General Pharmaceutical Council

Consultation on managing concerns about pharmacy professionals – our strategy for change: analysis report

Contents

Executive summary

Background

Between October 2020 and January 2021, we consulted on our draft strategy for managing concerns about pharmacy professionals. In particular, we sought views on a number of the key proposals, including:

- the strategic aims and outcomes

- a new approach to assessing concerns once they are raised with us

- the introduction of several, more flexible, outcomes to conclude a concern

- barriers faced by individuals sharing certain protected characteristics

- improving the service we give by being more person-centred

- sharing best practice and learning from others.

The strategy proposes to take quick action to protect patients when needed, while at the same time promoting and encouraging a learning culture that allows pharmacy professionals to deal with any concerns and go back to practising in appropriate circumstances. We believe this will help us give patients and the public better protection while being fair to pharmacy professionals.

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. It builds on improvements we've already made to the way we manage concerns. It will also help us deliver on our commitments in the recently published strategic plan while contributing to our 2030 vision.

We delivered the consultation through an online survey, which received 188 responses: 163 from individuals and 25 from organisations. Three organisations responded via email and did not follow the structure set out in the survey. In addition, we held a stakeholder engagement event and two public focus groups, attended by 31 individuals and 34 representatives from organisations. We also commissioned Community Research to conduct small-scale research into the experiences of individuals that have been involved in our fitness to practise process. The findings of this research are summarised in **appendix 8**.

Key issues raised in responses

Views on our strategic aims

The strategic aims received strong support during this consultation. The vast majority of respondents either agreed or strongly agreed that the aims were appropriate, while only a small handful of respondents felt that they were inappropriate.

Around a quarter of respondents thought that there was something missing from the strategic aims or that they required adjustment. Of these respondents, many put forward specific recommendations for how the aims could be improved, covering a broad range of ideas. The most commonly mentioned

suggestions included adding a statement of support for pharmacy professionals and changing the word 'perception' in strategic aim three to either 'culture' or 'focus.'

Alongside the specific amendments and additions, respondents raised several other more general points for the GPhC to consider. Most notably, a handful of respondents took this opportunity to stress the importance of considering the wider context within which pharmacy professionals work when dealing with concerns. A small number of respondents urged the GPhC to support pharmacy professionals that have concerns raised about them. It was also emphasised by a handful of respondents that concerns should be concluded in a timely manner.

Views on the strategic outcomes

For the most part respondents welcomed our strategic outcomes. A considerable majority of the respondents agreed or strongly agreed that the outcomes were appropriate, while only a few indicated that they were inappropriate.

When asked whether the strategic outcomes required amendments or additions, around a quarter of respondents felt that they did. These respondents highlighted a number of specific amendments and additions, most notably that the outcomes should be amended to include a statement of support for pharmacy professionals and a commitment to hold employers to account.

Respondents also used this opportunity to draw attention to some other, more general, points for us to bear in mind. For instance, some respondents called on the GPhC to consider the real motives of complainants when dealing with concerns. Respondents also queried how we would measure our progress against the outcomes.

Views on areas of enquiry and test

Respondents were strongly behind the proposed areas of enquiry to be considered when a concern is first received and the test that would follow these enquiries. Most respondents felt that the areas of enquiry were appropriate, while the majority either agreed or strongly agreed with the proposed test.

Of the respondents that left open-ended feedback, a large number expressed, in general terms, that they agreed with the proposals. On a similar note, some respondents emphasised that undertaking a thorough initial enquiry when a concern is first received was important, thereby indicating support for the proposed enquiries. In contrast, a small number of respondents explicitly suggested how the areas of enquiry or test should be adjusted. Many of these respondents advised that the word 'potential' should be removed from the test, as it was quite vague and could set a low threshold for investigation.

Views on reflective pieces

The majority of respondents were satisfied that producing a reflective piece would be an appropriate and effective outcome for some concerns. This response was frequently based on the view that reflective statements would allow pharmacy professionals to reflect and learn from their mistakes. Some of these respondents even suggested that reflective pieces would prevent similar errors reoccurring in the future.

A handful of respondents felt that reflective pieces were not appropriate ways to manage concerns about pharmacy professionals. There was a perception amongst many of these respondents that reflective pieces would not encourage genuine insight, reflection or learning. Similarly, some of them suggested that it might be difficult to determine whether genuine insight or reflection had occurred.

Some respondents held a cautious view of reflective pieces, suggesting that they would only be acceptable in certain cases. There was no strong consensus, however, on exactly which cases reflective statements would suitable for. Respondents also noted that there should be a clear distinction about the use of reflective material between fitness to practise and revalidation in light of learning from the Bawa-Garba case.

Views on mediation

A small majority of respondents either agreed or strongly agreed that mediation could play a role in resolving concerns about pharmacy professionals. This was balanced against a handful of respondents who felt that mediation was not appropriate for our fitness to practise process.

In agreeing with the proposals, many respondents suggested that mediation would be a helpful way to handle concerns. In particular, some respondents suggested that it could foster mutual understanding between patients and pharmacy professionals. It was also noted that mediation could be a quick and effective way to deal with concerns and that it would allow professionals to reflect and learn.

Respondents also highlighted a number of potential challenges in respect of this proposal. For instance, some respondents advised that the mediators would have to be carefully chosen. Respondents' views, however, diverged on the type of individual or organisation that should mediate. It was also argued that mediation would only be appropriate for particular types of cases. Generally speaking, these respondents felt that mediation might be appropriate for resolving complaints, disagreements or disputes between patients and pharmacy professionals, but not for concerns which indicate that a professional's fitness to practise might be impaired.

Of the few respondents that expressed opposition in comments, some noted that mediation and fitness to practise were incompatible. The rationale given for this view was that the latter aims to protect the public and act in the public interest, while the former is designed to resolve complaints and disputes.

Views on the service promises

By and large the service promises were well received by respondents. A large majority of respondents felt that the service promises gave clear expectations of the service people could except from us. Moreover, many respondents expressed that they were either in support of the service promises or that the promises were presented in a clear and concise manner. In particular, the commitment to assign a dedicated member of staff to all parties involved in a concern and the promise to communicate likely timescales at the start of an investigation were singled out for praise.

Some respondents, however, felt that the service promises required some kind of amendments or additions. For example, a handful of respondents recommended that a clear explanation of the fitness to practise process should be included, so that those involved understand our process for managing concerns. It was also emphasised by some respondents that the GPhC needs to actually deliver on these promises. A few of these respondents suggested that our current service does not meet the standards set out in the promises.

Views on barriers to engagement for individuals sharing certain protected characteristics

This topic prompted a varied response from those involved in the consultation. A large number of respondents did not know if people sharing certain protected characteristics encountered barriers in our fitness to practise process because of those characteristics. On the other hand, many respondents felt that individuals sharing protected characteristics did experience barriers.

Of those that left comments on this topic, the vast majority focused on bias and discrimination against individuals in our fitness to practise process or the pharmacy sector as a whole, especially in relation to pharmacy professionals from a black Asian and minority ethnic (BAME) background. For instance, some respondents said that referral rates were higher for professionals from a BAME background or that this group was overrepresented in our investigations process.

In addition, some respondents recommended specific methods for addressing bias and discrimination against those sharing certain protected characteristics or ways to remove barriers for these groups more generally. Most notably, it was suggested that the GPhC staff composition should be more diverse. Respondents also highlighted a few specific barriers to engagement for those sharing particular protected characteristics, such as cultural norms and values.

Views on remote hearings

Most respondents felt that remote hearings would have benefits for those involved. Some of the key benefits highlighted by respondents included the accessibility, flexibility and approachability of remote hearings. It was also observed that they were more cost-effective and resource-efficient, which would benefit all those involved, including the GPhC.

In contrast, many respondents indicated that remote hearings would disadvantage some individuals, while an equally large proportion felt that the remote format presented a risk to a fair hearing. More specifically, some respondents were concerned that remote hearings might hinder communication, including non-verbal communication, between the parties involved. Respondents also suggested that technical issues could prove problematic and that it might be challenging to assess disputed evidence remotely.

Some respondents recommended that the GPhC give those involved in hearings a choice between the in-person and remote options. On a similar note, a small handful cautioned that we would need to make appropriate adjustments for remote hearings, especially for individuals who face technical challenges, are unfamiliar with the process or have a disability.

Views on personal experience statements

On the proposals to introduce personal experience statements the responses were mixed. Most respondents thought that we should take personal experience statements into account when deciding what regulatory action to take. However, some respondents, including a higher proportion of organisations than individual respondents, took the opposite view.

By and large the themes that emerged from the explanatory comments on this proposal were positive. Many respondents argued that personal experience statements would be a useful tool or have an important role to play in the GPhC's fitness to practise process. It was also suggested by some respondents that personal experience statements would only work if applied appropriately or to the right types of cases. For instance, some of these respondents felt that personal experience statements would not be an appropriate consideration when deciding on the outcome of a case.

Significantly, opposition to personal experience statements was also clearly present in the comments. A sizeable minority of respondents presented arguments against the notion of introducing personal experience statements. For instance, many of these respondents stressed that fitness to practise should be based on facts and evidence, rather than emotive statements. Respondents also highlighted, with concern, the overly subjective nature of personal experience statements.

Views on understanding the experiences of people who have been involved in a concern

Several distinct methods of obtaining feedback from patients and pharmacy professionals involved in our fitness to practise process were put forward by respondents. Many respondents advised that interviews and conversations, including phone calls, face-to-face meetings and online video sessions, would be effective ways to gather feedback. On the other hand, a large number of respondents recommended written forms of feedback, such as feedback forms, questionnaires and surveys.

In addition to these suggestions, some respondents encouraged the GPhC to offer individuals a choice when seeking feedback. Similarly, a handful stressed the importance of anonymising feedback or obtaining it through a third-party.

Views on understanding the wider context of concerns

The proposal to consider the wider context when assessing and managing concerns received overwhelming support from the respondents. A large majority of respondents thought that the wider context should be a significant factor when assessing concerns, while only very few either disagreed or strongly disagreed with this notion.

Respondents presented a number of arguments in favour of considering the wider context. Most notably, it was observed that the environments within which a professional is working can have a considerable impact on their behaviours and practise, or even play a key role in the incident and errors reported in concerns.

Some respondents used this opportunity to draw attention to employers and managers, suggesting or stating explicitly that they should take more responsibility for their role in concerns and for ensuring patient safety.

Views on supporting patients and the public

Respondents highlighted a number of ways that we could provide support to patients and the public involved in our fitness to practise process. In particular, some respondents recommended developing and distributing information that helps raise awareness of fitness to practise. Some respondents suggested providing support to those involved in our process through our website and social media, including by making general improvements to the website. Respondents also observed that there was room for improvement with the GPhC's current system for raising concerns.

Impact of the proposed changes

Views on impact on people sharing particular protected characteristics

Most respondents did not know whether our proposals would have any impact, either positive or negative, on people sharing particular protected characteristics. Significantly, only very few respondents identified that our proposals would have a negative impact on individuals sharing any protected characteristics.

Of the respondents that left explanatory comments, some argued that individuals sharing particular protected characteristics would be positively impacted by our proposals. More specifically, many of these respondents remarked generally that our proposals would benefit all these groups, while some singled-out professionals from a BAME background, claiming that they would be positively impacted. In

contrast, a handful of respondents suggested that our proposals would or could impact everyone in the same manner, regardless of protected characteristics.

Views on impact on other individuals or groups

The most common answer given by respondents to the quantitative question on this topic was that they did not know whether our proposals would positively or negatively impact any other individuals or groups. This was closely followed by the response that our proposals would have a positive impact on other individuals or groups.

Respondents identified a number of other individuals and groups in the comments that would, or might, benefit from our proposals, most notably pharmacy professionals and members of the public. A handful of respondents even remarked that everyone would be positively impacted, including individuals sharing particular protected characteristics. In contrast, some argued that pharmacy professionals might be negatively affected. However, of those that left open-ended feedback, the dominant point raised was that it was not possible to judge whether our proposals would have a positive or negative impact.

Introduction

1.   Policy background

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services. We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.

We have a responsibility to make sure that we manage concerns about pharmacy professionals in a way that gives patients and the public better protection while being fair to pharmacy professionals. But the approach also needs to enable professionals to achieve the standards required, by giving them an opportunity to put things right and learn and improve when it's right to do so. Some of the changes needed can be achieved partly through changes in the law. But changes to regulations can be slow, so our strategy describes the steps we can take now that don't need changes to our legislation.

We need to challenge ourselves by asking fundamental questions about the purpose of fitness to practise, and what it means to the public we protect and the professionals on our register. We have therefore developed 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 begin to deliver our Vision 2030. This 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. This describes the work we plan to do in the coming five years to help us achieve our 10-year vision.

It is an important time for how healthcare regulators manage fitness to practise concerns, as we apply what we have learnt from recently published reports and look forward to changes in the law to help reform regulation. We have the opportunity to review areas of our current approach and change things for the better. We have already started to make improvements to the way we manage concerns. We want to build on these improvements to deal with the wider issues we have identified through our strategy development work.

The fitness to practise process is still seen 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 present 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 we get a higher number of concerns about professionals from a BAME background than we ought to expect statistically. Also, when we progress a concern, we need to be sure that we are minimising and dealing with the risk of potential biases in our decision-making.

Investigations into concerns about professionals take a long time and can be frustrating for everyone involved. We need to make more progress on cutting down the time it takes to conclude cases. How we contact people, and the method and tone of our communications, can lead to unintended consequences such as an adverse impact on the mental health of the people we are investigating. Vulnerable people can find it hard to get support.

For more detail on the changes we are proposing, see **Appendix 1: Summary of our draft proposals**.

Analysis of consultation responses and engagement activities

In this section of the report, the tables show the level of agreement/disagreement of survey respondents to our proposed changes, or the aspects respondents felt we should modify. In each column, the number of respondents ('N') and their percentage ('%') is shown. The last column in each table captures the views of all survey respondents ('Total N and %'). The responses of individuals and organisations are also shown separately to enable any trends to be identified.

See **Appendix 2: About the consultation** for details of the consultation survey and the number of responses we received, and **Appendix 3: Our approach to analysis and reporting** for full details of the methods used.

2.   Strategic aims

On page 12 of the **consultation document**, we identify four strategic aims that will guide our work and help us to evaluate the impact of the strategy. An overview of the strategic aims is available in **appendix 1: Summary of our draft proposals**.

Table 1: Views on the strategic aims

Q1. Considering all four strategic aims, to what extent do you agree or disagree that these are appropriate?	N and % individuals	N and % organisations	N and % Total
Strongly agree	46 (28%)	8 (36%)	54 (29%)
Agree	91 (56%)	11 (50%)	102 (55%)
Neither agree nor disagree	14 (9%)	1 (5%)	15 (8%)
Disagree	5 (3%)	0 (0%)	5 (3%)
Strongly disagree	4 (2%)	1 (5%)	5 (3%)
Don't know	3 (2%)	1 (5%)	4 (2%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

Table 2: Views on whether the strategic aims should be changed or if anything is missing

Q2. Is there anything missing from the strategic aims, or anything that should be changed?	N and % individuals	N and % organisations	N and % Total
Yes	28 (23%)	11 (50%)	49 (26%)
No	91 (56%)	9 (41%)	100 (54%)
Don't know	34 (21%)	2 (9%)	36 (19%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

Table 3: Views on additions and/or amendments to the strategic aims

Q2a. Which of the following strategic aims need additions and/or amendments? NB: out of those who responded 'yes' to Q2 (n = 49). Multiple choice - percentages don't add to 100%	N and % individuals	N and % organisations	N and % Total
Additional aims are needed	21 (55%)	6 (55%)	**27 (55%)**
Shift the perception from blame and punishment to openness, learning and improvement	13 (34%)	4 (36%)	**17 (35%)**
Take a person-centred approach that is fair, inclusive and free from discrimination and bias	11 (29%)	5 (45%)	**16 (33%)**
Take account of context and work with others to deal with problems in the wider pharmacy and healthcare systems	9 (24%)	3 (27%)	**12 (24%)**
Keep patients and the public safe by using our full range of regulatory tools to prevent, anticipate and resolve concerns	8 (21%)	3 (27%)	**11 (22%)**
Total N of responses	**38**	**11**	**49**

Table 1 shows that a large of majority of all respondents either agreed or strongly agreed that the strategic aims were appropriate (84%). In contrast, a very small percentage of all respondents either disagreed or strongly disagreed with the aims (5%).

More than half of all respondents (54%) felt nothing was missing, or needed to be changed, in the strategic aims. Around a quarter of all respondents (26%) indicated that there were aspects that needed to be changed or were missing, with organisations (50%) highlighting this proportionately more than individuals (23%).

Only those who said in question two that the strategic aims needed amendments or additions were asked which strategic aims they felt needed changes (Table 3). Out of these respondents, over half said that additional aims were needed (55%), and around a third felt that the strategic aims '*Shift the perception from blame and punishment to openness, learning and improvement*' (35%) and '*Taking a person-centred approach that is fair, inclusive and free from discrimination and bias*' (33%) needed further additions or amendments.

Respondents who said that the strategic aims needed amendments or additions were asked to give a brief description of the changes they thought were necessary. Around a quarter of all respondents left comments on this question. The following is an analysis of the themes found in these comments and from wider engagement events.

2.1. Summary of themes

The responses to this question were varied, covering a broad range of points and ideas, many of which related to subsequent questions or the strategy more generally. There was, however, one dominant theme to emerge from the comments, namely requests or suggestions for specific amendments or additions to the strategic aims.

The analysis below presents the themes that emerged from the responses, in order of prevalence, as listed here:

- Specific amendment or addition needed

- Support pharmacy professionals

- Timeliness in resolving concerns is crucial

- Context should be taken into account

- Other comments.

2.2. Specific amendment or addition needed

Most respondents to this question stated explicitly how they thought the strategic aims should be altered, either through amendments or additions. This theme was much more frequently found in organisational responses than those from individuals.

Respondents put forward a broad range of specific amendments or additions. Nevertheless, there were a number of discernible themes evident from the comments, captured below.

- Some respondents suggested that the aims should be amended to include a statement of support for pharmacy professionals, either to meet the standards or when they have concerns raised about them.

- A small number of respondents said that use of the word 'perception' in the third strategic aim was incorrect and should be replaced by either 'culture' or 'focus.'

- A commitment to concluding concerns in a timely manner was recommended by a few respondents as something that should be added to the aims.

- A few respondents remarked that a valuable addition to the aims would be a greater emphasis on maintaining public and patient confidence in pharmacy and pharmacy regulation.

- It was requested by a few respondents that some reference to supporting patients, the public and pharmacy professionals to raise concerns with the GPhC should be added to the aims.

2.3. Context should be taken into account

Some respondents, including a larger proportion of organisational than individual respondents, drew attention to the importance of considering the wider context within which pharmacy professionals work when assessing concerns. In their view, the environment that professionals work in, including the pressures they face and the processes they are instructed to follow, can be a major contributing factor to incidents and errors, and therefore it must be taken into account when reviewing concerns. A few respondents even suggested that the strategy should place greater emphasis on taking context into account.

2.4. Support pharmacy professionals

In addition to the explicit requests for a statement of support for pharmacy professionals to be added to the strategic aims, a small number of individual respondents remarked more generally that the GPhC should support professionals who have had concerns raised about them. For example, a few respondents suggested that the GPhC should protect pharmacy professionals against malicious complainants or unfounded allegations, including employers who might attempt to use the fitness to practise process as a disciplinary tool. One respondent went as far to say that the GPhC should work with professionals to resolve the issues raised in concerns.

2.5. Timeliness in resolving concerns is crucial

Some respondents, including a higher proportion of organisational than individual respondents, stressed the importance of concluding concerns in a timely manner. This was in addition to those that specifically called for a commitment to resolve concerns in a timely fashion to be added to the aims. These respondents tended to draw attention to the need to provide regular updates to those involved in fitness to practise investigations. It was also remarked or implied by a few of these respondents that timely investigations were an important aspect of a person-centred approach to fitness to practise.

2.6. Other comments

Respondents provided a number of comments in addition to those highlighted above. A selection of the most common themes from these responses are set out below.

- A few respondents implied or stated in general terms that the GPhC could do more to support people in the process of raising concerns, particularly pharmacy professionals reporting public interest concerns.

- A few respondents suggested that the GPhC should consider the real motives of those that raise concerns against pharmacy professionals, as complainants may have malicious intent when raising concerns.

- Many organisational respondents noted that they were generally in support of one or more of the strategic aims. In particular, the GPhC's ambition to become more-person-centred and ensure that its approach to fitness to practise is fair, inclusive and free from bias was welcomed by a few organisations.

- A few individual respondents felt that employers and pharmacy owners should take more responsibility for concerns raised about individual pharmacy professionals. In their opinion, employers often create high-pressure environments which can lead to concerns being raised with the GPhC.

- It was remarked by a few respondents that the GPhC must show more compassion when dealing with pharmacy professionals that have had concerns raised against them.
- The importance of protecting the public and maintaining public confidence in pharmacy was highlighted by a few respondents.
- A few respondents emphasised the importance of shifting the culture of pharmacy and pharmacy regulation from blame and punishment to learning and improvement.

3. Strategic outcomes

On page 12 of the **consultation document**, we identify eight strategic outcomes that will also guide our work and help us to evaluate the impact of the strategy. An overview of the strategic outcomes is available in **appendix 1: Summary of our draft proposals**.

Table 4: Views on the strategic outcomes

Q3. Considering the full set of strategic outcomes, to what extent do you agree or disagree that these are appropriate?	N and % individuals	N and % organisations	N and % Total
Strongly agree	45 (28%)	5 (23%)	50 (27%)
Agree	87 (53%)	15 (68%)	102 (55%)
Neither agree nor disagree	20 (12%)	1 (5%)	21 (11%)
Disagree	4 (2%)	0 (0%)	4 (2%)
Strongly disagree	3 (2%)	0 (0%)	3 (2%)
Don't know	4 (2%)	1 (5%)	5 (3%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

Table 5: Views on whether the strategic outcomes should be changed or if anything is missing

Q4. Is there anything missing from the strategic outcomes, or anything that should be changed?	N and % individuals	N and % organisations	N and % Total
Yes	34 (21%)	15 (68%)	49 (26%)
No	95 (58%)	5 (23%)	100 (54%)
Don't know	34 (21%)	2 (9%)	36 (19%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

Table 6: Views on additions and/or amendments to the strategic outcomes

Q4a. Which of the following strategic outcomes need additions and/or amendments? NB: out of those who responded 'yes' to Q4 (n = 49). Multiple choice - percentages don't add to 100%	N and % individuals	N and % organisations	N and % Total
Additional outcomes are needed	16 (47%)	5 (33%)	**21 (43%)**
Professionals understand the importance of being open and honest, and that if they acknowledge any mistakes quickly this will minimise the need for a fitness to practise investigation.	6 (18%)	7 (47%)	**13 (27%)**
Our decisions are clear, timely, free of bias, proportionate and deal with the cause of the regulatory concern.	6 (18%)	7 (47%)	**13 (27%)**
Professionals, patients, the public and any witnesses feel confident and supported to take part in the process.	4 (12%)	9 (60%)	**13 (27%)**
It is easy to raise a concern and understand the process and what it means to everyone involved.	7 (21%)	5 (33%)	**12 (24%)**
Only the most serious concerns reach a hearing.	7 (21%)	5 (33%)	**12 (24%)**
Patients and the public receive safe and effective care because pharmacy professionals are safe to practise and can get any support they may need to help them meet our standards.	4 (12%)	6 40%)	**10 (20%)**
More concerns are resolved safely at an earlier stage through support, reflection and learning, without the need for a hearing.	2 (6%)	6 (40%)	**8 (16%)**
Our stakeholders are confident we are taking appropriate action to deal with concerns, even if we do not start a formal fitness to practise investigation.	1 (3%)	4 (27%)	**5 (10%)**
Total N of responses	**34**	**15**	**49**

Table 4 shows that a large majority of respondents either agreed or strongly agreed that the strategic outcomes were appropriate (82%). A very small proportion of all respondents either disagreed or

strongly disagreed that the outcomes were appropriate (4%). No organisations indicated this preference.

However, around two-thirds of organisations (68%) did think that there were aspects of the strategic outcomes that were missing or needed to be changed. This was a much higher proportion than individual respondents (21%). In total, over half of all respondents (54%) did not think that the strategic outcomes were missing anything or that they needed to be changed, and a fifth (19%) stated that they didn't know.

Only those who responded 'Yes' to question four were asked which strategic outcomes they felt needed additions or amendments. Table 6 shows that out of those respondents, 43% felt that additional outcomes were needed. The three outcomes that respondents most frequently said needed changes were '*Professionals understand the importance of being open and honest, and that if they acknowledge any mistakes quickly this will minimise the need for a fitness to practise investigation*' (27%), '*Professionals, patients, the public and any witnesses feel confident and supported to take part in the process*' (27%), and '*Our decisions are clear, timely, free of bias, proportionate and deal with the cause of the regulatory concern*' (27%).

Respondents who said that the strategic outcomes needed amendments or additions were asked to give a brief description of the changes they thought were necessary. Around a quarter of all respondents left comments on this question. The following is an analysis of the themes found in these comments and wider engagement events.

3.1. Summary of themes

The themes from the responses to this question closely mirrored those of the previous section. Once again, while respondents put forward a broad array of comments, there was one dominant theme to emerge, namely requests or suggestions for specific amendments or additions.

The themes found from the comments are explored below, in order of frequency, as detailed here:

- Specific amendment or addition needed
- Support for pharmacy professionals
- The real motives of the complainant must be understood
- How will the GPhC measure its progress?
- Other comments.

3.2. Specific amendment or addition needed

Many respondents, including a greater proportion of organisational than individual respondents, left comments with explicit suggestions on how the strategic outcomes should be amended or what should be added to them.

In a similar manner to the previous question, the specific amendments, additions and additional outcomes that were proposed varied significantly, yet it was still possible to identify a number of themes. These themes are captured below, in order of prevalence.

- Some respondents suggested that the outcomes should be amended, or an additional outcome added, so that they include a statement of support for pharmacy professionals. A few of these respondents felt that the outcomes should state clearly that the GPhC would support professionals that have had concerns raised about them to navigate the fitness to practise

process. It was also suggested that the GPhC consider adding how we would help professionals to meet the standards and protect them against victimisation and stigmatisation.

- A few respondents felt that the outcomes should include some reference to holding complainants to account for the concerns they raise. In their view, a commitment to investigate potentially defamatory concerns and take appropriate action if the complainant's motivations were found to be malicious was necessary.

- Holding employers to account for the processes and procedures that they put in place was proposed by a few respondents as an additional outcome. In doing so, they clearly implied that the workplace environment created by employers plays an important role in the incidents and errors that lead to concerns being raised with the GPhC.

- According to a few respondents a commitment to ensure consistency in decision making and fitness to practise sanctions ought to feature somewhere in the outcomes.

- A few respondents recommended that supporting the mental health of those involved in fitness to practise investigations should be a key outcome for the GPhC.

- A few respondents suggested that the wording 'can get any support' in the first outcome was not appropriate and should be replaced by something along the lines of 'can readily access any support they need.'

3.3. Support pharmacy professionals

In their responses to this question, some respondents implied or remarked in general terms that the GPhC should support and protect pharmacy professionals involved in fitness to practise investigations. This was in addition to the explicit calls for the outcomes to be amended to include a statement of support for pharmacy professionals. It is also worth noting that this theme was much more prevalent amongst individual respondents than organisations.

Some of these respondents also drew attention to the stress and financial cost associated with fitness to practise proceedings, urging the GPhC to safeguard the health and mental wellbeing of professionals involved in investigations.

3.4. The real motives of the complainants must be considered

A small handful of individual respondents suggested or stated unequivocally that the fitness to practise process can encourage disgruntled patients, employers or colleagues to raise false or vindictive concerns, or be used as a tool threaten or punish pharmacy professionals. In consequence, they clearly indicated that the GPhC should consider the incentives of complainants when assessing concerns and deciding what regulatory action to take.

3.5. How will the GPhC measure its progress?

A few respondents queried how the GPhC would measure its progress against the strategic outcomes. This theme was much more commonly found in the responses from organisations than individual respondents. In their view, the strategy was missing a clear explanation of how the GPhC intended to establish, in an objective manner, whether the outcomes had been met, including what benchmarks we would use.

3.6. Other comments

Alongside the themes captured above, there were a number of other, less prevalent, themes to emerge from the comments, the most common of which are set out below.

- A small number of organisations welcomed or expressed general support for one of more of the strategic outcomes. Significantly, this theme was not present in comments from individual respondents.

- A few respondents encouraged the GPhC to support people in the process of raising a concern. Generally, these respondents felt that the GPhC could do more to protect and support pharmacy professionals that raise whistleblowing concerns.

- A few individual respondents felt that one or more of the strategic outcomes were inappropriate. However, there was no consensus between these respondents on what exactly was wrong.

- A few individuals respondents requested that the GPhC expand on which cases would be classified as 'the most serious concerns.'

- The importance of resolving concerns in a timely manner was emphasised by a few individual respondents.

4. Areas of enquiry and proposed test to decide if a concern should be referred for investigation

We are proposing to make more enquiries when we first receive a concern, to help us gather enough evidence to make an informed decision on the most suitable action to take. We set out the areas of enquiry on page 14 of the **consultation document**.

Table 7: Views on the appropriate areas of enquiry

Q5. Have we identified the appropriate areas of enquiry?	N and % individuals	N and % organisations	N and % Total
Yes	127 (78%)	16 (73%)	143 (77%)
No	19 (12%)	6 (27%)	25 (14%)
Don't know	17 (10%)	0 (0%)	17 (9%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

After our enquiries conclude, we also propose to apply the following test to decide if a concern should be referred for investigation or an alternative action is appropriate in the circumstances: *Does the information suggest potential grounds for investigating whether a pharmacy professional's fitness to practise may be impaired?*

Table 8: Views on the proposed test to decide if a concern should be referred for investigation

Q6. To what extent do you agree or disagree that the proposed test is appropriate?	N and % individuals	N and % organisations	N and % Total
Strongly agree	32 (20%)	2 (9%)	34 (18%)
Agree	92 (56%)	11 (50%)	103 (56%)
Neither agree nor disagree	16 (10%)	4 (18%)	20 (11%)
Disagree	9 (6%)	3 (14%)	12 (6%)
Strongly disagree	9 (6%)	0 (0%)	9 (5%)
Don't know	5 (3%)	2 (9%)	7 (4%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

Table 7 shows that over three-quarters of all respondents thought that we had identified the appropriate areas of enquiry, including a similar proportion of individuals (78%) and organisations (73%). However, a higher proportion of organisations (27%) did not think that we had identified the appropriate areas compared to individuals (12%).

Table 8 shows that most respondents agreed or strongly agreed with the proposed test to decide if a concern should be referred for investigation (74%). Agreement was stronger amongst individuals (76%) than organisations (59%). A higher proportion of organisations (14%) disagreed compared to individuals (6%). Around a tenth of all responses neither agreed nor disagreed that the proposed test was appropriate (11%).

Around two thirds of respondents left explanatory comments. The following is an analysis of the themes found in these comments and wider engagement events.

4.1. Summary of themes

For the most part, the respondents to this question welcomed the proposed areas of enquiry and the test that would be applied thereafter. Indeed, the foremost themes from the responses were general agreement with these proposals and the notion that a thorough initial enquiry is needed. However, this needs to be balanced against some respondents that felt that the proposals could be improved in some way.

Set out below are the themes found in the responses, in order of frequency, as captured here:

- General agreement
- Agreement that a thorough initial enquiry is needed
- Amendment or addition needed
- More information required
- Other comments.

4.2. General agreement with the proposals

A large number of respondents, including a higher proportion of organisational than individual respondents, expressed general support for the proposals. Respondents agreed that making more enquiries at an earlier stage in the fitness to practise process would help the GPhC respond quickly and proportionately to concerns. It was noted that this would have a number of benefits, including reducing the risk to patient safety by identifying serious concerns earlier and minimising the number of concerns requiring a full investigation which, in turn, would reduce feelings of stress and anxiety for pharmacy professionals and complainants.

4.3. A thorough initial enquiry is needed

Alongside the respondents that expressed general agreement with the proposals, some stressed the importance of conducting thorough initial enquiries when a concern is first received, thereby signalling their support for the proposed additional enquiries. This theme was much more prevalent in individual responses than those from organisations.

A handful of respondents were of the view that as much evidence as possible should be gathered and assessed before deciding what regulatory action to take. It was also noted by a few respondents that conducting more enquiries at the initial stage of the fitness to practise process would lead to earlier resolution of concerns.

4.4. Amendment or addition needed

Some respondents, including a larger proportion of organisations than individual respondents, left explicit recommendations for how the new areas of enquiry or test should be amended. More specifically, many of these respondents felt that the test should be altered to remove the word 'potential,' as it was quite vague and could set quite a low threshold for investigation.

4.5. More information required

A few respondents wanted more information on the proposals. For instance, respondents queried whether the areas of enquiries carried different weight when deciding whether to investigate. More detail on the background and training for case workers was also requested. In doing so, they clearly suggested that the success of the proposals would depend on whether case workers are adequately trained to apply the new criteria.

4.6. Other comments

The following comments were raised by a small number of respondents but still represented common themes from the responses:

- The importance of considering the context in which a concern took place when it is first received was emphasised by a small number of individual respondents. In their view, the GPhC should take into account the full facts of the concern, including the background and working environment, when deciding whether an investigation is the right course of action or not.

- A few respondents, including a higher proportion of individual respondents than organisations, suggested that the motivations of complainants should also be considered during the initial assessment of concerns. According to these respondents, it was essential that the reason why a concern has been raised is established in order to protect pharmacy professionals against spiteful, falsified or discriminatory concerns.

- It was suggested by a few respondents that the GPhC should hold employers to account for their part in concerns. In their view, the working environment created by employers and managers often plays a key role in concerns. Hence, the GPhC should also consider investigating employers, where there is evidence to indicate that they have contributed to the concern, rather than continuing to focus solely on the conduct of individual pharmacy professionals.

- A few respondents called for the GPhC to support pharmacy professionals through the fitness to practise process or protect them against unwarranted or frivolous concerns. This theme was more frequent in organisational responses than those from individuals.

5. Reflective piece

We are proposing to invite pharmacy professionals in certain cases to produce a reflective piece as a way of managing some concerns outside the formal processes. This proposal is set out on page 14 of the **consultation document**.

Table 9: Views on our proposal to invite pharmacy professionals in certain cases to produce a reflective piece as a way of managing some concerns outside the formal process

Q8. To what extent do you agree or disagree that this is an appropriate and effective outcome for some concerns?	N and % individuals	N and % organisations	N and % Total
Strongly agree	44 (27%)	3 (14%)	47 (25%)
Agree	69 (42%)	8 (36%)	77 (42%)
Neither agree nor disagree	25 (15%)	7 (32%)	32 (17%)
Disagree	15 (9%)	2 (9%)	17 (9%)
Strongly disagree	7 (4%)	1 (5%)	8 (4%)
Don't know	3 (2%)	1 (5%)	4 (2%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

Around two-thirds (67%) of all respondents either agreed or strongly agreed that producing a reflective piece was an appropriate and effective outcome for some concerns involving pharmacy professionals. However, agreement was stronger amongst individuals (27%) compared to organisations (14%).

A similar proportion of individuals and organisations disagreed or strongly disagreed that a reflective piece was appropriate (13% and 14%). A much higher proportion of organisations (32%) neither agreed nor disagreed compared to individuals (15%).

Around two thirds of respondents left explanatory comments. The following is an analysis of themes found in these comments and wider engagement events.

5.1. Summary of themes

Respondents views on reflective statements were quite mixed. While many respondents were in favour of this proposal or felt that it would work if applied to the right cases, a relatively sizeable minority voiced opposition to such change or raised concerns about how it would work in practice.

The analysis that follows sets out the themes that emerged from the comments, in order of frequency, as presented here:

- Encourages learning and reflection
- General agreement
- Reflective pieces are only appropriate for some cases
- The proposals are not appropriate
- More information needed
- Other comments.

5.2. Encourages learning and reflection

Of those respondents that agreed or strongly agreed with our proposals, many felt that reflective pieces could be a useful tool to help pharmacy professional reflect on their actions and learn from them. This theme was much more frequently shared by individual respondents than organisations. Some of these respondents went as far to say that allowing pharmacy professionals to reflect and learn from their mistakes would prevent similar errors reoccurring in the future. It was also remarked by a handful of them that the proposals would foster a culture of openness and learning in pharmacy and pharmacy regulation, thus assisting the GPhC to move away from the perception of blame and punishment attached to our fitness to practise process.

5.3. General agreement with the proposals

Some respondents, including a marginally higher proportion of individual respondents than organisations, remarked in general terms that the proposals seemed reasonable. In their view, reflective statements have an important role to play going forward in the GPhC's fitness to practise process. However, the organisations that responded in this manner also raised a number of potential issues or hurdles, the most common of which are explored below, or requested more information on how the proposals would work in practice.

5.4. Reflective pieces are only appropriate for some cases

Some respondents emphasised that reflective statements would only be appropriate for certain types of cases. A much higher proportion of organisational than individual respondents left comments of this nature. There was a perception amongst these respondents that while the introduction of reflective pieces was a positive move, they should be used with a degree of caution and only in certain circumstances.

Respondents' views, however, diverged on exactly what types of concerns or circumstances reflective pieces would be appropriate for. A few of these respondents noted that reflective pieces should not be considered for serious concerns or those relating to criminal matters. On the other hand, a few implied that reflective pieces would not be appropriate in circumstances where there is a risk that the pharmacy professional's thoughts and reflections could be used against them in future fitness to practise

proceeding or other investigations. Moreover, a few cautioned against the use of reflective pieces for pharmacy professionals that may have difficulty articulating themselves or do not have access to peer support, such as locum professionals.

5.5. The proposals are not appropriate

A handful of respondents, including more individual than organisational respondents, suggested or stated explicitly that reflective pieces would not be an appropriate way to manage concerns about pharmacy professionals. Of those that held this view, many felt that reflective pieces, on their own, would not encourage genuine insight, reflection or learning from pharmacy professionals. On a similar note, some of them thought that it might be difficult to judge whether honest reflection had occurred, particularly given that the quality would likely depend more on the professional's writing ability and access to support, rather than genuine reflection.

5.6. More information required

A large proportion of the organisations that responded to this question requested that the GPhC provide further information on how these proposals would work in practice. Significantly, this theme was not prevalent in the comments from individual respondents. Generally, these organisations felt that while there might be value in using reflective pieces to manage some concerns, the GPhC's proposals left important questions unanswered. Some went as far to suggest that they could not fully endorse the proposals until further clarity had been provided.

Many organisations questioned how reflective pieces would be evaluated, including the criteria that would be applied, and whether decisions would be reviewed to ensure quality and consistency. Some respondents asked for clarity on what might happen if a reflective piece raised further concerns or the professional did not demonstrate adequate levels of insight or reflection. It was also queried by some which types of concerns could be concluded with reflective pieces and whether reflective pieces would form part of the revalidation process or be introduced as a stand-alone outcome.

5.7. Other comments

Respondents left several other comments as well as those already captured in this section of the report. A selection of the most common themes from these responses are presented below.

- According to a few respondents, including more individual respondents than organisations, reflection does not always translate to learning and improvement. In their view, there is a danger that reflective pieces may become too standardised, or simply a box ticking exercise, such that reflection will not be put into practice.

- A few respondents suggested that the proposals should include a mentor or peer support scheme to help pharmacy professionals embed the learning and insight identified in their reflective pieces into their practice.

- A few individual respondents observed, with concern, that reflective pieces might be manipulated by pharmacy professionals, thereby limiting their value in terms of insight or reflection. For example, professionals could ask a colleague to help, or even write it for them, or base their reflection on model answers.

- Concerns were raised that pharmacy professionals might be reluctant to engage in reflection, particularly in light of the high-profile case of Dr Bawa-Garba. Similarly, a few respondents

questioned whether the GPhC would allow a professional's reflection to be taken into consideration in future fitness to practise or court proceedings.

- A few respondents highlighted the Williams review into gross negligent manslaughter in healthcare, which recommended that the reflective practices should be excluded from fitness to practise proceedings.
- A few respondents advised that not all pharmacy professionals would be able to adequately communicate their personal reflection, resulting in an unlevel playing field.

6. Mediation

Our discussions with stakeholders, including our work looking at other regulators, showed that mediation could play a role in resolving concerns.

Table 10: Views on the role of mediation in resolving concerns about pharmacy professionals

Q10. To what extent do you agree or disagree that mediation can play a role in resolving concerns about pharmacy professionals?	N and % individuals	N and % organisations	N and % Total
Strongly agree	42 (26%)	4 (18%)	46 (25%)
Agree	72 (44%)	7 (32%)	79 (43%)
Neither agree nor disagree	32 (20%)	6 (27%)	38 (21%)
Disagree	8 (5%)	3 (14%)	11 (6%)
Strongly disagree	2 (1%)	1 (5%)	3 (2%)
Don't know	7 (4%)	1 (5%)	8 (4%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

A quarter of all respondents (25%) strongly agreed that mediation could play a role in resolving concerns about pharmacy professionals and a further 43% agreed with this proposal.

Despite this, 19% of organisations disagreed or strongly disagreed that mediation could play a role, compared to individuals (6%).

Around two-thirds of all respondents left explanatory comments. The following is an analysis of the themes found in these comments and wider engagement events.

6.1. Summary of themes

There was strong support amongst the respondents to this question for mediation. The most common theme from the responses was that mediation would be a useful tool for managing concerns about pharmacy professionals. It was also noted by some respondents that mediation would be appropriate in certain circumstances or if particular conditions were met.

On the other hand, many respondents highlighted potential challenges or circumstances when it would not be an appropriate outcome, or even expressed outright opposition to such a change. Moreover,

some respondents were reluctant to fully endorse mediation until the GPhC provided clarity on how it would work in practice.

The analysis below captures the themes found in the comments, in order of prevalence, as follows:

- Mediation is helpful
- Mediators must be carefully chosen
- More information required
- Only appropriate for certain types of concerns
- Other comments.

6.2. Mediation is helpful

A large number of respondents, including a higher proportion of organisations than individual respondents, felt that mediation would be a helpful way to resolve concerns. According to these respondents, the idea of bringing both sides of a concern together to reach an agreement through supported dialogue was positive. However, a sizeable minority of these respondents also drew attention to possible issues or more general points for the GPhC to consider, such as the importance of carefully selecting mediators (see section 6.3).

The potential to foster mutual understanding between pharmacy professionals and the public was put forward by some respondents as a key benefit of mediation. In their opinion, mediation gives the professional an opportunity to learn how their actions impacted the patient, at the same time as allowing complainants to fully understand the professional's actions and the context in which they were taken.

A few respondents highlighted how mediation could be a quick and effective way to deal with some concerns, particularly those which are less serious. Alternatively, a small handful suggested that mediation would allow pharmacy professionals to reflect on their actions and learn from them. It was also observed by a few respondents that mediation would encourage professionals to be open and honest about their mistakes, while very few noted that mediation would be a less stressful way of managing concerns.

6.3. Mediators must be carefully chosen

Some respondents suggested that the success of the proposals would depend on selecting appropriate individuals to act as mediators. However, respondents' opinions deviated on exactly what type of person should mediate. Some respondents stressed that the mediator should be independent of the GPhC. A small handful of respondents felt that they ought to be pharmacy professionals or someone with appropriate knowledge of pharmacy and pharmacy regulation. Conversely, a few were adamant that the mediator should be an experienced practitioner with appropriate training, rather than a pharmacy professional or member of GPhC staff.

6.4. More information required

For a handful of respondents the GPhC's proposals in respect of mediation required further information on how we envisaged it working in practice. A higher proportion of organisations than individuals raised this point. For example, a few respondents felt that more detail was needed on the situations that mediation might be appropriate for. The parties that would be involved in mediation and who would act as the mediator were also queried by a few respondents.

A small handful of respondents went as far to say that they could not comment on whether mediation would be an appropriate way to resolve concerns until clarity had been provided on how and when the GPhC intended to use this outcome.

6.5. Only appropriate for certain types of concerns

According to some respondents, including a higher proportion of organisations than individual respondents, mediation would only be useful in certain circumstances. Generally, there was a perception amongst these respondents that while mediation might have a role to play in resolving complaints, disagreements or disputes between patients and pharmacy professionals, it would not be appropriate for concerns which indicate that a professional's fitness to practise might be impaired, particularly those where there was a clear risk to patient safety.

6.6. Other comments

The following comments were left by a small number of respondents but still represented common themes from the responses:

- Alongside those respondents that felt mediation would be helpful, a few commented more generally that the proposals were appropriate. This theme was more commonly found in the responses from organisations than individuals.

- A few individual respondents suggested that mediation, if applied appropriately, would help reduce bias in our fitness to practise process.

- A few, mostly organisational, respondents expressed opposition to the idea that mediation could play a role in managing concerns. This view was much more frequently raised during stakeholder engagement events than responses to the survey. In particular, some of these respondents argued that mediation and fitness to practise were incompatible, given that the former is designed to resolve complaints and disputes, whereas the latter aims to protect the public and act in the public interest.

7. Service promises

To make sure we put people at the heart of what we do, we are proposing a number of service promises that set out what you should expect from us. These are included in the table on pages 17 and 18 of the **consultation document**.

Table 11: Views on our fitness to practise service promises

Q12. Do you think our service promises give you clear expectations of the service you will receive from us?	N and % individuals	N and % organisations	N and % Total
Yes	127 (78%)	20 (91%)	147 (79%)
No	15 (9%)	2 (9%)	17 (9%)
Don't know	21 (13%)	0 (0%)	21 (11%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

A large proportion of all respondents, including a higher number of organisations (91%) than individuals (78%), thought that our service promises gave clear expectations of the service people could expect from us.

A much smaller proportion (9%) of both organisations and individuals thought that the service promises did not give clear expectations of the service that people could expect from us.

Just over half of all respondents left explanatory comments. The following is an analysis of the themes found in these comments and wider engagement events.

7.1. Summary of themes

The respondents who left open-ended feedback raised a number of different points and views on the proposed service promises. Despite this, only a handful of themes were evident from the comments as a whole. The most prominent responses, by some distance, were general support and the opinion that the promises were clear and concise. Other common responses included requests for amendments and additions and calls for the GPhC to practise what we have set out in the service promises.

The themes emerging from the responses are presented below, in order of frequency, as follows:

- General support
- The service promises are clear and concise
- Amendment or addition
- The GPhC needs to practice what they have set out in the service promises
- Other comments.

7.2. General support

Many respondents expressed in general terms that they were in support of the service promises. This theme was more frequently found in the comments from organisations than individual respondents. Generally, these respondents held the view that the promises were a step in the right direction, which would help drive improvements in the service provided to patients and pharmacy professionals involved in the GPhC's fitness to practise process.

Of these respondents, a small number were particularly pleased with the commitment to have a dedicated member of staff assigned to the person that raised the concern and pharmacy professional the concern is about. A small handful of them were encouraged to see that the GPhC had shown a willingness to address the main areas for improvement in our fitness to practise process. It was also remarked by a few of them that the commitment to communicate likely timescales at the start of an investigation to all those involved was a positive move.

7.3. The service promises are clear and concise

Alongside those respondents that voiced general support for the service promises, many observed that they were set out in a clear and concise manner. Again, a higher proportion of organisations than individual respondents raised this point. Nevertheless, some of these respondents also proposed specific amendments or put forward more general feedback for the GPhC to consider, thereby signalling that they felt there was some room for improvement.

7.4. Amendment or addition

A handful of respondents put forward specific proposals on how the service promises could be improved, either through additions or amendments. In particular, it was suggested by some of these respondents that the promises should include a clear explanation of the fitness to practise process, so that those involved in investigations understand how we manage concerns. A few took issue with the word 'promises,' advising that 'values' or 'commitments' might be more appropriate. Moreover, one respondent advised that the promises should include some reference to being open and honest.

7.5. The GPhC needs to practice what they have set out in the service promises

Some individual respondents urged the GPhC to ensure that the service promises are put into practice. In doing so, they clearly implied that making a set of promises and delivering on them are two separate things, which do not automatically follow each other. Some of these respondents also observed that the GPhC's current service falls well below the standards set out in the promises. A few were even sceptical that the GPhC would be able fully implement them.

7.6. Other comments

In addition to the themes explored above, respondents left a number of other comments in relation to the service promises, the most common of which are set out below.

- A small handful of respondents urged the GPhC to support or work with pharmacy professionals that have had concerns raised about them, including keeping them informed throughout the investigation process. This comment was left more frequently by organisations than individual respondents.

- It was observed by a few respondents, including a higher number of organisations than individual respondents, that the GPhC's fitness to practise process can be stressful and overwhelming for pharmacy professionals. In consequence, these respondents suggested that we need to do more to put professionals that have concerns raised about them at ease.

- A few respondents encouraged the GPhC to show more compassion, empathy and kindness when dealing with pharmacy professionals going through the fitness to practise process. Once again, a higher number of organisations than individual respondents raised this point.

- A few individual respondents queried how the GPhC would be held to account to ensure that the level of service set out in the promises is adhered to.

8. The barriers encountered by people sharing certain protected characteristics in our fitness to practise process

We want to improve our understanding about the potential barriers that may prevent groups and individuals being able to engage effectively with us because of one or more protected characteristics. This will help us develop effective measures to remove these barriers. In particular, we want to understand whether people who share one or more protected characteristics encounter specific barriers in our fitness to practise processes, because of those characteristics, once a concern has been raised.

Table 12: Views on the specific barriers encountered by people with protected characteristics

Q14. Do you think people who share one or more protected characteristic/s encounter specific barriers in our fitness to practise processes because of that characteristic?	N and % individuals	N and % organisations	N and % Total
Yes	57 (35%)	10 (45%)	67 (36%)
No	46 (28%)	2 (9%)	48 (26%)
Don't know	60 (37%)	10 (45%)	70 (38%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

The most common response by respondents (38%) was that they did not know whether people who share one or more protected characteristic/s encountered specific barriers in our fitness to practise processes because of that characteristic. However, around a third of all respondents including a larger proportion of organisations (45%) than individuals (35%) thought that people sharing particular protected characteristics did encounter barriers. Around a quarter of all respondents did not think that people encountered specific barriers, including more individuals (28%) than organisations (9%).

Respondents who felt that people sharing certain protected characteristics did encounter barriers were asked to leave explanatory comments, including any measures to remove these barriers. Around a third of all respondents left comments on this question. The following is an analysis of the themes found in these comments and wider engagement events.

8.1. Summary of themes

By and large the responses to this question focused on perceived bias and discrimination against those sharing certain protected characteristics in our fitness to practise process or the pharmacy sector as a whole, particularly in relation to professionals from a BAME background. Alongside these comments, a small minority of respondents put forward specific barriers to engagement, suggested how to reduce bias and discrimination against those sharing certain protected characteristics or highlighted ways to remove barriers for these groups more generally.

Set out below are the themes found in the responses, in order of prevalence, as captured here:

- Bias, discrimination and barriers faced by professionals from a BAME background
- GPhC staff composition should be more diverse
- Other individuals that experience bias, discrimination and specific barriers
- Bias, discrimination and barriers to engagement are inevitable
- Other suggestions to remove barriers to engagement and reduce bias and discrimination.

8.2. Bias, discrimination and barriers faced by professionals from a BAME background

A large number of respondents said that professionals from a BAME background experienced bias and discrimination in our fitness to practise process. This theme was more commonly found in the responses from organisations than individual respondents.

More specifically, some respondents drew attention to the higher referral rates for concerns about professionals from a BAME background, compared to their white counterparts. This point was taken further by a few respondents who suggested that the disproportionate referral rates were a symptom of underlying conscious and unconscious bias in our society. A handful of respondents said that professionals from a BAME background were overrepresented in our investigations and hearings, relative to their proportion of the register. It was also remarked by a few respondents that ethnic minorities received disproportionately more serious outcomes.

A few respondents suggested that cultural differences might create barriers to engagement for professionals from ethnic minority backgrounds and impact the outcomes they receive. For instance, it was suggested that cultural norms and values could influence how a professional from an ethnic minority background deals with allegations or the extent to which they would be willing to access support.

8.3. GPhC staff composition should be more diverse

It was suggested by a handful of individual respondents that the GPhC's workforce should be more diverse, in order to reduce bias and discrimination in our fitness to practise process as well as tackle the specific barriers faced by professionals sharing certain protected characteristics. In particular, most of these respondents felt that more individuals from BAME backgrounds should sit on fitness to practise panels. On a similar note, some them thought that more individuals from BAME backgrounds should be part of the GPhC's pool of case workers and senior leaders, including Council members.

8.4. Other individuals that experience bias, discrimination and specific barriers

Alongside professionals from BAME backgrounds, respondents pointed to several other individuals sharing particular protected characteristics that experienced bias and discrimination or encountered barriers to engagement. These groups are captured below.

- Some respondents suggested that certain professionals were discriminated against or experienced barriers to engagement because of their sex or gender.

- A handful of respondents highlighted specific barriers to engagement for those with disabilities, including communications difficulties and a lack of awareness of mental health issues at the GPhC, or noted that disabled professionals experienced bias and discrimination.

- A small handful of respondents indicated that some professionals faced bias, discrimination and barriers to engagement because of their age.

- A few respondents highlighted how professionals experienced bias and discrimination due to their religious values or beliefs.

8.5. Bias, discrimination and barriers to engagement are inevitable

A small handful of individual respondents held the view that bias, discrimination and barriers to engagement for some people or groups were inevitable. Generally, there was a perception amongst

them that prejudice and discrimination were human traits or a natural product of a multicultural society which could not be removed.

8.6. Other suggestions to remove barriers to engagement and reduce bias and discrimination

It was recommended by very few respondents that the GPhC should introduce blind assessment of concerns. Simply put, this would mean that those investigating and making decisions about a pharmacy professional's fitness to practise would not have access to information about any of their personal or protected characteristics.

Very few respondents proposed that the GPhC should publish a breakdown of the percentage of their workforce sharing certain protected characteristics.

9. Remote hearings

During the pandemic we have learnt that remote hearings can be effective in certain circumstances. We want to understand more about when they could be used and what impact they may have.

Table 13: Views on continuing with remote hearings

Q14. Do you think that to continue with remote hearings would:	N and % individuals who responded 'Yes'	N and % organisations who responded 'Yes'	N and % Total who responded 'Yes'
Disadvantage anyone?	65 (40%)	16 (73%)	81 (44%)
Present any risks to a fair hearing?	68 (42%)	14 (64%)	82 (44%)
Have benefits for those involved?	89 (55%)	19 (86%)	108 (58%)
Total N of responses.	**163 (100%)**	**22 (100%)**	**185 (100%)**

In general, a higher proportion of organisations than individuals indicated that continuing with remote hearings would disadvantage some people (73% vs 40%), present risks to a fair hearing (64% vs 42%) and have benefits for those involved (86% vs 55%).

An equal proportion of all respondents (44%) thought that continuing with remote hearings would disadvantage some people, and present risks to a fair hearing. However, a slightly higher proportion of all respondents (58%) felt that it would also have benefits for those involved.

Just over two-thirds of all respondents left explanatory comments. The following is an analysis of the themes found in these comments and wider engagement events.

9.1. Summary of themes

Strong arguments on remote hearings, both for and against, were presented by the respondents to this question. In fact, it was common for a single response to carefully weigh up the positives and negatives of remote hearings. The accessibility, flexibility and approachability of remote hearings were put forward by respondents as some of the key benefits. Additionally, a handful of respondents felt that

they would be an effective method to conduct hearings. On the other hand, many respondents argued that remote hearings were not as good as face-to-face, not least because they might create barriers to effective communication, including non-verbal cues.

The themes emerging from the comments are captured below, starting with the most common and ending with least prevalent, as listed here:

- Online is not as good as face-to-face
- Remote hearings are accessible, flexible and effective
- Issues with technology
- Remote hearings are more approachable
- Reduces cost and resources
- Those involved should be given a choice
- Will need to make necessary arrangements.

9.2. Online is not as good as face-to-face

A large number of respondents held the view that face-to-face hearings were preferable over remote hearings. This opinion was more frequently found in the comments from individual respondents than organisations. However, many of these respondents also conceded that there were some advantages to remote hearings. Equally, a handful recognised that while face-to-face hearings were the best option, remote hearings might be appropriate in some circumstances, such as review hearings and cases of a less serious or contentious nature.

Some respondents were concerned that remote hearings might prevent or, at the very least, inhibit those involved from picking up on non-verbal cues and body language. Likewise, some felt that remote hearings presented more of a challenge to effective verbal communication, both amongst the panel itself and between committee members and the pharmacy professional. A small handful of respondents took these points further, suggesting that online hearings could present challenges to assessing disputed evidence or the credibility of a witness.

A few respondents argued that remote hearings might disadvantage pharmacy professionals, particularly those that are unrepresented or unfamiliar with the process. The possibility that the remote format might lead to bias within fitness to practise committee decision making was also highlighted by very few respondents.

9.3. Remote hearings are accessible, flexible and effective

Many respondents, including a higher proportion of organisations than individual respondents, were of the opinion that remote hearings were accessible, flexible or effective. In particular, most of these respondents identified accessibility as a key benefit of remote hearings, especially since they do not involve travelling to the GPhC's office in Canary Wharf. It is important to note, however, that many of these respondents also drew attention to potential issues with remote hearings – the most common of which will be explored below – or suggested that they would only be appropriate in certain circumstances or with the consent of all those involved.

9.4. Issues with technology

Some respondents, including a much larger proportion of organisations than individual respondents, cautioned that technical issues, including poor internet connection, could pose a challenge to the smooth-running and fairness of remote hearings. In particular, most of these respondents highlighted how remote hearings might disadvantage those who are less technologically savvy, have poor broadband speeds or have limited access to IT resources. Similarly, a small number of them noted that technical difficulties could inhibit communication during a hearing.

9.5. Remote hearings are more approachable

Some respondents, including a greater proportion of organisations than individual respondents, remarked that remote hearings were less intimidating than in-person hearings. According to these respondents, hearings conducted remotely could be less stressful for pharmacy professionals and witnesses alike, as it allows them to participate in a familiar, comfortable environment, without the added strain and anxiety of attending the GPhC's office.

9.6. Reduces cost and resources

A handful of respondents, including a larger proportion of organisations than individuals respondents, highlighted how remote hearings were more cost-effective and resource-efficient compared to face-to-face hearings. Many of these respondents pointed out that pharmacy professionals and witnesses would not incur travel and accommodation costs for remote hearings. Some of them observed how the GPhC would save money when conducting remote hearings. It was also pointed out that remote hearings would help expedite the process of conducting hearings and fitness to practise proceedings more generally.

9.7. Those involved should be given a choice

Some respondents suggested that the pharmacy professional and witnesses involved in a hearing should be given the choice of an in-person or online hearing. Organisations more frequently raised this point than individual respondents. A handful of these respondents also remarked that remote hearings should only go ahead with the consent of all involved.

9.8. Necessary arrangements and appropriate adjustments required

A small number of respondents implied or stated explicitly that when conducting remote hearings the GPhC would need to make appropriate adjustments for those who may experience technical difficulties, are unfamiliar with the process or have a disability, such as visual impairment or hearing difficulties. This theme was much more commonly found in the responses from organisations than individual respondents.

10. Personal experience statements

We want to get a better understanding of the wider implications and appropriateness of using personal experience statements – from the people affected by the concern – in the fitness to practise process. The statements could be taken into account at any stage, including during an investigation, at an investigating committee, or at a fitness to practise hearing.

Table 14: Views on the use of personal experience statements in the fitness to practise process

Q17. Do you think that we should take personal experience statements into account when deciding what regulatory action is suitable?	N and % individuals	N and % organisations	N and % Total
Yes	101 (62%)	10 (45%)	111 (60%)
No	24 (15%)	8 (36%)	32 (17%)
Don't know	38 (23%)	4 (18%)	42 (23%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

A much larger proportion of all respondents (60%) thought that we should take personal experience statements into account when deciding what regulatory action is suitable compared to those who didn't (17%). However, a larger proportion of individuals (62%) agreed with this rather than organisations (45%). Around a quarter of all respondents did not know whether personal experience statements should be taken into account.

Around two-thirds of all respondents left explanatory comments. The following is an analysis of the themes found in these comments and wider engagement events.

10.1. Summary of themes

The respondents who left feedback on this topic were generally positive about the idea of introducing personal experience statements into the GPhC fitness to practise process. A large number of respondents presented arguments in favour of the proposals, most notably the view that they would allow the GPhC and pharmacy professionals to understand the impact of concerns on patients and families. This was accompanied by a large handful who indicated that personal experience statements would work if applied appropriately or to the right types of cases.

Importantly, however, respondents were some distance from wholly in support of personal experience statements. A sizeable minority expressed outright opposition or identified when experience statements would not be an appropriate consideration.

Set out below are the themes found from the responses, in order of prevalence, as follows:

- Support for personal experience statements
- Personal experience statements will only work if used appropriately
- Personal experience statements are not appropriate
- Personal experience statements are too subjective
- Negative impact on pharmacy professionals
- Other comments.

10.2. Support for personal experience statements

Many respondents, including a greater proportion of organisations than individual respondents, argued that personal experience statements would be a useful tool or have an important role to play in the

GPhC's fitness to practise process. It is worth noting, however, that a sizeable minority of these respondents also cautioned that experience statements would only be of value if they are used appropriately or in the right circumstances (see section 10.3).

More specifically, some respondents stressed the importance of understanding the impact than the incident or error leading to the concern had on the patient and their family, both from the pharmacy professional's point of view and the GPhC's. A few respondents developed this idea further, suggesting that personal experience statements could help professionals learn and reflect on their mistakes. On a similar note, a handful suggested that patients and families should be given a voice in the fitness to practise process.

A small number of respondents remarked that personal experience statements would give the GPhC a complete or fuller picture of the concern. It was also observed by a few respondents that capturing the patient's experience and impact would support a person-centred approach to investigations.

10.3. Personal experience statements will only work if used appropriately

Some respondents implied or stated explicitly that personal experience statements would only be effective if used appropriately. A much higher proportion of organisations than individual respondents commented in this manner. This view was also expressed quite frequently in the stakeholder engagement events and meetings.

Respondents' views, however, diverged on exactly how and when it would be appropriate to take personal experience statements into account. According to some of these respondents, personal experience statements would not be an appropriate consideration when deciding on the outcome of a case. This was often based on a perception that personal experience statements are not reliable sources of evidence, especially in light of their subjectivity. On the other hand, some of them suggested that personal experience statements would only work if they are carefully assessed and scrutinised, including taking into account the context in which the incident occurred.

A small handful of these respondents highlighted the importance of taking statements early in the fitness to practise process, as the degree of separation between the event and statement might impact the accuracy of the account. Moreover, a few observed that personal experience statements should be fact-based, rather than emotive in nature.

10.4. Personal experience statements are not appropriate

Some respondents, including a slightly higher proportion of organisations than individual respondents, argued that personal experience statements would not be appropriate to take into account, either when deciding what regulator action is necessary or at any stage in the fitness to practise process. This opinion was also frequently voiced by participants in the stakeholder engagement events.

Of these respondents, many emphasised that fitness to practise investigations and decisions should be based on facts and evidence, rather than emotive statements. Some of them mentioned that personal experience statements might give the person that raised the concern and their family unrealistic expectations of the objectives and purpose of fitness to practise as well as the influence they have on the outcome. The potential to introduce inconsistency into fitness to practise outcomes was also raised by some of these respondents as a key issue.

10.5. Personal experience statements are too subjective

Some respondents, including a marginally higher proportion of organisations than individual respondents, cautioned that personal experience statements would, or could, be too subjective or emotive. For the most part, this point was expressed as rationale behind the view that experience statements should not have a place in the GPhC's fitness to practise process. However, a small minority raised this issue as a warning that they would only work if used appropriately.

Some of these respondents even suggested that those writing personal accounts might be inclined to exaggerate the impact of an incident which, in turn, could lead to experience statements having undue influence on outcomes of fitness to practise concerns.

10.6. Negative impact on pharmacy professionals

A handful of respondents took the view that the introduction of personal experience statements would have a negative impact on pharmacy professionals. This point was raised much more frequently by organisations than individual respondents. Most of these respondents were concerned that experience statements could bias the fitness to practise process against pharmacy professionals, especially in light of their emotive nature. Alternatively, a few of them claimed that a detailed and emotionally charged impact statement might weight heavily on the pharmacy professional, leading to further stress, anxiety and emotional strain.

10.7. Other comments

Respondents raised several other points in relation to personal experience statements, as well as those already explored, the most common of which are captured below.

- It was proposed by a few individual respondents that, if the GPhC introduces personal experiences statements for the person that raised the concern, we should also take into consideration the experience of the pharmacy professional.

- A small handful of respondents felt that personal experiences statements would only suit certain cases. There was no consensus amongst these respondents, however, on which cases experience statements would be appropriate for.

- A few respondents, including a higher proportion of organisations than individual respondents, requested further information on this proposal. In particular, respondents asked how much weight statements would be given when deciding what regulatory action to take, whether they would be factual accounts or based on emotion and feeling, and if pharmacy professionals would have the opportunity to respond.

11. Understanding the experiences of people who have been involved in a concern

We are committed to improving, and learning from people's experiences of being involved in a concern. We know we can improve how we communicate with people throughout our process to get feedback from everyone involved.

In the survey, we asked respondents **'What methods would be effective in getting feedback from, and understanding the experience of, people that have raised a concern or had a concern raised against them?'**. Therefore, there was no quantitative data to report.

Around three quarters of all respondents answered this question. The following is an analysis of the themes found in these comments and wider engagement events.

11.1. Summary of themes

Respondents put forward a handful of specific methods for effectively gathering feedback from members of the public and pharmacy professionals that are involved in our fitness to practise process. The leading suggestions that emerged included interviews, conversations and written methods of feedback, most notably surveys, questionnaires and feedback forms.

These themes are set out and analysed below, in order of frequency, followed by a summary of the less frequently mentioned comments from the responses, as listed here:

- Interviews and conversations
- Written feedback
- Other comments.

11.2. Interviews and conversations

A large number of respondents were of the opinion that interviews and conversations, including phone calls, face-to-face meetings and online video sessions, would be effective ways to gather feedback from those involved in our fitness to practise process. This view was much more frequently expressed by individual respondents than organisations. A handful of these respondents also stressed that face-to-face discussions would be preferable over online meetings, phone calls and written responses. Moreover, a few specified that the inspectors should facilitate the interviews or discussions with stakeholders.

11.3. Written feedback

Many respondents advised that people involved in our fitness to practise process could share their experiences through feedback forms, questionnaires, surveys or other forms of written feedback, including reflective statements, emails, texts and reports. A higher proportion of organisations than individual respondents commented in this manner.

Of these respondents, some emphasised that they would only be effective if well designed; that is clear, simple, easy to understand and straightforward to complete. A handful of them specifically mentioned that the survey or questionnaire should be available online. It was also suggested by a few of them that questionnaires, surveys or other written feedback should be followed by, or offered as well as, in-person meetings or phone calls.

11.4. Other comments

Alongside the themes set out above, respondents raised several other comments in respect of obtaining feedback from those involved in our fitness to practise process. The most common themes from these responses are captured below.

- Some respondents, including a slightly larger proportion of organisations than individual respondents, implied or stated explicitly that pharmacy professionals and members of the public should be able to provide feedback via their preferred method.

- A handful of respondents emphasised that feedback should be anonymous or obtained through a third party. This theme was much more frequently found in the comments from organisations than individual respondents.

- A small number of respondents specifically mentioned when we should solicit feedback from our stakeholders. Most of these respondents stressed the importance of asking for feedback routinely throughout the fitness to practise process. A large minority, however, took the opposite view, suggesting that feedback should be gathered once a concern had concluded.

- It was suggested by very few respondents that the GPhC's approach to gathering feedback should encompass a range of methods, rather than one or two in isolation.

12. Considering the wider context when assessing and managing concerns

We will consider the wider context within which a professional is working when we assess concerns and decide on the most appropriate way of managing the concern. We think that if we can better understand the context, then we can better identify whether there is a fitness to practise concern at all, or whether the issue would be better dealt with in another way, for example through our inspections.

Table 15: Views on our proposal to consider the wider context when assessing and managing concerns

Q20. To what extent do you agree or disagree that the wider context within which a professional is working should be a significant factor when assessing a concern?	N and % individuals	N and % organisations	N and % Total
Strongly agree	80 (49%)	15 (68%)	95 (51%)
Agree	62 (38%)	5 (23%)	67 (36%)
Neither agree nor disagree	15 (9%)	2 (9%)	17 (9%)
Disagree	2 (1%)	0 (0%)	2 (1%)
Strongly disagree	2 (1%)	0 (0%)	1 (1%)
Don't know	3 (2%)	10 (<1%)	3 (2%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

The majority of all respondents either strongly agreed (51%) or agreed (36%) that the wider context should be a significant factor when assessing a concern. A larger proportion of organisations strongly agreed (68%) compared to individuals (49%). Very few respondents disagreed or strongly disagreed.

Around two-thirds of all respondents left explanatory comments. The following is an analysis of the themes found in these comments and wider engagement events.

12.1. Summary of themes

Only a narrow range of themes emerged from the comments on this topic. The most prevalent response, by some distance, was that taking context into account when assessing and managing

concerns was a good idea. The other frequently expressed view was that employers and owners should take more responsibility.

Set out below is an analysis of these themes, presented in order of frequency, concluded with a selection of the less prevalent themes from the comments, as listed here:

- Support for taking context into account

- Employers and managers should take more responsibility

- Other comments.

12.2. Support for taking context into account

A large majority of respondents, including a higher proportion of organisations than individual respondents, argued that taking the wider context into account was a good idea. In particular, many respondents emphasised that working environments and other contextual factors can play a key role in concerns or have a considerable impact on pharmacy professionals' behaviours and practise. Moreover, a handful of respondents suggested that it would be fairer to the pharmacy professional concerned to understand the context in which they were working when deciding what regulatory action to take. The importance of obtaining the full picture of a concern was also stressed by a few respondents, while others observed that consideration of the wider context could expose broader systems or corporate related issues.

12.3. Employers and managers should take more responsibility

Some respondents implied or stated explicitly that pharmacy employers and managers should take more responsibility for ensuring patient safety and for their role in the incidents and errors reported in concerns. This theme was more commonly found in the responses from individual respondents than organisations. Generally, in their opinion employers and managers often place unrealistic expectations on pharmacy professionals or create challenging working environments, which they should be held to account for.

12.4. Other comments

Respondents left a number of other comments on this topic alongside those set out above, the most common of which are presented below.

- A few respondents, including a slightly higher proportion of organisations than individual respondents, welcomed, in general terms, the notion of taking the wider context into account.

- It was suggested by a few respondents that the wider context should only be taken into account in certain cases. There was no agreement, however, amongst these respondents on exactly what type of case consideration of the wider context would be appropriate for.

- A few respondents used this opportunity to encourage the GPhC to support pharmacy professional that have had concerns raised about them.

13. Improving the way we provide support to patients and the public

We plan to improve our website, website materials (guidance about what we deal with and guidance for witnesses) and online form for raising a concern. This is to improve the support we give to patients and the public involved in the fitness to practise process.

In the survey, we asked respondents **'Are there any other ways, not identified in our proposals, we could provide support to patients and the public involved in the fitness to practise process?'**. Therefore, there was no quantitative data to report.

Around a third of all respondents answered this question. The following is an analysis of the themes found in these comments and wider engagement events.

13.1. Summary of themes

Respondents put forward several distinct recommendations on how the GPhC could provide support to patients and members of the public involved in fitness to practise proceedings. The most commonly mentioned suggestion was creating and disseminating information on fitness to practise, closely followed by proposals relating to online support. In addition, some respondents advised that the current system for raising concerns needed improving.

These recommendations will be examined further below, in order of prevalence, alongside a summary of the less frequently mentioned comments, as follows:

- Information to help raise awareness on fitness to practise
- Online support
- Issues with current system for raising a concern
- Other comments.

13.2. Information to help raise awareness on fitness to practise

Some respondents encouraged the GPhC to produce and share information that improves awareness and understanding of fitness to practise amongst patients and the public. A much higher proportion of organisations than individual respondents left comments of this nature. This theme was also prominent in the feedback received during the public focus groups. In particular, these respondents suggested that we should develop and provide information on:

- how to raise concerns;
- how we manage concerns, including a timeline of how cases progress;
- the role and purpose of fitness to practise;
- what constitutes a fitness to practise issue; and
- likely outcomes, to help manage expectations.

A small handful of respondents went as far to say that hard-copy material on fitness to practise, particularly on raising concerns, such as posters, leaflets and bulletins, should be made available in pharmacies.

13.3. Online support

Some respondents, including a slighter larger proportion of individual respondents than organisations, noted that the GPhC should provide support to patients and the public through our website and social media. More specifically, a handful of respondents advised that we make general improvements to the website. This included fixing broken links, introducing different types of media for those with disabilities and making the website less wordy, with more information presented in tables, graphics and flow charts.

A few respondents proposed developing video resources for the website on topics such as fitness to practise and the role of pharmacists. It was also proposed by one respondent that the GPhC should hold more outreach events online, including webinars and online training sessions.

13.4. Issues with current system for raising a concern

A handful of respondents suggested that there was room for improvement with the GPhC's current system for raising concerns. This theme was more commonly found in the responses from organisations than individual respondents, but only by a small margin. Of those that raised this point, a few identified the online concerns form specifically, noting that it was poor and a barrier to engagement.

13.5. Other comments

The following suggestions on how we could provide support for patients and the public were put forward by a small minority of respondents, but still represented common themes from the responses:

- A small handful of respondents advised that we engage with the public and our stakeholders – including health boards, patient representative groups and other patient support organisations – in order to raise awareness of fitness to practise and how to raise concerns as well as understand more about how we could support patients and pharmacy professionals. This theme was more commonly found in the responses from organisations than individual respondents.

- It was recommended by a few respondents that we should signpost patients and the public to appropriate sources of support and advice, such as patient advocacy groups, other avenues to pursue concerns, sites containing further information on pharmacy and where to make a complaint about the GPhC.

Alongside the suggestions outlined above, some respondents left more general feedback, including:

- A few respondents expressed general approval for the plan to improve our website, website materials and online form for raising a concern.

- Very few respondents highlighted supportive measures that could be introduced, including developing training resources, to give pharmacy professionals back to work advice, mental health support and guidance for unrepresented pharmacy professionals.

14. The impact of the proposed changes on people sharing particular protected characteristics

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

Figure 1: Views of all respondents (N = 185) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010
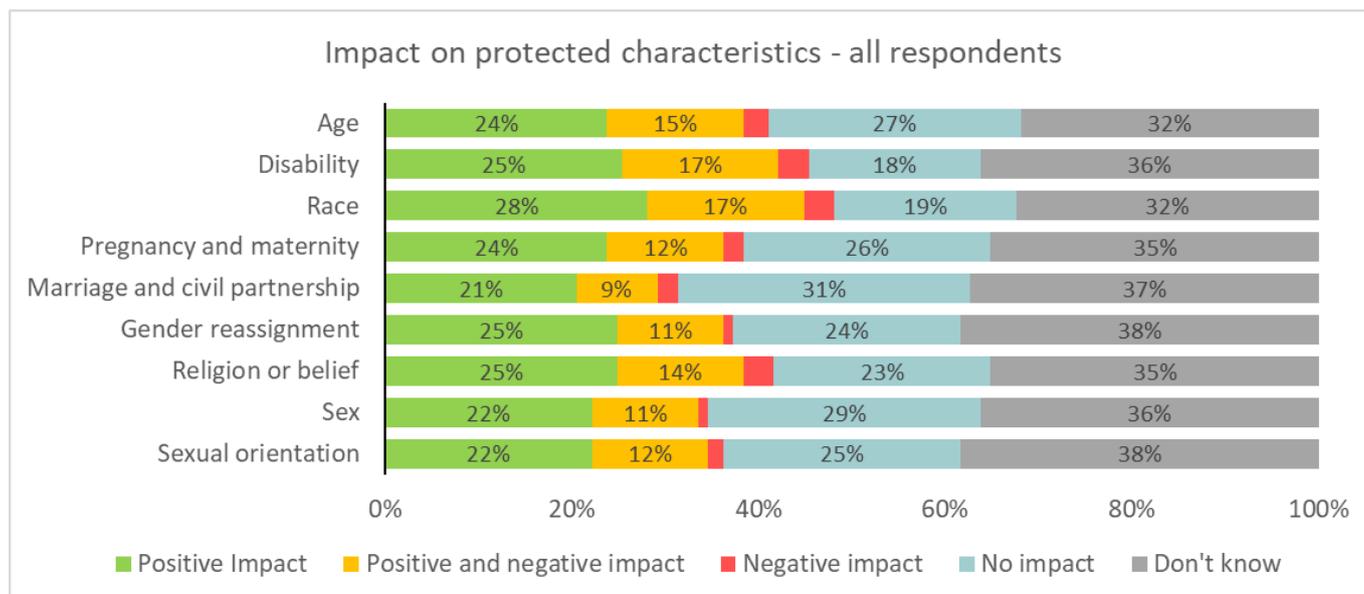
Most respondents did not know what type of impact the proposals would have on people sharing certain protected characteristics. Very few respondents thought that the proposals would have a negative impact on people who share any of the protected characteristics.

Marriage and civil partnership was the protected characteristic where the largest number of respondents most commonly thought there would be no impact (31%). In contrast, the protected characteristic which respondents most often thought would be positively impacted by our proposals was race.

A full breakdown of individual and organisational responses to this question is available in **Appendix 5**.

Around half of all respondents left explanatory comments. The following is an analysis of the themes found in these comments.

14.1. Summary of themes

Respondents that left comments were divided on the impact that our proposals would have on the groups identified above. While some respondents suggested that our proposals would or could have a positive impact on all or one of these groups, a similar proportion observed that the impact would most likely be the same for all these groups. Only a few respondents argued that our proposals would have a negative impact on those who share any of the protected characteristics.

The analysis that follows sets out the themes found in the comments, in order of frequency, as captured here:

- Positive impact on individuals sharing certain protected characteristics
- Everyone will be impacted the same regardless of protected characteristics
- Negative impact on individuals sharing certain protected characteristics
- Racial bias and discrimination
- Blind assessments.

14.2. Positive impact on individuals sharing certain protected characteristics

A handful of respondents expressed that our proposals would or could have a positive impact on all or one of the groups identified above. A slightly higher proportion of organisations than individual respondents left comments of this nature.

Of these respondents, many remarked in general terms that those sharing certain protected characteristic could benefit from the proposals. For example, it was suggested that conducting more enquiries at triage could reduce the overrepresentation of those sharing certain protected characteristics in our fitness to practise process. Some of them pointed specifically to professionals from a BAME background, indicating that they should be positively impacted by the proposals. Moreover, a few suggested that our proposals would most likely have a positive impact on certain individuals due to their sex, gender or disabled status.

14.3. Everyone will be impacted the same regardless of protected characteristics

A handful of respondents suggested that the impact of our proposals would, or would most likely, be the same for everyone irrespective of protected characteristics. This type of response was left by a marginally higher proportion of individual respondents than organisations. A few of these respondents also stressed that personal characteristics should not be relevant considerations for fitness to practise proceedings and that they should instead focus on the facts of the case.

14.4. Negative impact on individuals sharing certain protected characteristics

A few respondents, including a much higher proportion of organisations than individual respondents, indicated that one or more of the groups listed above would or could be negatively impacted by our proposals. For the most part, these respondents suggested that older individuals, who are often less technologically savvy than their younger counterparts, might be at a disadvantaged, particularly if more hearings are conducted remotely. On the other hand, a few remarked more generally that the reforms to fitness to practise could negatively impact all the groups identified above.

14.5. Racial bias and discrimination

A small number of respondents, including a higher proportion of organisations than individual respondents, used this opportunity to highlight how professionals from a BAME background experienced bias and discrimination in our fitness to practise process. In particular, they pointed to the disproportionate number of concerns about professionals from a BAME background referred to the GPhC as well as the perceptions that these professionals were overrepresented in fitness to practise cases and that decision making was biased against them.

A sizeable minority of these respondents also urged the GPhC, in general terms, to explore ways to reduce bias and discrimination or put forward specific suggestions on how to achieve this, such as blind assessment of concerns (see section 14.6), education and training, and collecting ethnicity data for concerns.

14.6. Blind assessments

A few respondents encouraged the GPhC to anonymise the personal or protected characteristics of pharmacy professionals that have concerns raised against them, either throughout the fitness to practise process or at a specific point, such as the investigating committee or hearing stage. A higher proportion of organisations than individuals respondents made this recommendation.

15. The impact of the proposals

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

Table 16: Views on the impact our proposals will have on any other individuals or groups

Q24. Do you think our proposals would have a positive or negative impact on any other individuals or groups?	N and % individuals	N and % organisations	N and % Total
Yes - positive impact	53 (33%)	5 (23%)	58 (31%)
Yes – negative impact	7 (4%)	1 (5%)	8 (4%)
Yes – positive and negative impact	27 (17%)	8 (36%)	35 (19%)
No impact	17 (10%)	3 (14%)	20 (11%)
Don't know	59 (36%)	5 (23%)	64 (35%)
Total N of responses	**163 (100%)**	**22 (100%)**	**185 (100%)**

A large number of respondents (31%) including a similar proportion of individuals and organisations thought that our proposals would have a positive impact on other individuals or groups. However, out of all respondents, the most frequent response was that they did not know what type of impact the proposals would have (35%). A higher proportion of organisations (36%) than individuals (17%) felt that the proposals would have both a positive and negative impact on any other individuals or groups.

Around half of all respondents left explanatory comments. The following is an analysis of the themes found in these comments.

15.1. Summary of themes

The most common theme found in the responses to this question was the belief that it was not possible to judge whether our proposals would have a positive or negative impact. In addition, respondents identified a number of other individuals or groups that would, or could, be positively impacted by our proposals, including pharmacy professionals and members of the public. A handful of respondents went as far to say that everyone would benefit from the proposals.

The analysis below sets out the themes emerging, in order of prevalence, as listed here:

- Cannot judge impact
- Positive impact on pharmacy professionals

- Positive impact on everyone
- Positive impact on patients and members of the public
- Negative impact on pharmacy professionals
- Other comments.

15.2. Cannot judge impact

Some respondents expressed that they could not judge whether or not our proposals would have a positive or negative impact on people that share one or more protected characteristics or on any other individuals or groups. A much higher proportion of individual respondents than organisations expressed this view.

Some of these responses were based on the impression that the strategy contained only limited information on the proposals. On the other hand, some noted that they were unable to judge the effect of our proposals unless they had been directly affected by them. A handful of these respondents suggested that the impact would depend on the individual and their circumstances. It was also remarked that the impact could only be ascertained once the proposals have been fully implemented.

15.3. Positive impact on pharmacy professionals

Some respondents held the view that our proposals would or should have a positive impact on pharmacy professionals. Explaining why, a sizeable minority of these respondents drew attention to our commitment to shift the focus of fitness to practise from blame and punishment to learning and improvement. On the other hand, some of them cited the commitment to improve our communication with those involved in the fitness to practise process as a key reason why pharmacy professionals should be positively impacted. The proposal to consider the wider context when assessing and managing concerns was also highlighted by a handful of these respondents as rationale for why professionals would benefit.

15.4. Positive impact on everyone

A handful of respondents suggested that our proposals would have a positive impact on everyone, including those who share one or more protected characteristics. A few of these respondents based their response on the notion that the strategy would improve the timeliness of our investigations. Equally, a few cited the commitment to adopt a person-centred approach as a key reason why the proposals would benefit everyone.

15.5. Positive impact on patients and members of the public

A handful of respondents thought that patients and members of the public would or could be positively affected by our proposals. In explanation, these respondents put forward a broad range of points. The shift to a culture of learning and improvement, away from one of blame and punishment, was singled out by some of them as an explanation for this view. Other explanations given included that the proposals should create a process that is easier to access and a perception that the changes would lead to clearer communication with those involved in the process.

15.6. Negative impact on pharmacy professionals

It was suggested by a handful of respondents that pharmacy professionals would or could be negatively affected by our proposals. Some of these respondents drew special attention to mediation as an area of concern for professionals. They felt that this way of resolving concerns might increase stress and anxiety

for professionals or exclude those who are less likely to engage with restorative approaches or meet the criteria for mediation. Personal experience statements were also highlighted by a few of these respondents as a potential source of stress and anxiety, and a method that might lead to conscious and unconscious bias in our decision making.

15.7. Other comments

The following comments were left by a small number of respondents, but still represented common themes from the responses:

- A few individual respondents observed that our proposals should have no impact on any of the individuals and groups mentioned above, including those sharing particular protected characteristics. Some of these respondents, however, also noted that this would depend on the necessary safeguards being put in place or those involved in our fitness to practise process being treated fairly.

- A few respondents, including a much higher proportion of organisations than individual respondents, used this opportunity to express general support for the strategy as a whole or one particular aspect of the document. The proposals singled out for praise included the commitment to shift the perception from that of a body 'policing' its members towards one that presents a more human face and the pledge to understand more about disproportionate referral rates for professionals from a BAME background, amongst others.

- A small number of individual respondents emphasised that the fitness to practise process should be fair to all individuals or groups involved.

- A few respondents felt that employers would most likely benefit from the proposals.

- Very few respondents asked for more information on this topic or the strategy more generally. For instance, one organisation requested further clarity on the volume of cases the GPhC would divert from fitness to practise proceedings to non-formal routes, along with those that might not proceed to an investigation at all.

Appendix 1: Summary of our draft proposals

Section one: Strategic aims and outcomes

Strategic aims

We used what we learnt from our engagement and reviews to develop four strategic aims which will be the heart of 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. Our strategic aims are to:

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

- take a person-centred approach that is fair, inclusive and free from discrimination and bias

- shift the perception from blame and punishment to openness, learning and improvement

- take account of context and work with others to deal with problems in the wider pharmacy and healthcare systems.

Strategic outcomes

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

- Patients and the public receive safe and effective care because pharmacy professionals are safe to practise and can get any support they may need to help them meet our standards.

- Professionals understand the importance of being open and honest, and that if they acknowledge any mistakes quickly this will minimise the need for a fitness to practise investigation.

- It is easy to raise a concern, and understand the process and what it means to everyone involved.

- Our decisions are clear, timely, free of bias, proportionate and deal with the cause of the regulatory concern.

- Professionals, patients, the public and any witnesses feel confident and supported to take part in the process.

- Our stakeholders are confident we are taking appropriate action to deal with concerns, even if we do not start 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.

Section two: Our proposals and how we will achieve them

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

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

- 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.

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

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

- 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.

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

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 and a reduction in concerns raised about pharmacy professionals

- 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.

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

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 regulated healthcare professions. For example, we will work with other regulators to understand and learn about upstream regulation activities that support professionalism and prevention

- 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.

Appendix 2: About the consultation

Overview

The consultation was open for 12 weeks, beginning on 29 October 2020 ending on 22 January 2021 and. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted email responses

- we organised a series of stakeholder events aimed at pharmacy professionals, pharmacy service users, organisations and other interested parties

- we promoted the consultation through a press release to the pharmacy trade media, via our social media and through our e-bulletin Regulate.

Survey

We received a total of **188** written responses to our consultation. **163** of these respondents identified themselves as individuals and **25** responded on behalf of an organisation.

Of these responses, **185** had responded to the consultation survey (163 individuals and 22 organisations). The vast majority of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.

Alongside responses to the survey, we received **three** responses from individuals and organisations writing more generally about their views.

Stakeholder events

The questions in the online survey were also used as a structure for discussion in our stakeholder events, allowing us to capture people's views, and include them in our consultation analysis.

We held an online stakeholder engagement workshop, attended by a mix of employers, law firms, representative and support organisations and representatives from other health and care regulators, professional bodies and trade bodies.

We organised **two** patient focus groups online and held one-to-one meetings with **five** representative bodies who were unable to attend any of our other events.

We hosted an online webinar for pharmacy professionals and spoke at the Clinical Pharmacy Conference on 25 Sept 2020.

Around **65** individuals and representatives of organisations participated in the stakeholder engagement workshop and public focus groups. Around **1900** pharmacy professionals attended our online webinar.

Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period including notes from stakeholder events has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing, or heard them in meetings or events.

The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.

The term 'respondents' used throughout the analysis refers to those who completed the consultation survey and those who attended our stakeholder events. It includes both individuals and organisations.

If there were substantial differences between the views given in the consultation survey and those raised at stakeholder events, these differences are highlighted in the analysis.

Full details of the profile of respondents to the online survey is given in **Appendix 4**.

For transparency, **Appendix 6** provides a list of the organisations that have engaged in the consultation through the online survey, email responses and/or their participation in our stakeholder events.

The consultation questions are provided in **Appendix 7**.

Quantitative analysis

The survey contained a number of quantitative questions such as yes/no questions and rating scales. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%. This rounding also results in differences of up to one

percentage point when combining two or more response categories. Figures of less than 1% are represented as 0%.

All questions were mandatory and respondents had the option of selecting 'don't know'. Routing was used where appropriate to enable respondents to skip questions that weren't relevant. Skipped responses are not included in the tables for those questions.

Cells with no data are marked with a dash.

Qualitative analysis

This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email and postal responses, and notes of stakeholder engagement events.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of written responses and analysis of feedback from stakeholder events using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes presented in order of prevalence. The use of terms also indicates the frequency of views, for example 'many'/'a large number' represent the views with the most support amongst respondents. 'Some'/'several' indicate views shared by a smaller number of respondents and 'few'/'a small number' indicate issues raised by only a limited number of respondents. Terms such as 'the majority'/'most' are used if more than half of respondents held the same views. NB. This list of terms is not exhaustive and other similar terms are used in the narrative.

The consultation survey structure

The consultation survey was structured in such a way that one or more open-ended questions followed each closed question on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation proposals. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.

Appendix 4: Respondent profile: who we heard from

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify whether they were pharmacists, pharmacy technicians or pharmacy owners, and in what setting they usually worked. For organisational respondents, there were questions about the type of organisation that they worked for. The tables below present the breakdown of their responses.

Category of respondents

Table 17: Responding as an individual or on behalf of an organisation

Are you responding: (Base: all respondents)	Total N	Total %
As an individual	163	88%
On behalf of an organisation	22	12%
Total N of responses	**185**	**100%**

Table 18: Responding as a pharmacy owner

Are you a pharmacy owner? (Base: all respondents)	Total N	Total %
Yes	31	17%
No	154	83%
Total N of responses	**185**	**100%**

Profile of individual respondents

Table 19: Countries

Where do you live? (Base: all individuals)	Total N	Total %
England	142	87%
Scotland	14	9%
Wales	4	2%
Other	3	2%
Total N of responses	**163**	**100%**

Table 20: Respondent type

Are you responding as: (Base: all individuals)	Total N	Total %
A pharmacist	117	72%
A pharmacy technician	32	20%
A legal professional	2	1%
A member of the public	3	2%
Other	9	6%
Total N of responses	**163**	**100%**

Table 20: Main area of work

Sector (Base: pharmacists and pharmacy technicians)	Total N	Total %
Community pharmacy (including online)	72	48%
Hospital pharmacy	27	18%
Other	15	10%
Primary care organisation	7	5%
GP practice	6	4%
Pharmaceutical industry	7	5%
Research, education or training	12	8%
Other	15	10%
Total N of responses	**149**	**100%**

Table 21: Size of community pharmacy

Size of pharmacy chain (Base: individuals working in community pharmacy)	Total N	Total %
Independent pharmacy (1 pharmacy)	13	18%
Independent pharmacy chain (2-5 pharmacies)	12	17%
Small multiple pharmacy chain (6-25 pharmacies)	6	8%
Medium multiple pharmacy chain (26-100 pharmacies)	6	8%
Large multiple pharmacy chain (Over 100 pharmacies)	35	29%
Total N of responses	**72**	**100%**

Table 22: Involvement in our fitness to practise process

Have you been involved in our fitness to practise processes? (Base: all individuals)	Total N	Total %
Yes	37	23%
No	122	75%
Prefer not to say	3	2%
Don't know	1	1%
Total N of responses	**163**	**100%**

Profile of organisational respondents

Table 23: Type of organisation

Type of organisation: (Base: all organisations)	Total N	Total %
Organisation representing pharmacy professional or the pharmacy sector	10	45%
NHS organisation or group	3	14%
Other	3	14%
Registered pharmacy	2	9%
Regulatory body	2	9%
Organisation representing patients or the public	1	5%
Law firm	1	5%
Total N of responses	**22**	**100%**

Table 24: Size of pharmacy chain

Size of pharmacy chain (Base: registered pharmacies)	Total N	Total %
Large multiple community pharmacy chain (over 100 pharmacies)	1	50%
Small multiple community pharmacy chain (6-25 pharmacies)	1	50%
Total N of responses	**2**	**100%**

Monitoring questions

Data was also collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross-section of the population had been included in the consultation exercise.

Appendix 5: The impact of the proposed changes on people sharing particular protected characteristics

Figure 2: Views of individual respondents (N = 188) on whether our proposals <u>positively</u> or <u>negatively</u> impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010
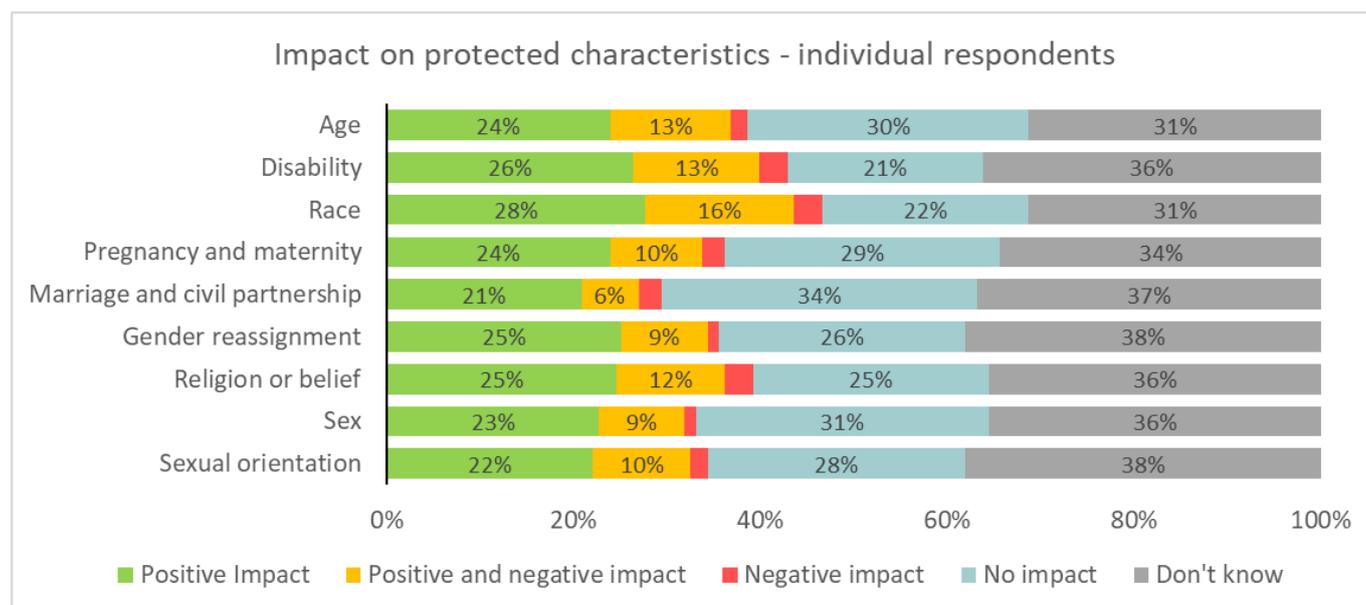

Figure 3: Views of organisations (N = 188) on whether our proposals <u>positively</u> or <u>negatively</u> impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010
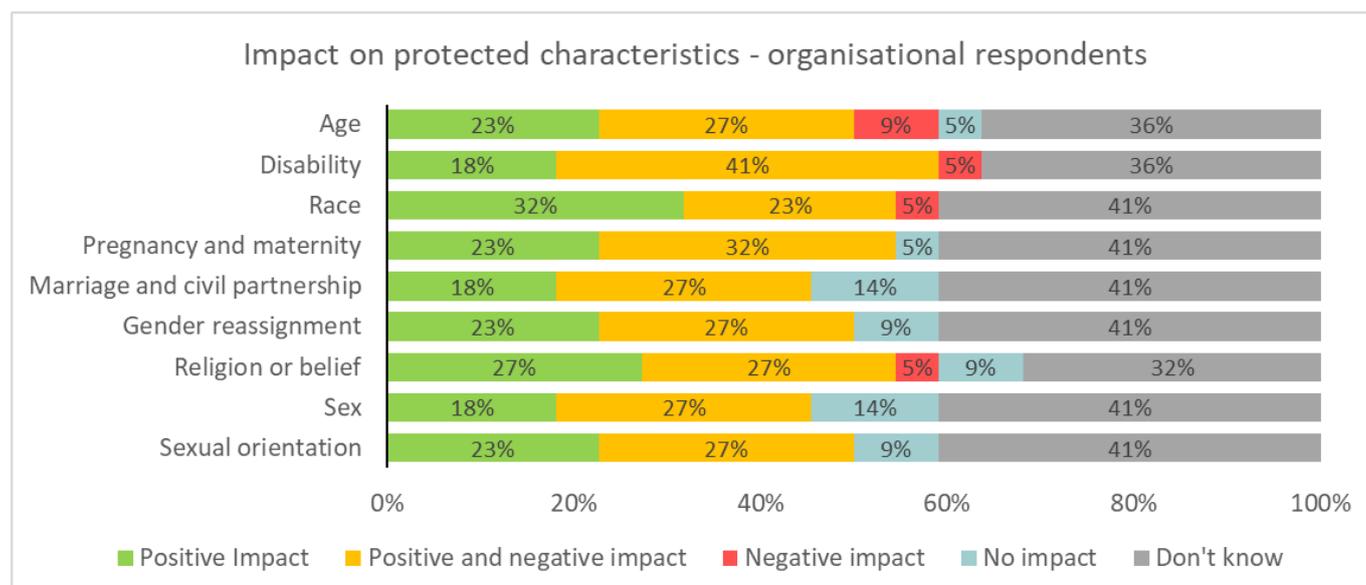
Appendix 6: Organisations

The following organisations engaged in the consultation through the online survey, stakeholder engagement events, one-to-one meetings, speaking events and email responses:

- Association of Independent Multiple Pharmacies
- Association of Pharmacy Technicians UK
- Blake Morgan
- Boots Pharmacists' Association
- Brabners LLP
- Capsticks LLP
- Christian Medical Fellowship
- Christians in Pharmacy
- Community Pharmacy Scotland
- Community Pharmacy Wales
- Company Chemists' Association
- Directors of Pharmacy Group, NHS Scotland
- General Medical Council
- Guild of Healthcare Pharmacists
- Health Education England
- Joint Council for Cosmetic Practitioners
- Kingsley Napley
- Morrisons
- Nursing and Midwifery Council
- NHS Greater Glasgow and Clyde Area Pharmaceutical Committee
- Nockolds Resolution
- Pharmaceutical Services Negotiating Committee (PSNC)
- Pharmaceutical Society of Northern Ireland (PSNI)
- Pharmacist Support
- Pharmacy Forum Northern Ireland
- Pharmacy Law & Ethics Association
- Professional Standards Authority
- Richard Nelson LLP

- Rowlands Pharmacy

- Royal Pharmaceutical Society (RPS)

- RPS Action in Belonging, Culture and Diversity (ABCD) Group

- Sykes Chemists Ltd

- Tesco

- The Health and Care Professions Council

- The National Pharmacy Association

- The Pharmacists' Defence Association

- UK Black Pharmacist Association

- Ward Hadaway LLP

- Well Pharmacy.

Appendix 7: Consultation questions

Section one: Strategic aims and outcomes

On page 12 of the **consultation document**, we identify four strategic aims that will guide our work and help us to evaluate the impact of the strategy.

1. **Considering all four strategic aims, to what extent do you agree or disagree that these are appropriate?**

   - Strongly agree

   - Agree

   - Neither agree nor disagree

   - Disagree

   - Strongly disagree

   - Don't know

2. **Is there anything missing from the strategic aims, or anything that should be changed?**

   - Yes

   - No

   - Don't know

2a. **If yes, which of the following strategic aims need additions and/or amendments? (Please tick all that apply)**

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

   - take a person-centred approach that is fair, inclusive and free from discrimination and bias

   - shift the perception from blame and punishment to openness, learning and improvement

   - take account of context and work with others to deal with problems in the wider pharmacy and healthcare systems

   - additional aims are needed

2b. **Please give a brief description of the amendments, additions, or additional aims you think are needed.**

On page 12 of the **consultation document**, we identify eight strategic outcomes that will also guide our work and help us to evaluate the impact of the strategy.

3. **Considering the full set of strategic outcomes on page 12, to what extent do you agree or disagree that these are appropriate?**

   - Strongly agree

   - Agree

- Neither agree nor disagree

- Disagree

- Strongly disagree

- Don't know

4. Is there anything missing from the strategic outcomes, or anything that should be changed?

- Yes

- No

- Don't know

4a. If yes, which of the following strategic outcomes need additions and/or amendments? (Please tick all that apply)

- Patients and the public receive safe and effective care because pharmacy professionals are safe to practise and can get any support they may need to help them meet our standards.

- Professionals understand the importance of being open and honest, and that if they acknowledge any mistakes quickly this will minimise the need for a fitness to practise investigation.

- It is easy to raise a concern, and understand the process and what it means to everyone involved.

- Our decisions are clear, timely, free of bias, proportionate and deal with the cause of the regulatory concern.

- Professionals, patients, the public and any witnesses feel confident and supported to take part in the process.

- Our stakeholders are confident we are taking appropriate action to deal with concerns, even if we do not start 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.

- Additional outcomes are needed

4b. Please give a brief description of the amendments, additions, or additional outcomes you think are needed.

Section two: Our proposals and how we will achieve them

We are proposing to make more enquiries when we first receive a concern, to help us gather enough evidence to make an informed decision on the most suitable action to take. We set out the areas of enquiry on page 14 of the consultation document.

5. Have we identified the appropriate areas of enquiry?

- Yes

- No

- Don't know

After our enquiries conclude, we also propose to apply the following test to decide if a 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?

6. To what extent do you agree or disagree that the proposed test is appropriate?

- Strongly agree

- Agree

- Neither agree nor disagree

- Disagree

- Strongly disagree

- Don't know

7. Please explain your responses to the two questions above.

We are proposing to invite pharmacy professionals in certain cases to produce a reflective piece as a way of managing some concerns outside the formal processes. This proposal is set out on page 14 of the consultation document.

8. To what extent do you agree or disagree that this is an appropriate and effective outcome for some concerns?

- Strongly agree

- Agree

- Neither agree nor disagree

- Disagree

- Strongly disagree

- Don't know

9. Please explain your response.

Our discussions with stakeholders, including our work looking at other regulators, showed that mediation could play a role in resolving concerns.

10. To what extent do you agree or disagree that mediation can play a role in resolving concerns about pharmacy professionals?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

11. Please explain your response including, if it is appropriate, what form you think the mediation should take.

To make sure we put people at the heart of what we do, we are proposing a number of service promises that set out what you should expect from us. These are included in the table on pages 17 and 18 of the consultation document.

12. Do you think our service promises give you clear expectations of the service you will receive from us?

- Yes
- No
- Don't know

13. Please explain your response.

We want to improve our understanding about the potential barriers that may prevent groups and individuals being able to engage effectively with us because of one or more protected characteristics. This will help us develop effective measures to remove these barriers. In particular, we want to understand whether people who share one or more protected characteristics encounter specific barriers in our fitness to practise processes, because of those characteristics, once a concern has been raised. Under the Equality Act 2010, there are nine protected characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race/ethnicity
- religion or belief
- sex
- sexual orientation

14. **Do you think people who share one or more protected characteristics encounter specific barriers in our fitness to practise processes because of that characteristic?**

- Yes

- No

- Don't know

14a. If yes, please explain including any measures to remove these barriers.

During the pandemic we have learnt that remote hearings can be effective, but we know they shouldn't replace our usual ones. We want to understand more about when they could be used and what impact they may have.

15. **Do you think that to continue with remote hearings would:**

   a. **disadvantage anyone?**

- Yes

- No

- Don't know

   b. **present any risks to a fair hearing?**

- Yes

- No

- Don't know

   c. **have benefits for those involved?**

- Yes

- No

- Don't know

16. **Please explain your response.**

We want to get a better understanding of the wider implications and appropriateness of using personal experience statements (see page 19 of the consultation document) – from the people affected by the concern – in the fitness to practise process. The statements could be taken into account at any stage, including during an investigation, at an investigating committee, or at a fitness to practise hearing.

17. **Do you think that we should take personal experience statements into account when deciding what regulatory action is suitable?**

- Yes

- No

- Don't know

18. **Please explain your response.**

We are committed to improving and learning from people's experiences of being involved in a concern. We know we can improve how we communicate with people throughout our process to get feedback from everyone involved.

19. What methods would be effective in getting feedback from, and understanding the experience of, people that have raised a concern or had a concern raised against them?

We will consider the wider context within which a professional is working when we assess concerns and decide on the most appropriate way of managing the concern. We think that if we can better understand the context, then we can better identify whether there is a fitness to practise concern at all, or whether the issue would be better dealt with in another way, for example through our inspections.

20. To what extent do you agree or disagree that the wider context within which a professional is working should be a significant factor when assessing a concern?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

21. Please explain your response.

We plan to improve our website, website materials (guidance about what we deal with and guidance for witnesses) and online form for raising a concern. This is to improve the support we give to patients and the public involved in the fitness to practise process.

22. Are there any other ways, not identified in our proposals, we could provide support to patients and the public involved in the fitness to practise process?

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

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race/ethnicity
- religion or belief
- sex
- sexual orientation

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

- Yes - positive impact

- Yes - negative impact

- Yes - both positive and negative impact

- No impact

- Don't know

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

24. **Do you think our proposals would have a positive or negative impact on any other individuals or groups?**

- Yes - positive impact

- Yes - negative impact

- Yes - positive and negative impact

- No impact

- Don't know

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

Appendix 8: Research into experiences of the GPhC's fitness to practise process

Introduction

As part of this consultation, we commissioned Community Research to undertake small-scale research into the experiences of individuals that have been involved in our fitness to practise process, including persons that have raised concerns and pharmacy professionals. More specifically, we asked Community Research to explore the following:

- What had an impact on/influenced experiences

- Perceptions of materials provided and communication throughout

- Levels of understanding of the GPhC's role and fitness to practise itself

- Any suggested improvements to the process.

This project involved a series of telephone interviews with eight individuals that had been involved in our fitness to practise process: three pharmacy professionals and four members of the public. The key findings from this research are set out below.

Common observations

Overall satisfaction with a service or process is a function of both initial expectations and experience. Some people who have raised concerns had little understanding of the nature of fitness to practise i.e. the process is there to assess fitness to practise rather than 'punish' pharmacy professionals for doing something wrong or to resolve specific issues. This mismatch of expectations led to some evident dissatisfaction with the process. Nonetheless, some of the participants were very positive about their experience and singled out the communication from the GPhC for praise, both in terms of its content and frequency.

Overall, there are a number of key themes which emerge from common experiences and suggested improvements, as follows:

- **Accessibility of the service** was key for individuals who wished to raise a concern – and there were some points raised about the general lack of awareness of the GPhC, as well as some issues relating to the online tool for raising a concern.

  – Accessibility of GPhC staff was also important for both people who had raised concerns and professionals going through the process – with ease of contact of the case officer and continuity of contact appearing to have a bearing on satisfaction with the process.

- **Transparency of the process** was also raised spontaneously both in terms of keeping the person who raised the concern and the professional abreast of how case is progressing and giving clear information on the actual outcome and how it was arrived at. Some people who had raised concerns were left unclear about the actual outcome of the process and some were confused by the eventual decision (which tended to reflect a lack of understanding of the function of the fitness to practise process).

- **Tailoring and personalisation of communications.** Those who raised concerns who were less satisfied with their experience felt that the communications lacked the personal touch. This was also a criticism made by the professionals interviewed who felt that communications could be more personalised and tailored so that they are less generic. This would ensure that recipients are able to assimilate the key information, as well as the humanising the process.

  - Linked with this is the call for **greater appreciation of the individuals' starting point or the context**. For example, some people who raised a concern were clearly vulnerable and/or distressed by the issue that they were reporting (in terms of what had happened or what could have happened). One of the pharmacy professionals felt that the GPhC could have reviewed her case in the context of the broader situation in her workplace where she felt it was clear that there were wider issues than her fitness to practise.

- **More contact (for those who want it).** The ability to speak to someone at the GPhC at key junctures (for example, at the start of the process or to explain an outcome) was felt to be important by both those who raised concerns and professionals. However, one professional indicated that that she would have found increased contact distressing which suggests a need to tailor contact to an individual's preference.

- **The speed of the process** was highlighted by the professionals interviewed – all of them felt it was quite protracted, meaning that they were left with the case 'hanging over them' for longer than they felt necessary. Perceived delays were also highlighted by several people who raised a concern.

- **Reassurance about the GPhC's expertise.** There was some mention of the need for reassurance that the GPhC has expertise in concerns relating to online pharmacies and pharmacy professionals working in secondary care; with an assumption that the GPhC is more comfortable dealing with cases in community pharmacies.

- **Reassurance about the GPhC's neutrality.** A number of people who raised concerns mentioned that they were unsure if the GPhC would be on the side of pharmacy professionals or the profession. For one, this initial belief was dispelled by her experience of the fairness of the process.

- **Learning from the process**. Pharmacy professionals felt strongly that professionals going through the process should be encouraged to reflect on and learn from what had happened. A key motivation for those reporting concerns was to ensure that the same thing did not happen to anyone else; they wanted reassurance that their concerns were taken seriously; issues were dealt with and wider lessons learnt.

Perceptions of aspects of the GPhC's managing concerns strategy

Personal experience statements

In terms of perceptions of specific aspects of the managing concerns strategy, there was a broad consensus that the introduction of personal experience statements were a positive development.

One person who had raised a concern asked if people would be able to give their statement over the telephone as some may be deterred by completing a long form.

One professional felt that there should be an equivalent version of this for the pharmacy professional involved as a way of understanding the impact of the incident/case on them and the level of insight and reflection.

Remote hearings

Views of the idea of the continuation of remote hearings once the pandemic is over were more mixed, with participants able to identify both advantages and disadvantages. Some felt that a positive is that it would be likely to expedite the process and this would be a significant advantage. This was particularly the view of those who had experienced lengthy delays in a decision. They also felt that a remote hearing would potentially be less daunting than attending a hearing in London and more accessible for certain audiences, for example those who are housebound or not very mobile.

Others felt that they would feel better able to present their side of the story in person and it would be easier to elicit the full facts/pick up on non-verbal cues.

Service promises

Participants felt that the GPhC's proposed service promises covered broadly the right ground. In fact, the promises covered many of the issues raised spontaneously by participants. One gap may be explicit mention of the GPhC's neutrality/impartiality. This was raised by a number of people who had raised concerns who felt that there is a potential risk of bias towards pharmacy professionals.

One person who had raised a concern was surprised that they were not in place before now, commenting that they are more like '*millennial stuff – 2000 rather than 2021*'. They also stressed that they are meaningless unless they are embedded in the culture of the organisation and reflected in the reality of the behaviour of GPhC employees.

One participant queried if a layperson would be able to understand the language used and another questioned how they would be disseminated.

Ways of eliciting feedback

Feedback on the process from those involved was felt to be valuable but there were few suggestions on how to elicit this, other than some form of feedback survey. It was pointed out that reassurance about confidentiality and anonymity needs to be given and that participants would not want to give feedback directly to the case officer involved.

One participant suggested that the contact details of someone at the GPhC should be given who they could contact if they are not happy with the outcome or if they have any further questions about the process.