

Annual review of performance 2016/17

General Pharmaceutical Council



About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care¹ promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.² We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

¹ The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence

² *Right-touch regulation revised (October 2015)*. Available at www.professionalstandards.org.uk/policy-and-research/right-touch-regulation

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About the General Pharmaceutical Council

The General Pharmaceutical Council (the GPhC) regulates the practice of pharmacists and pharmacy technicians in Great Britain. It also registers and regulates pharmacy premises. Its work includes:

- Setting standards for the education and training of pharmacists and pharmacy technicians (pharmacy professionals), and approving and accrediting their qualifications and training
- Setting standards of conduct and performance that pharmacy professionals must meet
- Setting standards of continuing professional development that pharmacy professionals must achieve
- Setting standards for registered pharmacies which require them to provide a safe and effective service to patients, and inspecting pharmacies to check they are meeting those standards
- Maintaining a register of pharmacy professionals and pharmacies that meet the standards
- Investigating concerns about pharmacy professionals, and acting to restrict or remove from practice pharmacy professionals when this is necessary to protect patients and the public.

As at 31 March 2017, the GPhC register comprised:

- 53,967 pharmacists
- 23,318 pharmacy technicians
- 14,403 pharmacy premises.

The annual retention fee is

- £250 for pharmacists
- £118 for pharmacy technicians.



At a glance

Annual review of performance

Regulator reviewed: **General Pharmaceutical Council**

Standards of good regulation

Core functions

Met

Guidance and Standards

4/4

Education and Training

4/4

Registration

6/6

Fitness to Practise

10/10

1. The annual performance review

- 1.1 We oversee the nine health and care professional regulatory organisations in the UK, including the GPhC.³ More information about the range of activities we undertake as part of this oversight, as well as more information about these regulators, can be found on our website.
- 1.2 An important part of our oversight of the regulators is our annual performance review, in which we report on the delivery of their key statutory functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12-month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.
- 1.3 These performance reviews are our check on how well the regulators have met our *Standards of Good Regulation* (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:
- It tells everyone how well the regulators are doing
 - It helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

The Standards of Good Regulation

- 1.4 We assess the regulators' performance against the Standards. They cover the regulators' four core functions:
- Setting and promoting guidance and standards for the profession
 - Setting standards for and quality assuring the provision of education and training
 - Maintaining a register of professionals
 - Acting where a professional's fitness to practise may be impaired.
- 1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over 12 months, we gather evidence for each regulator to help us see if they have been met.
- 1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate all of this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards in the previous 12 months. We use this to decide the type of performance review we should carry out.

³ These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the Health and Care Professions Council, the Nursing and Midwifery Council, and the Pharmaceutical Society of Northern Ireland.

- 1.7 We will recommend that additional review of their performance is unnecessary if:
- We identify no significant changes to the regulator’s practices, processes or policies during the performance review period; and
 - None of the information available to us indicates any concerns about the regulator’s performance that we wish to explore in more detail.
- 1.8 We will recommend that we ask the regulator for more information if:
- There have been one or more significant changes to a regulator’s practices, processes or policies during the performance review period (but none of the information we have indicates concerns or raises any queries about the regulator’s performance that we wish to explore in more detail), or
 - We consider that the information we have indicates a concern about the regulator’s performance in relation to one or more Standards.
- 1.9 This targeted review will allow us to assess the reasons for the change(s) or concern(s), and the expected or actual impact of the change(s) or concerns(s) before we finalise our final view in the regulator’s performance or write our report.
- 1.10 We have written a guide to our performance review process, which can be found on our website www.professionalstandards.org.uk

2. What we found – our judgement

2.1 During March 2017, we carried out an initial review of the GPhC's performance from 1 April 2016 to 28 February 2017. Our review included an analysis of the following:

- Council papers, including performance and fitness to practise reports, Audit and Risk Committee reports
- Policy, guidance and consultation documents
- Statistical performance dataset (see section 2.8)
- Third party feedback
- A check of the GPhC register
- Information available to us through our review of final fitness to practise decisions under the Section 29 process.⁴

2.2 Following this assessment, we decided that a targeted review was required of the GPhC's performance against Standard 2 of Education and Training, Standard 3 for Registration, and Standards 3, 4, 5 and 6 for Fitness to Practise.

2.3 We sought and obtained further information from the GPhC in relation to these Standards, and carried out a detailed analysis. As a result, we decided that the GPhC has met all of these Standards. The reasons for this are set out in the following sections of this report.

Summary of the GPhC's performance

2.4 For 2016/17 we have concluded that the GPhC:

- Met all of the *Standards of Good Regulation* for Guidance and Standards
- Met all of the *Standards of Good Regulation* for Education and Training
- Met all of the *Standards of Good Regulation* for Registration
- Met all of the *Standards of Good Regulation* for Fitness to Practise.

2.5 The GPhC has maintained its performance since last year.⁵

⁴ Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

⁵ The 2015/16 GPhC performance review report is available at: www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/gphc-annual-review-of-performance-2015-16.pdf?sfvrsn=16

Key comparators

- 2.6 We have identified with all of the regulators the numerical data that they should collate, calculate and provide to us, and which items of data we think provide helpful context about each regulator's performance.
- 2.7 We expect to report on these comparators both in each regulator's performance review report and in our overarching reports on performance across the sector. We will compare the regulators' performance against these comparators where we consider it appropriate to do so.
- 2.8 Set out below is the comparator data provided by the GPhC for 1 April 2016-31 March 2017.
- 2.9 The key comparators are:

	Comparator	1 April 2016-31 March 2017
1	The number of registration appeals concluded, where no new information was presented, that were upheld	0
2	<p>Median time (in working days) taken to process initial registration applications for pharmacists</p> <ul style="list-style-type: none"> UK graduates EU (non-UK) graduates International (non-EU) graduates <p>Median time (in working days) taken to process initial registration applications for pharmacy technicians</p> <ul style="list-style-type: none"> UK graduates EU (non-UK) graduates International (non-EU) 	<p>18</p> <p>4</p> <p>18</p> <p>9</p> <p>6</p> <p>0⁶</p>
3	<p>Time from receipt of initial complaint to the final Investigating Committee/Case Examiner decision</p> <ul style="list-style-type: none"> Median Longest case Shortest case 	<p>52.4 weeks</p> <p>221.0 weeks</p> <p>12.7 weeks</p>
4	<p>Time from receipt of initial complaint to final fitness to practise hearing</p> <ul style="list-style-type: none"> Median Longest case 	<p>93.7 weeks</p> <p>225.7 weeks</p>

⁶ No non-EU applications were received in 2016/17 to provide a median.

	<ul style="list-style-type: none"> • Shortest case 	20.3 weeks
5	Time to an interim order decision from receipt of complaint	13.3 weeks
6	Outcomes of the Authority's appeals against final fitness to practise decisions <ul style="list-style-type: none"> • Dismissed • Upheld and outcome substituted • Upheld and case remitted to regulator for re-hearing • Settled by consent • Withdrawn 	 0 0 0 0 0
7	Number of data breaches reported to the Information Commissioner	0
8	Number of successful judicial review applications	0

3. Guidance and Standards

- 3.1 The GPhC has met all of *the Standards of Good Regulation* for Guidance and Standards during 2016/17. Examples of how it has demonstrated this are set out below each individual Standard.

Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care

- 3.2 The *Standards for pharmacy professionals* were agreed in October 2016, and came into effect in May 2017. These standards replace those introduced in 2010 after the GPhC was established as the independent regulator for pharmacists, pharmacy technicians and pharmacies in Great Britain. *Standards for pharmacy professionals* explains how registrants should deliver safe and effective care. It contains nine standards, which set out what is expected of pharmacy professionals, and include examples of the type of attitudes and behaviours they must demonstrate at all times.
- 3.3 During this review period the GPhC completed two consultations relating to the *Standards for pharmacy professionals*. The first consultation on the draft standards took place between April-June 2016, and sought views on the nine core standards registrants must meet. It received 1,295 responses⁷ from individuals and organisations. In August 2016, the GPhC published its analysis of the feedback and its response to this consultation. The analysis showed that most respondents thought the proposed standards were clear and agreed with the proposal to move to more generic standards supported by detailed guidance. The majority of respondents agreed that the draft standards made it clear that a pharmacy professional's personal values and beliefs must be balanced with the care they provide to people who use pharmacy services. However, the feedback also identified that the example used to illustrate how registrants might demonstrate this (through standard one – 'pharmacy professionals must provide person-centred care') did not reflect a focus on making the care of the patient a priority. This was because the example suggested that registrants could refuse to deliver services if their personal values and beliefs prevented them from providing the care required.
- 3.4 An analysis of both the feedback from the consultation on the new standards for pharmacy professionals and the relevant framework of equalities and human rights legislation led the GPhC to believe that the initial examples under standard one were too weighted towards accommodating the pharmacy professional's values and beliefs, as opposed to what the law requires of them as a service provider. The GPhC felt that a more considered approach would better balance the rights of individual pharmacy professionals, and the rights and needs of patients. It held a further consultation to test this thinking and seek feedback on revised examples, which made it clear that pharmacy professionals are required to take

⁷ Standards for pharmacy professionals: consultation report, September 2016

responsibility for ensuring that person-centred care is not compromised by their religion, personal values or beliefs.

- 3.5 The GPhC said that additional guidance would be needed around beliefs and personal values. Shortly after agreeing to change the example included in the standards, it consulted on revised examples to be included under standard one. The consultation also sought views on its supporting guidance on religion, personal values and beliefs at the same time. The supporting guidance was amended to reflect the new standards and to explain what the changes will mean in practice.

Consultation on the revised examples and guidance on religion, personal values and beliefs

- 3.6 The second consultation took place between December 2016 and March 2017, and sought views on the revised text and the new example to be included in the *Standards for Pharmacy professionals*, together with the changes made to the guidance on religion, personal values and beliefs. The proposals placed the needs and rights of the patients above those of the pharmacy professional. It also said that asking patients to obtain services from a different pharmacy professional might not always demonstrate that the rights and needs of the patient were being put first. The GPhC made it clear in the consultation that such action could be regarded as a breach of the standards.
- 3.7 We responded to this second consultation. In our response⁸ we recognised that the GPhC was trying to strengthen its position in this area to support the rights of the patients over those of its registrants, and we welcomed this shift in emphasis. However, we said that the examples used in the draft guidance focused too much on the rights of registrants. We also:
- disagreed with how the GPhC aligned its priorities to suggest that in certain circumstances it would allow registrants to not always act in the best interests of the patient as there may be circumstances where the registrant's own beliefs came first
 - set out our view that there are insufficient legal reasons for pharmacy professionals who are part of the NHS workforce to withhold providing NHS-approved treatment to patients, unless their right to do so is set out in legislation
 - said that the redrafted examples did not clearly set out that registrants are responsible for ensuring that as far as possible, patients receive the care and treatment they want when and where they want it, regardless of the registrant's own views
 - expressed concern that the references to the legal framework and human rights legislation were insufficient.

⁸ The Authority's response to the GPhC consultation on religion, personal values and beliefs in delivering person-centred care in pharmacy is available here: www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2017/response-to-gphc-religion-personal-values-and-beliefs-consultation-final.pdf?sfvrsn=10

- 3.8 Over 3,600 individuals and organisations responded to the consultation. This is the largest number of responses the GPhC has received to a public consultation to date. It is also the first time it has received more responses from the public than from the profession. In April 2017, it published its analysis of the responses, and after considering the feedback it agreed to include the revised examples which had been subject to the additional consultation (as described in section 3.3 – 3.5 above). The GPhC decided that the new standards should come into effect as soon as possible and approved a Frequently Asked Questions (FAQ) guide on religion, personal values and beliefs to be published alongside the new standards. The FAQ provided guidance in the intervening period between the introduction of the new standards in May 2017 and the publication of the guidance on religion, personal values and beliefs on 22 June 2017.

Application for a Judicial Review of the standards for pharmacy professionals

- 3.9 Separately, in March 2017 two pharmacists who are also members and officials of the Pharmacists' Defence Association⁹ (PDA) made an application seeking permission to challenge the introduction of *Standards for pharmacy professionals*. The PDA made this application because it believed the GPhC did not have the power to introduce standards which limited the conduct of pharmacists outside of their professional practice to the extent suggested in the new standards. It was concerned that the statement '*the standards need to be met at all times, not only during working hours*' and the references in the consultation to the need to demonstrate '*appropriate use of body language, tone of voice and courtesy and politeness at all times*' could cause confusion and would be of concern to pharmacists.
- 3.10 This application was refused. The High Court¹⁰ did not accept the PDA interpretation of the new standards and found that the '*relevant obligation in the standards is to behave appropriately at all times*'. The High Court also found that the GPhC had not exceeded its broad discretion to set the standards expected of registrants.
- 3.11 We are satisfied that the *Standards for pharmacy professionals* continue to prioritise patient and service user safety and patient and service user centred care. We note that the levels of engagement and the volume of responses that the GPhC received to these consultations is unprecedented, and the changes it made in response demonstrate a commitment to ensuring its standards reflect person-centred care and that registrants know what they must do to make sure they put the care of service users first. We consider that the exercise was an example of good practice in consulting and reaching decisions on such matters.

⁹ The Pharmacists' Defence Association "is a not for profit organisation which aims to act upon and support the needs of individual pharmacists, and when necessary, defend their reputation" www.the-pda.org.

¹⁰ The High Court judgment on the application for a judicial review of the Standards for pharmacy professionals is available at: <http://www.bailii.org/ew/cases/EWHC/Admin/2017/809.html>

Standard 2: Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care

- 3.12 The GPhC continues to publish guidance to help registrants understand its expectations on certain issues. In addition to the revisions it made to the guidance on religion, personal values and beliefs, in July 2016 it published *Demonstrating professionalism online*, a short guide which provides information and advice to registrants on how they should behave when using social media.

Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulator's work

- 3.13 We have seen evidence that the GPhC considers the views and experiences of key stakeholders. Under Standard 1 above we have referred to the second consultation on the *Standards for pharmacy professionals* and the reasons why additional consultations were completed.
- 3.14 The GPhC reported in October 2016 that it used the learning from the failures in care, such as those at Mid Staffordshire Foundation NHS Trust in England, the Vale of Leven in Scotland and the Abertawe Bro Morgannwg University Health Board Hospitals in Port Talbot and Bridgend in Wales to inform the development of its new standards.

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

- 3.15 The GPhC continues to publish its guidance and standards documents on its website and has translated the *Standards for pharmacy professionals* into Welsh. It also produced a new interactive app to make it easier for pharmacy professionals to access its standards and guidance documents on smartphones and tablets, as well as additional supporting resources.
- 3.16 The GPhC website provides information about its standards and the action it can take if they are not met or followed. It used social media to promote the publication of *Demonstrating professionalism online*, its new guidance to registrants on how to meet its standards when using social media.

4. Education and Training

- 4.1 We carried out a further review of the GPhC's performance against Standard 2 for Education and Training. The reasons for this, and what we found, are set out below. Following this further review, we concluded that the Standard

was met. Therefore, the GPhC has met all of the Standards of Good Regulation for Education and Training during 2016/17. Examples of how it has demonstrated this are below each individual Standard.

Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process

- 4.2 Last year we reported that the GPhC continued with its review of the standards of education and training for the whole pharmacy team. We note this year that it has continued to work to its timetable and this review should be completed later in 2017. In the period under review, it consulted on draft Initial Education and Training (IET) standards for pharmacy technicians in December 2016. This is the first time it has formally reviewed and consulted on these standards since it assumed responsibility for the registration and regulation of pharmacy technicians in July 2011.
- 4.3 The IET are the standards and requirements which education providers must meet in the courses they offer, to ensure that pre-registration trainee pharmacy technicians in turn meet the GPhC's requirements for registration. As well as setting out new IET requirements, the consultation specified the learning outcomes that pre-registration trainee pharmacy technicians must achieve. It also invited views on proposals to change the criteria for registering as a pharmacy technician. If introduced, these proposals will change the knowledge and work experience requirements that lead to registration as a pharmacy technician.
- 4.4 The consultation closed in March 2017 and the GPhC published its analysis of, and response to, the feedback in June 2017. The feedback was largely positive and supported most of the proposed changes. After considering this feedback, the GPhC amended its proposals in respect of the work experience requirement in relation to duration and supervision. Pharmacy technicians will be allowed to formally supervise work experience of pre-registration trainee pharmacy technicians.
- 4.5 The GPhC is now developing guidance to help providers create programmes that meet its new requirements. Courses reflecting these new requirements and learning outcomes will be available for the 2018/19 academic year. We will continue to monitor this area of work.

Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration

- 4.6 This year we decided to carry out a further review of performance against this Standard because the GPhC reported that an audit of its work in interim

accreditation events¹¹ identified variable levels of compliance with its policies, and recommended that the objectives and methodology used for the accreditation process should be reviewed.

- 4.7 Interim accreditation events were introduced by the GPhC in 2014 to monitor progress of the delivery of the accredited *MPharm*,¹² evaluate some of the educational activities delivered by providers, and provide an opportunity to meet with students to evaluate their engagement and the progress on their degree course. Whilst we noted that the GPhC had requested the audit in response to feedback it received from an education provider, we were concerned that it was suggested that it was not following its own processes in this area, and we needed more information to identify the seriousness of any concerns. We also wanted to understand what the GPhC was doing to resolve the issues.
- 4.8 The GPhC told us that the audit found that interim visits were meeting their objective of monitoring the quality and delivery of *MPharm* courses. The summary of the audit report it provided to us explained that the audit was not in fact concerned about compliance with processes, but had identified some areas of its work which required improvement. It suggested the GPhC review the guidance it published for education providers about interim visits, and that the interim accreditation process would benefit from more defined objectives and a clearer list of desired outcomes. The GPhC accepted these recommendations and revised its guidance for course providers.
- 4.9 Based on the further information the GPhC has provided, we are satisfied that this Standard is met. The audit did not identify concerns that the GPhC was failing to follow its processes. The GPhC has acted on the recommendations of the audit and it will complete a full evaluation of its methodology on interim accreditation visits later in 2017. There was no other evidence of concerns in this area.

Understanding candidate performance

- 4.10 In our last report we welcomed the GPhC's openness in making the information it holds on candidate performance and ethnicity available. This year it has continued to analyse and publish this information, and has enhanced its understanding of candidate performance and the reasons for the differences in the levels of attainment by different ethnic groups. In October 2016, it held a seminar with key stakeholders to explore the reasons why candidates who self-declare as Black-African perform least well in its pre-registration examinations.
- 4.11 The event was used to publicise the findings of its qualitative study in this area, and to bring together key stakeholders such as pharmacy schools and training providers to identify and agree what action can be taken to address

¹¹ The Pharmacy Order 2010 requires that the 'nature, content and quality' of education and training provisions is reported to the GPhC by its accreditation panel. The accreditation methodology for *MPharm* degrees includes the requirement for an interim visit to be carried out to all accredited providers, so that teaching/learning and placement activities may be observed.

¹² The *MPharm* is a Master of Pharmacy degree programme that is offered by schools of pharmacy at several universities in the UK.

the issue. Its report of the event said the research it commissioned into this issue had identified financial burdens, feelings of isolation and a distrust of the educational system as factors that can contribute to the variation in the performance of candidates who self-declare themselves as Black-African or Black and Minority Ethnic. The seminar heard that these contributory factors have been identified in previous research conducted by other organisations. The seminar noted that there are many Black African trainee pharmacists who do not experience these disadvantaging factors. It was accepted that there is a joint responsibility for those involved in pharmacy education and training to ensure it is as fair as possible for all students. The GPhC reiterated its commitment to using its influence and powers to help ensure this outcome. It also said it will use the information from the seminar to inform its review of initial education and training standards and the methodology it uses to accredit courses.

Raising concerns about education providers

- 4.12 In our 2014/15 performance review report, we said that we considered it preferable for the GPhC to introduce a mechanism that allows students to raise concerns about educational institutions with it directly. The GPhC said it would consider this suggestion during its review of its standards. We note that the GPhC has acted on this suggestion. In August 2016, it created a webpage which provided information on how to raise concerns about pharmacy education and training. There is also a form to raise and submit concerns about programmes to the GPhC directly.
- 4.13 Accreditation and reaccreditation reports published during this review period refer to student involvement in the assessment of courses.

Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments

- 4.14 Last year we reported that the quality assurance process identified two issues with one provider, and that this resulted in the GPhC agreeing with the provider that it could withdraw from the reaccreditation process and produce an action plan to address the concern identified. Since that time, the provider has developed an action plan and addressed the issues identified by the GPhC. This provider was reaccredited in this performance review period.

Standard 4: Information on approved programmes and the approval process is publicly available

- 4.15 The GPhC continues to provide the details of the courses it has approved on its website. This part of the website also includes information on the quality assurance processes it uses to ensure that providers continue to deliver courses that meet its standards for education and training.

5. Registration

- 5.1 We carried out a further review of the GPhC's performance against Standard 3 for Registration. The reasons for this, and what we found, are set out below. At the end of the review we concluded the Standard was met. Therefore, the GPhC has met all of the *Standards of Good Regulation* for Registration during 2016/17. Examples of how it has demonstrated this are below each individual Standard.

Standard 1: Only those who meet the regulator's requirements are registered

- 5.2 We have not seen any evidence to suggest that the GPhC has added to its register anyone who did not meet its requirements for registration.

Standard 2: The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure, and continuously improving

- 5.3 The GPhC has not reported any significant changes to its registration processes and we note that the number of appeals it received against registration decisions is in line with previous years.
- 5.4 We noted that the GPhC has changed the way it calculated the time taken to process initial applications to join the pharmacy technician register from applicants who obtained their qualifications from an EU country (except the UK). This change reduced the median time taken to process such applications from up to 304 working days to six working days in the period under review. The GPhC told us it sometimes took up to 304 working days because the profession is not generally regulated in the EEA. It explained that this processing time included the time taken to evaluate prior education and training to decide if the applicant was eligible to join the register; and the time taken for the applicant to complete a period of adaptation or an aptitude test to cover its registration requirements that were not included in the qualifications they hold. The GPhC now calculates the median time to process these applications from receipt of the completed application, which has reduced the median significantly.

Standard 3: Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions of their practice

- 5.5 We identified a potential concern in the information we reviewed about the registration function in 2016/17. The GPhC reported that an internal audit made some recommendations about the integrity of its register. We asked the GPhC about this audit because we wanted to establish the nature of the concerns and identify how they were being managed and resolved. We wanted to check that the issues raised did not affect or have the potential to affect how the information on the register helps to ensure the protection of the public.

5.6 We received a summary of the report and the GPhC told us what it was doing to address the issues raised. It explained that the audit focused on two key areas – the processes used for creating new registrations and the procedures used to make changes on the register; and the accuracy of the information on the register which has not been updated. It said the main objective of the audit was to provide an assurance that these processes were effective. It told us that whilst the audit had found a small number of areas that required improvements, it also made positive findings:

- the procedures in place for setting up new registrations and the arrangements for changing information already on the register were generally effective
- controls were in place to ensure that new registrations are completed accurately and as quickly as possible
- the processes used to maintain the register were not ineffective by design.

5.7 The audit noted the GPhC uses several manual processes to maintain the register. It identified that a small number of updates were not completed as quickly as possible and that using manual processes could increase the likelihood of errors being made and the time taken to update the register. It reported that the GPhC did not have a policy on how it used the data it acquired from the Royal Pharmaceutical Society for Great Britain (RPSGB).

5.8 The GPhC accepted these observations and explained to us that it was developing a strategy for the use of the data from the RPSGB. It told us that the manual processes used to update the register will be replaced through its service transformation programme which will modernise the systems it uses. We did not see evidence of concerns. We noted that the GPhC accepted the recommendations made by the audit. It has now completed the review that was recommended and has implemented its findings.

Publication of committee determinations

5.9 As part of our review we checked a number of entries on the GPhC's register. We reviewed the registration entries of registrants the GPhC reported to us that were subject to fitness to practise proceedings in the period under review. Whilst this check did not identify any errors to suggest the GPhC's registers are not accurate or accessible, we found two instances where the GPhC did not follow its publications and disclosure policy¹³ which specifies the information that should be included in the register when a registrant is subject to fitness to practise proceedings. The policy also sets out how a sanction will appear on the register, and the length of time it will remain visible. This is set out in the table below:¹⁴

¹³ The publications and disclosure policy sets out the GPhC's approach to the publication and disclosure of information it holds about registrants and registered pharmacies. It outlines the policy in relation to the routine publication of information, the routine disclosure of information to registered parties and how the GPhC deals with individual requests for information. It also sets out what the GPhC will or will not publish or disclose.

¹⁴ Findings of GPhC committees remain a matter of public record indefinitely. Any organisation or person may request details of any findings against a specific pharmacy professional even after the period where these findings are removed from the GPhC website or online register.

Sanction	How status will appear on the online register for the duration of the sanction	Accompanying information	Length of time determination will remain on the online register
Warning (from the IC or FtPC)	'registered'	with determination or summary attached	2 years
Undertakings	'registered'	with undertakings, determination or summary attached	Duration of the undertaking plus 2 years
Conditions	'registered'	with determination or summary attached	Duration of the condition plus 2 years
Suspension	'suspended from the register'	with determination or summary attached	Duration of the suspension plus 5 years
Removed	'erased by statutory committee'	with determination or summary attached	Indefinitely
Interim Order	'suspended from the register'	with details attached	Duration of the order
No impairment found but a warning necessary	'registered'	with determination or summary attached'	2 years

5.10 The GPhC did not publish the committee determination in three of the entries we checked. In two of these cases the committee had found that the registrants' fitness to practise was not currently impaired but that a warning was necessary. The publications and disclosure policy states that these decisions will remain visible on the online register for two years. We asked the GPhC to look at these entries and to tell us the reasons why the information we expected to find was not on the register. It said to us that these decisions were not published because of an error in its IT system which overrode the automatic publication of decisions from hearings where the committee found no impairment but issued a warning. The GPhC told us that because of the errors we discovered it had checked the register entries of all cases where the committee made the same finding. It identified 12 cases with this outcome (since the GPhC was established in 2010) and one additional case where the decision was not published in accordance with the publications and disclosure policy.

5.11 These errors were corrected and the GPhC explained that it had reviewed its IT system and made some changes to reduce the likelihood of the issue reoccurring. It acknowledged that irrespective of the shortcomings in its IT system, the failure to publish these decisions should have been identified through the regular checks completed by staff on the registration entries of registrants subject to fitness to practise proceedings. The GPhC further

explained that it has adapted these checks so that these registration entries are monitored by more than one individual, and are reviewed by a senior member of staff after the committee has reported its decision on the sanction to be imposed and recorded on the register.

Conclusion on performance against this Standard

- 5.12 We note the concerns raised in the audit but consider that the GPhC has taken appropriate action to address these issues. Although we also identified a small number of instances where the GPhC failed to follow its publications and disclosure policy, we found that the level of risk to the public from these failures was low (because the registrant's fitness to practise was not found to be impaired), and note the amendments made to strengthen the processes connected with updating the register. We are satisfied that these concerns have now been addressed and do not prevent the GPhC from meeting this Standard this year.

Standard 4: Employers are aware of the importance of checking a health professional's registration. Patients, service users and members of the public can find and check a health professional's registration

- 5.13 The register remains prominently displayed on the GPhC's website. We did not see any evidence of changes to the information displayed since our last review.

Standard 5: 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

- 5.14 The GPhC website contains information about the action that can be taken to prevent the improper use of its protected titles. In the period under review it successfully prosecuted an individual who continued to practise as a pharmacist despite being removed from the register. *Regulate*, its online magazine for registrants, included an article on the risks of using a protected title whilst not on the register.

Standard 6: Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise

- 5.15 During 2016/17, the GPhC piloted, evaluated and consulted on a new framework which pharmacy professionals will use to demonstrate that they meet its standards for safe and effective practice. The pilot framework required volunteers to complete four Continuing Professional Development (CPD) entries, engage in a peer discussion and provide a reflective account that relates to standard 3 (communicate effectively) of the *Standards for pharmacy professionals*. The evaluation identified that:
- participants found the proposed framework easy to use (and easier than the current CPD system)

- the proposed approach encourages participation and the evidence suggested that entries were recorded when the learning activity took place
 - there was a demonstrable impact on service users
 - stakeholders considered it provided assurance of fitness to practise.
- 5.16 This work was previously referred to by the GPhC as ‘continuing fitness to practise’. However, the evaluation of the pilot found that this term was confusing, with some people associating it with the fitness to practise process which is used to investigate concerns about a registrant. The GPhC decided to describe this aspect of its work as ‘revalidation’ because this is a term that is already established in the regulation of other health professionals.
- 5.17 In March 2017 it formally consulted on its proposals for the revalidation of pharmacy professionals. The model proposes a reduction in the number of CPD records submitted from nine to four entries; altering the information recorded on CPD entries to increase the focus on the benefits of the activity and its impact on the services provided to the public; introducing a peer discussion and a reflective account; and requiring that records are submitted each year when registrants renew their registration. If introduced, these proposals will require registrants to submit their CPD records annually instead of in response to a request. The GPhC has said that the arrangements for the revalidation of pharmacy professionals will be introduced in stages, with the first of these occurring in 2018 and full implementation expected to occur by 2020.

6. Fitness to Practise

- 6.1 We identified concerns about the GPhC’s performance against Standards 3, 4, 5 and 6, and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the review, we decided that these Standards were met. Therefore, the GPhC has met all of the *Standards of Good Regulation* for Fitness to Practise in 2016/17. Examples of how it has demonstrated this are set out below each individual Standard.

Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant

- 6.2 The GPhC has not reported any changes to its processes and we have not seen any evidence to suggest that people cannot report concerns about pharmacy professionals to the GPhC.

Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks

- 6.3 We have seen no evidence of failures by the GPhC to share information appropriately with employers, system and other professional regulators, and so this Standard continues to be met.

Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation

- 6.4 From December 2016 to March 2017, the GPhC consulted on proposals to change the threshold criteria it uses to decide if a case should be referred to the Investigating Committee (IC). The changes it proposed to make to its threshold criteria are relevant to this Standard because the criteria are applied by the GPhC prior to making a decision as to whether there is a case to answer. The criteria provide a framework to help staff ensure that decisions made at the end of an investigation are proportionate, fair and consistent. All allegation(s) are considered against the threshold criteria and the decision on whether a case is referred to the IC is based on the outcome of this consideration. Allegations that do not meet the threshold criteria are not referred to the IC.
- 6.5 In order to ensure the threshold criteria reflected the revised *Standards for pharmacy professionals* (as well as other changes to pharmacy regulation), the GPhC consulted on proposals to amend the criteria. When it launched the consultation in December 2016, the GPhC said it intended to introduce the revised threshold criteria at the same time as those new standards. This did not take place. Instead, the GPhC told us it would consider its response to the feedback and outline any further changes to the criteria in July 2017. Moreover, the revised criteria would not be implemented until staff had received training and it had developed support materials outlining how decisions will be made on the cases to refer to the IC.
- 6.6 We noted that the GPhC had considered whether a delay in agreeing revised threshold criteria might mean that there was a temporary disconnection with the new standards, and whether transitional arrangements might be required. The GPhC told us that in fact such arrangements would not be necessary, and that the existing criteria could be used alongside the new standards until the new criteria were in place. From the information we have seen, we do not have any concerns about the GPhC's approach.
- 6.7 The revised threshold criteria were agreed in July 2017, after the GPhC had considered the responses it received to the consultation. The new criteria will come into effect in January 2018. We will review the changes made to the threshold criteria and any potential impact of these changes when we next review the performance of the GPhC against this Standard.

Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

- 6.8 We carried out a targeted review of this Standard because the information provided to us by the GPhC showed that the time taken to apply for an interim order from receipt of a complaint had increased to 31.3 weeks in quarter 1 of 2016/17. This was an increase on the median time reported to us by the GPhC in previous years (as demonstrated in the table below). Because this measure is an indication to us of how well a regulator is

identifying and prioritising cases where there may be a risk which requires the imposition of an interim order, we wanted to understand the reasons why the time taken to apply for an interim order from receipt of the initial complaint was higher in quarter 1 of 2016/17. We also noted that the High Court refused an application by the GPhC to extend an interim order.¹⁵

6.9 The statistical data the GPhC provided to us during our review also showed a further increase against this measure. The time taken to obtain an interim order from receipt of the complaint reached 34.9 weeks in quarter 4 of 2016/17. This table shows the median time taken to obtain an interim order from receipt of complaint in recent years.

Time taken from receipt of an initial complaint to interim order;	12/13 median	13/14 median	15/16 median	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	16/17 median
Median (weeks)	21	18	6	31.3	8.7	8.1	34.9	13.3

6.10 We asked the GPhC to explain the reasons for the length of time taken in quarters 1 and 4 to obtain an interim order from receipt of an initial complaint. It told us that the increase in the time taken related to the circumstances of individual cases in both quarters.

6.11 The GPhC reported that, in quarter 1, the extended timescale for obtaining an interim order was largely due to three cases which the GPhC considered to be exceptional. It had reviewed the two lengthiest cases and was satisfied that it had acted to obtain interim orders as soon as it received evidence indicating that an order might be required.

6.12 The GPhC told us that it had also reviewed the cases that had contributed to the increased median time in quarter 4. Its view was that the time taken to apply for an interim order was reasonable in two cases. In the third case, it concluded that on balance, an interim order could have been applied for at an earlier stage. The GPhC told us that it had used the learning from this case to strengthen its existing processes.

6.13 We recognise that the median timeframe can be adversely affected by delays in a single case or a small number of cases. We accept the explanations provided by the GPhC that the median timeframes in quarters 1 and 4 were due to the specific circumstances of six cases, and that the potential risks arising to patients and the public from the extra time taken to obtain an interim order was low. We do not have any general concerns about the way the GPhC manages the process for interim orders, from the evidence we have seen.

¹⁵ An interim order can only be extended by the High Court once it has reached the timeframe granted by the GPhC interim order panel which imposed it. The GPhC interim order panel can grant an interim order for a maximum period of 18 months. Interim orders must be reviewed by the GPhC at least once every six months and must be put before the High Court once the time it was granted for has been exceeded.

- 6.14 The GPhC told us that the High Court refused its application to extend an interim order in one case because the Court decided that whilst grave, the concerns in the case were not serious enough to meet the very high threshold required to grant an extension to the interim order. The information provided to us did not suggest that the Court expressed concerns about how the GPhC had managed this case.
- 6.15 The GPhC has maintained its performance in relation to the median time it takes to obtain an interim order decision once it has decided to seek an order. This measure was reported as two weeks this year, an improvement on 2015/16 when it took just over two weeks. Based on the additional information provided to us in relation to the Standard, we are satisfied that this Standard remains met. We will continue to monitor the timeliness of the GPhC's interim order process.

Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

- 6.16 In January 2016, within last year's performance review period, the GPhC introduced new guidance for the IC. In addition to explaining the role of the IC and how its decisions are made, the document also gives guidance for the IC on how to dispose of cases, including when to refer cases to the Fitness to Practise Committee (FtPC), and when cases might be closed. In our last performance review report,¹⁶ we said that the guidance appeared to introduce a new additional test of proportionality where the IC is required to consider if referral to the FtPC is a proportionate outcome after it has already decided that the realistic prospect test is met.¹⁷ We expressed concerns about this additional test, including our view that there was the potential for the test to result in lenient outcomes.
- 6.17 The GPhC told us that this additional test was not new and that between February and May 2016, the IC had closed only one case where the realistic prospect test was met. We therefore decided that our concerns about the guidance did not prevent the Standard from being met in 2015/16.
- 6.18 This year we carried out a further review of this Standard because we wanted to identify the impact of the revised guidance on the decisions the IC had made.
- 6.19 The GPhC told us that it had commenced a review of the impact of the IC guidance, and provided us with the findings of the first part, which looked at the content of the decisions made by the IC. This review identified an improvement in how the IC sets out its decisions to include information on the

¹⁶ Our performance review report on the GPhC for 2015/16 is available on our website: www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/gphc-annual-review-of-performance-2015-16.pdf?sfvrsn=16

¹⁷ The realistic prospect test is applied by the IC to determine whether there is a realistic prospect of an allegation being proven by an FtPC. The realistic prospect test is applied to the factual allegation(s) and the question of whether the facts, if proven, could demonstrate that the registrant's fitness to practise is impaired. The FtPC will determine whether the facts are proved, and if so, whether the registrant's fitness to practise is impaired.

realistic prospect test and the information it took into account when making its decision. The second part of the review will look at the quality of the decisions made by the IC. The GPhC also provided us with the number of cases in the previous three years where the realistic prospect test had been met but the IC had decided not to refer the matter to the FtPC. This demonstrated that there had not been a change in the number of cases being concluded in this way since the introduction of the guidance, as shown by this table:

Year	No. of cases where the realistic prospect test was met	No. of those cases not referred to the FtPC
2014/15	77 ¹⁸	2 ¹⁹
2015/16	75	7 (3 following the implementation of the IC guidance)
2016/17	74	3

- 6.20 The GPhC told us that between the introduction of the guidance in January 2016 and the end of March 2017, there were six cases where the realistic prospect test was met but the IC decided not to refer to the FtPC. It provided us with anonymised copies of the IC determinations for these cases. Four of these cases had been closed with a warning issued to the registrant, and two had been closed with undertakings.
- 6.21 We reviewed these determinations. We did not conclude that these amounted to evidence that the GPhC's fitness to practise process, in allowing cases to be closed by the IC where the realistic prospect test was met, was resulting in unduly lenient outcomes.
- 6.22 We remain concerned that there is the potential for such disposals to damage public confidence in the GPhC as IC meetings are held in private; however, we have seen no evidence of this, and the GPhC told us that it had received no challenges to, or complaints about, such decisions.
- 6.23 We have previously expressed the view that such decisions do not take proper account of the wider public interest in holding a public hearing where there is a realistic prospect of a registrant's fitness to practise being found to be impaired. We remain of the view that it is important that there is a record that clear consideration was given by the decision-maker (in this case, the IC) as to the public interest in holding a hearing; however, we are also of the view that the public interest aspect of the realistic prospect test (as defined by our understanding of case law and our views of the risks as we have identified in our oversight of the regulators) may be too narrow.
- 6.24 We decided that the Standard is met. In reaching this decision we also considered that other regulators that we oversee have obtained²⁰ similar

¹⁸ April 2014-March 2015

¹⁹ From January 2015-March 2015

²⁰ The GMC acquired the power to use consensual mechanisms to dispose of less serious cases without the need to refer to a full hearing in November 2004; the PSNI acquired the power to use consensual disposal mechanisms in October 2012. The GOC acquired powers which permit its case examiners to

powers to the GPhC to dispose of cases through consensual disposal mechanisms (that is, agreeing undertakings and/or offering warnings). We have always been supportive of methods of consensual disposal in principle and under certain circumstances, but have expressed concerns about its implementation in practice. We intend to work with the regulators we oversee, and other stakeholders, to reach a consensus on this issue, and will be publishing a report setting our position on consensual disposal later in 2017.

Standard 6: 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. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders

- 6.25 We carried out a targeted review of this Standard. The Standard was met in 2015/16 despite an increase in the overall time taken by the GPhC to conclude cases; this was because we accepted the GPhC’s explanation that it had successfully focused on closing down older cases, which had led to a deterioration of the median timescales it reported to us. A key factor in our decision last year was evidence that the number of open cases in the fitness to practise process which were older than one year had reduced significantly from the beginning of the year to the end.
- 6.26 This year we considered whether the GPhC’s performance against this Standard had been sustained. The GPhC provided us with additional data and contextual information relating to its performance.

Aged caseload

Number of open cases (at the end of the quarter) which are older than:	2015/16	2016/17			
		Q1	Q2	Q3	Q4
52 weeks	106	94	110	137	114
104 weeks	37	34	32	26	34
156 weeks	10	13	12	14	12

Time taken to progress cases

	2014/15	2015/16	2016/17
Median time from initial receipt of complaint to the final investigating committee decision (weeks)	63	48.4	52.4
Median time from final investigating committee decision to the final fitness to	46.5	34	34

issue warnings as a final outcome in some cases in April 2014, and the GDC acquired powers to use consensual disposal mechanisms in April 2016. Changes to the NMC legislation, which came into effect on 28 July 2017 gave case examiners broader powers to conclude less serious cases without the need to refer the case to a full hearing. Case examiners can now give advice, issue warnings and recommend undertakings.

practise committee determination or other final disposal of the case (weeks)			
Time from receipt of initial complaint to final fitness to practise committee determination/or other final disposal of the case (in weeks)	85	96.6	93.7

6.27 These measures show that there has been an increase in the time taken for the IC to consider a complaint from initial receipt of the complaint. This has increased by approximately four weeks and now stands at 52.4 weeks. We note that the GPhC operates a ‘frontloading and case ready’ system where cases are fully investigated, with signed witness statements obtained, before they are presented for the IC to consider. We know that this approach can increase the time it takes to conclude an investigation. The median time taken from the IC decision to a final fitness to practise committee determination had remained stable, as had the median time taken from receipt of complaint to a final fitness to practise committee determination.

6.28 We saw evidence of a reduction in the number of older cases within the GPhC’s fitness to practise caseload:

- There has been a reduction in the number of cases aged over 52 weeks that are at the investigating stage of the fitness to practise process
- There has been an overall reduction in the number of cases aged over 104 and 156 weeks.

6.29 Based on the further information provided to us we have reached the view that the GPhC has maintained its performance since last year.

Fitness to Practise Committee

6.30 We saw evidence that during quarters 1 to 3 of 2016/17 there had been a reduction in the number of cases considered by the FtPC, as opposed to the number it had concluded. The GPhC told us the reduction was due to an increase in the number of postponement and adjournment applications that had been successfully made. It explained that the increase in the number of successful adjournment applications was due to several factors, including an increase in the number of new chairs and panel members who had replaced individuals that had reached the end of their period of appointment, as well as 11 cases that were considered more than once by the FtPC.

6.31 The GPhC provided us with the data for quarter 4 of 2016/17, which showed that the cases postponed or adjourned earlier in the year were considered during that quarter. The GPhC also made a correction to the data previously provided for quarters 1 and 2 of 2016/17. That data had been inaccurate in its representation of the number of cases considered and concluded by the FtPC. The new data showed that the FtPC considered and concluded more cases than previously reported to us in quarters 1 and 2 of 2016/17.

6.32 The GPhC also told us that it had conducted a review of the reasons for the increase in the number of successful adjournments and postponements. This review identified some common issues which were likely to increase the likelihood of a successful application for an adjournment/postponement. The

GPhC said it is working with committee chairs and panellists, and has scheduled additional training, to look at issues which might result in such applications.

- 6.33 The information provided to us during the targeted review shows that overall, the GPhC has maintained its performance in progressing cases. Although the median time taken from receipt to IC has increased, we understand that this is an expected result of changes made to the investigation process and the increased investigation which takes place prior to the IC decision. We note that the median time taken from receipt to a final fitness to practise committee decision has remained stable, as has the median time taken from IC decision to final fitness to practise committee decision. We also consider that the GPhC is undertaking work to reduce the number of adjournments and postponements of hearings. Accordingly, we have concluded that this Standard is met.

Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process

- 6.34 The GPhC has not reported any significant changes to how it updates parties in fitness to practise proceedings and we have seen nothing to suggest that it is not keeping parties updated.

Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession

- 6.35 We did not use our Section 29 powers to appeal any GPhC final fitness to practise decisions in 2016/17. We have not identified any concerns with the GPhC's decision-making in fitness to practise cases.

Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders

- 6.36 The GPhC continues to publish the decisions of final fitness to practise hearings on its website. Some of these decisions are also referred to in *Regulate*, the online newsletter it produces for registrants.
- 6.37 As part our performance review we checked a sample of entries on the GPhC Register. We identified three instances where the GPhC failed to publish decisions about fitness to practise proceedings. In two of these cases the FtPC issued a warning. In the third case the registrant was erased from the register. The GPhC told us that these decisions were not published because of an error in its IT system. It said that it had strengthened its internal processes to minimise the likelihood of the error being repeated in the future.
- 6.38 We also identified one case where the GPhC did not publish the details of a public hearing which considered an application from a former registrant who wanted to be restored to the register. This application was declined. We

noted that the registration status was correctly displayed as erased. However, there was no information on the application to be restored to the register and we identified that the publication and disclosure policy does not refer to hearings considering restoration to the register. We asked the GPhC to outline its approach to publicising the outcome of these hearings. It told us that its publications and disclosure policy does not require it to publish decisions from applications to be restored to the register. It also said it is reviewing this policy.

- 6.39 The failure to publish these decisions did not have an impact on public protection as in the two cases where a warning was issued, the registrant's fitness to practise was not found to be impaired. The third case which related to an erasure and the fourth concerning the application to be restored to the register did not raise concerns relating to public protection as the registrants were erased from the register. Accordingly, we have concluded that this Standard was met.

Standard 10: Information about fitness to practise cases is securely retained

- 6.40 Last year we commented that the GPhC had not completed its alignment with ISO 27001 (the international standard for best practise in information security management systems), which it told us it was committed to achieving in our 2014/15 performance review. Whilst the GPhC has not yet achieved alignment with ISO 27001, we note that it did not refer any cases to the Information Commissioner's Office in the period under review, and we did not identify any other evidence to suggest that the GPhC is not securely retaining information about fitness to practise cases. This Standard therefore remains met.

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