to be strengthened, in terms of being made more prescriptive – it is broadly in line with the other guidance we have reviewed. However, we could usefully add some brief ‘do’s and don’ts’ to give extra clarity and to bring the guidance closer to that for pharmacy professionals and that issued by other bodies, recognising the distinct roles and responsibilities of a Council member.
- 2.10 Suggested wording, with the additions shown in red, is attached as **Appendix 2**.

3. Procedure for managing complaints about Council members

- 3.1 We have also drafted a new procedure on managing complaints about Council members as part of our regular review of governance policies and procedures. The new and refreshed procedure is attached at **Appendix 3**.
- 3.2 In the financial year 2019/20, we did not receive any complaints about Council members. However, it is important that our underpinning policies and procedures continue to be fit for purpose and in line with relevant legislation and other good practice.
- 3.3 The updated procedure sets out how we manage and investigate complaints about Council members where it is alleged or appears that the conduct of the member has fallen below the standards set out in GPhC’s Values, Conduct and Behaviour for GPhC Council Members, Associates and Partners. It is designed to ensure so far as possible a fair, consistent and proportionate approach to managing complaints.
- 3.4 The new procedure sets out a new informal route for resolution of minor or low level issues or concerns (on a voluntary basis), along with the existing procedure for referring certain matters to the Privy Council for consideration in line with its suspension and removal powers under the General Pharmaceutical Council Constitution Order 2010. Notwithstanding the different legal frameworks for formal resolution, the procedure for informal resolution aligns, where possible, with procedure for managing complaints about statutory committee members, to ensure broad consistency (previously approved by the Council).

4. Equality and diversity implications

- 4.1 Equality and diversity issues were considered when writing the ‘Values, conduct and behaviours’ document and also when carrying out this review. The changes suggested in this paper have no specific equality and diversity implications – they apply equally to all members, associates and partners.

5. Communications

- 5.1 Subject to approval by Council, we will update the policy on our intranet and website. The changes will also be highlighted to the associates and partners via their regular newsletter.

6. Resource implications

- 6.1 There are no specific resource implications associated with this review.

7. Risk implications

- 7.1 It is essential that the values, conduct and behaviours required of members, associates and partners are clear and reflect good practice. All policies must be published in an accessible format.

8. Monitoring and review

- 8.1 The Values, conduct and behaviour policy is due for review in April 2023, but all policies are kept under review to ensure that they remain consistent with legislation and good practice.

9. Recommendations

The Council is asked to approve the draft guidance set out at **Appendix 2** and the updated procedure set out at **Appendix 3**.

Janet Collins, Governance Manager
General Pharmaceutical Council

09 September 2020



Demonstrating professionalism online

The standards for pharmacy professionals set out the behaviours, attitudes, qualities and attributes that are expected of pharmacy professionals. Pharmacy professionals have the same responsibilities and obligations when interacting online as they do when interacting face-to-face.

Using social media

The GPhC expects pharmacy professionals to use good judgement and behave professionally when using social media.

Social media is a powerful way for pharmacy professionals to collaborate with their peers, colleagues and the general public.

But it can blur the boundaries between personal and professional use - always think about the

expectations and perceptions of patients, colleagues, and employers.

Remember that anything you say online can be easily copied and redistributed, and can be taken out of context. This can affect public confidence and trust in pharmacy professionals.

Be prepared to challenge poor behaviours and raise concerns with appropriate individuals or organisations when needed.

Do:

- act professionally
- treat people with respect
- maintain confidentiality and privacy at all times
- maintain proper professional boundaries
- think before you post, privacy settings do not mean that something will remain private and a statement that these are your own views means little in practice

Don't:

- bully, harass or intimidate
- unlawfully discriminate
- post inappropriate comments
- share information about patients or their care
- get drawn into negative, unconstructive discussions

Further guidance and resources

The Royal Pharmaceutical Society (RPS) has produced [**guidance on the use of social media**](#)

The National Pharmacy Association has issued [**advice on social media**](#) for its members

Proposed revisions to guidance:

- 5.2 Council members, associates and partners must use good judgement and communicate professionally when in public, or online. This includes maintaining confidentiality and privacy, when appropriate to do so.
- 5.3 When communicating in a public space such as at an event or on social media, members, associates and partners must understand and take into account that their opinions are likely to be interpreted as being representative of the GPhC, despite any efforts they make to point out that their views are their own. **Those listening to you speak or reading your posts may identify you as being associated with the GPhC even if you do not identify yourself as such.**
- 5.4 Similarly, members associates and partners must understand and take into account that their behaviour is likely to be interpreted as being endorsed by the GPhC and reflective of its values.
- 5.5 It is therefore important that members, associates and partners think carefully about these risks before engaging in communications that may be associated with the GPhC or topics that could be related to the work of the GPhC and avoid being drawn into negative, unconstructive discussions or behaviours.
- 5.6 **When using social media, remember that anything you say online can be copied or forwarded and taken out of context. Remember also that once something is posted, it can be very difficult to remove it – even if you delete a post, it may already have been copied or shared.**

DO:

- Act professionally online as well as in person;
- Think before you post: privacy settings do not mean that a post will remain private;
- Remember that your content is likely to be seen as reflective of or endorsed by the GPhC and statements that your views are your own mean little in practice

DON'T:

- Get drawn into negative discussions;
- Post anything which you would not be prepared to say in public;
- Risk undermining the principle of collective responsibility which applies to Council members;
- Post any content which could bring the GPhC into disrepute.

Managing complaints about Council members

GPhC00XX Version 1.0

This procedure sets out how we manage and investigate complaints about Council members



Policy/Procedure details

Policy reference	GPhC00XX
Version	1.0
Policy author	Laura McClintock, Chief of Staff
Approved for issue by	Council, 10 September 2020
Effective from	17 September 2020
Next review	10 September 2023

Version control tracker

Version	Approved date	Description of change	Amendments by
1.0	To be approved by Council on 17 September 2020	Overhaul and refresh of existing procedure, new format and template, set out new arrangements for informal resolution and clarified procedure relating to provisional suspension. Aligned procedure, where possible, to the process for managing complaints about statutory committee members for consistency.	Laura McClintock, Chief of Staff

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1. Introduction

- 1.1. This procedure sets out how we manage and investigate complaints about Council members where it is alleged or appears that the conduct of the member has fallen below the standards set out in GPhC's Values, Conduct and Behaviour for GPhC Council Members, Associates and Partners, or other core requirements such as our Standards of Attendance and Standards of Education and Learning for Council members.
- 1.2. We refer to "complaints" throughout this document. However, this procedure applies equally to circumstances where a concern about a Council member has come to the GPhC's attention without a formal complaint being made.

2. Purpose

- 2.1 This procedure is designed to ensure so far as possible a fair, consistent and proportionate approach to managing complaints about Council members, in line with relevant legislation.
- 2.2 Where possible, the preferred route will be informal resolution, with a focus on reaching a mutually acceptable outcome. However, there will be some circumstances where this is not possible or appropriate and more formal resolution is required. This document also sets out the procedure for referring matters to the Privy Council for consideration in line with its suspension and removal powers under the General Pharmaceutical Council (Constitution) Order 2010.

3. Scope

- 3.1 This procedure applies to complaints about all Council members (lay and registrant), including the Chair of the Council. It also applies to complaints about Council members sitting in their capacity as members of our non-statutory committees, namely the: Audit & Risk, Finance & Planning, and Remuneration committees.
- 3.2 Concerns about the individual performance or attendance of a Council member are usually dealt with through our training and appraisal processes. However, consistently poor attendance or performance which are not remedied through training and appraisal, or exceptionally poor performance, may mean that it is necessary to consider removing the Council member from office. It then becomes appropriate for the matter to be dealt with under this policy.

4. Exclusions

- 4.1 This procedure does not apply to complaints about:
 - Council policies or decisions
 - Other associates and partners, including statutory committee members (which are dealt with through separate procedures)

5. Responsibilities

- 5.1 The Council is responsible for approving this procedure.

6. Complaints procedure

Submitting a complaint

- 6.1 Anyone can make a complaint about a Council member. This includes stakeholders such as members of the public or registrants, as well as other Council members and employees of the GPhC.
- 6.2 Complaints about Council members are considered by the Chair of Council in line with this procedure.
- 6.3 Generally, complaints should be submitted to the governance team for the attention of the Chair in the first instance.
- 6.4 If the complaint relates to the Chair, or if the Chair is absent or otherwise unable to consider the complaint, an appropriate Chair of one of the non-statutory committees (Audit and Risk, Finance and Planning or Remuneration) will be asked to consider the complaint. References throughout this procedure to 'the Chair' also include a committee Chair who is considering a complaint about the Chair of Council.
- 6.5 Complaints should be sent to: feedback@pharmacyregulation.org.uk

Acknowledging a complaint

- 6.6 We aim to acknowledge complaints **within 3 working days**. We may ask for further information about any aspect of the complaint that we are unclear about.

Initial handling

- 6.7 As a first step, the Chair will decide if the complaint falls within the scope of this procedure. For example, it might be possible to address the issue by providing some further information or explanation from the Chair. Or, the complaint might need to be re-directed to another body, or process.
- 6.8 If the Chair decides that the complaint falls within the scope of this procedure, the Council member concerned will be informed about the complaint. Generally, this will be done **within 7 working days** of receipt.
- 6.9 The member will be advised of the procedure for handling complaints and that they may wish to seek advice or support from a source external to the GPhC. The member will have **7 working days** to respond to the complaint.
- 6.10 Where possible, the Chair will redact and/or anonymise the complaint, so as not to identify the complainant unnecessarily.
- 6.11 Where it is necessary to share the name of the complainant, or other identifying details, with the Council member, we will seek the complainant's consent to do so.
- 6.12 Information provided to the member about the complaint may also be redacted, e.g. if it includes personal information about another individual.
- 6.13 The Chair will not share the details of the complaint, or the identity of the person about whom the complaint has been made, more widely than is required for the purposes of the resolution or investigation of the complaint.

Possible options for resolution

6.14 The following options are available to the Chair following consideration of the complaint:

- **Close with no further action** - where the complaint or concern raised is about a minor issue, or if the Chair has sound reason to believe the complaint is of a vexatious nature
- **Stage 1 (informal resolution)** - where the complaint requires some action to be taken, but it is not sufficiently serious to warrant referral to Stage 2 (please note informal resolution will only conclude the matter if the Council member concerned consents to take part in the informal resolution)
- **Stage 2 (referral to the Privy Council)** - where the complaint is so serious that the Chair decides that resolution by informal means is not appropriate and the matter requires referral to the Privy Council (this may also include provisional suspension by the Council)

6.15 The Chair may request further information from the complainant or member before making a decision on the most appropriate course of action.

6.16 The complainant and member will be informed of the decision and the next steps as soon as possible (see more information on timelines below).

7. Stage 1: Informal resolution

7.1 The Chair may investigate the complaint or appoint another person to do this on their behalf. This might be, for example, a member of the GPhC governance team.

7.2 The preliminary investigation is not to make findings of fact. It is to establish if the complaint can be resolved through informal means, or whether there is an issue for the Privy Council to consider in line with its suspension and removal powers. If the preliminary investigation finds that the matter should be referred to the Privy Council for decision, it should also consider whether provisional suspension might be appropriate.

7.3 Where appropriate, the Chair will attempt informal resolution as the preferred option. This will only take place where the member consents to take part in the informal resolution. For example, if a concern relates to the way in which two people are working together rather than a more serious allegation of improper conduct, the Chair will seek to resolve the complaint through contact with the interested parties, taking into account any information they may wish to supply.

7.4 The outcome of informal resolution may include one, or a combination of, the following:

- a request to the member to make an apology;
- a requirement that the member should undertake additional learning, training or development;
- written advice from the Chair¹.

¹ Please note that this is informal advice to the member. For registrant members, it does not appear on the individual's register entry or fitness to practise history.

- 7.5 This is not an exhaustive list and the method of informal resolution and the outcome is at the discretion of the Chair, in line with relevant legislation.
- 7.6 Informal resolution will be concluded as soon as possible and generally within 3 - 4 weeks of the complaint being made unless, in the view of the Chair, further time is necessary.
- 7.7 Both parties will be informed of the outcome, in writing, as soon as possible once a decision has been made.

8. Stage 2: Referral to the Privy Council

- 8.1 Articles 6 and 7 of the General Pharmaceutical Council (Constitution) Order 2010 set out the circumstances in which the Privy Council may remove or suspend a Council member from office.
- 8.2 For example, a member must be removed from office by the Privy Council if:
 - the Privy Council is satisfied that the member's continued membership of the Council would be liable to undermine public confidence in the regulation of registered pharmacists or pharmacy technicians²;
 - the Privy Council is satisfied that the member's level of attendance at meetings of the Council falls below a minimum level of attendance acceptable to the Privy Council, having regard to any recommended minimum levels of attendance that the Council has set in its standing orders, and whether or not there has been reasonable cause for the member's non-attendance³;
 - the Privy Council is satisfied that the member has failed, without reasonable cause, to undertake satisfactorily the requirements with regard to education and training for members that apply to that member and which the Council has included in its standing orders⁴.
- 8.3 Where it has not been possible to resolve the complaint informally, or where the complaint is so serious that the Chair decides that resolution by informal means is not appropriate, the Chair may refer the matter to the Privy Council for consideration in line with its suspension and removal powers⁵.
- 8.4 If this happens, the complaint will be subject to the processes and timetables laid down by the Privy Council.
- 8.5 The Chair will also consider whether it is appropriate, necessary or justifiable to share the details of the complaint, or the outcome of the complaint, with any other regulatory body or agency. In each case, the Chair will consider whether it is in the public interest to do so. This includes consideration of the relevant law, our main objectives, and the interests of the individual concerned. In the case of a registrant member, this might include referring the complaint to the GPhC Concerns Team for consideration as a potential fitness to practise matter.
- 8.6 In such cases, the Chair may seek advice from the governance and legal team before proceeding.

² Article 6(1)j

³ Article 6 (1)g

⁴ Article 6(1)h

⁵ Article 6(3) provides that any member or employee of the Council may notify the Privy Council if they are of the view that the Privy Council may need to exercise its functions under paragraph (1) relating to removal from Office. In practice, this will be carried out by the Chair of Council, or the Chief Executive, in line with the Scheme of Delegation.

9. Provisional suspension

- 9.1 In line with its Standing Orders, the Council may provisionally suspend a member of the Council from office until the Privy Council has reached a decision on whether or not to suspend or remove the member.
- 9.2 Provisional suspension will be considered if circumstances arise which may result in a member being suspended or removed from office by the Privy Council under the Order.
- 9.3 Alternatively, the Council member may decide of their own accord not to take part in any Council activities until the Privy Council has reached a decision.
- 9.4 If the Chair is of the view that it may be appropriate for the Council member to be provisionally suspended under the standing orders, the Chair shall refer the matter to the Council for a decision.
- 9.5 The member will be notified of the proposal to suspend and the grounds for it and given an opportunity to state his or her case on why suspension is not appropriate. This information or statement will be shared with the Council, to inform its decision.
- 9.6 Any decision of the Council in favour of provisional suspension will have effect immediately. Any member who is provisionally suspended is not entitled to attend meetings of the Council or its committees, exercise any of the functions of a member, or otherwise participate in Council business. There is no route of appeal against provisional suspension.
- 9.7 If a member has been provisionally suspended, the Council is required by the Constitution Order to notify the Privy Council in writing of the provisional suspension as soon as is reasonably practicable.
- 9.8 If the Privy Council decides not to suspend or remove the member from office, the Constitution Order requires the Council to terminate the provisional suspension. In practice, termination of suspension will be confirmed by the Chair, or Chief Executive, in line with our Scheme of Delegation and this procedure.

10. Monitoring and compliance

- 10.1 The Council is responsible for reviewing and approving this procedure.
- 10.2 The numbers of complaints considered in line with this procedure will be reported to the Council on an annual basis, together with any key themes or learnings, where appropriate to do so.

11. Associated documentation

- 11.1 This procedure should be read in conjunction with the following legislation, policies and procedures, which are available on the GPhC website:
 - Pharmacy Order 2010
 - General Pharmaceutical Council (Constitution) Order 2010
 - Values, conduct and behaviours for Council members, associates and partners
 - Standing Orders of Council
- 11.2 Please contact the Governance team if you have any questions about this procedure at [**feedback@pharmacyregulation.org**](mailto:feedback@pharmacyregulation.org)



Diversifying Council membership: an updated approach to appointments and reappointments

Meeting paper for Council on 17 September 2020

Public

Purpose

This paper sets out the first step in our commitment to further diversify the membership of our Council, by updating our underpinning policy and approach to managing and recommending Council member and Chair appointments and reappointments, with a clear and positive emphasis on equality, diversity and inclusion.

Recommendations

The Council is asked to:

- a. approve the updated approach to managing and recommending Council member and Chair appointments and reappointments
- b. note the next steps and ongoing work in this area

1. Introduction

- 1.1 As the Council is aware, work is ongoing around the development of our new organisational equality, diversity and inclusion (EDI) strategy, which sets out our vision and direction for enhancing trust and confidence in the GPhC as a fair regulator, linked to our wider strategic and planning framework. It's designed to support our 2030 vision - safe and effective pharmacy care at the heart of healthier communities - looking at specific areas of our work through an EDI lens.
- 1.2 One of our key commitments is to continue to diversify the composition of our Council, ensuring that members are drawn from the widest and most diverse talent pools.
- 1.3 As a governing body, the Council needs to be credible through its performance and the mix of backgrounds, knowledge and skills of the members, not because members individually are representatives of certain 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. We also want to focus on attracting new talent and building a sustainable pipeline of future Council members.

2. Recent changes

- 2.1 For the 2019/20 appointments round, we developed and implemented a new Diversity Action Plan, to support the process of managing and recommending Council appointments and to demonstrate how we meet our equality obligations under the law, as well as our wider commitment to equality, diversity and inclusion at all stages of appointments process.
- 2.2 Our action plan was designed to help us identify the practical steps and actions that we could take, to attract a broad, diverse range of suitably qualified candidates, and reflected learnings, insights and feedback from the previous appointments round. As part of this work, we also reviewed the insights and learnings from recent external reports, inquiries and publications relating to diversity in public appointments and mapped these against our own action plan, and across the different phases of the appointments process.
- 2.3 For background information, a copy of the action plan implemented in 2019/20 is attached at **Annex A** (this was updated following the end of the appointments process on 1 April 2020).

3. What we know about our process

- 3.1 The power to make appointments to the GPhC Council rests with an external body - the Privy Council – which has responsibility for some of the affairs of certain statutory regulators such as approving legislative Rules or making Council appointments. In doing so, the Privy Council acts in accordance with legislation setting out, amongst other things, who may and may not be appointed to the Council and for how long they may serve. In most cases, the Privy Council's decision will be informed by advice from the Professional Standards Authority (PSA).
- 3.2 The role of the PSA is to advise the Privy Council on the processes used to select the candidates recommended for appointment. It is essential for the Privy Council to have confidence in the process that we adopt to make these recommendations before it makes its final decision.
- 3.3 The PSA scrutinises each appointments process carefully and advises the Privy Council whether it can have confidence in that process¹. In particular, the PSA consider the actions we have taken to meet our obligations under the Equality Act 2010 to have due regard to the Public Sector Equality Duty (PSED) in the appointments processes. The PSA also consider whether we have followed the principles of a good appointments process: merit, fairness, transparency and openness and inspiring confidence.
- 3.4 Our role is to assist the Privy Council to make the appointments by managing the processes to identify suitable candidates and recommending these candidates to the Privy Council for appointment. As part of this process, we are required to provide evidence to the PSA to demonstrate how we have complied with relevant legislation, guidance and principles.
- 3.5 Additionally, for each new round, an independent panel member (IPM) is appointed, to provide external and independent assurance to the PSA that the relevant principles have been followed. The IPM provides a detailed report on how the end-to-end process has been conducted, to support PSA scrutiny and subsequent advice to the Privy Council.

¹ All appointment recommendations are carefully scrutinised under section 25C of the National Health Service Reform and Health Care Professions Act 2002.

- 3.6 Over the past 2 years, we have substantially updated and strengthened the processes we use to identify and recommend candidates, including the equality and diversity aspects of this work.
- 3.7 Given the outcome of recent PSA scrutiny, we know that our overall processes are fair and appropriate, and that they meet all of the PSA principles of a good appointments process.
- 3.8 For example, as part of its formal oversight in 2019/20, the PSA reported that *“the approach that you are using appears very robust, something that was echoed in the IPM’s positive report. It should, therefore, be possible when you approach your next appointments process to report more selectively, for example to tell us where you intend to follow a similar process to that you have followed in recent years and provide greater detail only where this is varied”*.

4. What we know about applicant diversity

- 4.1 In the last two appointment rounds, we worked with an external search agency to avoid any direct, associative, perceptive or indirect discrimination and to increase the diversity of the candidate talent pool. Potential agencies were required to set out, through their tender bids, how they could help us to attract the broadest and most diverse range of candidates, and work in line with our commitment to equality, diversity and inclusion.
- 4.2 In the most recent round, the search agency developed a comprehensive diversity strategy, to ensure that we attracted a high-quality candidate list across the roles, which are diverse in all senses, including a good proportion of well-qualified senior women, and individuals from under-represented or minority backgrounds. This included a detailed set of practical steps, for example, reaching out to individuals championing diversity and inclusion in their own field, and consulting power and business lists created to document effective and successful leaders from minority communities. This work also included a refreshed advertising strategy, including online platforms that specifically appeal to under-represented demographics, on top of the standard advertising destinations.
- 4.3 Our recruiters also collect data about the diversity of applicants at each stage of the appointments process and we provided this, on an anonymous basis, to the Professional Standards Authority as part of its scrutiny of our processes². The information is also used to help improve future assessments as it enables us to assess more robustly the likely impact of our processes on individuals who share certain protected characteristics, and to review our performance in relation to equality and diversity more widely. Candidates are advised from the outset that diversity monitoring data is not used in the selection process and is kept separate from their main application forms.
- 4.4 Based on recent data, we receive a relatively large number of applications in comparison to the small number of vacancies that become available when existing members complete their terms of office³. We also know that we attract a diverse mix of candidates in the broadest sense for each recruitment round, including those who share certain protected characteristics. And, we know that we are attracting candidates with a broad range of skills and experience.

² This includes initial application, longlisting, shortlisting and final interview stages

³ We received 224 applications for 5 vacancies in 2018/19 and 150 applications for 3 vacancies in 2019/20

- 4.5 However, we also know that we are attracting low numbers of applications from certain groups. In 2019/20, we received a very small number of applications (<10) from self-declared Black-African and Black-Caribbean candidates, in comparison to applications from other groups overall. Working with our stakeholders to understand the potential reasons for these low numbers of applications as well as identifying ways to change this for future appointment rounds will form a key part of the work we have described below.

5. Next steps

- 5.1 Increasing the diversity of our Council is a key priority going forward, linked closely with our developing EDI strategy.
- 5.2 As an initial step, we have updated our policy and approach to managing and recommending Council member appointments and reappointments, with a clear and positive emphasis on equality, diversity and inclusion at all stages of the process.
- 5.3 The new policy reflects the changes that we introduced through our Diversity Action Plan in 2019/20 and includes a new set of guiding principles to underpin the process, to ensure that we are not creating any unnecessary barriers and support diversity in appointments more widely.
- 5.4 Whilst it is essential that we have the appropriate governance framework place to support diversity in membership, we recognise that this is only a small step in a much larger and ongoing piece of work. Going forward, we will work to:
- Align our work on diversifying the composition of our Council with the organisation's wider equality, diversity and inclusion strategy;
 - Focus on attracting new and diverse talent, building a sustainable pipeline of potential Council members;
 - Build on our existing Diversity Action Plan for appointments, taking account of stakeholder views and perspectives;
 - Identify any additional areas of focus for the future, as part of our wider strategy development; and,
 - Consider the impact of planned regulatory governance reform on this work.
- 5.5 The new policy is attached at **Annex C**. For clarity, the strengthened requirements relating to equality, diversity and inclusion are highlighted.

6. Communications

- 6.1 The updated policy will be published on our website along with our other core governance policies and procedures and will be shared with potential candidates as part of the application process for future recruitment rounds.

7. Resource implications

- 7.1 This paper does not raise any specific resource implications at this stage.

8. Risk implications

- 8.1 Having a clear and transparent policy on Council appointments and reappointments helps to demonstrate how we meet our equality obligations, as well as PSA requirements. Being

open about how the process works should also help demystify the process to potential candidates and explain how the appointments process works practice.

9. Monitoring and review

- 9.1 In line with our usual governance processes, our policies and procedures are kept under regular review, and updated in line with scheduled review or other good practice or legislative change.

10. Recommendations

The Council is asked to:

- c. approve the updated approach to managing and recommending Council member and Chair appointments and reappointments
- d. note the next steps and ongoing work in this area

Laura McClintock, Chief of Staff
General Pharmaceutical Council

03 September 2020

Council member appointments 2019/20

Diversity Action Plan

Version 3 – updated following the conclusion of the appointments process in April 2020

“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 Council appointments in 2019/20 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 Diversity Action Plan is 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 reflects learnings, insights and feedback from the previous appointments round as well as recent reports in the external context that are relevant to our work.

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

Action	Details	Complete
Initial planning and development		
Assess the equality impacts at all stages of the recruitment process, from planning through to implementation and beyond	We considered equality, diversity and inclusion themes as part of our initial planning for this recruitment round, leading to the development of this Diversity Action Plan. We also considered these themes at all stages of the process through to the appointments being made in April 2020.	✓
Consider and review insights and learnings from recent and relevant reports, inquiries or publications relating to diversity in public appointments	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 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 as well as information from the Ethical Standards Commissioner and the Scottish Government. We also reviewed diversity strategies from other organisations, to take account of good practice and other innovative ideas on appointments processes.	✓

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

Action	Details	Complete
	Additionally, at its workshop on 13 June 2019, Council members received a presentation that highlighted some of the diversity statistics relating to external public appointments across other sectors and jurisdictions. This included information about the Government's aspirations for 2020 that 50% of its own public appointees should be female and 14% from ethnic minorities.	
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	Although the recommendations in the Lord Holmes Review are primarily for the government, we have nevertheless reviewed this carefully as the learnings and themes are still relevant to our own 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. And, we summarised the key insights and learnings at Annex A and explained how we incorporated relevant aspects into our own processes through this Diversity Action Plan.	✓
Review and follow the updated PSA Good Practice in Making Council Appointments guidance (revised March 2019)	We are required to follow the PSA guidance at all stages of the recruitment and appointments process. We reviewed the revised guidance published by the PSA. Our Council policies and procedures have been updated to reflect the current guidance and these were approved by Council at its meeting on 16 May 2019. Additionally, Council members received a presentation on the current PSA requirements at its workshop on 13 June 2019, specifically focussing on good practice requirements on selection criteria and competencies, including equality and diversity considerations.	✓
Review of selection criteria and competencies		
Ensure that our core competencies and selection criteria have been reviewed and, where appropriate, any changes identified from the 2018/19 process, to increase accessibility and to 'widen the net' to attract more applicants	<p>All Council members have taken part in a skills audit, to develop revised competencies and criteria for the 2019/20 recruitment round. This included participating in a workshop exercise on 13 June 2019 and completing a bespoke self-assessment form. The results will be discussed at the Council meeting on 11 July 2019 and Council will approve the revised criteria and competencies for 2019/20.</p> <p>As part of the review of the criteria and competencies, Council members considered equality and diversity aspects, 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). See Annex A below for additional considerations relating to disabled candidates, as highlighted through the Lord Holmes Review.</p> <p>Update: Council approved the revised criteria and competences at its meeting in July 2019 as planned (see separate Council paper), and these were added to the updated candidate packs and used throughout the recruitment process in 2019/20.</p>	✓
Candidate packs and application forms		
Review candidate pack and application forms and produce an accessible application form (available in different formats	We worked with our Communication team to review the content and formatting of advert and application pack, to make sure they are accessible, clear and inclusive. Additionally, we are in the process of seeking feedback from patient and public representatives on the pack, to 'test' this with real	✓

Action	Details	Complete
on request), including clear guidance for all potential candidates	<p>life readers. We also added stronger and clearer messages about our commitment to equality and diversity in the candidate pack and supporting materials.</p> <p>Following feedback from some of last year's candidates via our executive search agency, we also made the wording around the desirable criteria even clearer. And, we amended the application forms, to make it explicit that candidates do not have to complete each box relating to the desirable criteria, to avoid any potential confusion.</p> <p>Update: We shared the draft candidate pack with an informal testing group of public and patient representatives as planned. The feedback received was broadly positive, with testers reporting that the pack was clear, easy to read and understand and that it outlined the recruitment process in sufficient detail. One reader commented that the candidate pack showed the organisation's commitment to fairness and equal opportunities for all, and others commented positively about the adjustments section. We also heard some suggestions for improvement, for example, removing some areas of duplication or explaining some of the more technical elements. These suggestions were taken on board and incorporated into the final candidate pack before publication.</p>	
The selection panel		
Ensure that the newly formed candidate selection panel understands and demonstrates a commitment to equality, diversity and inclusion	<p>The selection panel was reconstituted this year, with a new Chair and a new registrant member. We discussed what is expected from selection panel members with each new panel member and we will continue this liaison throughout the process. The Council Chair will also continue to raise awareness of our commitment to EDI with all new selection panel members in advance of the recruitment starting and outline what is expected from them as panel members throughout the process.</p> <p>Update: we produced multiple information packs and guidance notes for the selection panel, to ensure that they understood and followed the correct procedures throughout the process (for example, the processes to ensure the anonymity of candidates until the final interview stage as well as how to identify, manage and record conflicts of interest). We also had a number of one-to-one briefing meetings with the selection panel, to ensure that they understood fully the end-to-end process as well as their respective roles.</p>	✓
Increase the diversity of our selection panel, specifically by appointing a BAME member to the panel	We increased BAME representation on the selection panel for the 2019/20 appointments round.	✓
Executive search agency		
Use an external search agency to avoid any direct, associative, perceptive or indirect discrimination and to increase	Council agreed the overall process for appointments at its meeting in May 2019, which included the use of an external agency. The tender process concluded on 2 July 2019.	✓

Action	Details	Complete
the diversity of the candidate talent pool		
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	<p>The tender document has been published and this includes 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.</p> <p>Update: Saxton Bampfylde were successfully appointed for the 2019/20 recruitment round. Their bid included a comprehensive diversity strategy, to ensure that we attracted a high-quality candidate list across the roles, which are diverse in all senses, including a good proportion of well-qualified senior women, and individuals from under-represented or minority backgrounds. This included a detailed set of practical steps, for example, reaching out to individuals championing diversity and inclusion in their own field, and consulting power and business lists created to document effective and successful leaders from minority communities. This work also included a refreshed advertising strategy, including online platforms that specifically appeal to under-represented demographics, on top of the standard advertising destinations.</p>	✓
Attracting talent: advertising strategies		
Design and launch our communications and advertising campaign to ensure broad appeal and to identify a diverse field	<p>The 2018/19 recruitment closed with 224 applications, including a good diversity of application by declared characteristics (33 did not provide a diversity form). We want to encourage this diverse mix of candidates for the 2019/20 round. We worked closely with our Communications Team to design a bespoke Communications Plan. This was 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 or with certain experience and skills which may be underrepresented on Council, and candidates from Scotland* - 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 covered 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 - Webinar (see below for more information) <p>We will also raise awareness of the benefits of being a Council member among those who have the potential and the aspiration, but may not be aware of the opportunities available, for example, by sending information about the role to organisations and charities that we have linked with</p>	✓

Action	Details	Complete
	<p>previously. Some new examples have been identified in the recent reports and we will include these in our stakeholder lists.</p> <p>*Whilst we wish to encourage candidates from a wide geographical spread (and across all three countries that we regulate), we must recommend a candidate this year who lives or works wholly or mainly in Scotland in order to maintain the balance required by the Pharmacy Order 2010.</p>	
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 last year's process (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 appointments 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 through the planned review of our core competencies and selection criteria.	✓
Increase the visibility of appointees who share certain protected characteristics through outreach, events and social media	<p>Last year, we published experiences from existing Council members. We will include more 'real life' experiences in this year's campaign, primarily through our webinar and Q+A (see below for more information). We have also identified some new networks and organisations this year that may reach/engage with potential candidates, to ask them to help promote the opportunity through their networks.</p> <p>Update: we added different Council member profiles and personal reflections (including photos) to the candidate pack, so potential applicants could learn about the existing members and their different backgrounds and experiences. This was also designed to encourage people to apply who may not otherwise have done so.</p>	✓
Host a webinar to de-mystify the recruitment process and to encourage a wider pool of candidates to apply	<p>This year (in a change from last year's process) we will run a new style webinar, to garner interest from potential candidates and try to dispel some of the myths about the process and the role, and to try to encourage a more diverse range of candidates to come forward to apply. Our webinar will also give candidates an opportunity to ask questions and meet some of our current or former members. The webinar will be hosted in the evening, to reach a wider audience, and will also be available after the event, for those who are unable to watch this 'live'.</p> <p>Update: This year, we produced a new video, to help promote the roles and existing members talked about their personal experiences, and encouraged people to apply, even where they think the role might not be for them. The video is available on YouTube here: https://youtu.be/_guakd0omac– we shared this on social media, through the job listing, and with our recruiters.</p>	✓

Action	Details	Complete
	<p>We also produced a new press release, which highlighted our commitment to diversity and how we want to promote it on our Council. This included a clear statement that it is important that Council members are drawn from the widest possible talent pools, bringing with them different life experiences, ideas and perspectives, to inform our discussions and decisions. We encouraged anyone who meets the criteria to apply, even if they have not held this type of role before. The press release was published online and through social media - https://www.pharmacyregulation.org/news/gphc-recruiting-three-new-council-members</p>	
Produce some 'top tips' on how to succeed at competency-based interviews, to help support candidates who may not feel that these roles are for them, or have not been successful in the past	<p>Last year, our executive search agency provided ongoing guidance and support to candidates throughout the process, in order to help them feel prepared for the interview stages.</p> <p>We will work with the agency this year, to consider what more we can do to provide appropriate support and encouragement to help candidates understand and feel more prepared for the application and interview process.</p> <p>Update: Throughout the process, our recruiters were committed to supportive candidate handling, particularly for candidates with less experience at Council /Board level. This included spending time on the phone with candidates, pitching this role in a way that draws on their skills and motivations, and giving them time to consider the role properly, builds their interest and increases their motivation to be part of the field.</p> <p>Our recruiters were particularly mindful of speaking with candidates from varying backgrounds and advocating for the roles appropriately, tailoring their approach and ensuring they took the time to explain why individuals from differing backgrounds would present a good fit. They were conscious of societal parameters which may restrict an individual's thinking regarding their relevance to the role and took necessary steps to explain the process fully and show flexibility when necessary, guaranteeing it didn't feel restrictive to potential candidates from a different background or with disabilities.</p>	✓
Update our social media and other online pages to ensure that those who want to understand more about the opportunities available	<p>Last year, we directed enquiries about the role to our external search agency. 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.</p>	✓
Develop the networks through which we raise awareness of public appointments and provide support for candidates	<p>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.</p>	✓
Ensure we reach a wide social and geographic spread	<p>We have particular country needs for our 2019/20 round, in order to maintain the constitution of our Council, as required by statute. This year, our communications campaign includes steps to attract candidates from Scotland in order to maintain this balance. We will also try to encourage</p>	✓

Action	Details	Complete
	<p>others from a wide social and geographical spread to apply, using our communications and advertising campaign.</p> <p>Update: A departing Council member who is based in Scotland worked with us to produce a blog, to highlight the importance of bringing the different country experiences to the Council, and this was published by Pharmacy in Practice (which is a Scottish publication). This was designed to encourage candidates who are live or work primarily in Scotland to apply (to maintain the current balance required by statute).</p>	
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	<p>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.</p> <p>Update: this resulted in one request from a potential candidate to attend a Council meeting and this was facilitated by the governance team.</p>	✓
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 the 2018/19 round, indicating that the adjustments were managed well and that the GPhC was very accommodating of these different needs. See Annex A below for more information about how we will further update our approach to offering adjustments.	✓
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.	✓
Ensuring the selection and decision-making processes are objective, fair and unbiased with robust independent quality assurance established.	<p>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.</p> <p>Update: the PSA confirmed to the Privy Council that it could have confidence in our process following its scrutiny checks and receipt of an independent report that we had followed the principles of a good appointments process.</p>	✓

Action	Details	Complete
Declaring and recording where a candidate is known by a member of the panel (in a professional and/or personal sense)	<p>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.</p> <p>Update: all declarations were appropriately identified and recorded, with advice from the governance team as appropriate. Panel members also received briefing notes on conflicts in advance of the process.</p>	✓
EDI monitoring		
Continue to collect, monitor and report on diversity data.	<p>Our recruiters will collect this data and produce a diversity statistics report at the conclusion of the process.</p> <p>Update: our recruiters have continued to monitor the diversity statistics of candidates at all stages of the process. The monitoring results were provided to the Professional Standards Authority, as part of the oversight and scrutiny processes. For our 2018/19 recruitment round we had a total of 224 applicants (for 5 Council member places) with 33 not providing a complete diversity form. This year, we had 150 applications (for 3 Council member places). This represents an increase of applications per place. We also received applications from a diverse range of candidates, although this is an area we will continue to focus on for future recruitment rounds.</p>	✓
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.	✓

Annex A: Applying the insights and learnings from the Lord Holmes Review on ‘Opening up public appointments to disabled people’

“Opening up public appointments to disabled talent is not looking to give anyone an unfair advantage. An equitable, inclusive, fully accessible and positive process puts everyone on the same start line. It allows everyone to run whatever race they choose with fairness, dignity and respect throughout...”

The recommendations in the report are focussed on increasing the number of disabled applicants, interviewees and appointees. However, I believe that they could have general applicability and benefits in many situations, across public appointments and to all talent acquisition and recruitment practices”²

² Lord Holmes of Richmond MBE, Lord Holmes Review: ‘Opening up public appointments to disabled people’

Table B: Summary of key insights and recommendations from the Lord Holmes Review

The independent Lord Holmes Review explores how to open-up public appointments to disabled people. Although the recommendations in the report are primarily for the Government, we have nevertheless summarised some of the key insights and considered how these might apply to our own work.

Insights from the Lord Holmes Report	How we will apply the recommendations to our work	Complete
Attracting and nurturing talent		
Public appointments over rely on the Centre for Public Appointments website, appealing to a self-selecting group. The review considers options to look further and harder for disabled talent, and combat the perception that public appointments are “not for people like them”	<p>We will use different mechanisms and channels to promote opportunities to a wide range of candidates. We will also discuss with the executive search agency how they will help us to identify disabled candidates, for example, through the Disability Network.</p> <p>Update: we provided adjustments for candidates with different disabilities through the process.</p>	✓
Application packs and job descriptions		
Most applications are submitted via email, or sometimes less accessible third party online portals	<p>We promote our candidate packs and supporting materials in a variety of formats. We will also work with our executive search agency to make sure that candidates are able to access the website and supporting materials easily, and that this does not put candidates off from applying.</p> <p>The report highlights the use of online tools and toolkits to ensure packs are accessible, and suggests that departments should test packs against existing free-to-use tools on GOV.UK related to WC3 standards, openness to neurodiverse candidates and free online guidance on making applications accessible. As discussed above, we have taken a number of steps this year, to test the accessibility of our candidate packs and materials.</p>	✓
Not all packs offer alternative application methods	<p>We offer a point of contact and advice for candidates who may require an alternative form of submission, to ensure that we are not excluding potential candidates at the first hurdle. We will continue to offer preliminary interviews for candidates, including arrangements for Skype interviews where this is better for the candidate (and we have updated our candidate pack to make it explicit that this will not disadvantage those candidates).</p> <p>The report indicates that appointing departments should be open to alternative means of application and assessment, and that the Government should commission, analyse and publicise pilot recruitments innovations such as video or audio submissions, short pre-interview phone discussions, free-form submission in any text format. We will follow the outcome of any Government work in this area and feed this into future campaigns.</p>	✓

Insights from the Lord Holmes Report	How we will apply the recommendations to our work	Complete
Not all packs expressed openness to disabled applicants	<p>The report indicates that simple statements can have a positive impact such as <i>"says applications from disabled people welcome"</i>, <i>"disabled applicants will be equally considered"</i> and <i>"demonstrate a genuine welcome to candidates with disabilities"</i>.</p> <p>We updated our candidate pack to reinforce these positive messages and ensure that the language is purposeful, positive and welcoming about disabled candidates, inclusion and adjustments. We also checked to ensure that the language used in packs continues to be appropriate and we will avoid outmoded or overly legalistic text concerning disability.</p>	✓
All offered adjustments, but the language and approaches were inconsistent	<p>Our candidate packs already ask potential candidates to let us know if they need any adjustments at any stage of the appointments process and that we will provide ongoing support / adjustments for candidates who are successful. We will also:</p> <ul style="list-style-type: none"> - Ask in advance if any adjustments are needed for people to participate fully - Be clear on how candidates can make requests, who would consider them and what information is needed - Be positive and supportive about honouring adjustments (the report found that a lack of clarity about whether (and if so, which) costs would be met and whether adjustment requests would be honoured played on the minds of some people: <i>"it's tiresome to apply not knowing if you're going to get the adjustments you need"</i>) 	✓
Selection criteria favour experience, sector and seniority, with less emphasis on skills, output and lived experience. This counts against many disabled peoples' nonstandard CVs	<p>On a positive note, our existing criteria and core competencies do not include academic qualifications, particular degrees, or specified lengths of service in a particular sector, which the report indicates candidates can often perceive as being required. We have also received feedback from our executive search agency that compared to some organisations they worked with, our criteria and competencies are very open and focus on skills and abilities, which enables candidates to give broad examples.</p> <p>We considered this issue as part of our skills audit and revision of our criteria and core competencies, to see if these can be pared back any further. We asked Council members to think about how the criteria might be perceived by people are more likely to have "non-standard CVs and education histories" and whether improvements could be made.</p>	✓
Interviews and beyond		
Most appointments rely on one-off panel interviews - this can embed disadvantage for disabled applicants	<p>The report suggested that appointing departments should consider more open and innovative selection processes than one-off panel interviews and has asked the Government to commission, analyse and publicise pilot selection processes. Proposed alternative methods could include: • job trials • mock board meetings • extended shadowing of the board or the whole organisation • board paper exercises (shared in accessible formats in advance) • multiple two-person interviews • considering applications with equal weight to interview • offering phone or online video calls as standard.</p>	✓

Insights from the Lord Holmes Report	How we will apply the recommendations to our work	Complete
	<p>Prior to answering competency-based questions, we already ask candidates to do a board paper exercise and to give their perspectives / reflections on what they have seen (with advance thinking and reading time). This enables candidates to settle into the interview and bring their own broader, perspectives and ideas to the discussion. We also inform candidates about the structure and format of the interview at the very outset, including in the initial candidate pack. We also prepare the materials in other formats to support candidates who need adjustments.</p> <p>We will follow the outcome of any Government work to ensure that this is fed into future campaigns.</p>	
The experience-focused, competency-based panel interview	<p>The report indicates that allowing disabled candidates space in the process to show what skills they have developed and impact they can have is crucial. The reports also suggests that a rigid panel format can stymie this: <i>"I remember one interview for a public appointment, I wanted to tell them about my lived experience ... but there was no opportunity to do this"</i></p> <p>We will ensure that our selection panel understand how to allow candidates the space to show their skills and experiences and consider this feedback as we review our interview questions for the 2019/20 round.</p>	✓
Contributors to the review expressed scepticism of Disability Confident, but many agreed it is "vastly better than what we had"	<p>The report recommended that all public bodies should be Disability Confident by summer 2019. All should have a Disability Confident level and display this on their websites and application packs and have a clear pathway to progress up the levels. The report found that people felt it was better for an organisation to have a Disability Confident rating prominent in job packs than not. It shows that the employer has engaged with the issue on some level and wants to display this to potential candidates.</p> <p>We provided messages about the support we can offer to candidates in the candidate packs and in our communications campaigns. We have also provided disability awareness training for staff about how to support people who need adjustments.</p>	✓
Examples of poor adjustments, interview etiquette and feedback suggest low disability awareness and lack of disabled representation on panels	<p>Throughout the appointments process in 2019/20, we will follow the good practice suggestions recommended in the report, including:</p> <ul style="list-style-type: none"> • Be proactive – if adjustments have been requested, contact the interviewee in advance to plan ahead (e.g. find out how best to meet a candidate's needs as soon as they are shortlisted and not just in the week of the interview) • Be guided by the individual – do not make assumptions about what adjustments they need. • Consider that access is more than physical – is the room or alternative facility appropriate and giving the candidate the same opportunity as everyone else? • Costs –plan and budget for the potential costs. 	✓
Better training and awareness for boards and panels, and recruit and train	Evidence received by the review suggests that the common thread between poor adjustments and poor interview etiquette is a lack of basic disability awareness.	✓

Insights from the Lord Holmes Report	How we will apply the recommendations to our work	Complete
more disabled independent panellists.	<p>We will consider these insights as part of our process to constitute our new selection panel and identify any additional training needs. We will also seek advice and guidance during the process, if this is needed to support any candidates with particular needs.</p> <p>Update: we made adjustments for two different candidates, to ensure that they were able to take part fully in the interview process, and that they felt comfortable and supported throughout the process. We did not need any specialist advice or guidance to support these candidate needs. Both candidates provided positive feedback on how they had been supported.</p>	
Data collection and transparency		
Issues in reporting rates remain: appointees are seldom asked again, the form is inconsistently used, there is no mandation and there is imperfect accessibility.	<p>Existing disability data is collected at application through a diversity monitoring form. We explain clearly in our candidate pack that data is not used in the selection process and will only be used for statistical purposes, and for us to review our performance in relation to our equality, diversity and inclusion responsibilities. We also encourage candidates to complete the form and make it clear this does no prejudice their application in any way, and that the data will be treated carefully.</p> <p>We shared our Diversity Action Plan with the EDI team at the GPhC and highlighted the findings from the Lord Holmes report in relation to data and transparency.</p>	✓
Retention		
While beyond scope of the review, contributors shared concerns about retention of disabled public appointees	<p>Concerns identified in the review were based on: a lack of adjustments to accommodate new disabled members, access issues, unconscious bias, and pressure to represent 'the disabled' on their committee. The review urges Government to examine retention statistics and consider if further work is needed to render board culture and practice more disability friendly.</p> <p>We will follow the outcomes of any future Government review in this area and consider how to apply any insights or learning to our own work.</p>	Ongoing
While out of scope of the Lord Holmes review, contributors shared consistent messages about expenses and remuneration	<p>The report indicated that a lack of expenses or funding for adjustments adversely affected applicants and appointees, and unremunerated posts were more likely to exclude disabled applicants. The review urges Government to examine the outcome of GEO's Access to Public Office scheme.</p> <p>Council members posts continue to be remunerated and the rates are reviewed on an annual basis, taking into account benchmarking from across the wider sector and other relevant considerations such as how the remuneration might impact on attracting new or more diverse candidates the role.</p> <p>We sought advice on this issue from our executive search team last year. We were advised that raising remuneration has an impact in terms of increased general interest, including, but not specifically, from candidates from diverse backgrounds. More money makes these roles more attractive for everyone, not disproportionately more interesting for people from diverse backgrounds.</p>	✓

Insights from the Lord Holmes Report	How we will apply the recommendations to our work	Complete
	<p>Additionally, we received no negative feedback, either directly or through the search agency, that the remuneration had put candidates off from applying in last year's round.</p> <p>Update: We did not receive any negative feedback from this year's candidates (2019/20) about the levels of remuneration, or associated issues.</p>	

Council member and Chair appointments and reappointments

GPHC00XX Version 1.0

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



Policy details

Policy reference	GPHC00XX
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	To be approved by Council on 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 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 the confidence of different groups. The PSA guidance provides detailed information 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)

Annex A: Role of the Chair and essential criteria (example only)

The Chair is responsible for:

Leading Council

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

Governance

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

Stakeholder engagement

- Playing a key role in representing the GPhC, developing and managing positive, productive, collaborative and influential relationships at all levels, including relationships with key senior

stakeholders within and outside of the professions and accounting for GPhC performance to key senior stakeholders and its oversight body.

Working with the CEO and 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 effective decision-making, interpreting complex information, identifying key issues, handling conflicting views, building consensus where possible and delivering concrete decisions to deliver the organisation's objectives.
- **E5:** Outstanding interpersonal and stakeholder management skills with a proven record of building effective and positive strategic relationships, so as to command credibility, confidence and support of a wide and complex range of interested parties at national level and ability to navigate a complex political environment.
- **E6:** Ability to build supportive relationships and work successfully as a team - welcoming and showing regard to the views and advice of others and supporting collective decision making.

- **E7:** Commitment to equality, diversity and inclusion – dealing with people and issues honestly, fairly and with respect, and promoting equality, valuing diversity and being inclusive

Desirable criteria

[To include any desirable criteria as agreed by the Council during the planning of the appointments process and subject to an assessment of its needs. Desirable criteria may not necessarily be required for every appointments round]

On this occasion, we are looking for candidates who can demonstrate **one or more** of the following areas of specific interest/experience:

- **(example)** Understanding of professional regulation and its impact on public protection
- **(example)** Strong media and communication skills to deliver messages to and influence a range of audiences.
- **(example)** Ability to articulate patient and consumer issues and/or the interests of service users.

Please note that candidates will need to provide examples of evidence to demonstrate their ability to be effective in relation to all of the essential criteria listed above, as well as the desirable criteria, where relevant.

Annex B: Council member role specification and criteria (example)

What GPhC Council members do

The Council has a governance and assurance role, overseeing rather than carrying out the GPhC's regulatory work. All Council members (including the chair of the Council) share a collective responsibility for carrying out the work of the Council and for the good governance of the organisation.

To do this effectively your duties will include:

- setting the strategic direction of the organisation – reviewing and revising its vision and purpose as needed
- making sure that the GPhC carries out all its statutory functions in an appropriate way
- making sure the financial management of the organisation is sound and its activities are cost effective
- delegating appropriate authority to the chief executive and registrar and to the committees of the Council
- making sure systems are in place to monitor the organisation's performance and hold the chief executive and registrar to account, making sure the organisation is run properly and follows current employment practice
- taking an active part in Council meetings and other internal and external meetings, and working effectively with the senior leadership group
- understanding who the GPhC's key interest groups are and their priorities
- keeping up to date with the changing nature of independent professional regulation and how it contributes to society
- taking part – when needed – in induction, learning and development, and performance reviews
- being available to the GPhC for the amount of time needed
- carrying out Council work in line with values etc
- acting as an ambassador for the GPhC, representing the Council to stakeholders

The experience and knowledge Council members need to have

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

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

Essential criteria

E1 Working within a framework

- An appreciation of and commitment to protecting, promoting and maintaining the health, safety and well-being of patients and the public.
- Experience of working within, either professionally or in other ways, a set of rules, guidance, policies or other boundaries.

E2 Good governance

- An understanding of and commitment to good governance, upholding the recognised principles of public life and understanding the role of governance in public bodies
- Clear appreciation of the non-executive role, and how executives should be held to account through constructive and positive challenge
- Ability to contribute to an organisation at strategic level, be held accountable and hold others to account – contributing positively to the GPhC in a non-executive capacity.
- Capacity to understand and contribute to the organisational and business issues with which the Council deals.

E3 Analytical and decision-making skills

- The ability to identify problems, options and solutions, considering the risks, consequences and impact.
- Ability for forward thinking and to see the bigger picture.
- Knowledge and experience of analysing different types of information and situation.
- A willingness to reconsider or change your thinking in light of new information.

E4 Working collaboratively and communicating professionally with others

- The ability to work with others, to challenge, listen and question constructively
- Good communication skills and ability to put views across clearly, persuasively and sensitively.
- Influencing and persuading others, using well-reasoned arguments, experience of participating in group discussions and working effectively with a team
- Understanding and being open to different points of view
- Ability to inspire confidence and support from GPhC stakeholders, including service-users, patients and members of the public

E5 Integrity and respect

- A commitment to equality, diversity and inclusion – dealing with people and issues honestly, fairly and with respect, and promoting equality, valuing diversity and being inclusive
- Gaining the trust of others, principles, and values-based actions
- Taking an ethical approach to your work and being open and honest, including when things go wrong.
- Ability to reflect on own behaviour and impact on others.

Additional essential criteria for registrant applicants only

E6 Pharmacy professional practice

- Up to date knowledge and understanding of the practice of pharmacists or pharmacy technicians and an awareness of the factors and issues that influence it.

Desirable criteria (examples)

On this occasion, we are seeking candidates with **one or more** of the following:

- knowledge and/or experience of patient advocacy or the patient voice (lay)
- clinical and/or prescribing skills in one or a range of settings (registrant)

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- experience of technology developments in healthcare (lay or registrant)
- an understanding of academic and vocational education and training (lay or registrant)

In addition, we are seeking XX candidate(s) who lives or works primarily in England/Scotland/Wales (lay or registrant).



Governance of the work to reform initial education and training standards for pharmacists

Meeting paper for Council on 17 September 2020

Public business

Purpose

To confirm arrangements for governing the work to reform initial education and training standards for pharmacists, including involvement of Council.

Recommendations

The Council is asked to agree that the current working group for the initial education and training standards for pharmacists becomes a formal Advisory Group to Council and is co-chaired by one registrant and one lay Council member.

1. Introduction

- 1.1 In January 2019, we published a consultation about revising the initial education and training standards for pharmacists. This proposed a revised set of learning outcomes and closer integration of academic study and learning in practice. There was a broadly positive response to the aims set out in the consultation, although many respondents highlighted the importance of clarifying how this would be implemented. In light of the consultation, Council agreed to continue working with stakeholders, including universities, employers, student representatives and statutory education bodies, to develop the thinking before a final set of standards was agreed.
- 1.2 A working group was established which met several times in late 2019/early 2020 and agreed a broad outline of a model to deliver the reforms needed. Given the aim of implementing reforms as soon as possible, an enhanced “4+1” model was proposed with universities, employers and statutory education bodies working more closely in the fifth year of training. Although work was put on hold temporarily in March due to the pandemic, the group has now been re-established with further momentum provided by proposals from the Education Governance Oversight Board (EGOB) to turn the fifth year of training into a Foundation year with the aim of trainees becoming independent prescribers at the point of registration.

2. Governance of the next stages of work

- 2.1 Given the importance of this area of work, and the wide range of stakeholders who will be involved in implementing the standards, we want to ensure the governance arrangements are as effective as possible. We also want to build on the helpful and more regular involvement of Council members in recent months both at EGOB and in the meetings of the working group.
- 2.2 We are therefore proposing to develop our existing working group into a formal Advisory Group for Council. The meetings would be co-chaired by one lay and one registrant Council member, appointed by Council following expressions of interest and a recommendation by the Chair of Council in line with the established procedure for appointing to non-statutory Committees. Through the chairs, Council will obtain more regular involvement in the key areas of discussion and further assurance of the main points informing the standards and, once agreed by Council, how the standards will be implemented.
- 2.3 The group currently contains an extensive number of stakeholders which has been helpful in ensuring both a wide range of views and a common understanding of the direction of travel. Moving forward, we will ensure continued membership by key organisations but will also look to limit the number of attendees to ensure the group works as efficiently as possible.
- 2.4 The group will continue to focus on seven workstreams: **learning outcomes; independent prescribing; foundation year/year 5; admissions; equality, diversity, inclusion and support; post-registration training; and funding**. The aim is to rapidly work through the key issues in order for the standards to be agreed by Council in November with a detailed implementation plan from that point onwards. Changes would then begin to be introduced from July 2021 for year 5 trainees and for new MPharm students from Autumn 2021.
- 2.5 Subject to Council approving this approach, we will engage further with the Chief Pharmaceutical Officers for the UK, the Pharmaceutical Society of Northern Ireland and the Chair of EGOB to consider any further development in the strategic oversight of education and training more generally for pharmacy professionals.

3. Equality and diversity implications

- 3.1 There are no implications for the governance proposal set out in the paper. As indicated, equality and diversity elements are included in a specific workstream to ensure implications are addressed and the standards are strengthened. An equality impact assessment will accompany the final draft of standards before Council is invited to agree them.

4. Communications

- 4.1 Given the scale of change and the number of organisations involved, it is essential that we communicate regularly with students and trainees ensuring consistency of messaging. In late-July, we issued a joint letter with the Pharmaceutical Society of Northern Ireland and the UK Chief Pharmaceutical Officers to set out the aim of the reforms. This month we issued a further update for students, trainees and employers to provide more clarity on any immediate issues affecting them and will continue to provide regular updates.

5. Resource implications

- 5.1 The role of chair for the Advisory Group would not receive additional remuneration as this is a short-life group as opposed to a non-statutory committee. Resource implications for implementation of the standards are being considered as part of the work.

6. Risk implications

- 6.1 This is a challenging set of reforms and the proposal to strengthen the governance framework recognises the importance of strategic oversight and Council involvement.

7. Monitoring and review

- 7.1 Once the standards are finalised, the Advisory Group will continue to meet to ensure there is a clear implementation plan and communications are maintained.

8. Recommendations

The Council is asked to agree that the current working group for the initial education and training standards for pharmacists becomes a formal Advisory Group to Council and is co-chaired by one registrant and one lay Council member.

Mark Voce, Director of Education and Standards
General Pharmaceutical Council

09 September 2020