

This monitoring report covers the period 1 July 2023-30 June 2024. You can find out more about our performance review process at the end of our report.

### Key findings

- The GPhC has met Standard 3, our Equality, Diversity and Inclusion (EDI) Standard, again this year. We have seen clear evidence that the GPhC is undertaking a wide range of activity designed to embed EDI in its work and to improve processes across different areas of its work, including registration and fitness to practise (FTP). For example, we noted the GPhC's analysis of EDI data of registrants involved in the FTP process, and its wider work around this, as an example of good practice.
- We received some feedback that raised concerns about the GPhC's risk-based approach to pharmacy inspections, which it introduced in 2022. The GPhC said it is carrying out an end-to-end review of the inspection process and is considering how it can improve the usefulness of its inspection outputs and improve consistency. The GPhC also said it recently improved its enforcement decision-making processes and introduced a specific check on regulatory history. We will continue to monitor the GPhC's approach to pharmacy inspections and keep a close eye on its work to address the issues that stakeholders have raised with us.
- We note the GPhC's work to reduce the time it takes to progress cases through its FTP system and are aware of the pressure caused by another significant increase in the number of FTP referrals. However, because timeliness has deteriorated this year, we have concluded that Standard 15 is once again not met. We have written to the Secretary of State for Health and Social Care and the Chair of the Health and Social Care Committee to provide an update on the GPhC's performance, and we will continue to closely monitor the GPhC's performance in this area.
- We received feedback from some stakeholders who were concerned that the GPhC was not giving registrants enough time to provide information during FTP investigations. While we welcome the GPhC's work to progress cases promptly, it needs to ensure all parties are given sufficient time to be able to effectively participate in the FTP process.

### Standards met 2023/24



General Standards	5/5
Guidance and Standards	2/2
Education and Training	2/2
Registration	4/4
Fitness to Practise	4/5
<b>Total</b>	<b>17/18</b>

### GPhC standards met 2021-23

2022/23	17/18
2021/22	15/18



90,426

professionals on the register  
(as at 30 June 2024)

13,270

premises on the register  
(as at 30 June 2024)

## General Standards

### The GPhC met all five General Standards this year.

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

Our report focuses on Standard 3 because we have used a new approach to assessing the regulators against this Standard. More information is available in our [guidance document](#).

### Our assessment of the GPhC's performance against Standard 3

As part of our new approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would need to be assured that the regulator has met all four of the outcomes. Our assessment of the GPhC's performance against the four outcomes is set out below.

#### Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities

The GPhC has clearly defined governance, structures and processes in place to embed EDI across all its regulatory functions. The GPhC has a published EDI Strategy<sup>1</sup> and annual EDI Action Plans against which it reports on progress every six months. These provide a comprehensive picture of the GPhC's activities and are discussed at public Council meetings.

Delivery of the EDI Strategy (including development of the annual Action Plans) is led by the EDI Strategy Leadership Group which

includes chairs and co-chairs of the GPhC's inclusion network as well as senior managers/leaders from across the organisation.

The GPhC also confirmed that it holds diversity data for all senior leadership, Council, Committees, and FTP panellists although it does not routinely publish this information.

#### Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills

There is currently some variation in the expectations for pharmacy students/trainees and professionals, with the more recently updated initial education and training (IET) standards for pharmacists including the requirement to take account of the protected characteristics and background of each patient. The GPhC plans to consult on draft new standards for the initial education and training of pharmacy technicians by Q4 of 2024/25. The GPhC has told us that it expects to strengthen and align the EDI requirements with the IET standards for pharmacists, where appropriate. It told us that the requirements may not be exactly the same, because the two professions are different and distinct.

The GPhC has also developed equality guidance for pharmacies, designed to help pharmacy owners meet the Standards for registered pharmacies, specifically in relation to ensuring no one is unlawfully discriminated against, either in the workplace or when providing services to patients and the public.

The GPhC continues to publish material to support registrants to improve their EDI knowledge and skills across a range of topics, including reports from its roundtable events. The GPhC is currently reviewing its annual revalidation process more broadly, including how it might focus on particular themes, which could include EDI and other issues.

### *Opportunity for Improvement*

The Standards for Pharmacy Professionals requires pharmacists and pharmacy technicians to challenge poor practice and behaviours. However, none of the GPhC's standards and guidance explicitly refers to the need for registrants to challenge discrimination in the way that most (but not all) other regulators do.

### *Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions*

The GPhC holds race/ethnicity, sex and age data for almost 100% of the register. As part of a wider project, it is undertaking work on improving EDI data collection at registration/renewal by Q4 of 2024/25. In June 2023 the GPhC introduced a form to collect EDI data from people raising concerns and will use the information provided to inform any future approach.

The GPhC conducted an organisation-wide EDI learning needs analysis to inform development of an EDI training plan, which is being delivered to staff, Council and Committee members and FTP panellists.

### *Good Practice*

The GPhC published an initial EDI analysis of registrants involved in the Fitness to Practice process, followed by a more detailed report in January 2024.<sup>2</sup> The GPhC said it will be using the data from this report as well as the feedback from recent equality focused roundtable events to identify next steps and will be reporting on these further as the work progresses. The quality of the EDI data analysis, and the transparency of reporting, represents good practice.

### *Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes*

We have seen clear evidence that the GPhC seeks and acts on feedback from a diverse range of stakeholders. During the review period the GPhC has hosted two virtual roundtable events with a wide range of pharmacy stakeholder organisations, patient groups and equality groups. It also considered the PSA's research on the [Perspectives on discriminatory behaviours in health and social care](#), when developing its new [Fitness to Practise hearing and outcomes guidance](#).

### *Good Practice*

The GPhC has set up three feedback forums made up of patients/public, pharmacy students/trainees, and pre-registration pharmacy technicians. The GPhC has also engaged with a variety of stakeholder organisations such as the UK Black Pharmacist Association, ADHD UK (a charity for people with attention deficit hyperactivity disorder), and patient group INFACT to hear about the lived experience of patient safety issues affecting women and girls. We commend the GPhC's work to engage with a diverse range of stakeholders during the review period.

The GPhC has generally performed well against each of the four outcomes in the Standard. We have seen clear evidence that the GPhC is undertaking a wide range of activity designed to embed EDI in its work and identify and improve processes across different areas of its work. Although we identified some areas for improvement, we noted that the GPhC had work planned to address most of these areas. Therefore Standard 3 is met.

## Regulation of online pharmacies

In January 2024 the BBC reported on the outcome of an undercover investigation they had carried out into the purchase of prescription-only medicines from online pharmacies.<sup>3</sup>

The GPhC outlined the actions it will be taking in response to this issue and highlighted the GPhC's guidance and enforcement action.<sup>4</sup> The GPhC explained that it has taken enforcement and regulatory action where appropriate against the owners of these registered pharmacies, as well as individual pharmacy professionals involved in both the prescribing and supply of medicines where their conduct may have fallen short of professional standards. The GPhC also said it intends to obtain further information from the BBC to consider appropriate enforcement action where appropriate.

The GPhC also aims to facilitate a leadership roundtable event to highlight and discuss issues relating to online pharmacies and online prescribing with the potential to update relevant guidance. The GPhC said it will also be engaging with patients and the public to understand their views and share information on what to expect when going online for medicines. We will continue to monitor developments in this area.

## Guidance and Standards

**The GPhC met both Standards for Guidance and Standards this year.**

From 1 December 2022, the GPhC has had the power to outline in rules the essential roles and responsibilities of Responsible Pharmacists and to set professional standards for Responsible Pharmacists, Superintendent Pharmacists and Chief Pharmacists. During this review period, the GPhC consulted on draft Standards for Chief Pharmacists and the GPhC expects to consult on the draft standards for Responsible Pharmacists and Superintendent Pharmacists thereafter. However, this work is dependent on the

Government's plans on reforms to supervision, which itself was subject to a recent consultation earlier this year.<sup>5</sup> We will continue to monitor developments.

The GPhC continues to identify and respond to emerging areas of risk by providing information to help registrants apply its standards, whether that be through formal guidance or by publicising the issues and signposting to existing guidance.

## Education and Training

**The GPhC met both Standards for Education and Training this year.**

### Standards for the initial education and training of pharmacists

We have previously reported that, in January 2021, the GPhC launched its new *Standards for the initial education and training of pharmacists* and started the transition to the new Standards, and also introduced an interim set of learning outcomes for the new pharmacist Foundation Training Year in July 2021.

The GPhC formed an Advisory Group while developing the new Standards. It continues to meet regularly and works with stakeholders from across the UK to support the phased implementation of the new Standards which will come into full effect in 2025-26.<sup>6</sup>

### Standards for the initial education and training of pharmacy technicians (IETPT)

Following the findings of research carried out on the current IETPT Standards the GPhC has committed to consult on new initial education and training standards for pharmacy technicians by Q4 2024/25. The GPhC said it is considering the most effective way to continue pre-

engagement on reviewing the IETPT standards. We will monitor future developments.

### Registration assessment pass rates

We have seen evidence again this year of the GPhC acting on poor registration assessment pass rates at a number of schools of pharmacy (SoP). It has required these schools to develop action plans and implement improvements which are being reviewed by the GPhC's accreditation team. Both the GPhC's Quality and Performance Assurance Committee (QPAC) and Council have been kept updated on developments regularly during the review period. We are satisfied that the GPhC is managing the risks appropriately with oversight from both QPAC and Council. We will continue to monitor developments.

### Review and consultation of the quality assurance process

Last year we noted that the GPhC was looking to revise its quality assurance and accreditation approach for all education providers. During this review period, the GPhC has carried out a number of workshops with Council members and has consulted on proposals for a revised approach, focusing on four specific aspects:

- introducing annual monitoring with enhanced use of data
- defining clear lines of responsibility and criteria for making decisions about whether or not to re-approve
- adopting a more flexible approval and intervention process
- achieving greater scrutiny whilst aligning QA methodologies.

The consultation closed in June 2024 and we will continue to monitor developments.

## Registration

The GPhC met all four Standards for Registration this year.

### Covid-19 temporary register

The GPhC provided regular updates and information to registrants and employers about the closure of the Covid-19 temporary register on 31 March 2024, following a decision by the Department of Health and Social Care.

### Premises inspections

During this review period, the GPhC continued inspecting pharmacies to ensure they meet its *Standards for Registered Pharmacies*. The GPhC carried out 975 routine inspections and 93 intelligence-led inspections during 2023-24, compared to 800 inspections the previous year.

We received feedback regarding concerns about the GPhC's risk-based approach to inspections, which it introduced in June 2022. This included:

- The number and quality of the inspections undertaken.
- Lack of themed inspections and reports despite a commitment from the GPhC to carry these out.
- Lack of consistency in detail and language in some inspection reports.
- A number of pharmacies where standards have not been met on more than one occasion without GPhC taking further action.

In response the GPhC said it is carrying out an end-to-end review of the inspection process and is considering how it can improve the usefulness of its inspection outputs and improve consistency. The GPhC also said it recently improved its enforcement decision-making



processes and introduced a specific check on regulatory history. This will ensure it considers past regulatory history on every occasion and where it finds multiple historic failures, the process encourages consideration of escalating enforcement action. We will be monitoring how it responds and manages the risks identified.

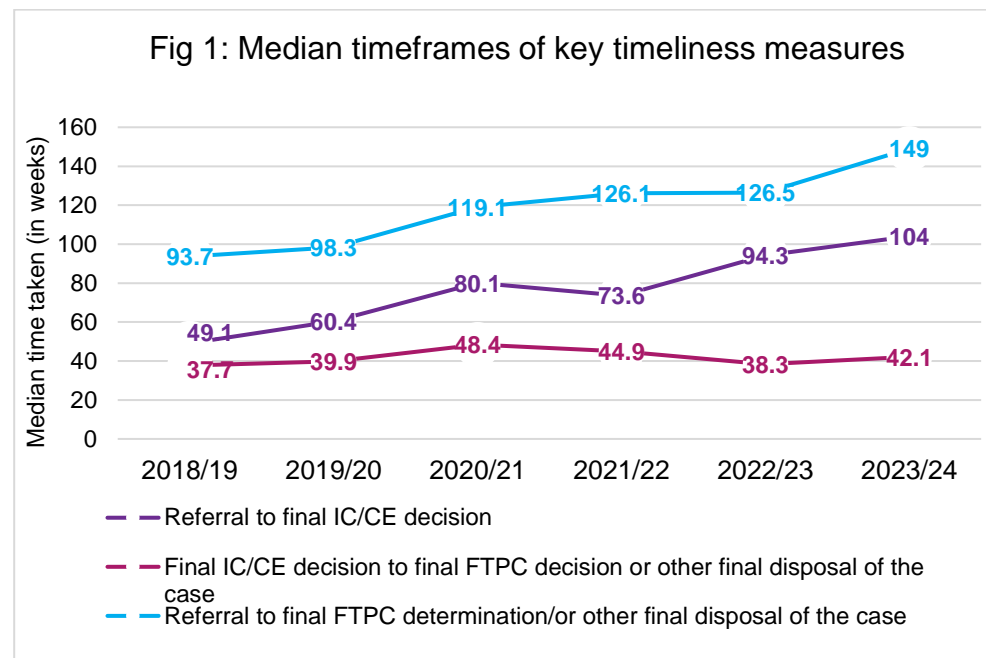
## Fitness to Practise

**The GPhC met four of five Standards for Fitness to Practise. The GPhC met Standards 14 16, 17 and 18 and did not meet Standard 15.**

The GPhC has seen a 30% year on year increase in FTP referrals received since 2022. The increase in referrals has predominantly involved low-level service complaints from members of the public which do not constitute concerns about FTP. The percentage of referrals closed at triage increased again this year to 91%. The GPhC put measures in place to deal with the increase in referrals received this year and is looking at how best to manage this moving forward.

### Time taken to progress cases

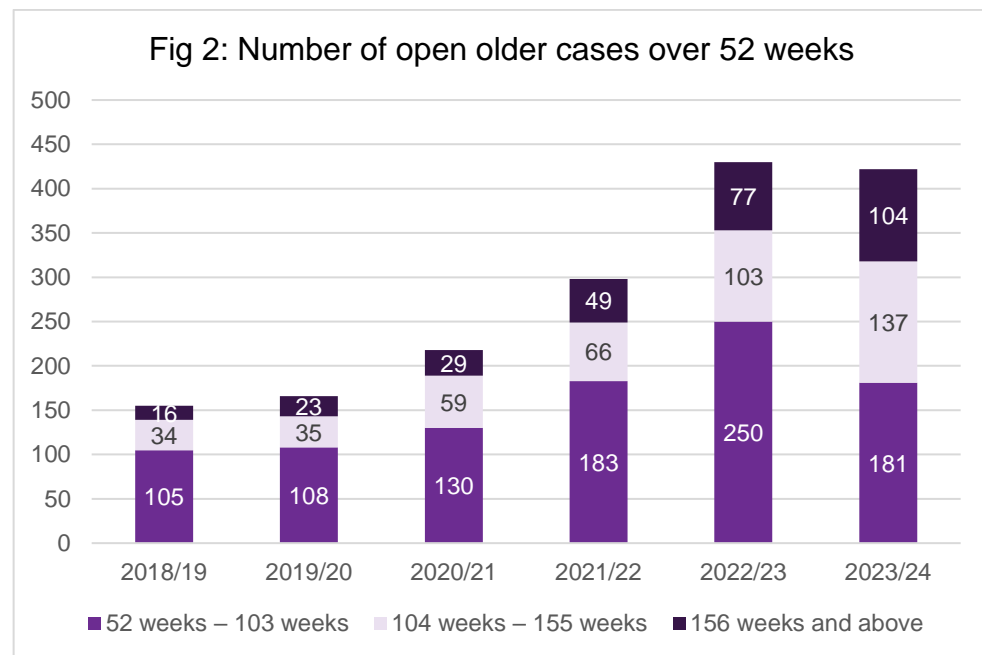
The GPhC has not met the Standard relating to timeliness of investigations since 2017/18 and the GPhC is still taking too long to progress FTP investigations. Figure 1 shows that there has been a deterioration in our three key measures of timeliness performance this year.



As part of its strategy to improve timeliness the GPhC has introduced several initiatives including:

- Appointing a new executive-level chief enforcement officer and deputy registrar to oversee the GPhC's FTP improvement work and overall enforcement strategy.
- Following a successful pilot, creating a New Case Action Team to deal with cases from referral to investigation more swiftly.
- Reducing the overall caseload by six per cent and the overall investigation caseload by just under 12%.
- Following a number of members of staff leaving, restructuring the casework team and upskilling other members of the FTP team to undertake simple investigations.
- Allocating dedicated investigation lawyers into case teams and piloting more clinical input through a seconded inspector.

Figure 2 shows the number of open cases over 52 weeks has largely remained the same overall (with fewer cases between 52 and 103 weeks old but an increase in cases more than 103 weeks old).



During this review period, the GPhC has reported in its Council papers that timeliness data was likely to deteriorate further (as was the case) before getting better as it looked to progress a significant number of complex cases. The data shows that timeliness has not improved this year and it is still too early to see the impact of some measures the GPhC has introduced. While we recognise the additional challenges the GPhC has faced from the increase in referral numbers, we concluded that it was taking too long to resolve FTP cases and that Standard 15 remains not met.

## Support for parties in the fitness to practise process

The GPhC met Standard 18 last year – the first time it had met our standard on support to FTP parties since 2017/18. It has introduced further measures to improve its support this year, including a ‘phone first’ initiative for case officers to speak with parties in the first instance. As part of its quality assurance process, it introduced additional case reviews for cases closed at triage and investigation which include looking at compliance with internal customer care standards and the clarity of communications. The GPhC has continued to support vulnerable registrants by offering access to its Independent Support Service provided by Victim Support.

We did however receive feedback from some stakeholders who raised concerns around the GPhC not always giving registrants enough time to provide information. The GPhC told us that the feedback we received was not in line with the analysis generated from its internal quality assurance processes, and the comments it collected from parties through feedback forms sent out with case closure letters. The GPhC also noted that, as it attempts to progress older and more complex cases, it may create additional work and pressure for defence organisations. However, it told us that it would not undertake any action that would prevent any party actively engaging fairly within its FTP process, and that ‘it is rare, if at all, that the GPhC has refused an extension request in totality’.

We have not seen any evidence that the GPhC has not provided extensions to deadlines when requested. However, given the feedback we received this year, we invite the GPhC to reflect further on how it balances its work to improve timeliness of case progression with giving parties enough time to participate effectively in the FTP process. In other respects, the GPhC has built on the improvements we saw last year across Standard 18 more broadly, and we were satisfied that it was met again this year.

## Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the

other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#). We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.



### Quick links/find out more

- ▶ [Find out more about our performance review process](#)
- ▶ [Read the GPhC's 2022/23 performance review](#)
- ▶ [Read our Standards of Good Regulation](#)
- ▶ [Read our new evidence framework for Standard 3](#)

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<sup>1</sup> [Delivering equality, improving diversity and fostering inclusion: Our strategy for change 2021-2026](#)

<sup>2</sup> [Initial analysis of diversity data of professionals involved in the GPhC managing concerns process](#) and [Protected characteristics of pharmacists involved in managing concerns process for 2021/22](#)

<sup>3</sup> [Prescription drugs sold online without robust checks - BBC News](#)

<sup>4</sup> [GPhC response following BBC investigation](#)

<sup>5</sup> <https://www.gov.uk/government/consultations/pharmacy-supervision#:~:text=This%20consultation%20sets%20out%20proposals,sale%20and%20supply%20of%20medicines>

<sup>6</sup> Although the GPhC does not regulate pharmacists in Northern Ireland, it works with the PSNI in the area of education and training. The PSNI adopts the GPhC's education and training standards and the two regulators carry out joint accreditation visits in Northern Ireland.