

General Pharmaceutical Council

Monitoring report

2024/25

The General Pharmaceutical Council (GPhC) regulates the practice of pharmacists, pharmacy technicians and registered pharmacies in Great Britain. There are:

92,989

pharmacy professionals & **13,220** pharmacy premises on the register as at 30 June 2025

This report covers the period 1 July 2024 to 30 June 2025

Key findings and areas for improvement

Fitness to Practise

The GPhC has met four out of five fitness to practise (FtP) standards this year. The GPhC recognises that there is still more work to do, and we will continue to monitor the GPhC's ongoing programme of improvement.

The GPhC did not meet Standard 15 again this year because it is still taking too long to process fitness to practise (FtP) cases, despite the efforts the GPhC has made this last year to reduce its caseload including legacy cases. We have escalated our concerns to the Secretary of State for Health and Social Care and Health and Social Care Committee Chair.

Standard 3 on Equality, Diversity and Inclusion

The GPhC met our Equality, Diversity and Inclusion (EDI) Standard again this year. It continues to be active in relation to EDI and it continues to perform strongly against the majority of the indicators for this Standard. We saw examples of good practice, in the creation of a Council Anti-Racism Champions Working Group; the implementation of its Diversity Action Plan for the Council member recruitment; and the work carried out to collect/analyse EDI data from fitness to practise (FtP) complainants and make improvements to its processes. However, we have identified an area for improvement and note that there are some gaps in the GPhC's FtP guidance documents in that they do not make reference to allegations of racist and other discriminatory behaviour when assessing and investigating concerns. We will monitor what steps the GPhC takes to address this.

Standards for Chief Pharmacists

In January 2025 the GPhC launched its Standards for Chief Pharmacists. The Standards set out professional responsibilities and describe the knowledge, conduct and performance required by a Chief Pharmacist to support their organisation and its staff to deliver safe and effective pharmacy services. The standards were developed following new legislation which removes the threat of criminal sanctions for inadvertent preparation and dispensing errors by pharmacy staff working in hospitals and similar settings.

Strategic Plan 2025-2030

In June 2025 the GPhC launched its new Strategic Plan for the next five years and outlined three strategic aims. We will continue to monitor how the GPhC works towards progressing its Strategic Plan over the coming performance reviews.

Standards met: 17 out of 18



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

Previous years

2023/24

17 out of 18

2022/23

17 out of 18

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.



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.

This section of our report mainly focuses on Standard 3 because this is our second year of using our new approach to assessing the regulators against this Standard. More information is available [on our website](#), including our guidance document and our evidence framework.

Our assessment of the GPhC's performance against Standard 3

In 2024, we introduced a new approach to assessing regulators against Standard 3, which focuses on Equality, Diversity and Inclusion. As part of that 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 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 continues to have a clear governance structure to embed EDI across the organisation and published its [Year 2 EDI Strategy Report](#). The GPhC confirmed it holds EDI data on 100% of its Council members and provided a comprehensive EDI analysis for its statutory committee members to Council as part of the recent 2024 Annual Report of the Assurance and Appointments Committee.

Good Practice

In September 2024, the GPhC set up a Council Anti-Racism Champions Working Group to act as the conscience of the Council in ensuring that the way it delivers its work aligns with its anti-racist ambitions.

The GPhC implemented a bespoke Diversity Action Plan for its Council member recruitment process. This covered a range of specific actions, for example, developing new learning and training materials for all selection panel members on how to minimise bias in selection and dealt specifically with affinity bias and confirmation bias (with case study examples), based on external research and good practice.

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

The GPhC continues to publish material to support registrants to improve their EDI knowledge and skills across a range of topics, including information on the importance of avoiding braille obstruction on medicine packaging and highlighting how pharmacy teams can help meet the needs of people with a range of disabilities including hidden or non-visible disabilities.

Last year we noted that none of the GPhC's standards explicitly referred to the need for registrants to challenge discrimination. The GPhC has started to address this when it developed its new **Standards for Chief Pharmacists** in January 2025. However, the number of registrants that these standards apply to is small. The majority of registrants still do not have standards around challenging discriminatory behaviour – this may change as the GPhC develops Standards for Responsible and Superintendent Pharmacists.

The GPhC has separate, but similar, standards covering the initial education and training of pharmacists (2021) and pharmacy technicians (2017). Both sets of standards require education and training providers to demonstrate that they take appropriate account of diverse student needs, although the 2021 standards for pharmacists go into more detail. The GPhC plans to consult on draft new standards for the initial education and training of pharmacy technicians in the Autumn of 2025 – where there will be an opportunity to strengthen the requirements in this area.

Overall, we have seen evidence that the GPhC continues to ensure that students and registrants are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills.

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

This year we have seen evidence of the GPhC continuing to use the findings from recent surveys and consultations to identify and put in place actions with the aim of reducing the possibility of disadvantage across its regulatory functions. The GPhC carried out an assessment of trainees who sat its Registration Exam, which considered protected characteristics, pharmacy education history, foundation year training placement location and other factors. The data is being used in four current workstreams including a review of the registration assessment.

Good Practice

Last year we reported that the GPhC introduced a form to collect EDI data from people raising concerns. This year the GPhC applied the information it had collected and taken a range of actions as a result, including introducing early referrals to its Witness Support, exploring the development of a Witness Support Officer role, and outreach work by relevant Chief Officers.

Ongoing area for improvement

Last year we identified that the GPhC's fitness to practise guidance documents (the 2017 Investigating Committee and 2018 Investigations and Threshold Criteria guidance) do not refer to allegations of racist and other discriminatory behaviour when assessing and investigating concerns. We note that the GPhC is currently undertaking a review of all guidance, policies and process notes and told us that in practice any case involving racist or discriminatory conduct would meet the threshold for referral. They accept that a more explicit reference would enhance the policies and that this will not be completed this year. As the gaps in the guidance have not been addressed during this reporting year, we consider that this remains an area for improvement.

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

The GPhC continues to engage with a diverse range of stakeholders, act on the feedback received and undertake activities relevant to this outcome. During the review period the GPhC hosted meetings of its Patient and Public Voice Forum and acted on feedback received, for example, by providing guidance to registrants on patient confidentiality. The GPhC also continued to host regional and virtual roundtable events with stakeholders, discussing topics such as the evolving role of pharmacy professionals including digital services, education and training and challenges specific to remote and rural practice.

As mentioned under Outcome 3, the GPhC has also used its own research and evidence to inform its work, such as its analysis of its Registration Exam and collection of EDI data from complainants.

Conclusion

The GPhC has performed well against Standard 3 again this year and met all four outcomes. There is clear evidence of the GPhC continuing to undertake work under each of the four outcomes and we have noted a number of examples of good practice. However, we have also identified an ongoing area for improvement and some gaps in performance which we will continue to monitor.

Guidance and Standards

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

Standards for Chief Pharmacists

In January 2025, the GPhC launched the new **Standards for Chief Pharmacists**. These set out professional responsibilities and describe the knowledge, conduct and performance required by a Chief Pharmacist to support their organisation and its staff to deliver safe and effective pharmacy services. The standards were developed following new legislation which removes the threat of criminal sanctions for inadvertent preparation and dispensing errors by pharmacy staff working in hospitals and similar settings. These defences already

apply to pharmacy staff working in registered pharmacies. The GPhC said this will provide consistency across the sector and encourage the reporting of incidents and subsequently learning from errors.

Guidance for registered pharmacies providing services at a distance

The GPhC updated its **guidance for registered pharmacies providing services at a distance** (the guidance) and produced a series of FAQs. The GPhC said the guidance emphasises that for high-risk medicines, the prescriber cannot base prescribing decisions on the information provided in an online questionnaire alone. Instead, the prescriber has to independently verify the information the person provides, either through timely two-way communication with the person, accessing the person's clinical records, or contacting the person's GP, their regular prescriber, or a third-party provider. The aim is to prevent people providing false information to obtain medicines that are not clinically appropriate for them.

The GPhC held a webinar to discuss the guidance, which included representatives from the Advertising Standards Authority (ASA) and the Medicines and Healthcare Products Regulatory Agency (MHRA). Additionally, in April 2025 the GPhC issued a joint **Enforcement Notice** alongside the ASA and MHRA making clear that adverts for named prescription-only medicines for weight-management are prohibited. We welcome the GPhC's efforts in working with other regulators involved in this area to improve patient safety and will continue to monitor how the GPhC responds to emerging risks in this area.

Education and Training

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

Initial education of 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 (IETP) and started the transition to the new Standards. It also introduced a set of learning outcomes for the new pharmacist Foundation Training Year in July 2021. The process for reaccreditation to the new education standards began on 1 October 2021, with higher education institutions receiving a reaccreditation event in a staggered arrangement. During the review period the GPhC confirmed that all MPharm providers completed their accreditation events. Additionally, the GPhC completed the accreditation of all four statutory education bodies (SEBs) across the UK nations as planned. The SEBs will be the training providers for the new foundation training year (FTY) for trainee pharmacists.

Update on actions taken for lower performing schools of pharmacy

Over the last two performance reviews, we have reported that the GPhC has been taking action following poor pass rates identified in several schools of pharmacy. Progress has been reported to both the GPhC's Quality and Performance Assurance Committee (QPAC) and Council regularly during the review period. Four schools had been identified as being required to develop action plans to address the GPhC's concerns. All four schools of pharmacy were now seeking reaccreditation to the new initial education and training standards. This provided an opportunity to ensure the action plans were built into the overall accreditation events rather than being looked at in isolation. During the review period all four schools of pharmacy had been reaccredited, with satisfactory outcomes.

Quality assurance of pharmacy education

Last year we reported that the GPhC consulted on proposals for an enhanced approach to quality assurance of education and training. During this review period the GPhC analysed the consultation responses and developed a revised approach which will be implemented from the 2025/26 academic period. This will include:

- Carrying out an annual survey of students and trainees about the quality of education and training they are receiving. The GPhC said aggregated survey findings for each provider will provide ongoing assurance as well as to highlight potential areas of concern that would trigger further inquiry with the provider.
- Making better use of internal and external data to enhance the evidence base for reapproval events. Accreditation teams would be able to consider data such as student performance in the Oriel foundation training year National Recruitment Scheme (NRS) application tests, and graduate performance in the GPhC Registration Assessment.
- Aligning reapproval cycles across all pharmacy education and training provision so that all pharmacy technician, support staff, independent prescribing and overseas pharmacists' assessment programmes (OSPAPs) will be on a six-yearly reaccreditation cycle with a three-year interim event.

We will monitor how the GPhC implements the enhanced quality assurance approach following its implementation in the 2025/26 academic year.

Registration

The GPhC met all four Standards for Registration this year.

Premises inspections

In January 2025 the GPhC updated its approach to inspections, including introducing shorter, more focused inspections (alongside established full inspections). These will allow the GPhC to focus some of its inspection activity on areas of higher risk; its Inspectors have the option to switch to a full inspection if they deem it necessary or beneficial. Any pharmacy being inspected for the first time will automatically have a full inspection. The GPhC also confirmed that newly registered pharmacies are inspected within 12 months, or six for online pharmacies. When any change of ownership takes place, the pharmacy is essentially deemed a new registration, which triggers a registration inspection. The inspector will determine during the registration inspection whether the first inspection should take place within 12 months, based on the information held about the pharmacy and the types of services provided.

“Members felt that interactions they have had with premises inspectors over the last year have been positive. The network has seen significant change over the last year, with large numbers of consolidations, closures and sales of pharmacies. Members noted that whilst this required significant amounts of work, the process largely ran smoothly. When arranging inspections of new premises, members have been pleased with the flexible and proportionate approach of GPhC inspectors.”

Following the updates to the inspection process the GPhC said its approach to inspection methodology will remain iterative and under continued review, making better use of data and reflecting the changing external landscape to inform what it inspects and when.

Last year we reported that the GPhC had committed to conducting themed inspections and reports. During the review period the GPhC has published a **thematic review of registered pharmacies providing homecare medicines**. The GPhC said it plans to complete at least one thematic inspection/review per year, with potential for more dependent on resource.

Fitness to Practise

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

The GPhC continues to publish information and guidance about how to raise concerns about individuals on its register. It also signposts individuals to other organisations who may be better placed to deal with a concern outside of the GPhC’s remit.

As mentioned under Standard 3, the GPhC collects EDI data from people raising concerns with the aim of improving the GPhC’s understanding of any barriers people experience when raising a concern and whether these barriers have an impact on specific groups. The GPhC reviews the data quarterly and also undertakes an annual review.

The GPhC has continued to receive a higher than usual number of fitness to practise referrals. The GPhC explained that it has diverted resources to deal with this increase.

Time taken to progress cases

The GPhC has been continuously monitoring its progress towards improving its timeliness through updates to Council and reports on fitness to practise operational performance through its quarterly Board Assurance Reports.

Last year we reported on the activities the GPhC had introduced to improve timeliness. This included:

- appointing a new executive-level chief enforcement officer and deputy registrar to oversee the GPhC’s FtP improvement work and overall enforcement strategy.
- establishing a new case action team (NCAT) to deal with cases from referral to investigation more swiftly.
- restructuring teams and upskilling team members to undertake additional tasks
- allocating investigation lawyers to case teams
- increasing the number of hearing days.

We note that these measures will take time to bed in and for improvements to be fully realised. During this review period, the GPhC acknowledged that timeliness data was likely to deteriorate further before getting better as it begins to close more of its aged cases.

As Figure 1 shows, the number of open cases over 52 weeks has reduced significantly from 422 cases last year to 305 cases this year. Although the number of cases over 156 weeks has slightly increased the number of cases between 104 to 155 weeks has almost halved from 137 to 70 and the number of cases between 52 and 103 weeks has reduced from 181 to 126.

However, as the GPhC has reduced its aged cases, we can see from Figure 2 that there has been an increase in the end-to-end median time from referral to final FTPC decision. We will continue to monitor the GPhC’s performance data as it continues to reduce its aged cases.

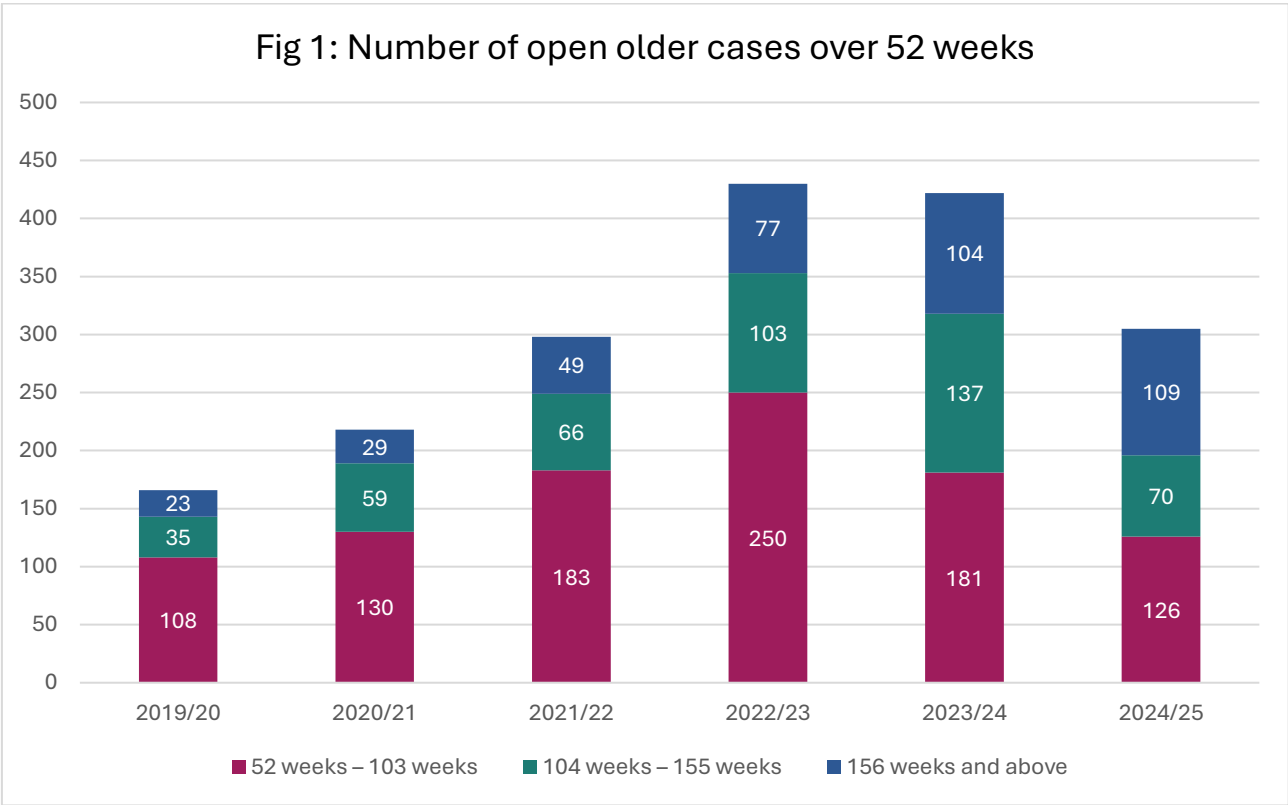
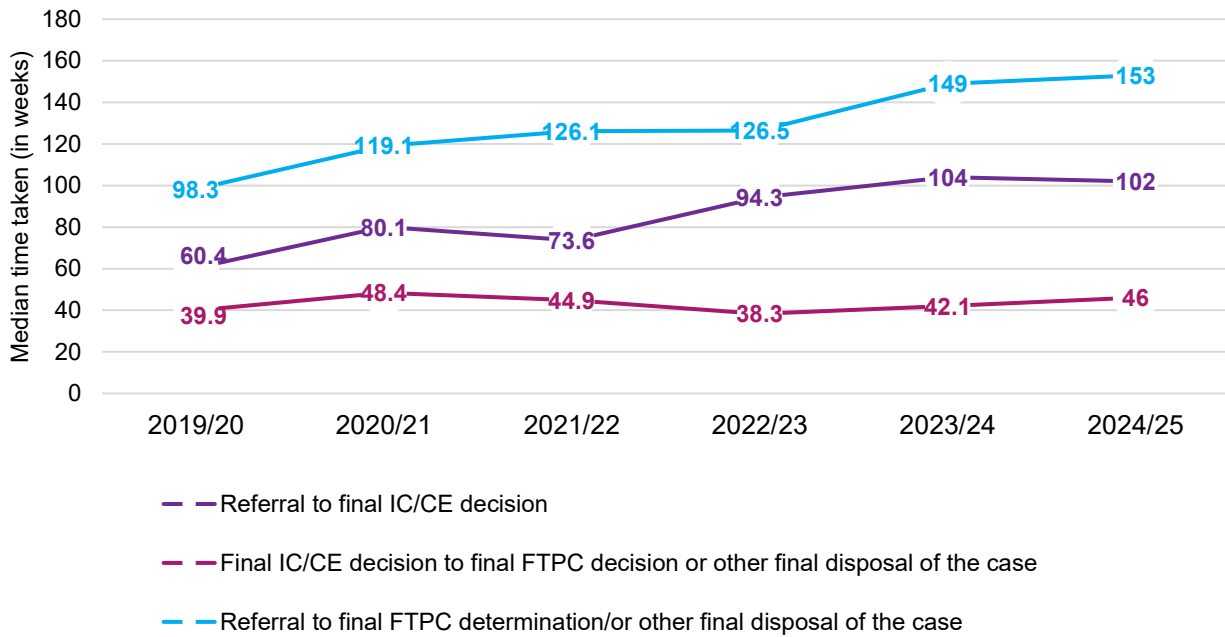


Fig 2: Median timeframes of key measures



Feedback received from stakeholders during the review period has been mixed. For instance, some stakeholders said that they have seen improvements in timeliness, notably at the triage stage, whilst others told us that cases are still taking too long to progress.

“Some members are finding that the way the GPhC is currently handling and triaging complaints is much better than it was. The template for concerns that is sent out for completion works well.”

“There continues to be concerns about turnaround time for fitness to practise cases. One member cited cases that have been running for five years.”

Stakeholder feedback

In response, the GPhC said there are a small number of very aged cases that remain under investigation after five years, usually cases which have been on hold pending a third-party investigation. It explained that most aged cases are now awaiting a hearing or are in the pre-hearing preparation stage and the GPhC said it continues to move them through as quickly as possible.

We have seen that improvements have been made in reducing the number of open older cases during the review period. We note that as these cases conclude this has impacted on the GPhC’s timeliness leading to the end-to-end median increasing.

While we recognise the additional challenges the GPhC has faced from the increase in referral numbers, the GPhC is still taking too long to resolve fitness to practise cases awaiting committee decision and therefore Standard 15 remains not met. In accordance with our escalation policy, we have provided an update letter regarding our concerns to the Secretary of State for Health and Social Care and Health and Social Care Committee Chair. Nevertheless, we acknowledged that the GPhC is continuing to take steps to address this as it continues to reduce its aged caseload.

Quick links/find out more

- Read the **GPhC's 2023/24 performance review**
- Find out more about [our performance review process](#)
- Read our [Standards of Good Regulation](#)
- Read our [evidence framework for Standard 3](#)



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