

General Pharmaceutical Council

Periodic review

2025/26

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

95,788

pharmacy professionals & **13,303** pharmacy premises on the register as at 30 June 2026

This report covers the period 1 July 2025 to 30 June 2026

Key findings and areas for improvement

Standard 3 on Equality, Diversity and Inclusion (EDI)

The GPhC continues to demonstrate a strong commitment to embedding EDI across its regulatory functions, supported by clear governance arrangements, improved data collection, stakeholder engagement and work to strengthen standards, guidance and decision-making processes. The GPhC has taken positive steps to address previously identified gaps, including updating fitness to practise (FTP) guidance to reference racist and other discriminatory behaviour, strengthening EDI expectations in education and training standards, and establishing work to address differential attainment across pharmacy education and training. The GPhC also updated internal guidance on Islamophobia and Antisemitism and we considered this an example of good practice.

Key areas for improvement relate to evidencing the impact of recent or planned activity, notably the GPhC's work to address disproportionality in concerns received as part of its FTP referrals and differential attainment in pharmacy education; we

[See overleaf for more detail](#)

encourage the GPhC to improve the completeness of its EDI data across all protected characteristics as part of this.

Fitness to Practise (FTP)

The GPhC has met four out of five FTP Standards this year.

As part of this year's review, we audited a sample of closed FTP cases to evaluate timeliness, investigation quality, decision-making, risk management and support for parties. We also considered more general aspects of case handling including record keeping and whether the cases raised any issues of public protection or public confidence.

The review found that the GPhC continues to operate an accessible FTP process, with no evidence of barriers to raising concerns and clear examples of signposting where matters fall outside its remit. The audit provided strong assurance in several areas, including the quality of investigations, the reasonableness of most decisions, the prompt pursuit of interim orders once risks are identified, and the sensitive and professional handling of communications with case parties. Good practice was also identified in tailored support provided to parties in a number of cases. We did identify some opportunities for improvement through our audit work and will monitor the GPhC's actions to address these in future reviews.

The GPhC did not meet Standard 15 again this year, because it continues to take too long to resolve FTP cases. The end-to-end median has increased each year since 2018/19, and the number of open older cases has increased slightly this year following a significant fall last year. We note the increase is exclusively in cases aged between 52-103 weeks. 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.

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

2024/25

17 out of 18

2023/24

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 a regulator has demonstrated satisfactory performance in that area. It does not mean there is no room for improvement. Our oversight does not stop when we publish our report. It is an ongoing, continuous process and, where we have identified areas for improvement, we pay particular attention to these as we continue to monitor the regulator's performance.

Our performance reviews are usually 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.



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General Standards

In this section:

Standard 1 (accessible information)

Standard 2 (clear about purpose)

Standard 3 (equality, diversity and inclusion)

Standard 4 (reports on itself and addresses concerns)

Standard 5 (consults with stakeholders)

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

1.1. The GPhC continues to provide relevant information on its website which in the main has been fully accessible and there have been no changes to its functionality. The GPhC also provides information to interested parties including links to webinars, consultation documents and updated guidance through its website and social media channels.

1.2. We received feedback from one stakeholder regarding the usability and accessibility of the GPhC website. The GPhC has told us that it surveyed around 300 website users, and found that '69% of users found what they were looking for and 66% reported that doing so was easy or very easy'. The GPhC plans to use the survey feedback as it makes further improvements to the website.

Council Meetings

1.3. During the performance review period we noted that the GPhC did not always publish Council meeting papers at least one week before the scheduled meeting. For transparency purposes, and to ensure information is accessible to interested parties, the GPhC should publish Council papers at least one week in advance and publish Council meeting dates as soon as these have been scheduled. This is an area for improvement, and we will monitor developments next year.

Register Check

1.4. As part of our routine register check¹ of final fitness to practise outcomes, we noted that, in around 45% of the cases we checked, the hearing determination was not published on the hearings page of the **website**. Upon further investigation, we found that determinations were missing on around 90 cases, dating back to July 2025.

1.5. We were satisfied that all entries on the GPhC register were accurate and that the identified publication errors did not impact public protection or indicate a wider issue with the accuracy or accessibility of the information

¹ Each year, we check the accuracy of register entries relating to all appealable FTP hearing decisions.

published on the register. However, the GPhC had not adhered to its **publication policy** and management controls had not identified these errors.

1.6. The GPhC acknowledged the errors and promptly corrected them. It also informed us of its plans to:

- improve resourcing in the hearings team including piloting a three-month Head of Oversight and Resolution to support improved compliance
- enhance controls through weekly compliance checks on post-hearing tasks by senior managers and monthly dip checks by managers
- carry out a full review of its publication and disclosure policy.

Conclusion: We have identified some specific areas for improvement regarding the publication of Council papers and hearing determinations which we will monitor next year. We consider that these issues do not materially impact the GPhC's performance against this Standard. We are satisfied this Standard is met.

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

2.1. In June 2025 the GPhC launched its new Strategic Plan for the next five years and outlined three strategic aims:²

- Empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care
- Protect patients and the public by working with healthcare regulators, and other organisations.
- Build a skilled, agile and inclusive organisation to regulate effectively and efficiently.

2.2. We have no concerns about the GPhC's clarity of purpose and that learning from one area is applied to others, and there have been no changes to the ways it ensures its policies are applied. Following the launch of the GPhC's 2025-2030 Strategic Plan it has published its Year 1 and Year 2 delivery plans which we will continue to monitor. It is currently working to implement the changes associated with the Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025, notably by developing draft standards for Superintendent Pharmacists and Responsible Pharmacists, and Rules for Responsible Pharmacists.

² [Strategic Plan 2025-30](#)

Conclusion: The GPhC continues to have clear objectives in place that are aligned with public protection. We are satisfied that this Standard is met.

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

- 3.1. This year, we continued to use our new approach to assessing regulators against this Standard. As part of this approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we 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 Equality, Diversity and Inclusion (EDI) across its regulatory activities.

- 3.2. The GPhC continues to have strong governance, structures and processes in place to guide, monitor and embed its EDI activities. The GPhC published its Year 3 EDI Strategy Report which provides a comprehensive picture of its activities against the three strategic themes and was discussed at the Council meeting. The report also highlighted GPhC's Plans for Year 4 and included the first Interim EDI Strategic Impact Report.
- 3.3. Staff diversity data collection has improved significantly, particularly disability data, which increased from 27% to 83% completion. The GPhC also holds 100% diversity data for senior leadership and Council.
- 3.4. During this review period the GPhC continued to use its Diversity Action Plan as part of the recruitment process for new Council members. The GPhC confirmed that it reviews the Action Plan before every recruitment. The Assurance and Appointments Committee has taken steps to attract applicants from underrepresented groups, including adopting the Disability Confident Scheme.

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.

- 3.5. The GPhC continues to publish material to support registrants to improve their EDI knowledge and skills across a range of topics. It has carried out thematic analysis of revalidation data to identify EDI themes and is considering further work, including exploring how revalidation can better support reflection on professional responsibilities relating to EDI.

- 3.6. We previously reported that none of the GPhC's standards explicitly referred to the need for registrants to challenge discrimination. The GPhC started to address this when it launched its Standards for Chief Pharmacists in January 2025. During this review period the GPhC has worked on strengthening its EDI requirements for trainee Pharmacy Technicians, Superintendent Pharmacists and Responsible Pharmacists. Following feedback we provided towards the end of the review period, the GPhC revised its draft Initial Education and Training Standards for Pharmacy Technicians (IETPT Standards) to include the requirement to challenge discrimination. The IETPT Standards were subsequently published in August 2026.
- 3.7. We would encourage the GPhC to make explicit reference to challenging discriminatory behaviour in all relevant Standards.

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

- 3.8. We saw examples of the GPhC continuing to collect, publish and analyse data in different areas of its work to identify and address the potential for unfairness in its processes and decisions, such as its report of the 2025 Common Registration Assessment sittings which was discussed by the Council in February 2026. The report includes a detailed comparative analysis, broken down by certain protected and other characteristics, with data disaggregated by sex, ethnicity, country of training, sector of training and school of pharmacy.
- 3.9. The GPhC also assessed and reported on the protected characteristics of pharmacists involved in its FTP process. The GPhC said it focused its analysis on ethnicity, sex and age because these are the most complete datasets it holds. The GPhC's analysis indicates that it has sustained its position of having no statistically relevant variance across race, sex or age at the core decision making stages in its FTP process (i.e. opening an investigation, reaching determination, and issuing sanctions). We encourage the GPhC to assess outcomes against further protected characteristics once it has more complete data in other categories.
- 3.10. Last year we reported that there were gaps in the GPhC's FTP guidance, in that there was no reference to allegations of racist and other discriminatory behaviour when assessing and investigating concerns. During the review period, we are pleased to see that the GPhC updated both sets of guidance and addressed the gaps previously identified.

Good Practice

The GPhC updated its internal guidance on Islamophobia and Antisemitism. The guidance provides clear working definitions, case examples and legal context to support the investigation of discrimination-related concerns and aligns with the GPhC's broader commitment to lawful, proportionate and inclusive regulation. The work the GPhC has carried out in this area represents good practice.

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

- 3.11. Throughout this review period we have seen examples of the GPhC engaging with a diverse range of stakeholders including through several stakeholder forums. The GPhC has continued to publish summaries of key engagement events in the strategic communications and engagement reports which go to each Council meeting and are published on the website as part of the Council papers. The GPhC has also continued to host virtual roundtables, forums and events across the sector, with the aims of engaging with the Pharmacy community and wider healthcare sector and taking their views and feedback into consideration. It also plans to run further roundtable events with a wide range of stakeholders focussing on the EDI issues later this year.
- 3.12. Over the last three years the GPhC has assessed the protected characteristics of pharmacists involved in its FTP process and has identified some areas of disproportionality across certain groups in the concerns it has received. It has also taken steps to address this through public facing acceptance criteria and corporate anti racism statements. However, this activity has been implemented recently and therefore we consider that the GPhC still has an opportunity to review and evidence the impact of the steps it has taken and plans to take. We encourage the GPhC to assess what proportion of such unfairly disproportionate referrals are from the varying categories of referrer and determine what action, if any, it can take.
- 3.13. The GPhC engages with education providers to improve the diversity of student admissions and progression and has strengthened education standards in this area. In March 2026, the GPhC established an Awarding Gap Steering Group, bringing together students, academics, and subject matter experts, as well as sector stakeholders to provide challenge, advice and support as the GPhC develops its approach and identifies effective interventions to drive progress.³
- 3.14. The GPhC has identified actions which demonstrate appropriate intent and alignment with the aim of reducing unfair differential attainment in training. However, much of the activity remains planned or at an early stage. As a

³ The GPhC refers to its work on differential attainment as 'awarding gap'.

result, while relevant evidence of intent and preparatory work exists, gaps remain in terms of demonstrated progress. We will continue to monitor developments.

Conclusion: The GPhC has performed strongly against each outcome, and we identified relatively few weaknesses. We have seen clear evidence that the GPhC is undertaking a wide range of activity designed to embed EDI in its work and identify and improve processes across different areas including education, registration and FTP. We are satisfied that the GPhC meets all four outcomes and therefore has met the Standard overall.

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

- 4.1. The GPhC continued publishing regular reports on its operational performance, including reporting on key performance indicators (KPIs) across its core regulatory functions. We have also observed detailed Council discussion of performance throughout the year. We have seen evidence of Council discussing the outcomes of our 2024/25 Performance Review Report and the GPhC's performance against its FTP improvement plan, including scrutinising data and requesting updates on actions set out in the plan.
- 4.2. In response to the growing number of illegal websites falsely claiming to be pharmacies and selling medicines to people without a consultation or a prescription, the GPhC published a **statement and a guide** to inform the public to check an online pharmacy's registration to avoid risk of serious harm. The GPhC has also continued to work with Medicines and Healthcare Products Regulatory Agency (MHRA) and other UK health organisations to help people keep safe if they decide to use online services.

Conclusion: The GPhC continues to report on its performance and acts on concerns about it. It also monitors and engages with developments in the wider healthcare setting. We are satisfied that this Standard is met.

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

- 5.1. This year, the GPhC:
 - Continued to seek views through its five stakeholder forums, each of which meet virtually twice a year. These forums aim to help the GPhC understand the impact of its work on real-life experiences of patients and the public, students, pre-registration trainees, pharmacy

technicians and pharmacists. All forums include members from across Great Britain, representing a range of demographics.

- Held an event in the House of Commons bringing together parliamentarians, regulators and other key decision-makers to discuss the scale and impact of fake online pharmacies on patient safety, share actions being taken by various bodies and identify further collaborative steps that can be taken to help ensure patients have safe access to medicines online.
- Issued a public consultation on standards of initial education and training of pharmacy technicians. To support the implementation of the new standards the GPhC has established a Pharmacy Technician Education and Training Advisory Group. This group contains key stakeholders from across Great Britain and met for the first time in April 2026. The group will continue to meet on at least a quarterly basis to support the implementation of the new standards across all sectors of practice in England, Scotland and Wales.
- Issued a public consultation on Rules for Responsible Pharmacists and Standards for Responsible Pharmacists and Superintendent Pharmacists. The GPhC also issued a public consultation on Standards for education and training for internationally qualified pharmacists.
- In May, the GPhC launched its first annual registrant perceptions survey, calling on pharmacists and pharmacy technicians to share their views on professional practice, standards, and regulation. The GPhC said the survey aims to strengthening how it listens to registrants and uses their feedback to improve the work it carries out.

What we heard from stakeholders

During the review period, we received feedback about the GPhC's approach to engagement activities. Overall, the feedback was positive about the way the GPhC has engaged, listened to and worked with organisations. The GPhC is described as being constructive, responsive, collaborative and willing to listen to concerns. Stakeholders also welcomed the opportunity to discuss challenges with the GPhC.

Some stakeholders raised concerns regarding certain aspects of the GPhC's work which we mention under relevant Standards below. We considered that these concerns did not indicate a decline in performance or suggest that the GPhC fails to use stakeholder relationships to identify and manage risks to the public.

Conclusion: We have continued to see evidence of the GPhC consulting and working with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants. Overall, the feedback received and evidence we have seen suggests that the GPhC has continued to build strong collaborative working arrangements with stakeholders throughout the review period. We are therefore satisfied that this Standard is met.

Guidance and Standards

In this section:

Standard 6 (maintains up-to-date standards)

Standard 7 (provides guidance to help registrants)

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

- 6.1. As mentioned above under Standard 5, during the review period the GPhC consulted on draft Rules and Standards for Responsible Pharmacists and draft Standards for Superintendent Pharmacists. Following the consultation the GPhC will be assessing the responses before finalising the Rules and Standards.
- 6.2. The GPhC said this includes: clarifying the roles and accountability of Responsible Pharmacists, Superintendent Pharmacists, and pharmacy owners; and supporting better use of pharmacy teams' skills so pharmacists can deliver more clinical services in the community and help improve NHS and social care.

Conclusion: We are satisfied that the GPhC is keeping its Standards under review and are assured that the current standards prioritise patient and service user centred care and safety. We will continue to monitor how the GPhC works to develop Rules and Standards for Responsible Pharmacists and Superintendent Pharmacists. We are satisfied that this Standard is met.

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

- 7.1. The GPhC continues to provide, publish and promote guidance to help registrants apply the standards. For example, during the review period, the GPhC published:
 - **examples of safeguards** to protect against the diversion of medicines from registered pharmacies where medicines have been ordered and stolen by members of staff.
 - a **thematic review** focusing on the supply of cannabis-based products for medicinal use (CBPMs) by registered pharmacies. The review highlighted areas of good practice, as well as areas for improvement, and has made recommendations linked to relevant Standards for Registered Pharmacies.

- a **position statement on the use of Artificial Intelligence** (AI) in pharmacy, alongside supporting advice on the use of AI in education and training, and in revalidation.

Concerns around the supply of weight management medication

- 7.2. The GPhC wrote to registrants in response to concerns about inappropriate marketing messages and advice relating to medicines used for weight management. Additionally the GPhC, the Advertising Standards Authority (ASA) and the MHRA issued an [updated joint Enforcement Notice](#) making clear that adverts for named prescription-only medicines (POMs) for weight-management are prohibited.
- 7.3. In April 2026 the GPhC **published a review** highlighting the need for stronger governance, enhanced clinical safeguards and greater transparency in the provision of weight management medicines and services, to ensure care is safe, reliable and person-centred. The review drew on analysis of pharmacy inspection reports and concerns received between January 2024 and December 2025.
- 7.4. The review noted that, while many pharmacies are delivering these services appropriately, standards were not always consistently met. The review sets out targeted actions for improvement that pharmacy owners, pharmacy teams and prescribers should take to strengthen practice and meet regulatory standards. The recommended actions for improvement also emphasise the importance of appropriate and ongoing clinical follow up as well as the safe and secure supply and delivery of medicines.

Conclusion: The GPhC continues to identify and respond to emerging areas of risk by providing information to help registrants apply the standards, whether that be through newsletters, position statements, advice, informal/formal guidance or by publicising the issues and signposting to existing guidance. We note the recent advice the GPhC developed regarding the supply of weight management medication and the joint work it has carried out with fellow regulators to tackle the emerging risks identified. We will continue to monitor developments. We are satisfied that this Standard is met.

Education and Training

In this section:

Standard 8 (maintains up-to-date standards for education and training)

Standard 9 (effectively quality-assures education providers and training programmes)

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

- 8.1. During this review period, the GPhC consulted on its IETPT Standards, which have subsequently been approved and published. The GPhC established a Pharmacy Technician Education and Training Advisory Group with key external stakeholders to support the implementation of the new standards.
- 8.2. As mentioned under Standard 5 above, during the review period the GPhC consulted on proposed changes to education and training for internationally-qualified pharmacists wanting to register in Great Britain. We will monitor further developments.

Conclusion: The GPhC is continuing its work on revising its education standards for pharmacy technicians and internationally qualified pharmacists. We are satisfied that this Standard is met.

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

- 9.1. Last year we reported that the GPhC revised its approach to quality assurance which was implemented from the 2025/26 academic period. During the review period the GPhC undertook 40 quality assurance events in total, consisting of:
 - 11 MPharm step visits (where new programmes are visited prior to accepting students and then every year thereafter during their first delivery cycle)
 - Four Overseas Pharmacists Assessment Programme (OSPAP) visits
 - 19 Independent prescribing reaccreditations
 - Three Pharmacy technician re-reviews
 - Three support staff/pharmacy technician desktop reviews.

- 9.2. The GPhC also said it had reviewed learning from the re-accreditation of all MPharm providers, using provider feedback to improve its processes further. A report was shared with its Initial Education and Training for Pharmacists advisory group in December 2025 and the Quality and Performance Assurance Committee in January 2026. The GPhC said it has used the constructive feedback received to further improve processes.

What we heard from stakeholders

“Our overall experience with the GPhC Learning and Development department, and in particular the Quality Assurance team, has been positive. In relation to both the accreditation of existing courses and the development of [the] new provision, the Quality Assurance professionals have been approachable, reasonably transparent, and accommodating. Communication has generally been clear, and we have felt supported throughout the accreditation processes undertaken this year.”

- 9.3. In May 2026 the GPhC introduced new guidance on Managing Concerns about Pharmacy Education and Training Programmes. It covers not only the GPhC raising concerns about a provider, but also a provider raising concerns by challenging an accreditation decision. The guidance also provides a fuller picture of the work the GPhC carries out and highlights the accreditation activities undertaken outside formal accreditation events. These include triage, offering advice and addressing emergency concerns that need to be dealt with in a timely way but do not require a full accreditation event.
- 9.4. The GPhC has continued to run the Common Registration Assessment (CRA). During this review period, the GPhC published its report of the 2025 CRA sittings. The report provides a comparative analysis of performance across a number of metrics. The GPhC stated this informs its quality assurance and accreditation activity for Schools of Pharmacy and Statutory Education Bodies and is used to inform ongoing work to address the trainee pharmacist attainment and awarding gap. By tracking these patterns over time, the GPhC said it is able to identify where disparities exist and take targeted action. We will continue to monitor developments.

Conclusion: The GPhC has implemented its revised quality assurance approach and is using learning and feedback from its re-accreditation work to make further improvements to its processes. We have not identified any areas of concern this year and are satisfied that this Standard is met.

Registration

In this section:

Standard 10 (maintains and publishes an accurate register, including restrictions on practice)

Standard 11 (registration process operates fairly and effectively)

Standard 12 (risks to public from those using a protected title is managed)

Standard 13 (ensures registrants continue to be fit to practise)

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

- 10.1. The GPhC did not make any changes to the way it maintains or publishes its register this year, and the search facility is accessible and easy to use.
- 10.2. Our usual register checks did not identify any inaccuracies and we had no concerns about the information displayed on the GPhC's register.

Conclusion: We are satisfied that this Standard is met.

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

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

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

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

- 12.1. The GPhC process for managing protection of title cases is unchanged since last year. Its website continues to provide information about its protection and misuse of title function, including the designated titles that are protected by law, and how people can raise a complaint.

- 12.2. The GPhC takes action to manage risks resulting from non-registrants using a protected title. It has dealt with 55 illegal practice cases between 1 July 2025 to 1 May 2026 (including linked cases) with the median time taken to close these concerns being around six weeks. The GPhC confirmed no cases have been referred for prosecution. We have not received any complaints or seen any other evidence to suggest that the GPhC is not managing these risks appropriately.

Conclusion: From the information provided, the GPhC is dealing with these cases in a proportionate and risk-based manner. We are satisfied that this Standard is met.

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

Revalidation for pharmacists and pharmacy technicians

- 13.1. Registrants renewing their registration with the GPhC must submit four CPD records, a peer discussion record and a reflective account against the Standards for pharmacy professionals. From 1 January 2026, registrants were allowed to reflect against any one of the nine Standards, a change from the previous requirement to reflect against one of three Standards selected by the GPhC. The GPhC said this change is intended to support more relevant reflection and forms part of its wider review of the revalidation framework. It is also reviewing its communications and support for registrants, considering how the process can be made more equitable and inclusive, and holding roundtables with stakeholders, including patients and the public, to explore how revalidation can further support patient safety, public confidence and assurance of FTP.

Premises inspections

- 13.2. Last year we reported that the GPhC updated its approach to inspections, including introducing shorter, more focused inspections (alongside established full inspections). The GPhC explained that employing a shorter, targeted inspection methodology for some routine inspections will focus on areas of higher risk, as well as improve efficiency.

What we heard from stakeholders

This year we received mixed feedback from stakeholders about the GPhC's premises inspection activity. Several respondents described constructive relationships with inspectors, clearer inspection reports and proportionate support in some circumstances, including emergency relocations and other exceptional situations. However, stakeholders also raised concerns about variation in inspection approach and outcomes, the level of detail in some reports, the distinction between requirements and areas for improvement, and transparency around the selective use of virtual visits.

- 13.3. In response, the GPhC said inspection judgements are risk-based and context-specific, supported by its decision-making framework, national panels and strengthened quality assurance of reports. It also said inspectors

should provide verbal and written feedback where concerns are identified, and that quarterly insight reports are used to share themes and learning from inspections. We will continue to monitor the GPhC's actions in this area and the extent to which stakeholder feedback indicates improvements in consistency, transparency and learning.

- 13.4. During the review period we received a concern that some online pharmacies may be supplying weight-loss medicines without carrying out sufficiently robust checks to verify patients' height, weight and/or Body Mass Index, as required by the GPhC's guidance. It was also suggested that these requirements may be applied inconsistently across providers, with some services relying on self-reported information, photographs or other less reliable forms of verification, and that inspection findings may not always lead to appropriate enforcement action.
- 13.5. In response, the GPhC said it recognises the importance of safeguards for online weight-management services and has updated its guidance to clarify expectations for pharmacy teams, prescribers and owners. It reported improved inspection outcomes for online and distance-selling pharmacies during 2025/26 and has published a thematic review to share learning across the sector. It said it has inspected 196 relevant premises since the updated guidance, identified cases where standards were not met or improvements were needed, and taken enforcement action including improvement notices and conditions where necessary, with follow-up evidence and inspections used to secure sustained improvements.

Conclusion: The GPhC has clear requirements in place for the provision of weight loss medication and has recognised that online supply of these medicines presents an emerging area of risk. It is aware that issues exist and we have seen evidence that the GPhC is responding through updated guidance, thematic review work, inspection activity and enforcement action where concerns are identified. We received mixed stakeholder feedback about the GPhC's premises inspection activity and will monitor the GPhC's work regarding consistency, transparency and learning. We are satisfied that this Standard is met.

Fitness to practise

In this section:

Standard 14 (anyone can raise a concern about a registrant)

Standard 15 (timeliness of fitness to practise process)

Standard 16 (fitness to practise decisions are fair and proportionate)

Standard 17 (regulator identifies and prioritises cases posing a serious risk)

Standard 18 (all parties involved in the process are supported)

As part of our performance review this year, we audited 35 cases closed at the Triage stage, Investigation stage and Investigating Committee (IC) stage of the GPhC's FTP process. The purpose of our audit was to assess timeliness of case progression; quality of risk assessments; quality of decisions; quality of investigations; and quality of support/communication provided to all parties at all stages of the process. We also considered more general aspects of case handling including record-keeping and whether the cases raised any issues of public protection or public confidence. Details of our audit findings are set out against the relevant Standards.

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

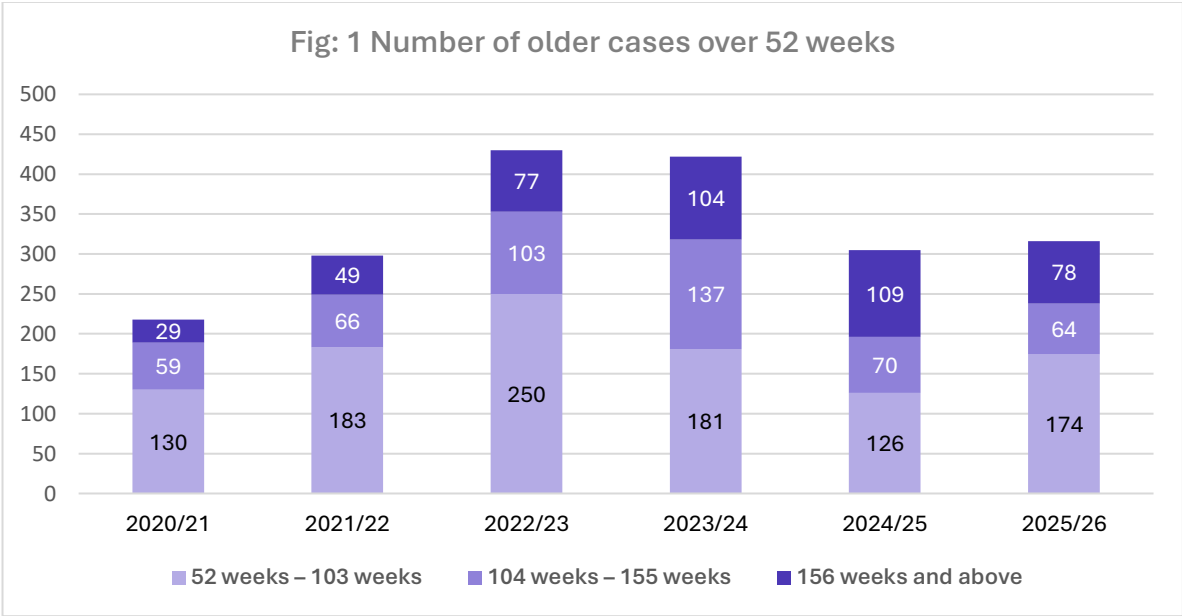
- 14.1. The GPhC continues to publish information and guidance about how to raise concerns about registrants. As part of our audit of cases of the FTP process this year, there did not appear to be any barriers to raising complaints and we also saw examples of the GPhC signposting individuals to other organisations who might be better placed to deal with a concern outside of the GPhC's remit.
- 14.2. The GPhC received 10,328 referrals during this review period, an increase of 39% on last year, and the fourth consecutive significant annual increase. The GPhC explained that the increase in referrals has predominantly involved low level service complaints including price increases for certain medication, stock shortages, unfulfilled orders and refund requests.
- 14.3. In response to the increasing levels of referrals, in February 2026 the GPhC published new acceptance criteria, with clearer guidance on how concerns about pharmacists, pharmacy technicians and registered pharmacies are assessed. The criteria aims to provide greater transparency regarding the types of concerns the GPhC can and cannot act upon. They also aim to reduce inappropriate or misdirected concerns. The GPhC has also updated its webpage on reporting concerns to make it easier to understand. The percentage of cases being closed at triage has remained consistent at over 90% and we are not aware of evidence to indicate that the GPhC may be closing cases inappropriately upon receipt.
- 14.4. During the review period the GPhC has continued its quarterly review of the EDI data of people raising concerns who provided the relevant information. Following the results, the GPhC said it continues to review the actions it can

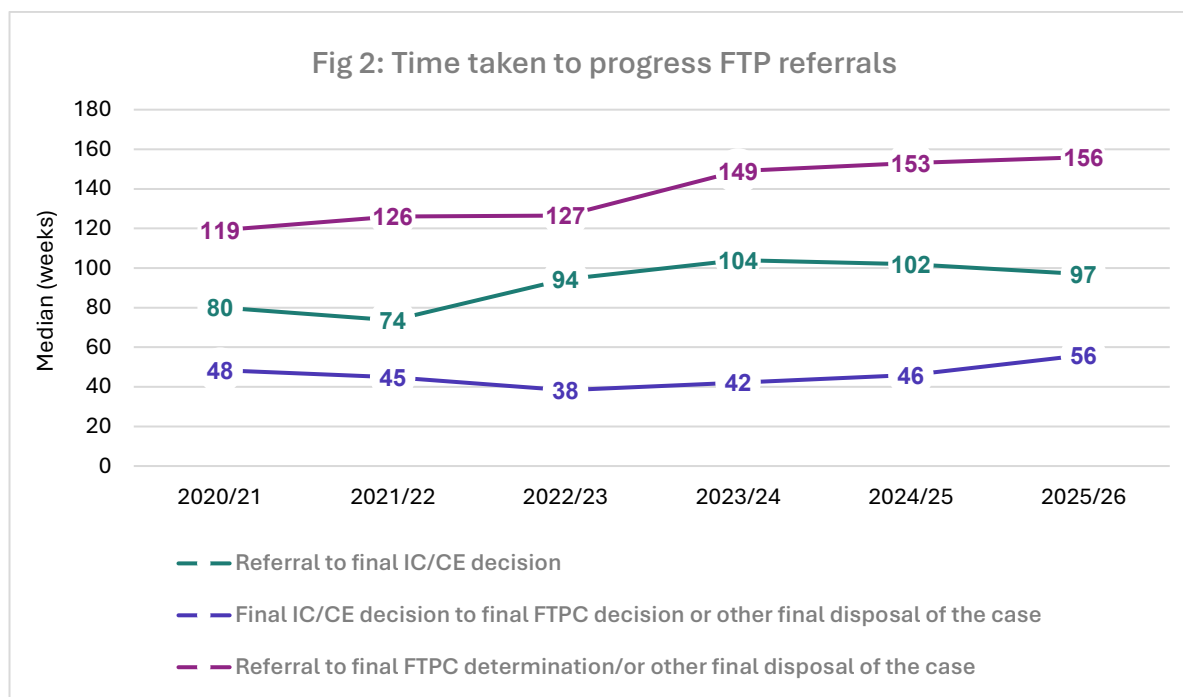
take and the support it can provide to people raising concerns to help them overcome barriers.

Conclusion: We have not seen evidence that the GPhC prevents people raising concerns about registrants and noted that the work the GPhC is doing to collect and analyse data from complainants. We are satisfied that this Standard is met.

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

- 15.1. The GPhC did not meet this Standard last year because it was still taking too long to process FTP cases. The GPhC acknowledged that its timeliness data was likely to deteriorate further before getting better as it closed more of its legacy cases.
- 15.2. As Figure 1 shows, the GPhC has reduced the number of open cases older than 104 weeks since last year, from 179 to 142. However, the number of open cases between 52-103 weeks has increased from 126 to 174 cases. Therefore, the overall number of open cases over 52 weeks has slightly increased. Figure 2 shows that there has been a small increase in the end-to-end median time from referral to final FTPC determination/or final disposal of the case. We will continue to monitor the GPhC’s performance data as it continues to reduce its aged cases.





15.3. The GPhC has over 100 cases awaiting a final FTP hearing, of which over half have been open for more than three years. We recognise that the GPhC’s Committee Rules (which it cannot change) place a statutory limitation on the number and composition of its IC and Fitness to Practise Committees (FtPC), and this limits the GPhC’s ability to schedule more hearings. The GPhC said there are also statutory limitations on how quickly it can schedule a case once referred and served on the parties, and until these reach a final resolution, its closure median at final hearing will continue to rise.

15.4. The GPhC explained that its core focus next year is to improve timeliness and progression of FTP cases and target final resolution of its most aged cases. The GPhC also aims to increase hearings capacity by 50% this year, which will enable it to resolve the majority of its aged cases awaiting a hearing by the end of March 2027. To support the increase in hearings, the GPhC said two dedicated scheduling officers have been onboarded and hearings readiness conferences introduced for longer principal hearings to resolve issues before day one and improve the likelihood of hearings concluding first time. We will continue to monitor developments.

Audit findings

15.5. In 65% of cases audited we identified examples of avoidable and/or unexplained delay (14 Triage, five Investigation and four IC cases). In all 14 Triage cases identified, there was a delay of four to five weeks from receipt of initial complaint to the GPhC either opening the case or further decision making activity. However, following these initial delays, the GPhC progressed the case in a relatively quick and efficient way with limited examples of further delays thereafter. In response the GPhC explained that its key performance indicator (KPI) for triage decisions was eight weeks reducing to six weeks during the relevant period. The GPhC explained that it had set this increased KPI during a challenging period.

- 15.6. In three out of seven Investigation cases audited and one out of four IC cases audited we saw examples of unexplained delays in case progression. We also saw examples of delays in managerial and/or legal approval which we have identified as areas for improvement. The GPhC acknowledged that some cases experienced longer periods of inactivity than desired. Following our audit the GPhC said it has begun to address these areas by:
- Onboarding and training additional decision writers to support principal lawyers, particularly in relation to reviewing investigations which it identified as a resilience risk and operational pinch point; and
 - Developing a set of quantitative and qualitative portfolio-wide KPIs, which have been incorporated into team members' objectives.
- 15.7. We also considered the quality of investigations. We considered that the GPhC gathered sufficient relevant information to reach an informed and reasonable decision in 82% of cases. In six cases (four Triage cases and two Investigation cases) we thought the GPhC should have pursued some additional lines of enquiry before making a decision, however we found only one case where we considered this may have impacted the outcome. Our audit findings overall provided strong assurance about the quality of investigations.
- 15.8. Several stakeholders who provided feedback raised concerns about delays and were worried about case progression. In response the GPhC said "We recognise the impact that responding to aged concerns has on all parties to an investigation, as well as the stress that being under investigation for such a long time has on our registrants. That is why we are committed to ensure that we have no live investigations open for longer than four years and will halve the number open over three years by the end of March 2027."

Conclusion: Our audit has provided us with assurance regarding the quality of the GPhC's investigations, and we have no concerns in this regard. However, evidence from the dataset, audit and stakeholder feedback shows that the GPhC continues to take too long to resolve FTP cases. The end-to-end median has increased each year since 2018/19, and the number of open cases older than 52 weeks has increased slightly this year following a significant fall last year. We note the GPhC's actions and plans to improve performance, but the timeliness element of this Standard has not improved since last year and the Standard is therefore 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.

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

- 16.1. The GPhC uses a variety of controls to ensure the quality of its decision making⁴ including: training and guidance for staff and decision-makers; management approval processes; and a Decision Review Group to identify and share learning. We have not received any feedback from stakeholders to indicate concerns about the GPhC's decision-making this year.

Audit findings

- 16.2. In our audit, we reviewed decisions made at the Triage, Investigation and IC stages of the decision-making process.
- 16.3. In 94% of cases, we considered the outcome was sufficient to protect the public. We found the majority of substantive decisions were reasonable and appropriate. Overall, decisions were detailed and well-reasoned with reference to the relevant parts of each applicable test. However, in one Investigation case, we disagreed with the decision to close and in one Triage case we considered that the GPhC had gone beyond its guidance on decision-making at the relevant stage of the process.
- 16.4. Overall, our audit provided high levels of assurance of the GPhC's decision-making.

Section 29

- 16.5. We appealed one case under our section 29 powers during the review period, out of a total of 110 final fitness to practise hearings and substantive order review decisions.⁵ This is a small proportion of cases, and we have not seen any common themes which raise concerns about the quality of decision-making. We will continue to monitor the data and any emerging themes.

Conclusion: The large majority of decisions we reviewed in our audit were reasonable, and the GPhC's controls appear effective in ensuring appropriate decision-making. We do not have concerns about the GPhC's decision-making and we are satisfied that this Standard is met.

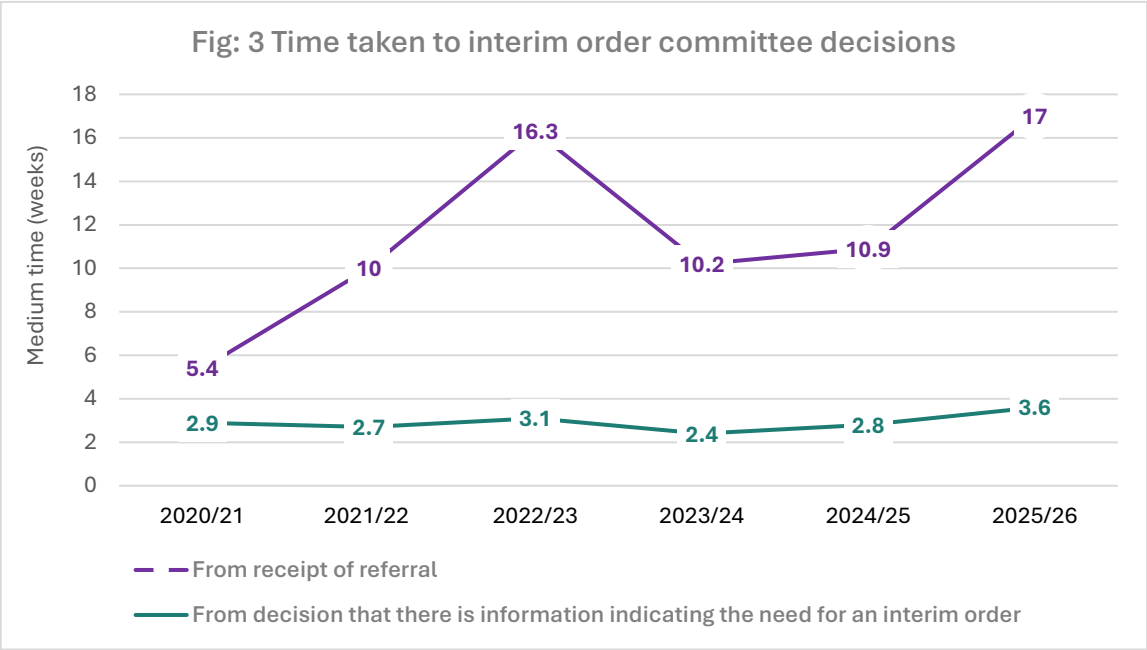
⁴ The GPhC has four distinct decision-making points within its FTP process: Triage; Investigation; Investigating Committee; and Fitness to Practise Committee.

⁵ Section 29 refers to the Professional Standards Authority's power under Section 29 of the NHS Reform and Health Care Professions Act 2002 to review every Fitness to Practise Committee decision. If we consider that a decision poses a risk to public safety, does not maintain public trust and confidence, or uphold professional standards, we can refer it to the relevant Court for further consideration. We will only refer decisions to Court if there is no other effective way of protecting the public.

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

Timeliness of interim orders

- 17.1. As Figure 3 shows, the median time from receipt of referral to an interim order decision has increased this year. However the median time from the point at which the GPhC decides an interim order is required has remained relatively stable. The GPhC continues to apply promptly for interim orders once it receives information indicating the need for one.



- 17.2. The GPhC told us that it has noticed an increase in the seriousness of concerns it is receiving, and it has adjusted its risk assessment process, resulting in a significant increase in interim order applications and impositions. From the data the GPhC provided we can see interim order activity increased in 2025/26 compared with the previous year. In 2024/25, the GPhC made 42 interim order applications, of which 41 were granted. This rose to 71 applications in 2025/26, with 63 granted.

Audit findings

- 17.3. In all the cases we reviewed, we saw evidence that risk assessments and/or case management system fields were completed and recorded. In addition, we saw that risk assessments were updated as expected, for example when the GPhC received new information. However, in one Triage case the GPhC failed to carry out a risk assessment when new information was received and in one Investigation case there was a significant delay of over three months in carrying out a risk assessment.
- 17.4. In just under half of cases (48%) we saw examples of risk assessments which were simply a summary of the case rather than a full assessment of risk. These assessments did not consider the risk factors set out in the GPhC’s internal guidance regarding risk assessments. However, save for one

Triage case, we were satisfied that the GPhC identified the main risks in each of the cases we audited, and we did not see evidence that the GPhC was failing to identify risks or serious cases as a result.

Opportunity for improvement - improved risk assessment reasoning

The GPhC should ensure that a clear and meaningful analysis of the case-specific risks is recorded on all new information received in accordance with its guidance documents. We therefore recommend improved reasoning is provided in the drafting of risk assessments and that the GPhC ensures FTP teams have clarity around expectations, and adhere to guidance and training provided.

- 17.5. The GPhC accepted our audit findings and explained it is taking steps to improve the narration/reasoning of risk assessments. We will continue to monitor developments.

Conclusion: The evidence we have seen indicates that the GPhC acts promptly once it identifies that an interim order may be required, and it shows that the GPhC is continuing to apply for interim orders in a timely and proportionate way. Whilst we have identified an area for improvement, we did not see evidence that the GPhC was failing to identify risks or serious cases which suggest a serious risk to the safety of patients or service users. We are satisfied that this Standard is met.

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

Audit findings

- 18.1. In the vast majority of cases we found the GPhC routinely provided detailed information about its processes, and the tone of communications was clear, professional, sensitive and empathetic. We saw examples of sensitive case handling and tailored adjustments being made to support parties to participate and identified examples of good practice in four cases.
- 18.2. We identified one concern where the GPhC failed to provide sufficient safeguarding, however this appears to have been an isolated incident and did not suggest a pattern or theme of underperformance. The GPhC confirmed that refresher training for new and current staff on the GPhC's safeguarding process took place in March 2026.
- 18.3. We also identified some minor customer service issues and/or areas for improvement. We considered that the GPhC should improve how it explains its processes to case parties at the outset. We also saw examples where some correspondence to case parties and/or colleagues was undated and where the officer or manager did not provide their full name and/or title at

the end of internal/external correspondence. We would encourage the GPhC to take steps to make improvements including training in this regard.

- 18.4. In response to our audit findings, the GPhC has committed to various actions to improve performance against this Standard, including additional resource, changes to processes, a review of guidance and training, and expanded quality assurance checks. We will monitor the impact of these changes in future performance reviews.

What we heard from stakeholders

Some stakeholders who provided feedback raised concerns including the need for more frequent updates to open cases, pharmacies to be informed when a concern has been closed (following a request from the GPhC for information); and technical difficulties accessing correspondence.

- 18.5. In response to the feedback received, the GPhC explained that due to the large volume of FTP referrals, it does not routinely notify pharmacies of triage decisions, although it can do so on request. It also told us that, where a pharmacy has been contacted as part of its screening or initial assessment process, it would be appropriate to provide the pharmacy with the outcome of the decision and the GPhC intends to implement this approach during 2026/27.
- 18.6. The GPhC stated that its current key performance indicator for open investigations is to provide an update to the complainant and pharmacy professional every eight weeks, unless an alternative frequency has been agreed. It will also provide additional updates on request. The GPhC also explained that it uses a cloud-based encryption service to correspond with case parties that protects sensitive information by securing emails and files in transit. Recipients receive a secure link by email and are required to register in order to read and reply to messages. The GPhC noted that this approach helps protect data and supports compliance with General Data Protection Regulation and Data Protection Act requirements. It also acknowledged that users may need time to become familiar with the software and confirmed that user guides are provided to support them.

Conclusion: We found that the GPhC supports parties to participate effectively in the FTP process by providing information about its processes, handling cases professionally and sensitively, and providing updates where appropriate. We also identified several examples of good practice. However, we also identified some areas for improvement. We will monitor developments, including the action the GPhC takes in response to our findings and any further feedback we receive from stakeholders. Overall, we are satisfied that this Standard is met.

Quick links/find out more

- [Find out more about our performance review process](#)
- Read the [GPhC's 2024/25 performance review](#)
- Read our [Standards of Good Regulation](#)
- Read our new [evidence framework for Standard 3](#)



020 7389 8030
info@professionalstandards.org.uk
professionalstandards.org.uk

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