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To whom it may concern

**The General Pharmaceutical Council's response to the European Commission's request for comments from Competent Authorities on the European Professional Card.**

**Introduction**

**About the General Pharmaceutical Council**

The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain.

It is our job to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services in Wales, England and Scotland by upholding standards and public trust in pharmacy.

Our principal functions include:

- approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
- maintaining a register of pharmacists, pharmacy technicians and pharmacy premises;
- setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD);
- establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;
- establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing fairly and proportionately with complaints and concerns.

We welcome the opportunity to comment on the European Professional Card (EPC) for pharmacists.

The stated aim of the card is to simplify and speed up the recognition process and promote free movement of professionals. However the evidence from our internal performance monitoring indicates that the free movement of pharmacy professionals has not been delayed in anyway by the recognition and registration processes that we currently operate. We register about 400 European qualified pharmacists a year within the Directive time limits so cannot see what added value the card will bring.

On the contrary our view remains that the EPC has the potential to undermine patient safety, lead to confusion for patients, employers and applicants and also increase bureaucracy and costs for the GPhC.

This is for the following reasons:

- The new Directive provides that the issuance of the EPC for establishment does not provide an automatic right to practise the profession where registration requirements already exist prior to the EPC's introduction. The GPhC already has registration requirements in place. Therefore requiring the GPhC to issue or make an electronic certificate available to a European qualified pharmacist who does not have the right to practise, is an additional administrative step that serves no apparent purpose.
- In addition requiring the GPhC to enable employers and the public to verify the authenticity or validity of such a card in circumstances where possession of such a card does not entitle the holder to practise the profession also adds no value. Our position remains that any such card can only be regarded as valid for 'recognition' purposes on the day it is issued and we cannot see the benefit to patients and employers of being able to check such a card's validity or authenticity because possession of the card would not entitle the holder to practise in any event.

The GPhC (like all other UK healthcare regulators) operates a real-time web-based searchable register of pharmacy professionals who are registered and entitled to practise. Employers and the public, whether in Great Britain, Europe or anywhere else in the world, can already check the on-line register to identify whether the pharmacy professional is indeed entitled to practise and provide services in Great Britain whether on a temporary and occasional basis or as an established practitioner. Requiring a competent authority (CA) in the GPhC's position to provide or administer two different on-line verification systems, one which entitles practise and service provision, and one which merely confirms 'recognition' and does not entitle practise, would lead to serious confusion for employers and the public and undermine patient safety.

It is imperative that implementing acts for the EPC recognise these risks to patient safety. CAs that have real-time web-based searchable registers of healthcare professionals entitled to practise must be allowed to derogate from the provisions requiring them to issue an EPC and to enable employers to check validity and authenticity of an issued EPC.

Even if the EPC were to become mandatory for the pharmacy profession, we would still have to provide adequate resources to administer both application processes, the EPC application via the Internal Market Information (IMI) system and also the current application procedures provided for in Titles II or III. This is because applicants could still choose to apply via the traditional application process. (It also appears that applicants with 'acquired rights' under Article 23 are excluded from the EPC process and may still need to continue to make an application under the current process).

Furthermore we firmly believe that the decision on recognition, that is the decision as to whether an applicant has a qualification or work experience that entitles them to 'recognition' under the Automatic/General Systems or Treaty rights, is for the CA in the host member state to make.

We currently cross check all information provided directly to us by an applicant, such as details of their qualification, (title of diploma, date qualification started, date qualification completed, country and name of awarding university) and details of all of their work experience as a pharmacist since qualification, against information provided in certificates from the home member state CA. In a number of instances we have found that information provided by the applicant in relation to their qualification and/or work experience conflicts with information in these certificates.

We have come across examples where the home CA has confirmed that the applicant has a qualification that meets the Directive training requirements and entitled to automatic recognition when it transpires that the individual has a third country qualification that has been recognised for practise in that member state but with no subsequent practise in the recognising state. The application does not even fall to be considered under Article 10(g) but under Treaty rights.

Another example is where the home CA confirms that an applicant has worked for 3 consecutive years in the last 5 years when the applicant has informed us that they were suspended from practise during the relevant period and therefore lost their 'acquired rights' to automatic recognition.

In these instances we have been able to raise 'justified doubts' because we have had conflicting information direct from an applicant.

We remain very concerned that under the EPC route (whether for establishment or temporary service provision), 'recognition' is a function of the home member state CA. Our view is that the 'recognition' stage, the decision as to which route to our register an

applicant should follow is fundamental to our role as a regulator in the interests of public safety. Our current processes ensure that robust, consistent and validated decisions are made on every applicant's route to our register, with no evidence of any delay in reaching 'recognition' or 'registration' decisions and notifying applicants.

To mitigate this concern implementing acts would need to enable the host member state CA to obtain information and documents direct from an applicant to cross check and verify all 'recognition' decisions and raise 'justified doubts' where appropriate.

Yours faithfully



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