

Fitness to Practise: glossary of terms

This glossary of terms contains definitions of some of the terms commonly used throughout our fitness to practise process. It's not a complete list of all the words you may come across, but it aims to help your understanding of the wider process.

Adjournment

At any point if a panel decides not to continue with the hearing this is called an adjournment. When the hearing resumes it will be before the same panel.

Allegation

An allegation is a claim that a pharmacy professional has done something wrong, which suggests that he/she does not have the skills, knowledge, character or health necessary to do their job safely and effectively. The allegation may relate to their behaviour, professional performance, adverse physical or mental health, or having a criminal conviction among other things.

Case officer

A case officer is a member of General Pharmaceutical Council (GPhC) staff who investigates and manages the concern. They are often your main point of contact once an investigation is underway.

Clinical adviser

The clinical adviser is a qualified medical professional who advises the Investigating Committee or Fitness to Practise Committee on health-related issues in relation to a pharmacy professional's fitness to practise. Clinical

advisers are independent of the committees and don't take part in decision making.

Concern

A concern is information about a pharmacy professional that could suggest there is a risk to patient safety or that the GPhC standards are not being met. Concerns can be raised by anyone including members of the public, patients and employers.

Please refer to our website for further information on [raising concerns](#).

Direct referral

The GPhC may refer a concern direct to a fitness to practise hearing in certain circumstances, without referring it to the Investigation Committee. These include if it's in the public interest for the case to be considered urgently.

Fitness to practise

A pharmacy professional is 'fit to practise' when:

- they have the skills, knowledge, character and health necessary to do their job safely and effectively;
- they act professionally and meet the principles of good practice set out in our various standards, guidance and advice.

Fitness to Practise Committee

The Fitness to Practise Committee (FtPC) is a panel of three people who hold a hearing to consider whether a pharmacy professional's fitness to practise is impaired.

It usually considers cases referred to it by the Investigating Committee (IC).

The FtPC has to decide:

- whether the allegation/s raised in the concern took place,
- whether the pharmacy professional's practice is currently impaired,
- what outcome is appropriate and proportionate in the circumstance.

The FtPC operates, and makes decisions, independently of the GPhC. The GPhC appoints and oversees the performance of the FtPC.

You can find out more about the committee in our [Good decision making: fitness to practise hearings and sanctions guidance](#)

Hearing

If a case is referred to the Fitness to Practise Committee, there will usually be a hearing. The hearing is held by a panel of three people: a chair, a pharmacy professional member and a lay member (non-pharmacy professional). Other people may also be at the hearing, including a legal adviser, a clinical adviser, GPhC staff, witnesses, the pharmacy professional and any representatives they have.

In most cases, hearings will be held in public. This means that members of the public are allowed to attend and observe. On occasion, it will be appropriate for all or part of a hearing to be held in private.

Please refer to our [Fitness to practise hearings and sanctions guidance](#) for further details.

Impairment (including current impairment)

A pharmacy professional's fitness to practise may be impaired if there are concerns about

their ability to practise safely and effectively. A pharmacy professional's fitness to practise might also be impaired if their behaviour has damaged or may damage public trust or confidence in the wider pharmacy professions. This may mean that they should not practise at all, or that they should be restricted in what they're allowed to do.

When making a decision on impairment, the Fitness to Practise Committee must decide whether the pharmacy professional's fitness to practise is currently (in other words, at the time of the decision) impaired, rather than whether it was at the time the incident occurred.

Insight

Insight means that a pharmacy professional can show that they've learnt from their mistakes, that they understand what they did wrong and that they won't repeat these mistakes.

Investigating Committee

Once we finish an investigation, and if we think a concern meets the threshold criteria, we usually refer it to an Investigating Committee (IC) meeting. The IC operates independently from the GPhC when making decisions. The GPhC appoints and oversees the performance of the IC.

Please refer to our [investigations and threshold criteria guidance](#) for further details.

Legal adviser

The legal adviser advises the Investigation Committee or Fitness to Practise Committee on questions of law, and must intervene if there is a possibility of an error of law being made. They must also ensure that committee meetings follow the law. They are independent of the committees and must not take part in decision making.

Types of outcomes

Advice

Advice given to the pharmacy professional to make sure they address any specific areas so that they meet the relevant professional standards.

Warning

A warning is a public record on a pharmacy professional's registration, noting that some aspect of their past practice or behaviour was unacceptable and that they should not repeat it. A warning remains on a pharmacy professional's registration for one year.

Conditions

Conditions are imposed by the Fitness to Practise Committee to address a pharmacy professional's shortcomings in their practice to address any risk to the public. When imposed they apply immediately and are placed for a specific time period (up to 3 years). They may include restrictions on a pharmacy professional's practice, or a commitment to practise under supervision or to undergo retraining. Please refer to our [conditions bank](#) for further details

Undertakings

Undertakings are an agreement between the GPhC and a pharmacy professional about their future practice. The aim of undertakings is to allow the pharmacy professional to continue to practise, but with restrictions. Please refer to our [undertakings bank](#) for further information.

Interim Order

This is an urgent action which can either suspend a pharmacy professional from practising or can restrict their practice in some way through the Committee imposing conditions whilst an FtP investigation is ongoing. The maximum period an interim order can be imposed for is 18 months. Please refer to our [guidance on interim orders](#) for further information.

Suspension

A restriction imposed by the FtPC that prevents a pharmacy professional from practising for a period of time. The maximum period for a suspension is 12 months.

Removal

The pharmacy professional is removed from the register and is unable to practise as a pharmacy professional. professional can only apply to come back onto the register after five years.

Medical assessors

Medical assessors instructed by the GPhC carry out a medical assessment of the pharmacy professional under investigation and provide the GPhC with an independent medical report. The purpose of the report is to provide evidence to the GPhC about a pharmacy professional's health condition, including whether it's being managed by the pharmacy professional. The report also provides an expert opinion on any risks that the condition may present to the pharmacy professional, patients and the public.

Please refer to our [website](#) and our [identifying underlying health issue policy](#) for more information on health assessments.

Misconduct

Misconduct is where a pharmacy professional's behaviour falls far short of the standards expected for pharmacy professionals. What they did or failed to do may result in an investigation and potential action taken against their ability to practise, such as a suspension.

Outcomes

The Fitness to Practise Committee will reach an outcome (often referred to as a *sanction*) once it has made a decision on whether the pharmacy professional's fitness to practise is impaired. The panel have a number of options when decision making. You can find out more about the available outcomes in the textbox and in our

Good decision making: fitness to practise hearings and sanctions guidance.

Standards

The standards for registered pharmacy professionals and pharmacies set out requirements for the delivery of services and describe how safe and effective care is delivered. There are nine standards that every pharmacy professional is responsible for meeting. **Find out more about our standards for pharmacy professionals.**

Postponement

A postponement is when a Chair of a Committee decides that a hearing needs to be delayed and should not go ahead on the original date it was scheduled. If this happens, we will rearrange the hearing as soon as reasonably possible.

Proportionate

A proportionate outcome is one that is no more serious than it needs to be to achieve its aims. The Investigating Committee (IC) and Fitness to Practice Committee (FtPC) should ensure that their decisions are proportionate.

Public confidence

This is about keeping the trust of the public. For example, we may receive a serious concern that may affect the public's trust or confidence in the wider pharmacy profession. We can maintain public confidence by ensuring that the public is kept protected and that pharmacy professionals are demonstrating proper standards of behaviour.

Publication

We publish information throughout the fitness to practise process when it's lawful, proportionate, in the public interest to do so and our own legislation allows us to. This includes publishing outcomes on our website and the online register.

The information we publish and the length of time an outcome is on the online register can be viewed in **our publication and disclosure policy.**

Real prospect test

The 'real prospect test' involves the Investigating Committee asking two questions to help make a decision about whether a concern is likely to be proved if it went to a Fitness to Practise Committee (FtPC).

In the first part of the test, the IC must decide whether there's a real prospect (that is, a real possibility) of the facts being proved by an FtPC. The second part involves deciding whether the facts, if they were proved, could show that the professional's fitness to practise is currently impaired.

Pharmacy professional (or registrant)

A pharmacy professional is a pharmacist or pharmacy technician who is registered with us. They may also be referred to as a registrant.

Registrar

The Registrar is the most senior member of staff at the GPhC and has overall responsibility for the investigation of cases. Our legislation allows them to identify Registrar Delegates to act on their behalf.

Remediation

Evidence of steps that a pharmacy professional has identified or completed to put right the concern with their practice.

Restoration

Anyone who has been removed from the register by a fitness to practise committee and wants to be put back on (restored to) the register must apply to the Registrar, using the **application form.**

Please refer to our **restoration guidance** for further details.

Self-declaration

A pharmacy professional must tell the GPhC if there's a change in the circumstances relating to their fitness to practise declaration that he/she made as part of their application or renewal process. The GPhC also requires pharmacy professionals to complete a 'something to declare' form. They must do this within 7 days of their circumstances changing.

Please refer to the [Something to declare](#) page on our website for further details.

Threshold criteria

The threshold criteria are a list of things we need to consider to decide whether the case should be referred to the Investigating Committee or if another outcome is appropriate. The criteria help make sure that we take a fair and consistent approach when we decide what should happen at the end of our investigation.

A more detailed explanation of most of these terms can be found in our Good decision-making guidance at the following links:

- [Investigations and threshold criteria guidance](#)
- [Investigating committee meetings and outcomes guidance](#)
- [Good decision making: Fitness to practise hearings and sanctions guidance](#)

Please refer to our [investigations and threshold criteria guidance](#) for further details.

Voluntary agreement

A voluntary agreement is an arrangement between the GPhC and a pharmacy professional. The aim of the agreement is to allow the pharmacy professional to continue to practise, but with some agreed requirements in place to make sure they remain safe to practise, and that any health condition is properly managed. [Read our voluntary agreements guidance](#).

Voluntary removal

If a pharmacy professional no longer needs or wants to be registered with the GPhC, they can apply to have their details removed from the register. This is called 'voluntary removal'. Find out more about [voluntary removals on our website](#).