# Applying to display the GPhC voluntary internet pharmacy logo

## Application guidance

### January 2021

The GPhC voluntary internet pharmacy logo scheme provides reassurance to patients and the public that they are buying medicines online from registered pharmacies who have to meet GPhC standards.

Use this form to apply to display the voluntary internet pharmacy logo on your pharmacy service website, if you operate a registered pharmacy that offers to sell or supply medicines or other pharmaceutical products to patients and the public over the internet. Make sure you read the application guidance thoroughly.

## The application process

To apply to display the logo, you must:

1. Complete this application using Word. When you have finished adding your information, save it as a PDF and sign it digitally using Adobe Acrobat ‘Fill & Sign’. You can [find out more about using Fill & Sign on the Adobe website](https://helpx.adobe.com/uk/acrobat/using/fill-and-sign.html). You can also print the application and fill it in by hand, writing clearly. You will need to scan your completed form and send it to us as a PDF.
2. Provide screenshots labelled to show where the information set out in section 4 of the application form is located on your website. You will need to send the screenshots to us as part of your application.
3. Email your completed application form, and labelled screenshots to us at [Premises@pharmacyregulation.org](mailto:Premises@pharmacyregulation.org).
4. Make a payment via Worldpay of **£50**. This is a fee to cover the cost of assessing your application and is not refundable, even if your application is not successful.

The application can only be made by the owner or superintendent of a registered pharmacy and must be reviewed and signed by this person to confirm the information in the application is correct.

But if there is someone else in the organisation who is dealing with completing and submitting the form, include their contact details in section 2, so we know who to contact with any queries. If you would like to know more about how we use personal data and your rights under data protection legislation, [see our privacy policy](https://www.pharmacyregulation.org/privacy-policy).

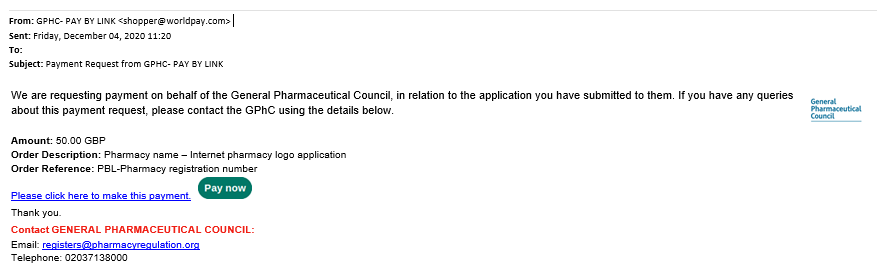
When we receive your application, we will carry out checks on your website and use the information you give us in your application to assess if your pharmacy business and online pharmacy service meet the conditions to display the GPhC voluntary internet logo.

We will pass the application information, including the personal details of others you have included in the application, to your local inspector, who will use it to help them plan future inspections of your pharmacy premises. We will pass on the information whether your application is successful or not. We will keep the information for as long as your pharmacy is running.

Your application may take up to 28 days to process, so please make sure you send it to us in good time before any date that you want to display the logo.

## Making a payment

When we receive your application, we will request the application payment fee. You will receive an email from ‘shopper@worldpay.com’containing instructions and a link to pay online. The email you will receive will look like this:



The payment link in the email will be valid for 28 days. If you need any additional time to pay the fee, please email us at [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org). Make sure you give your name, pharmacy postcode and the type of application you have submitted so we can find and update your application promptly.

## Using the logo

If your application is successful, you must use the GPhC voluntary internet logo according to the conditions below.

1. The logo must only be used in relation to the online pharmacy service which is operated through the website(s) and the registered pharmacy specified in the application. It can only be displayed on the website (or websites) listed in the application.
2. The logo must not be supplied for use by a third party.
3. The logo must not be modified in any way and no words, additional logos or graphics may be superimposed on the logo itself.
4. The logo must not be used in any context that could be regarded as undignified or unprofessional.
5. The information contained on any website for which the logo has been issued must be legal, decent and truthful.
6. Any website for which the logo has been issued must comply with any relevant legislation, such as electronic commerce regulations and legislation on advertising of medicines to the public.
7. The pharmacy must meet our standards for registered pharmacies and demonstrate how they use our guidance for registered pharmacies providing pharmacy services at a distance, including on the internet, to safeguard patients and users of pharmacy services.
8. Any website for which the logo has been granted must display clearly:
   1. the name of the owner of the registered pharmacy
   2. the name of the superintendent pharmacist (if applicable) and their registration number
   3. the name and address of the pharmacy or pharmacies that supply the medicines
   4. the pharmacy’s GPhC registration number
   5. the phone number and email address of the pharmacy
   6. details of other pharmacies that may be involved in the labelling and assembling if different to the pharmacy that makes the supply
   7. information about how to check the registration status of the pharmacy and thesuperintendent pharmacist if you have one
   8. the terms and conditions of the pharmacy service
   9. ways to give feedback and the complaints procedure
9. If a person can be prescribed medicines following an online consultation delivered through the website, the website must also state clearly:
10. the name and address of the prescribing service including the country where it is located
11. the name and registration number of the prescriber
12. whether the prescriber is a doctor or a non-medical independent prescriber such as a pharmacist, nurse or physiotherapist
13. the name and address of the prescriber’s regulatory authority
14. information on how to check the prescriber’s registration status
15. If the online pharmacy service is shut down, or if the website moved to another URL, the owner must notify the GPhC.
16. If the registered pharmacy with which the online pharmacy service is associated changes owner, the new owner must notify the GPhC and submit a new application to display the logo.

## Showing the information you provide on your website

You will need to provide evidence with your application that all the information listed in point eight above, and in point nine, if you offer an online consultation and prescribing service, is displayed on your website.

Please submit printed screenshots of the desktop version of your website, with each piece of information identified and labelled with the corresponding letter from the list. You do not need to include the personal details of the prescribers.

Please label the screenshots with the date they were generated and make sure that they show the current layout and design of the site, as we will use them to check the information is displayed on your website.

# Application to display the GPhC voluntary internet pharmacy logo

## Application form

## Pharmacy details

Give the details of the registered pharmacy premises linked to the website on which you want to display the logo. The premises address must be the one from which medicines ordered on that website are sold or supplied.

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| --- | --- |
| Trading name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Premises registration  number |  |  |  |  |  |  |  |
|

|  |  |
| --- | --- |
| Premises address |  |

|  |  |
| --- | --- |
| Post code |  |

|  |  |
| --- | --- |
| Website(s) URL |  |

## Contact details

Give the details of the person we should contact in relation to this application. This must be a person who is responsible for operating the business at the premises above.

|  |
| --- |
|  |

Title: Mr  Mrs  Ms  Miss  Other

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Position |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |
| --- | --- |
| Phone |  |

## Owner details

* 1. **Is the organisation submitting this application:**

**a body corporate or limited liability partnership (LLP)  Please fill in section A**

**an NHS trust  Please fill in section B**

**a sole trader or partnership  Please fill in section C**

### Section A: Body corporate or LLP

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Organisation name |  |

|  |  |
| --- | --- |
| Registered address |  |

|  |  |
| --- | --- |
| Post code |  |

|  |  |
| --- | --- |
| Companies House number |  |

|  |  |
| --- | --- |
| Director name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number (if applicable) |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Superintendent name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Superintendent’s GPhC registration number |  |  |  |  |  |  |  |
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### Section B: NHS trust

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| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Organisation name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Post code |  |

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| --- | --- |
| Superintendent name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Superintendent’s GPhC registration number |  |  |  |  |  |  |  |
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### Section C: Sole trader or partnership

**Sole trader or first partner**

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Sole trader’s home or partnership’s principle address |  |

**Second partner (if applicable)**

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number (if applicable) |  |  |  |  |  |  |  |
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## Pharmacy service website information

Use this section to show how the information you provide on your website helps your online pharmacy service to comply with our current guidance for registered pharmacies providing pharmacy services at a distance, including on the internet. If you offer a consultation and prescribing service, you will need to provide more information about this. Include printed screenshots showing where the information set out below is displayed on your website.

* 1. **Can a person be prescribed medicines following an online consultation delivered through your website?**

**Yes  Fill in sections 4.2 and 4.3 below, and complete section 5**

**No  Fill in section 4.2 below, and go to section 6**

* 1. **Please confirm by ticking the relevant box, and indicating on your screenshot using the corresponding letter, that your pharmacy service website displays:**
  2. your name as the owner of the registered pharmacy
  3. the name of the superintendent pharmacist (if applicable) and their registration number
  4. the name and address of the pharmacy or pharmacies that supply the medicines
  5. the pharmacy’s GPhC registration number
  6. the phone number and email address of the pharmacy
  7. details of other pharmacies that may be involved in the labelling and assembling if different to the pharmacy that makes the supply
  8. information about how to check the registration status of the pharmacy and thesuperintendent pharmacist if you have one
  9. your terms and conditions
  10. ways to give feedback and your complaints procedure
  11. **If** **a person can be prescribed medicines following an online consultation delivered through your website, please confirm by ticking the relevant box, and indicating on your printed screenshot, that your pharmacy service website displays:**

1. the name and address of the prescribing service including the country where it is located
2. the name and registration number of the prescriber
3. whether the prescriber is a doctor or a non-medical independent prescriber such as a pharmacist, nurse or physiotherapist
4. the name and address of the prescriber’s regulatory authority
5. information on how to check the prescriber’s registration status

## Online consulting and prescribing services

If a person can be prescribed medicines following an online consultation available from your website, use this section to tell us about the services you use, and how you make sure they meet our guidance.

|  |  |
| --- | --- |
| Organisation name |  |

|  |  |
| --- | --- |
| Owner name |  |

|  |  |
| --- | --- |
| Organisation address |  |

* 1. **Who regulates this online consulting and prescribing service?**

1. **Care Quality Commission**
2. **Healthcare Improvement Scotland**
3. **Healthcare inspectorate Wales**
4. **Another regulator (please give details below)**

|  |  |
| --- | --- |
| Organisation name |  |
|  |

|  |  |
| --- | --- |
| Registered address |  |

* 1. **Please provide the registration number of your online consulting and prescribing service at the regulator you have specified above.**

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* 1. **Describe the checks you carry out to make sure that the prescribers who are employed or contracted by the prescribing service are authorised to issue the type(s) of prescriptions you will be supplying against, in the country where the prescription is issued.**

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## Medicines you supply over the internet

Use this section to tell us about the medicines you supply, or intend to supply, and how you make sure that this is done safely and effectively.

* 1. **Are you already fulfilling orders for medicine placed through your website?**

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**Yes  No**

**If no, when do you intend to start? (DDMMYY)**

* 1. **Which types of medicines are you supplying, or intending to supply, through your website? Please tick all that apply.**

1. **Controlled drugs**
2. **Prescription only medicines**
3. **P medicines**
4. **GSL medicines** 
   1. **Do you (intend to) supply medicines to patients: (please tick all that apply):**
5. **in the United Kingdom (UK)?**
6. **outside the UK?** 
   1. **Describe how you make sure medicines are clinically appropriate for patients, by answering the five questions below.**
7. **How do your staff check the identity and capacity of the patient ordering medicines on your website?**

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1. **How do you decide which medicines are appropriate to supply over the internet?**

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1. **How do you identify requests for medicines that may be inappropriate, including multiple orders, such as those using the same delivery address or payment details?**

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1. **What information do you collect from the patient to check that the supply of medicines is safe and appropriate?**

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1. **How do you tell patients who to contact if they have any questions about their medicines?**

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* 1. **Do you supply antimicrobial or antibiotic medicines, after carrying out a consultation?**

**Yes  No**

**If yes, describe the safeguards that you, or the prescribing service you use, has in place to make sure that the supply is clinically appropriate for the patient.**

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* 1. **Do you supply medicines that are liable to abuse or overuse, or where there is a risk of addiction?**

**Yes  No**

**If yes, describe the safeguards that you, or the prescribing service you use, has in place to make sure that the supply is clinically appropriate for the patient.**

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* 1. **Do you supply medicines that need to be monitored or managed, such as medicines with a narrow therapeutic index, and medicines for diabetes asthma, epilepsy and mental health conditions?**

**Yes  No**

**If yes, describe the safeguards that you, or the prescribing service you use, has in place to make sure that the supply is clinically appropriate for the patient.**

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* 1. **Do you supply non-surgical cosmetic medicinal products, such as Botox?**

**Yes  No**

**If yes, describe the safeguards that you, or the prescribing service you use, has in place to make sure that the supply is clinically appropriate for the patient.**

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## Declarations

This section must be completed by a business owner or superintendent, who has reviewed the information in this application form and the screenshots.

**As a person who is responsible for operating the business in section 1, I declare that:**

* 1. **I am applying to use the GPhC voluntary internet pharmacy logo in relation to the online pharmacy service made up of the website(s) and registered pharmacy specified in section 1 of this form**
  2. **the online pharmacy service complies with the conditions for use of the GPhC voluntary internet pharmacy logo as set out in section 2 of the guidance notes, the GPhC’s standards, and relevant guidance documents**
  3. **I have informed my indemnity provider that:** 
     1. **the pharmacy services I provide from the registered pharmacy will include the supply of medicinal products to patients and the public over the internet**
     2. **this supply may be made following a remote on-line consultation, if relevant**

**and my indemnity provider has agreed to indemnify this activity**

* 1. **if requested by the GPhC, I will remove the voluntary internet pharmacy logo from my website and anywhere else it is displayed**
  2. **the information I have provided in this application is accurate, and that I understand that the provision of false, inaccurate or misleading information could result in an allegation of misconduct made against me or the owner of the business**

Please either print this form and manually sign it below or add an electronic signature using Adobe Fill & Sign – see the instructions below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Position |  |

**Adding your signature using Adobe Fill & Sign**

Click on the ‘sign’ icon in the Fill & Sign toolbar and select ‘Add signature’. You can add your signature in two ways:

Click on the ‘Draw’ icon and use your mouse to draw your signature (much as you would when accepting a package delivery)

Click on the ‘Image’ icon (first you will need to take a photograph of your signature and save it to your PC) and then select the image you have saved of your signature.

**Please note that we will not accept a typed signature.**

For office use only

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| --- | --- | --- | --- | --- | --- |
| Admin initials | Declaration signed | Website live | Website checks – section 4.2 | Payment made | Logo issued |
|  |  |  |  |  |  |