



Snapshot

Annual review of performance 2017/18



Regulator reviewed: **General Pharmaceutical Council**

Key facts & figures:

- Maintains a register of **pharmacists, pharmacy technicians and pharmacies in Great Britain**
- **78,625** pharmacy professionals on register
- **14,348** pharmacies on register
- Annual registration fee: **£250** (pharmacists);
£118 (pharmacy technicians); **£241** (pharmacies)

Standards of good regulation

Core functions

Annual performance review 2017/18

Met

(number of Standards)

Guidance & Standards

4/4

Education & Training

4/4

Registration

6/6

Fitness to Practise

10/10

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

For 2017/18's report, we carried out a targeted review of Standards 3 and 6 under Fitness to Practise. After considering the further information provided to us by the GPhC we were satisfied that the GPhC has met these Standards. This means that the GPhC has maintained its performance since last year and this is the third consecutive year it has met all of the Standards of Good Regulation.

REGISTRATION: REGISTRANTS MUST MAINTAIN THE STANDARDS REQUIRED TO STAY FIT TO PRACTISE

We noted in last year's review that the GPhC was proposing to change its arrangements for continuing professional development. Revalidation for pharmacy professionals was agreed in October 2017 and came into effect in April 2018. Revalidation is designed to help registrants demonstrate how they provide safe and effective care to the public. Starting with registration renewals due by 31 October 2018, every time a pharmacy professional completes the annual renewal of their registration they will need to carry out, record and submit four CPD entries, one peer discussion; and one reflective account which demonstrates they are meeting the GPhC's requirements of providing safe and effective care to the public.

FITNESS TO PRACTISE: CASES ARE DEALT WITH AS QUICKLY AS POSSIBLE

We conducted a targeted review of this Standard. We had noticed that the further improvements expected in the overall end-to-end timeframe for concluding cases had not yet materialised and also identified a potential concern relating to progression of cases to a final hearing following referral from the IC; and the proportion of cases concluding within the original number of hearing days allocated. The performance information showed that the median timeframes in the three categories we report on had been sustained, with a slight increase in the overall time taken to conclude cases from 93.7 weeks in 2016/17 to 95 weeks in 2017/18. The GPhC identified an error in the information we held about the proportion of final hearings that concluded within the original number of hearings days allocated. Based on the additional information and explanations provided, we are satisfied that the GPhC has maintained its performance against this Standard. However, we will continue to monitor the GPhC's performance in this area.

Read our full report to find out more.

FITNESS TO PRACTISE: ANYBODY CAN RAISE A CONCERN

When we look at this Standard, we take account of how regulators respond to complaints and concerns that they receive to ensure that they are not ignored. In January 2018, the BBC aired *Inside Out: Pharmacists under pressure*, an investigation into Boots the Chemist – looking into concerns raised by a whistleblower who had reported concerns about understaffing at Boots to the GPhC in 2015. The GPhC told us it had investigated the concerns, concluding that there was not 'sufficient objective, independent evidence to suggest a risk to patient safety across the organisation'. It published guidance in June 2018 for pharmacy owners highlighting the need to make sure they have a safe and effective pharmacy team in every pharmacy. We also noted that the GPhC had been aware of the issues raised and responded to them, including hosting a 'professionalism under pressure' event in October 2016.

FITNESS TO PRACTISE: THE REGULATOR WILL DETERMINE IF THERE IS A CASE OF ANSWER

We carried out a targeted review of this Standard as there appeared to be a discrepancy in the quarterly information we received which showed that the IC was only able to conclude 58-65 per cent of cases considered in any quarter. In addition, the number of cases where an outcome was recorded was greater than the total number of cases the GPhC told us the IC had concluded in each quarter. The GPhC clarified how it categorises cases. It told us it does not regard cases referred to the Fitness to Practise Committee (FtPC) as concluded because a final decision has not been made, and its rules allow the FtPC to send cases back to the IC for a final decision if the hearing has not yet started. Based on this additional information we could see that the IC concluded a high proportion of the cases referred to it. We are satisfied that this Standard remains met.