

10 KEY FACTS about the General Pharmaceutical Council



GPhC launching:
2010

The UK, Scottish and Welsh Assembly governments are setting up a new, independent regulator – the General Pharmaceutical Council (GPhC) – for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales in spring 2010*.

Its establishment is being overseen by the GPhC's Chair designate, Bob Nicholls CBE, and the Pharmacy Regulation and Leadership Oversight Group (PRLOG), which was set up by Ministers to advise on the process. Once the other 13 Council designate members and the Chief Executive/Registrar have been appointed – by October 2009 – PRLOG will continue as a reference group. PRLOG is chaired by Ken Jarrold CBE and involves 21 key stakeholders from the four UK countries, including the Chief Pharmaceutical Officers of England, Scotland, Wales and Northern Ireland and the President of the Royal Pharmaceutical Society of Great Britain (RPSGB).

Establishment

FACT 1 The GPhC will replace the RPSGB as the regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain from spring 2010*.

- The exact launch date will be set once the parliamentary process is completed.
- The RPSGB will continue to be the regulatory body until the GPhC is established.
- The GPhC will cover England, Scotland and Wales in the first instance. Northern Ireland Ministers will decide whether to transfer the regulatory functions of the Pharmaceutical Society of Northern Ireland once the GPhC is established.

Main objectives

FACT 2 The aim is to ensure that public health, safety and wellbeing are the main objectives of professionals delivering pharmacy services.

- This will be achieved through separating professional leadership from regulation, harmonising pharmacy regulation with other health professions, developing new standards to provide a clearer framework within which to work, and ensuring that the regulator is independent of all interest groups.

*Subject to parliamentary process and timetable.

Registration

FACT 3 The GPhC plans to create a single register for all pharmacists, pharmacy technicians and pharmacy premises. This will replace the registers currently held by the RPSGB. There will be no non-practising register.

- All pharmacists currently on the RPSGB's practising register will be notified in writing when their registration is automatically transferred to the GPhC. Those on the RPSGB's non-practising register may consider registration with the GPhC, subject to complying with the registration requirements.
- Those pharmacists who fall within the definition of 'practising' in the draft *Pharmacy Order 2009* (see Fact 5) and wish to use the restricted title 'pharmacist' will be required to register.
- The statutory register for pharmacy technicians opened on 1 July 2009. The RPSGB is holding the register as the current regulator. Pharmacy technicians who have work experience and a vocational qualification will be able to apply to join the statutory register until 30 June 2011; these arrangements are known as 'grandparenting' and are intended to ease the transition to a regulated profession for technicians. The grandparenting arrangements will continue with the GPhC until 30 June 2011. After that date, registration will require a specific qualification and the title 'pharmacy technician' will be restricted to those on the GPhC register. Those individuals who are currently practising or who intend to practise as pharmacy technicians are encouraged to register as soon as possible.
- Once the GPhC is established, all pharmacy technicians on the RPSGB's practising register will transfer automatically to the GPhC, and will be notified in writing when this happens. Those on the non-practising register may consider registration with the GPhC, subject to complying with the registration requirements.
- The use of abbreviations or post-nominals will be a matter for the GPhC to decide in relation to its registrants. The use of the designatory letters MRPharmS or FRPharmS is a matter for the new professional body.

Restricted titles

FACT 4 In the future, the titles 'pharmacist' and 'pharmacy technician' will be restricted to those registered as such on the GPhC register.

- Anyone who wishes to practise as a pharmacist or pharmacy technician, and to use the restricted titles 'pharmacist' or 'pharmacy technician', must be registered as such on the GPhC register. For pharmacists this will apply immediately, while for pharmacy technicians it will apply from July 2011.
- This proposal and the proposal to end the non-practising register, resulted in much debate among pharmacists when consulted upon. All views were carefully considered by the three governments. Ministers decided that it was important for public protection and patient safety that all those who are registered with the regulator, and can therefore call themselves a 'pharmacist' or 'pharmacy technician', have met the requirements to be fully qualified, competent and fit to practise.

Definition of practising

FACT 5 There is a new, wider definition of practising, which means that many of those not previously registered as practising will now need to consider registration.

- The definition of practising in the draft *Pharmacy Order 2009* reflects the full breadth of practice and is:
 "... if whilst acting in the capacity of or purporting to be a pharmacist or a pharmacy technician, that person does any work or gives any advice in relation to the preparation, assembly, dispensing, sale, supply or use of medicines, the science of medicines, the practice of pharmacy or the provision of healthcare."
- This means that pharmacists and pharmacy technicians whose roles do not include delivery of care to individual patients or of services directly to members of the public will need to register. If their roles impact on patient safety – for instance, through signing off patient group directions, releasing batches of products, or setting local and national policy for the use of medicines – then the need for registration with the professional regulator is unambiguous.

The Council

FACT 6 The GPhC will have a Council of 14, with equal numbers of registrant and lay members. All Council members will be appointed, not elected.

- The Chair designate, Bob Nicholls, was appointed in June 2009. The other 13 Council designate members are scheduled to be appointed by October 2009.
- There will be no reserved places for different sectors of practice. In June 2008, a government working group led by Niall Dickson published *Implementing the White Paper 'Trust, Assurance and Safety': Enhancing confidence in healthcare professional regulators*. This recognised that councils need to be able to reflect the interests and concerns of key constituencies, but also that all members should be clear that their overriding purpose is the protection of the public and patients. It recommended that "no group should have guaranteed places on the council".
- However, in the interests of reflecting the differences in health service delivery in England, Scotland and Wales, the GPhC will have at least one person on the Council who lives or works wholly or mainly in each of the three participating countries.

Fees

FACT 7 Regulatory fees for 2010 have been set by the RPSGB and will be collected by them in autumn 2009.

- The RPSGB has announced a fee increase of 2.2% for 2010. Fees have been set within the Retail Prices Index (RPI) and Consumer Price Index (CPI) measures of inflation and will be collected as normal in November 2009.
- The relevant money for regulatory activities will be transferred to the GPhC in 2010 once the GPhC is established.
- Premises fees will be set by the Department of Health in autumn 2009 as normal.

Continuing professional development

FACT 8 As with most other health professions, continuing professional development (CPD) will be statutory for pharmacists and pharmacy technicians from the day the GPhC is established.

- If pharmacists and pharmacy technicians are on the register, the public will expect that they keep up to date and are fit to practise in their chosen field. Part of the evidence that is required to establish ongoing fitness to practise is their CPD record. Registered professionals will be required to complete CPD relevant to their field of practice and to demonstrate that they have done so.
- The GPhC will publish a new CPD framework and new CPD standards. The Department of Health, with oversight from the Chair designate of the GPhC, is facilitating work to develop these from the current standards to ensure continuity through the transition period. The framework and criteria will make clear the amount and type of CPD that is required and will set out the information that should be provided to meet the requirement that CPD is relevant to the scope of practice of pharmacists and pharmacy technicians and that it meets their learning needs. (See Fact 9 below for details of the consultation on the new CPD standards and framework.)
- It is important that all pharmacists and pharmacy technicians develop their CPD portfolios between now and spring 2010* so that they are prepared for the introduction of statutory CPD when the GPhC is established. Records created in this period will be allowed to form part of the assessment process carried out by the GPhC from 2010 onwards.

*Subject to parliamentary process and timetable.

Standards

FACT 9 The GPhC will publish new standards for: education and training (for those qualifications that are required for registration and any subsequent annotations to the register); pharmacy owners, superintendent pharmacists and premises; proficiency; conduct, ethics and performance; and CPD.

- The standards for education and training will build on the work already started by the RPSGB's Education Committee, the academic community and employers to ensure that only one new set of standards is consulted on.
- All the standards are being developed with input from key stakeholder organisations.
- There will be a statutory consultation on the standards in autumn 2009* to which all key stakeholders will be invited to respond.

Independence and accountability

FACT 10 The GPhC will be an independent regulator, accountable to Parliament.

- The Government believes that, to ensure public confidence, professional regulators must be independent in their actions.
- The GPhC's Council will be independently appointed and, to ensure that it is accountable to Parliament rather than Ministers or the profession, there are legislative provisions requiring the GPhC to produce reports on the exercise of its functions. These will include a description of the arrangements the Council has put in place to ensure that it adheres to good practice in relation to equality and diversity, a statistical report about its fitness to practise arrangements, and a strategic plan. These will go to the Privy Council, which will lay the reports before the UK and Scottish Parliaments.

For a GPhC brochure and further information, go to www.pharmacyregulation.org

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