General Pharmaceutical Council

Improving the efficiency and effectiveness of pharmacy inspections

Delivering greater public protection

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Overview

Introduction
- Inspections at the GPhC
- Challenges and background

Inspection methodology
- What we changed and why
- Early insights – is it working

Risk model
- Motivation
- How we did it
- What we found
- Implementation
- Is it working

Next steps
- Questions

What we do…

- Maintain a register

- Set standards for pharmacy professionals

- Set education & training standards for pharmacy professionals

- Set standards for registered pharmacy premises

- Inspect pharmacy premises

Inspection Model

What have we changed?

- Introduced focused inspections
- Enabled re-inspections to be conducted at any time up to six months
- Introduced virtual desktop re-inspections
- Introduced shorter inspection reports
  - simplified table of evidence
  - areas for improvement

Background to the changes

- Fewer inspections post COVID

- More new pharmacies

- Growth in online pharmacies

- Increasing complexity of pharmacy services

- Exponential growth in concerns raised with us

Aims of the changes

- More targeted inspection activity to focus on areas of higher risk
- More timely follow up when standards have not been met
- More time in pharmacies – increased visibility
- More consistent approach across the Inspectorate
- Reduced time taken to produce inspection reports
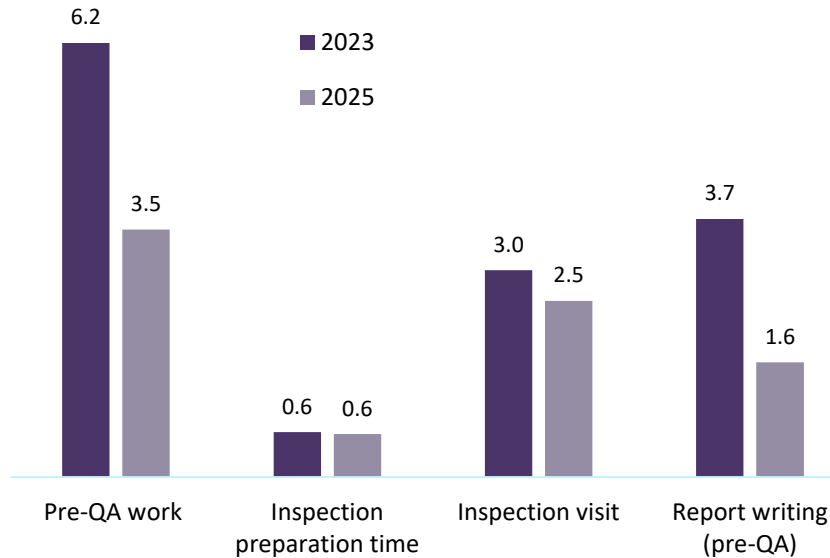- More time for inspector input into investigations

How do we prioritise our inspections?

- Re-inspections
- First inspections of new premises
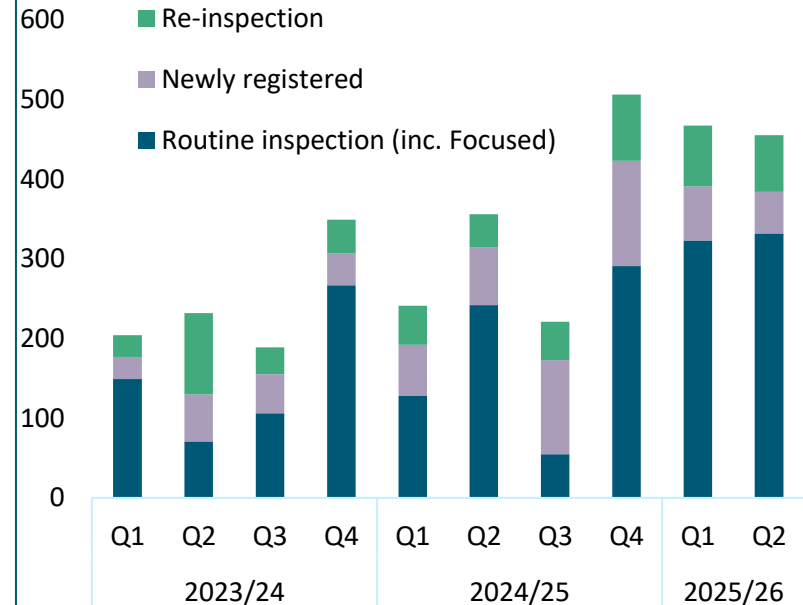- "Older" inspections
- Risk-based inspections

Early insights...

Average duration of inspection activities (hours)

- 2023
- 2025

6.2 / 3.5 — Pre-QA work
0.6 / 0.6 — Inspection preparation time
3.0 / 2.5 — Inspection visit
3.7 / 1.6 — Report writing (pre-QA)

Number and type of routine inspections completed

- Re-inspection
- Newly registered
- Routine inspection (inc. Focused)

2023/24: Q1, Q2, Q3, Q4
2024/25: Q1, Q2, Q3, Q4
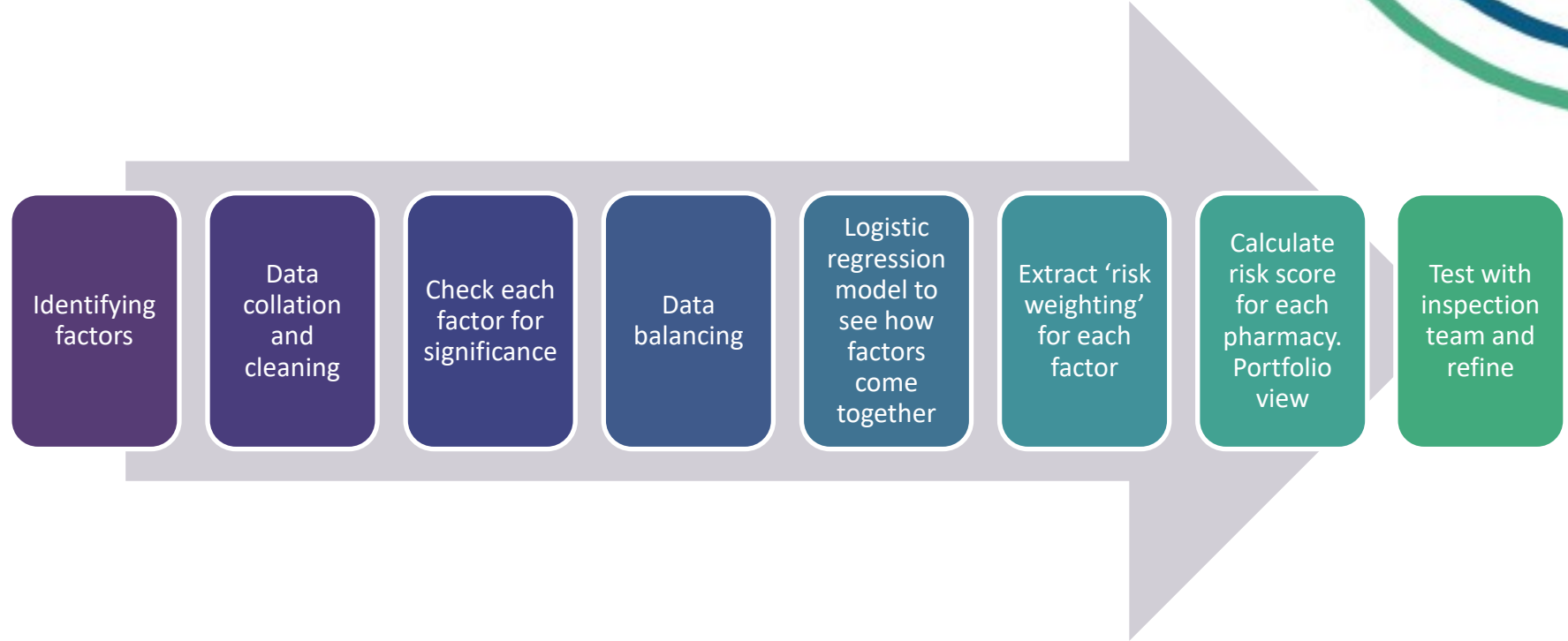2025/26: Q1, Q2

Risk Model

Why a risk model

- Allows us to
  - Understand the pharmacy portfolio
  - Anticipate problems
  - More effective and timely inspections

Building a risk model

Identifying factors → Data collation and cleaning → Check each factor for significance → Data balancing → Logistic regression model to see how factors come together → Extract 'risk weighting' for each factor → Calculate risk score for each pharmacy. Portfolio view → Test with inspection team and refine

Developing the risk model

| All factors | ➡ | Significant factors | ➡ | Predictive factors |

Inspection data

Pharmacy services

Registration data

Pharmacy ownership

Geography

Enforcement history

No. of concern related visits before this inspection

No. failed inspection in previous 5 years

No. FtP concerns linked to pharmacy in past 5 years

Vaccinations

Prescribing services (on premises)
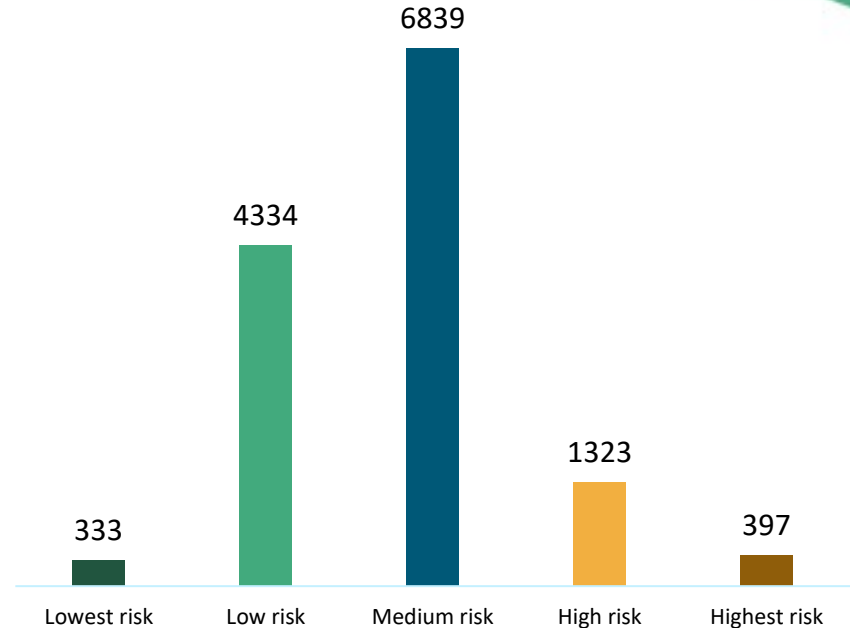
Ownership size

Online/ distance selling

Confusion matrix

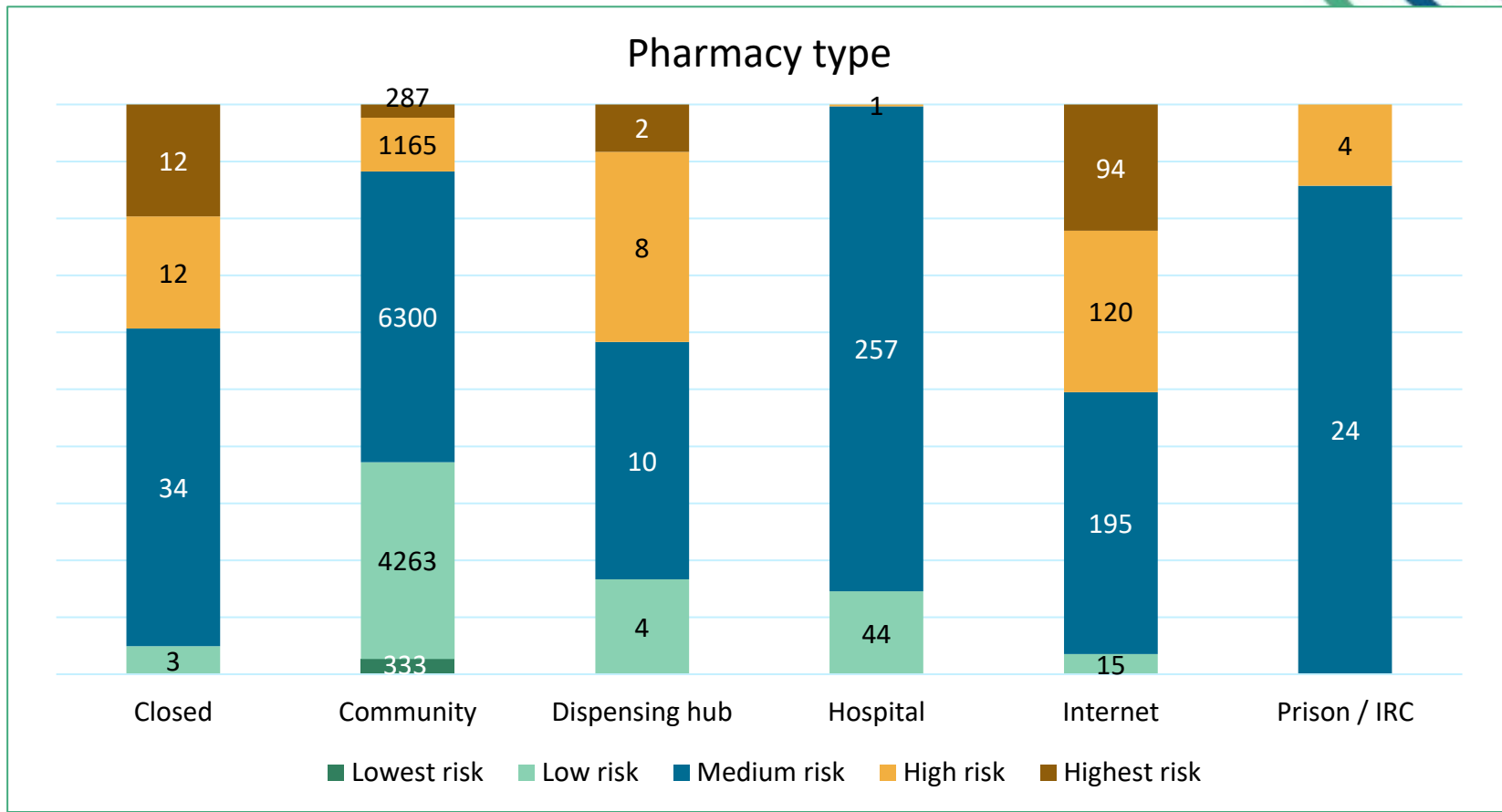| Observed	Predicted		
	Y	N	% Correct
Y	396	192	67.3
N	186	407	68.6
% Correct			**68.0**

Note. The cut-off value is set to 0.5

Risk weighting

- Risk model allows us to calculate a risk score for every pharmacy currently on the register

- Grouped pharmacies in one of 5 bands from lowest risk to highest risk

- Most pharmacies fall in the low and medium bands

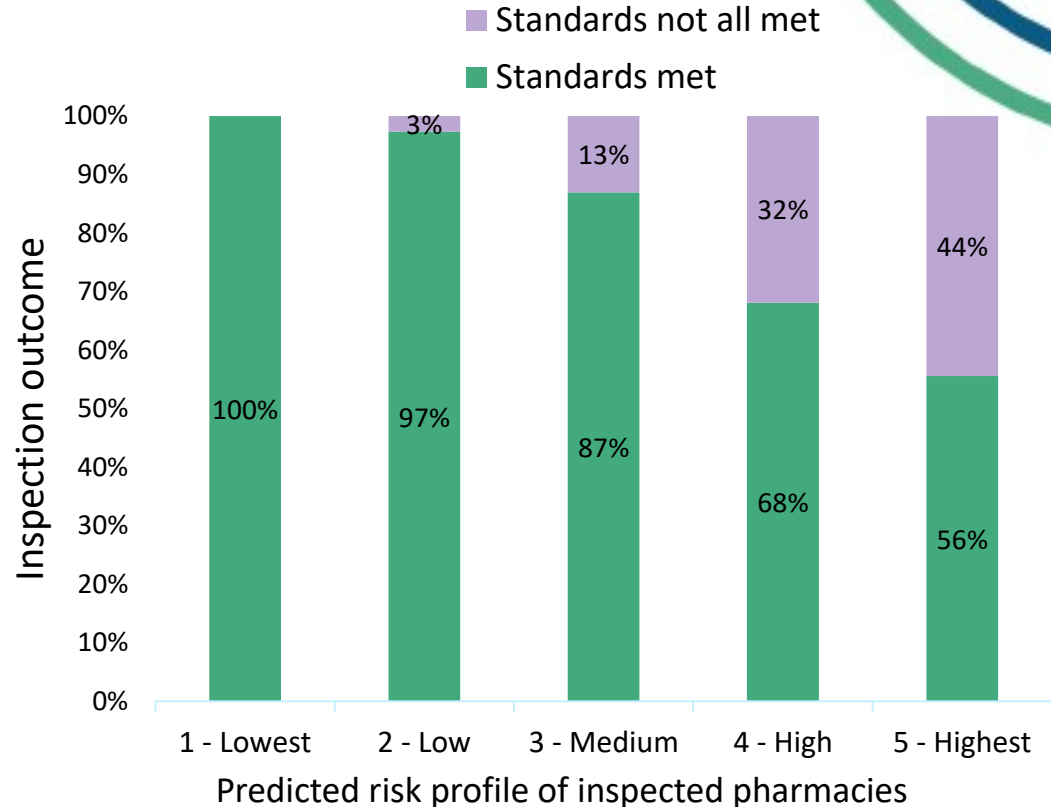| Lowest risk	Low risk	Medium risk	High risk	Highest risk
333	4334	6839	1323	397

What we found

Pharmacy type

Implementation

- Incorporated into internal pharmacy data portal

- Higher risk pharmacies prioritised in inspection scheduling

Early insights

- Total of 959 routine inspections since January (excluding e.g. Re-inspection, newly registered)
- Overall, 90% of pharmacies met all standards
- Pharmacies in higher risk bands failing more inspections.
- Correctly predicted 62%.
  - Only a small number were predicted to pass and actually failed - 1.6%
- Better data will help with more accurate profiling.

Next steps

- Trying to understand some of the factors better

- External data and review

Get in touch

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