

General Pharmaceutical Council

Performance Review
Periodic review 2022/23

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Performance review report 2022/23

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About our performance reviews

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. 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 performance review process on our [website](#). This is a periodic review report on the General Pharmaceutical Council (GPhC) and covers 1 July 2022 to 30 June 2023.

About the GPhC

The GPhC regulates the practice of pharmacists, pharmacy technicians and registered pharmacies in Great Britain. It has 62,654 pharmacists, 25,555 pharmacy technicians and 13,577 registered pharmacies on its register (as at 30 June 2023).

About the GPhC's performance for 2022/23

Our review this year included an audit which is relevant to Standards 15,16, 17 and 18. The GPhC met 17 out of 18 of our Standards of Good Regulation. These Standards provide the benchmark against which we review performance. Meeting or not meeting a Standard is not the full narrative about how a regulator is performing. Our report provides more detail about the GPhC's performance this year.

| Standards of Good Regulation met 2022/23 | | |
|---|------------------------------|---------------------|
|  | General Standards | 5 out of 5 |
|  | Guidance and Standards | 2 out of 2 |
|  | Education and Training | 2 out of 2 |
|  | Registration | 4 out of 4 |
|  | Fitness to Practise | 4 out of 5 |
| | Total met | 17 out of 18 |
| | Standards met 2020-22 | |
| | 2021/22 | 15 out of 18 |
| | 2020/21 | 15 out of 18 |

Key findings

Fitness to practise timeliness

We have had concerns about the time it takes the GPhC to deal with fitness to practise cases in recent years. The position has not improved this year. Although the GPhC is taking steps to improve its performance, it is still taking too long to progress cases through the system, and the number of open older cases has increased. Due to the serious and ongoing delays we have concluded that Standard 15 is not met. As this is the fifth year in a row that the GPhC has not met our Standard for timeliness in fitness to practise, we have taken action under our escalation policy. We have written to the Secretary of State for Health and Social Care and the Health and Social Care Committee to raise our concerns and we will monitor the GPhC's work to improve its performance in this area.

Fitness to practise decisions

We carried out an audit of Standard 16 this year. We found the large proportion of decisions we reviewed were reasonable, with clear, accurate and detailed reasons recorded. We only saw a small number of issues in relation to decisions and were reassured to see that the GPhC has implemented learning when issues arise. We are satisfied that the GPhC has addressed the concerns we have previously raised, and we are pleased to report that it has met Standard 16 this year.

Fitness to practise support to parties

We also carried out an audit of Standard 18 this year. The GPhC has been working to address the concerns we have previously raised and introduced a number of measures to improve the support it offers to parties during the fitness to practise process. We saw good examples of tailored and compassionate communication, notably to complainants with supportive tone of voice. The GPhC has therefore met Standard 18 this year.

General Standards

1

The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1 The GPhC's website contains all the information we would expect to see covering its regulatory functions. It has a built-in accessibility tool which offers a range of functions, including text-to-speech, adjustable font size, different colour schemes, language translation (including Welsh) and dyslexia software. The GPhC is also developing a new website which is set to launch towards the end of the year.
- 1.2 The GPhC continues to publish information about its role, regulatory requirements, guidance, and activities. In August 2022 the GPhC updated its Guide to Information¹ document. This sets out the information the GPhC makes routinely available to meet its commitments under the Model Publication Scheme for Health Regulators and includes helpful links under each heading and relevant statutory function.

Conclusion

The GPhC continues to provide information about its registrants, regulatory requirements, guidance, processes and decisions which is accurate and accessible. We are satisfied that this Standard is met.

2

The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

- 2.1 The GPhC continues to progress delivery of its Strategic Plan for 2020-2025 (the Plan), the first of two five-year plans to help it achieve its Vision 2030. In February 2023, Council approved an updated Strategic Plan for year four onwards, including:
 - a new programme of work 'to review what we register, the basis of registration and the information we collect and use at registration and renewal'
 - work to strengthen pharmacy governance, discussed further under Standard 6 below.

We will monitor progress of these significant pieces of work over the coming years.

¹ [Guide to Information - August 2022](#)

- 2.2 We have seen the GPhC applying learning appropriately this year – for example in taking action to tackle issues around online pharmacies based on intelligence from its inspection work and analysis of its fitness to practise data.

Conclusion

The GPhC has not changed any processes relevant to this Standard this year. It is clear about its purpose, and we continue to see examples of it applying learning from one function to another. We are satisfied that this Standard is met.

3

The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

- 3.1 The GPhC has made good progress delivering its five-year Equality Diversity and Inclusion (EDI) strategy 2021-2026.² Examples of the work it completed this year include:
- launching new equality guidance for pharmacies which is designed to help tackle discrimination and is designed to support pharmacy owners to fulfil their legal and regulatory duties in relation to equality
 - updating its hearings and outcomes guidance for fitness to practise committees to address how decision-makers should consider concerns about discrimination, and how to take account of cultural factors when deciding on an outcome
 - holding a roundtable event with stakeholders about racism in pharmacy and publishing a report summarising the discussions and setting out next steps for action.

The GPhC also:

- began to accredit universities to its new initial education and training standards (due to be fully implemented by 2026), which includes strengthened requirements on EDI
- started work on minimising discrimination and bias in fitness to practise decision-making, including looking at how to handle allegations of discrimination in concerns raised about pharmacy professionals. This includes a project on anonymised decision-making at the Investigating Committee. The GPhC expects to analyse and review its findings from January 2024.

²Launched in November 2021: <https://www.pharmacyregulation.org/sites/default/files/document/gphc-equality-diversity-inclusion-strategy-november-2021.pdf>

EDI data

- 3.2 The GPhC holds a reasonable amount of data on the diversity of its registrants. There are some protected characteristics – such as sexual orientation – for which it holds relatively low levels of data, but we have seen some improvement this year. Part of the GPhC’s EDI strategy is aimed at improving the diversity data it collects and the ways it is used; it plans to routinely publish data on pharmacists and pharmacy technicians annually.
- 3.3 The GPhC also published an article about the work it has carried out to improve the diversity of Council in recent years.³ By 2022, just under 65% of Council members were female and 36% were from ethnic minority backgrounds, compared to 43% and 15% respectively in 2018/19. The article includes a list of practical actions the GPhC took, which other regulators may find helpful.

Conclusion

The volume and breadth of the GPhC’s work in this area this year has been impressive, and it is encouraging that the GPhC recognises and acknowledges that there are a range of issues it still needs to address. We are satisfied that this Standard is met.

4

The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

- 4.1 The GPhC regularly reports on its performance in a variety of ways, including its annual report and through operational updates at its Council meetings. The GPhC has also been working on some changes to the way that its operational performance is reported to Council and has implemented a Board Assurance Framework model.
- 4.2 The GPhC proactively seeks feedback about its performance, identifies learning and acts on feedback received. For example, it implemented lessons learned from its review of the problems that arose with the June 2022 registration assessment, discussed further under Standard 9 below.
- 4.3 In December 2022, following publication of our *Safer care for all* report, the GPhC outlined the key actions it will be working towards including:

³ [GPhC case study: Improving diversity in senior pharmacy professional leadership \(pharmacyregulation.org\)](https://www.pharmacyregulation.org/case-study/improving-diversity-in-senior-pharmacy-professional-leadership)

- examining differential attainment of graduates from certain backgrounds and working with universities with a pattern of lower pass rates in the GPhC registration assessment
- working with employers to help them understand when cases should be referred
- taking action where concerns are raised about discriminatory behaviour by pharmacy professionals, supporting people to make non-discriminatory regulatory decisions, seeking to remove unconscious bias in decision-making and supporting people who share particular protected characteristics such as mental health problems through the process.

Conclusion

There are clear examples of the GPhC taking action to address concerns identified about it and it continues to monitor and act on reports about healthcare regulatory issues, including our *Safer care for all* report. We are satisfied that this Standard is met.

5

The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

- 5.1 We have seen evidence that the GPhC takes a transparent approach to consultation, including reporting the feedback received and actions to be taken, and engages a broad range of stakeholders. This year, the GPhC held consultations on:
- proposed changes to fees
 - equality guidance for premises
 - hearings and outcomes guidance.
- 5.2 From mid-January 2023 the GPhC also carried out targeted pre-consultation engagement with the pharmacy and health sector, and patients and the public, to discuss the requirements and expectations around the roles of Chief Pharmacists, Responsible Pharmacists and Superintendent Pharmacists. The GPhC plans to hold a full public consultation later in the year.
- 5.3 The GPhC continued to work with professional bodies, education providers, advisory groups and others on a range of issues. We received largely positive feedback from stakeholders about the engagement they had with the GPhC.



What we heard from stakeholders

“Our experience has been generally positive and we are regularly provided with an opportunity to interface with them and to attend meetings. Regular communication has continued throughout 22/23 with GPhC representatives in Wales, with monthly meetings

arranged and attended. This allows for early discussion of potential issues and communication to the contractor network.”

“The GPhC continued to contribute its expertise in education and training quality strategy, as well as wider work on capturing learner insights through the National Education and Training Survey. They have provided constructive suggestions, and shared information. The GPhC continues to deliver its key function of promoting professional standards and maintaining public confidence in the professions. The GPhC does this with the involvement of stakeholders from across the system and with regard to the wider context and the drivers for educational reform.”

“Overall, the GPhC has been open in hearing [our] views and my colleagues have good working relationships with individuals within the GPhC. On behalf of our members, we appreciate their willingness to engage. On occasion this has led to the GPhC following through on [our] suggestions.”

“The GPhC is currently much more approachable, willing to listen to concerns and issues raised, and take steps to address issues where possible.”

“There is a monthly opportunity to meet with the Scottish Director of the GPhC, and this provides a welcome opportunity to discuss areas of shared interest. This regular contact is incredibly helpful with a two-way dialogue on hot topics and key regulatory issues.”

Conclusion

Overall, the feedback we have received suggests that the GPhC has worked hard to develop relationships with its stakeholders and build collaborative working arrangements. Its stakeholders have provided clear examples of the GPhC working collaboratively with them and listening and responding when concerns are raised. We are satisfied that this Standard is met.

Guidance and Standards

6

The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

- 6.1 The GPhC used a Council workshop in April 2023 to examine whether its current standards for registered pharmacists and pharmacies – which were last revised in 2018 – were still fit for purpose. It considered evidence from various sources

including pharmacy inspections, fitness to practise, and anecdotal sector knowledge, and reviewed whether the existing standards were sufficiently up to date and effective in three real-life contexts. The GPhC concluded that it was able to adapt its standards and guidance to meet emerging issues should the need arise. We have seen no evidence to suggest the current standards are out of date, and the GPhC has taken steps to assure itself they remain fit for purpose.

- 6.2 One stakeholder raised concerns regarding pharmacy automation and the use of so-called artificial intelligence by certain pharmacy owners, specifically around the growing use of 'advance clinical checking'⁴ of dispensing of repeat medication. In response, the GPhC explained that these issues are not just a matter for the regulator but are under the remit of many organisations and linked to several key pieces of work underway both within the GPhC and externally by others, including the Department of Health and Social Care. The GPhC said it continues to engage with a wide variety of stakeholders in relation to such issues and is looking at the sector coming together to "work on developing quality/industry kitemark-type standards to help fill a gap in the more operational space of the running of online pharmacies - an area of service provision subject to a fast pace of change and growth, but one which is also immature and not without some quality concerns."
- 6.3 New legislative orders, which commenced on 1 December 2022, gave the GPhC powers 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. The GPhC has carried out pre-consultation work to discuss the requirements and expectations around these roles and will be taking this work forward starting with a formal consultation later in the year.

Conclusion

We are satisfied that the GPhC is keeping its standards under review and that it is taking emerging risks into account as part of this work. We encourage the GPhC to work constructively with stakeholders on the risks and opportunities raised by pharmacy automation and will be monitoring progress. We will also continue to monitor how the GPhC works to develop rules and standards for Responsible Pharmacists, Superintendent Pharmacists and Chief Pharmacists. We are satisfied that this Standard is met.

⁴ The performance of a single initial clinical check on an NHS repeat prescription to cover multiple repeat supplies issued on future dates.

7

The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

7.1 The GPhC publishes a range of guidance and resources for registrants. It continues to review and revise its existing guidance to ensure it is up to date and fit for purpose. This year, it published:

- new equalities guidance for pharmacies⁵
- new guidance on standards for education and training of pharmacist independent prescribing⁶
- guidance on the initial assessment of incoming concerns in fitness to practise cases⁷
- guiding criteria to inform its approach to the regulation of pharmacy technicians.

7.2 The GPhC has continued to use its website, e-newsletter and social media channels to provide information and guidance for registrants on a range of issues, such as risks relating to online services.⁸ It has also published examples of notable practice on its inspections website, such as encouraging team members to act openly and honestly in accordance with the duty of candour.⁹

Conclusion

The GPhC continues to provide registrants with guidance on emerging areas of risk, such as online pharmacy services. We are satisfied that this Standard is met.

Education and Training

8

The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

8.1 As we reported in our 2021/22 performance review, the GPhC launched its new *Standards for the initial education and training of pharmacists* in January 2021,

⁵ <https://www.pharmacyregulation.org/news/gphc-publishes-new-equality-guidance-pharmacies>

⁶ <https://www.pharmacyregulation.org/news/gphc-council-agrees-new-guidance-entry-independent-prescribing-courses>

⁷ <https://www.pharmacyregulation.org/news/gphc-publishes-guidance-initial-assessment-incoming-concerns>

⁸ <https://www.pharmacyregulation.org/news/gphc-issues-advice-pharmacists-and-owners-about-risks-relating-online-services>

⁹ <https://inspections.pharmacyregulation.org/knowledge-hub>

and also introduced an interim set of learning outcomes for the new pharmacist Foundation Training Year in July 2021. The GPhC is working with stakeholders from across the UK¹⁰ to support the phased implementation of the new Standards which will come into full effect in 2025-26, including hosting regular meetings of an Advisory Group of stakeholders.



What we heard from stakeholders

“[We] have provided representatives to all Advisory Group meetings and welcomed the opportunity to feed collaboratively into discussions exploring key elements of reform.”

“The GPhC has recognised the challenges faced by Schools of Pharmacy in implementing the new standards in the required timeframe, with the GPhC Initial Education and Training of Pharmacists Advisory Group acting as a forum for stakeholders to raise concerns. The GPhC has shown a willingness to involve all stakeholders in discussions and recognises it needs to improve communication with stakeholders. It is willing to listen to concerns of stakeholders and take proportionate action to alleviate concerns where this is possible.”

- 8.2 In May 2022, GPhC Council agreed changes to the *Standards for the education and training of pharmacist independent prescribers* following a public consultation. The principal change was to amend the requirements for entry to an accredited independent prescribing course, taking effect from 1 October 2022. The GPhC produced guidance to support education providers as they design courses to meet the new standards.

Conclusion

The GPhC continues to implement reforms to the education and training of pharmacists. It is working closely with stakeholders to make sure areas of risk are identified and addressed. We are satisfied that this Standard is met.

¹⁰ 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.

9

The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator’s requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

- 9.1 As we noted in our report last year, we were concerned by the delays and other problems faced by candidates at six test centres at the June 2022 registration assessment. We were satisfied with the immediate steps the GPhC took to deal with the delays and prevent similar problems. Since then, the GPhC has introduced a number of further measures, and successfully completed the November 2022 and June 2023 sittings without similar issues occurring.
- 9.2 After each sitting of the registration assessment, the GPhC publishes an analysis of candidate performance by various categories, including schools of pharmacy and protected characteristics. The GPhC uses this analysis to identify concerns about education and training. This year’s data show ongoing concerns in two separate areas. The GPhC is taking the following action and we will be monitoring this activity:
- There continues to be differential attainment based on ethnicity, sector of training (hospital versus community) and age. As part of its work to address this, the GPhC’s new *Standards of education and training for pharmacists* include stronger EDI requirements and EDI has been made a focus of interim accreditation visits. The GPhC is also exploring what else it can do to further understand differential attainment and the causal or contributing factors.
 - The GPhC has noted that three schools of pharmacy have had lower pass rates than other institutions. The GPhC has asked them to provide action plans and indicated that it aims to see improvements from all three in relation to pass rates. All three schools of pharmacy are also seeking reaccreditation to the new initial education and training standards. Once the accreditation has taken place the GPhC will prepare a report setting out any recommendations or conditions on the school’s accreditation.
- 9.3 The GPhC has continued to reaccredit MPharm degrees to its new *Standards for the initial education and training of pharmacists*. The process for reaccreditation to the revised standards began on 1 October 2021, with higher education institutions receiving a reaccreditation event in a staggered arrangement between the 2021/22 and 2023/24 academic years. Schools of Pharmacy that have been through the new process have provided us with generally positive feedback, although we did receive some concerns about the consistency and amount of paperwork involved in accreditation visits. Stakeholders have said that the GPhC has shown a willingness to listen to concerns and take proportionate action as appropriate.



What we heard from stakeholders

“The new accreditation process is generally viewed as being more relaxed with a more engaging and discursive tone, adopting a collaborative and collegiate approach with more relevant questioning, and being supportive and constructive and much less confrontational than the previous accreditation process.”

Conclusion

The GPhC has transparent and proportionate processes for approving and quality assuring education programmes. The GPhC has also taken a number of steps to reduce the risk of delays and other problems at its registration assessments. We are satisfied that this Standard is met.

Registration

10

The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

- 10.1 The GPhC did not make any changes to the way it maintains or publishes its register this year. It has kept its temporary register open for another two years following a request by government to the regulators.
- 10.2 We checked the register entries for cases where there had been a fitness to practise hearing between July 2022 and June 2023. All entries were as expected and we identified no concerns.
- 10.3 One stakeholder raised concerns around the level of detail and information on the GPhC’s register.



What we heard from stakeholders

“The GPhC appears to lack sufficient data and clarity to be able to reliably tell how many of the pharmacies on its register are also offering prescribing services, and how many are offering these prescribing services online... There is more to be done to capture the data on those pharmacies that provide prescribing services so that appropriate and proportionate inspection and regulation can be put in place.”

- 10.4 The GPhC responded to this concern by explaining that its current Strategic Plan includes ‘reviewing what we register, the basis of registration and the information we collect and use at registration and renewal... for 2023-25. This will be a significant part of adopting a regulatory approach that is increasingly informed by intelligence and exploring what a more strategic approach to pharmacy regulation could look like.’ We have not seen evidence that not holding this data is a risk to public protection, however we will monitor any emerging risks and look to see what steps the GPhC plans to take in this area.

Conclusion

We have seen evidence that the GPhC maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice. We are satisfied that this Standard is met.

11 | The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

- 11.1 The GPhC has not made any substantial changes to its registration processes for pharmacy professionals or pharmacy premises.
- 11.2 The GPhC continues to process applications for registration efficiently; the median time taken remains less than one week for both UK and international graduates.

Conclusion

We have no concerns about the GPhC’s registration processes and are satisfied that this Standard is met.

12 | Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

- 12.1 The GPhC process for managing protection of title cases is unchanged since last year. Its website continues to provide information about its protection and misuse of title function, including the designated titles that are protected by law, and how people can raise a complaint.
- 12.2 The GPhC takes action to manage risks resulting from non-registrants using a protected title. It received a total of 22 potential illegal practice or use of restricted title cases between July 2022 and June 2023 with the median time taken to close these concerns being 25 weeks. The GPhC is dealing with these cases in a timely manner.

Conclusion

We are satisfied that this Standard is met.

13 | The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

- 13.1 The GPhC re-introduced full revalidation requirements for pharmacy professionals in October 2022 following a reduced revalidation process in response to the pandemic. The GPhC intends to review its revalidation standards and requirements on an annual basis and make any subsequent updates from 1 January 2024. The GPhC also plans to evaluate the effectiveness of its revalidation process as part of its work on post-registration assurance of practice.
- 13.2 The GPhC introduced a more risk-based approach to its routine pharmacy inspections in June 2022, following a full public consultation in 2018 and refinements made during the pandemic. Alongside this new approach, the GPhC continued to carry out other types of routine inspections, including re-inspections of pharmacies that have failed one or more standards after six months, and routine inspections of new pharmacies joining the register.
- 13.3 We received feedback from one stakeholder who raised concerns around this new risk-based approach and whether risks are being properly addressed. The GPhC has told us that it is engaging with these concerns and exploring how it can address them, both in the short and long term.

Conclusion

While we note the concerns raised by one stakeholder about the GPhC's new approach to routine pharmacy inspections, there is evidence that the GPhC is being responsive and is managing emerging risks proportionately. We will monitor the new premises inspection process and report any further developments in our next review.

Fitness to practise

In previous years we have reported on our concerns about the GPhC's performance against our fitness to practise Standards. We identified concerns in relation to timeliness, transparency and clarity of the initial assessment and investigation process, decision-making, and ensuring parties were supported to participate in the process. We also identified concerns about the way risk assessments were documented.

As part of our performance review this year, we reviewed a sample of 27 cases closed by the GPhC between 1 August 2022 and 11 January 2023 (17 closed at initial assessment

and 10 closed at investigation). The purpose of our audit was to assess whether the GPhC had addressed our previous concerns.

Details of our audit findings are set out against the relevant Standards.

14 | The regulator enables anyone to raise a concern about a registrant.

- 14.1 The number of fitness to practise complaints received by the GPhC increased by over a third this year – from 3,080 in 2021/22 to 4,178 in 2022/23 – driven by a sharp increase in concerns raised by members of the public. The GPhC told us that was linked to increased pressures on frontline pharmacies coupled with limited resources and pharmacist shortages, as well as instances of supply chain disruption.
- 14.2 Regarding particular types of concern, the GPhC outlined that it is seeing an increase across a number of categories. The GPhC is doing more work to improve the data it holds on referrals and has begun working towards better understanding the reasons behind the increase. We will continue to monitor any developments.
- 14.3 During the course of our audit work this year (discussed further under Standards 15, 16 and 18) we found no evidence to suggest there were any barriers to people raising concerns with the GPhC.

Conclusion

We are satisfied that this Standard is met.

15 | The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

- 15.1 The GPhC last met our Standard on fitness to practise timeliness in 2017/18. The GPhC has taken various measures to try and improve its performance in recent years, and launched a five-year fitness to practise strategy in July 2021.¹¹ Actions taken by the GPhC this year included:

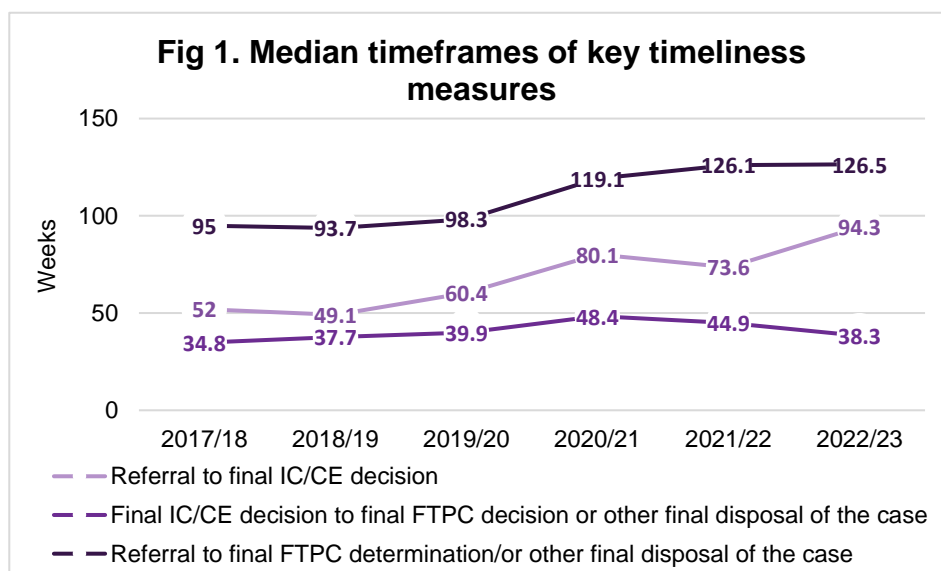
¹¹ [Managing concerns about pharmacy professionals: Our strategy for change 2021-26](#)

- recruiting additional case officers and using additional administrative support to enable case officers to focus on progressing cases;
- using external panel law firms to manage / investigate cases to free up capacity in the team to deal with more complex cases; and
- carrying out internal audits on its fitness to practise processes and decision-making frameworks.

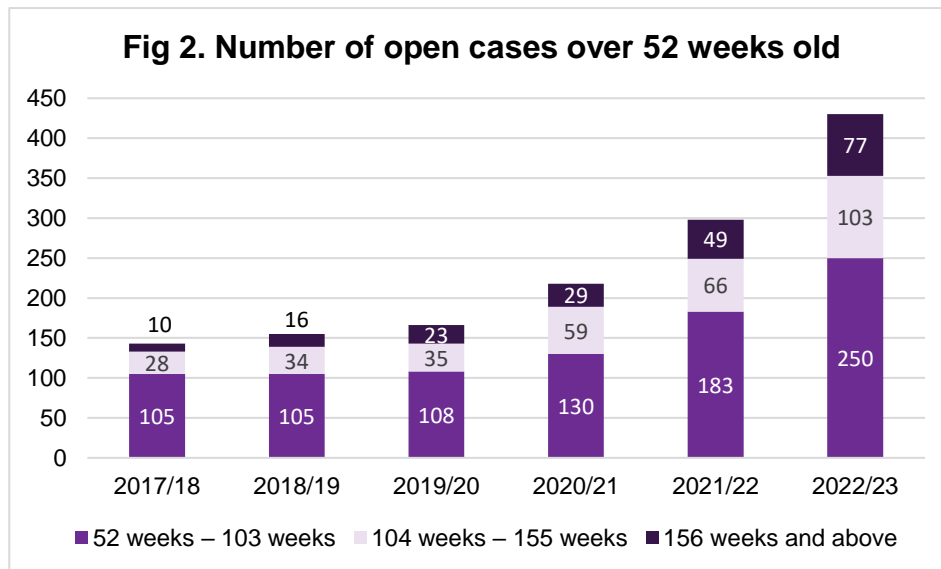
15.2 The GPhC monitors delivery of its Strategy through updates to Council and reports on operational performance through its quarterly Board Assurance Reports. The GPhC has also recently set up an FP Standards Board, chaired by its Chief Executive, to try to improve performance in this area. However, it is too early for us to assess the impact of this development.

Timeliness of fitness to practise investigations

15.3 As Figure 1 shows, the GPhC's performance against our key timeliness measures was mixed this year. There was a significant deterioration in timeliness from referral to final Investigating Committee (IC) decision, an improvement in timeliness from final IC decision to final fitness to practise committee (FTPC) decision or disposal of the case, and no material change in timeliness from referral to final FTPC decision or disposal of the case.



15.4 As Figure 2 shows, the number of open cases over 52 weeks has again steadily increased, most notably with cases that are between 52 and 103 weeks old. A growing older caseload is likely to have an impact on the GPhC's ability to reduce its end-to-end timeframes in the short to medium term.



What we heard from stakeholders

“I remain very concerned by the speed at which the GPhC progresses its fitness to practise cases...”

‘The process of managing case progression, even cases in the early stages, in a timely and consistent manner is an ongoing issue and this has considerable impact on the mental well-being of our members.’

- 15.5 The GPhC has told us that it recognises ‘more work is required to ensure that cases are being progressed more quickly and the focus now is on tackling the main drivers of delays that are within our control. As part of the Fitness to Practise End-to-End Process Review Project, we are also completing a number of change initiatives to further improve stakeholder experience including the re-allocation of cases during unplanned long term sickness absence or case officers leaving, to make sure there is no delay or impact on the progression of cases. We have also increased the capacity of our case management system (CRM) to store data to populate templates which we think will make the process of information sharing more streamlined and quicker. We have introduced new software to help parties review evidence and sign witness statements electronically.’
- 15.6 We recognise the GPhC’s commitment to improving the timeliness of its fitness to practise process. However, the work has had little impact in this review period and the number of open old cases has increased again. The GPhC is still taking too long to deal with fitness to practise cases and so has not met Standard 15.

15.7 This is the fifth year in a row the GPhC has not met our fitness to practise Standard for timeliness, so we have taken action under our escalation policy.¹² We have written to the Secretary of State for Health and Social Care and the Health and Social Care Committee to raise our concerns, and we will continue to closely monitor the GPhC's progress.

Transparency and clarity of the process

15.8 The purpose of our audit, in relation to this Standard, was to assess whether the GPhC had addressed our previous concerns about the transparency and clarity of the initial assessment and investigation process, and to monitor its use of voluntary agreements.

15.9 We found that the initial assessment process was clear and transparent. Concerns were recorded accurately and progressed to the relevant decision-making forums to determine whether the case should be closed at initial assessment stage or referred on to investigation. Where appropriate, the GPhC undertook initial enquiries to determine the most appropriate course of action. Record-keeping was generally of good quality, and we were able to see how decisions were made. We saw good examples of case officers and Inspectors working closely together on intelligence referrals where the Inspector's analysis and follow-up activity informed the response to the person raising the concern.

15.10 We reviewed nine cases in total across both initial assessment (five cases) and investigations (four cases) where the GPhC decided to close the case with 'informal guidance.'¹³

15.11 We saw improvements in the GPhC's informal guidance process, including updated internal guidance and revised letter templates. However, we found examples of the GPhC sending closure letters that did not accurately reflect the agreed reason for closure. It is important that all parties understand the nature of each closure decision and the GPhC fully explains the consequences of the outcome where appropriate.

15.12 As part of our audit we reviewed one case closed with a voluntary agreement between the GPhC and the registrant (and with no further action). We had no concerns in the handling of this particular case, and the GPhC appears to be using the process in a limited and proportionate way.¹⁴

¹² [Escalation of performance review concerns – process document](#)

¹³ We note that from January 2023, the GPhC no longer issues 'informal guidance' at the initial assessment stage but rather 'reminders.' We did not review any cases that were closed with 'reminders' as this began to occur outside of the audit review period

¹⁴ In each of the three recent years where we audited the GPhC (2018/19, 2020/21 and 2022/23), only one case in each year had been disposed of in this way. We audited all three cases.

Conclusion

The GPhC is working to implement its five-year fitness to practise strategy, and we are pleased that it has addressed our previous concerns around the transparency and clarity of its assessment and investigation processes. However, we have not seen evidence that timeliness has improved this year, and it continues to be a source of concern to stakeholders. The data also shows that the GPhC has an increasing number of older cases, despite its efforts to clear the backlog of its oldest caseloads. We therefore conclude that this Standard is not met. We have taken action under our escalation policy and will closely monitor the progress of the GPhC's work to improve its timeliness in fitness to practise.

16

The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

- 16.1 The GPhC last met our Standard on fitness to practise decision-making in 2017/18. Last year, we reported that the GPhC had introduced a number of measures to improve the quality of its decision-making in fitness to practise cases, including new guidance for staff and a new Investigation Planning and Report Form. However, it was too soon for these changes to have made an impact, and we had not seen tangible evidence that our previous concerns about decision-making at the triage / initial assessment and investigation stages of the process had been fully addressed.
- 16.2 As part of our audit this year we reviewed the impact of these improvements and whether the GPhC's decision-making at both initial assessment and investigations had improved.

Initial assessment and investigation decisions

- 16.3 We reviewed 17 cases closed at the initial assessment stage and 10 cases closed at investigations. We found the large majority of decisions to be reasonable, with clear, accurate and detailed reasons recorded and with the relevant test considered and applied. We were satisfied that, in all but four cases, the decisions to close the cases were sufficient to protect the public and maintain public confidence.
- 16.4 We disagreed with the decisions to close in four cases. The GPhC accepted our view in two cases and confirmed it will take learning from the feedback we provided. In relation to the remaining two cases, the GPhC provided us with further information about the decisions to close. While we do not agree with the GPhC's position entirely we are satisfied that the GPhC has improved sufficiently in its decision-making at both initial assessment and investigation stages. We also take some assurance from an external audit commissioned by the GPhC which found

significant improvement in the decision-making and reasoning provided for closure decisions before the Investigating Committee stage.

Fitness to Practise Committee (FTPC) decisions

- 16.5 Unlike the earlier stages of the GPhC's fitness to practise process, we have not had any concerns about decisions made by its FTPC in recent years. We have sent a very small number of learning points to the GPhC in relation to these decisions this year, and have not appealed any of its decisions. We therefore have no significant concerns about the GPhC's decision-making at final hearings.

Conclusion

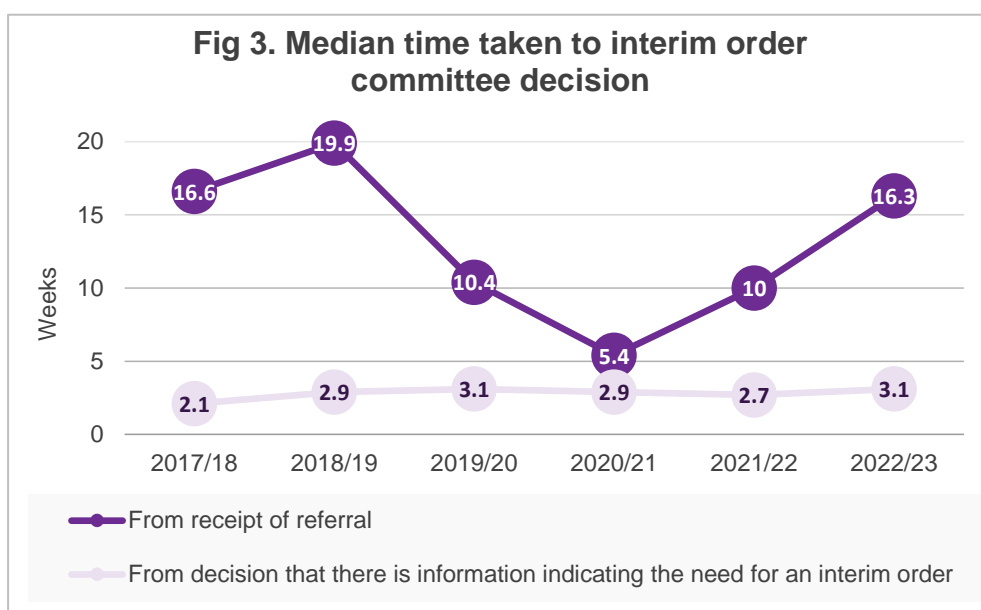
Our audit has provided us with assurance that the GPhC's work to improve its decision-making at both initial assessment and investigation stages has addressed our previous concerns. We have seen that the new initial assessment guidance has been implemented well and the GPhC has enhanced both its decision-making and scrutiny of decision-making at the investigation stages using the new reporting form. We also have no concerns about decisions made at final hearing. We are therefore satisfied that this Standard is met.

17

The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

Timeliness of interim orders

- 17.1 As Figure 3 shows, there has been a sharp increase in the time taken between the GPhC receiving a fitness to practise referral and making an interim order committee decision. This measure helps us understand how quickly the most serious cases are being progressed. The GPhC's performance against this measure is in the mid-range of all the regulators this year, and given the increase in the past two years, we will monitor the data closely. The GPhC continues to apply promptly for interim orders once it receives information indicating the need for one.



Risk assessments

- 17.2 In previous years we have reported our concerns about how the GPhC identified and documented risks at its triage / initial assessment and investigation stages. Although this Standard was not the subject of our audit this year, our case review provided insight into the way the GPhC identifies and prioritises its most serious cases.
- 17.3 In all the cases we reviewed, risk assessment forms and/or case management system fields had been completed. Where new information had been received, we also saw risk assessments being updated as expected. We could understand how risk ratings had been arrived at in most cases, although there were a small number of cases where the risk assessments did not include all the risk factors we would have expected as per the GPhC's initial assessment guidance. However, we did not see any examples of cases being given an inappropriate risk rating.

Conclusion

We have seen evidence that the GPhC identifies and prioritises cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate. Although we have noted the increase in the median time taken from receipt of referral to interim order, the GPhC acts quickly once it identifies a need for an interim order. Our audit provided us with assurance that the GPhC carries out risk assessments effectively and we are satisfied that this Standard is met.

18

All parties to a complaint are supported to participate effectively in the process.

- 18.1 The GPhC last met our Standard on support to fitness to practise parties in 2017/18. In 2018/19, we conducted an audit on this Standard and reported on a number of concerns, which included: parties not being kept updated on their cases; processes not being clearly explained; outcomes not always being sent; and parties given short response deadlines.
- 18.2 The GPhC has made various improvements to its processes since then, including staff training, new templates and quality assurance work. However, since 2018/19 we had not seen evidence that the GPhC's work in this area had resolved our previous concerns. As part of this year's audit, we assessed the support provided by the GPhC to parties at the triage / initial assessment and investigations stages of its fitness to practise process.
- 18.3 In most cases, we had no concerns about the customer service provided to the parties: the process was routinely explained to registrants and complainants at the outset; they were kept regularly updated throughout the investigation and they were promptly notified of the outcome. We saw good examples of tailored and compassionate communication, notably to complainants with supportive tone of voice. In closure letters to parties, the GPhC also provided a link to a customer satisfaction survey to provide feedback about their experience of the fitness to practise process.
- 18.4 In the majority of the cases we were also satisfied with the level of record-keeping, although, in cases investigated by external law firms, there were examples where not all correspondence to parties was saved on the GPhC case file. The approach to informing all parties of the closure decision also appeared to be inconsistent and varied from case to case. The GPhC has told us that it is looking to improve how it stores correspondence sent by external law firms.



What we heard from stakeholders

“We have an ongoing issue around lack of reply to emails especially around chase-ups on case progression... The wording and quality of communication has significant impact on our members and there is definite scope for significant improvement. We have noted some improvement in some outcome letters but there can still be significant variance in the quality of these.”

- 18.5 The GPhC told us that it has received positive feedback from stakeholders through its customer survey feedback on the work it has completed to date. However, the GPhC recognises that more work is required to ensure that cases are being progressed more quickly and the focus now is on tackling the main drivers of delays that are within its control.

Conclusion

Although we did receive some negative feedback from stakeholders our audit overall has provided us with evidence that the GPhC has improved the support it provides to fitness to practise parties, and that the issues we identified in our last audit have largely been resolved. We encourage the GPhC to reflect on the comments we have received from stakeholders, and to use the feedback it collects itself, to drive further improvement. On balance, we are satisfied that this Standard is met.

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