



# Snapshot

## Annual review of performance



Regulator reviewed: **General Pharmaceutical Council**

### Key facts & figures:

- Maintains a register of **pharmacists, pharmacy technicians and pharmacies in Great Britain**
- **75,157** pharmacy professionals on register
- **14,451** pharmacies on register
- Annual registration fee: **£250** (pharmacists);  
**£118** (pharmacy technicians); **£241** (pharmacies)

## Standards of good regulation

### Core functions

Annual performance review 2015/16

### Met

(number of Standards)

Guidance & Standards

4/4

Education & Training

4/4

Registration

6/6

Fitness to Practise

10/10

## **Focus on: Activities and actions demonstrating how GPhC is meeting the Standards**

In our performance review, we were pleased to note that the GPhC has met all the standards of good regulation and that its performance is improving.

### **IN DEVELOPING AND REVISING GUIDANCE AND STANDARDS, THE VIEWS AND EXPERIENCES OF STAKEHOLDERS ARE TAKEN INTO ACCOUNT**

The GPhC engaged with stakeholders in a number of ways when revising its Standards of conduct, ethics and performance. The GPhC conducted a series of half-day public and patient focus groups; published a discussion paper asking patients, pharmacy users, registrants and other stakeholders to contribute to a conversation about professionalism and what it means in practice; and commissioned research to explore options for the name of the revised Standards to take account of patients and pharmacy professionals' feedback.

### **ACTION IS TAKEN IF THE QUALITY ASSURANCE PROCESS IDENTIFIES CONCERNs ABOUT EDUCATION AND TRAINING ESTABLISHMENTS**

During the reaccreditation of a Masters level degree course, the GPhC found that the education provider had not acted on the GPhC's concerns about the provider reducing the course entry requirements; and wanted to allow some students a third attempt at a failed module. The GPhC was concerned that these measures could produce graduates who may be unable to practise safely. The GPhC and the education provider agreed that it would withdraw from the reaccreditation process and draw up a detailed action plan to address the concerns.

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### **FITNESS TO PRACTISE CASES ARE DEALT WITH AS QUICKLY AS POSSIBLE TAKING INTO ACCOUNT THE COMPLEXITY AND TYPE OF CASE AND THE CONDUCT OF BOTH SIDES**

The GPhC has not met this Standard in each of our previous performance reviews (other than in 2012/13) and the GPhC's statistical performance dataset for 2015/16 indicated declining performance overall; however, other data indicated improving performance. The GPhC's strategy is to focus on dealing with the oldest outstanding cases, while also ensuring that newer cases are dealt with efficiently. This appears to be working effectively but the short-term consequence of this is that the statistics were skewed by the oldest cases being closed. Therefore we concluded the GPhC had taken action to address its previous poor performance against this Standard and there was evidence that this was being successful. We will continue to monitor the GPhC's progress in improving the time taken to progress fitness to practise cases.

### **REGISTRANTS MAINTAIN THE STANDARDS REQUIRED TO STAY FIT TO PRACTISE THROUGH CONTINUING PROFESSIONAL DEVELOPMENT/ REVALIDATION**

The GPhC completed its first five-year cycle of reviewing all its registrants' continuing professional development (CPD) records. It commissioned an independent review and also carried out an operational review of how it had gone about this. Some recommendations were made about how to improve the process. These can be implemented only if the GPhC makes changes to its CPD framework and so it will be necessary to consult on any changes. CPD will be an element of a continuing fitness to practise scheme which is currently being developed by the GPhC.