

# **GPhC publication and disclosure policy**

**GPHC0034 Version 4**

This policy sets out the principles we apply in our approach to publishing and disclosing information about pharmacy professionals, registered pharmacies and pharmacy education institutions that we regulate.



## Policy details

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# Contents

<b>Publication and disclosure policy .....</b>	<b>5</b>
1. Introduction .....	5
2. Information we use .....	6
3. Legal background .....	7
4. How we make decisions about publication or disclosure .....	8
5. The public interest .....	9
6. Evaluation, review and sign-off .....	10
7. More information and contact details.....	10
<b>Appendix A: Publication and disclosure guidance – individuals (fitness to practise).....</b>	<b>12</b>
A.1 Introduction and purpose .....	12
A.2 How we publish fitness to practise information .....	12
A.3 Publication and disclosure of fitness to practise information about individuals.....	13
A.4 Sharing information with other bodies .....	18
A.5 Others involved in the process.....	18
<b>Appendix B: Publication and disclosure guidance – registered pharmacies .....</b>	<b>20</b>
B.1 Introduction and purpose .....	20
B.2 How we publish inspection information.....	20
B.3 How we publish enforcement information.....	21
B.4 Publication and disclosure of inspection and enforcement information .....	23
B.5 Sharing information with other bodies.....	27
<b>Appendix C: Publication and disclosure guidance – education .....</b>	<b>28</b>
C.1 Introduction and purpose .....	28
C.2 How we publish education information .....	28
C.3 Publication and disclosure of education-related information .....	29
C.4 Sharing information with other bodies .....	31
<b>Appendix D: Publication and disclosure guidance – the Register .....</b>	<b>33</b>
1. The legal background .....	33
2. Pharmacists.....	33

3. Pharmacy technicians .....	34
4. Pharmacies.....	34
<b>Appendix E: Publication and disclosure guidance – consultations .....</b>	<b>37</b>

## Publication and disclosure policy

### 1. Introduction

#### About us

The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and pharmacies in Great Britain. We work to assure and improve standards of care for people using pharmacy services.

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.

We set standards for pharmacy professionals and pharmacies to enter and remain on our register.

We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.

We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.

Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

#### About this policy

As part of our regulatory work we publish and disclose material. This policy sets out the principles we apply in our approach to publishing and disclosing information about pharmacy professionals, registered pharmacies and pharmacy education institutions that we regulate. We publish and disclose this information so that we:

- meet our statutory objectives
- effectively carry out our tasks in line with our role and in the public interest
- meet relevant legal requirements

#### The policy covers:

- information we publish on our website and online register
- information we disclose to third parties in carrying out our regulatory work, and
- how we deal with individual requests for information

We are committed to being open and transparent about our processes and how we make our decisions. We also aim to be open about the action we take in response to concerns about registered pharmacies and pharmacy professionals, so that the public can have trust in the standard of pharmacy care.

This policy explains how we balance our need to be open and transparent against the rights and freedoms of individuals, so that what we publish or disclose is proportionate.

**The policy includes:**

- an overall policy setting out our principles for publication and disclosure, including what we mean by ‘disclosure in the public interest’
- Appendix A, setting out the information we publish, disclose routinely and disclose on a case-by-case basis about the pharmacy professionals we regulate
- Appendix B, setting out the information we publish, disclose routinely and disclose on a case-by-case basis about the pharmacies we regulate
- Appendix C, setting out the information we publish, disclose routinely and disclose on a case-by-case basis in relation to pharmacy education and training
- Appendix D, setting out the information we publish in relation to the GPhC Register
- Appendix E, setting out the information we publish in relation to GPhC consultations

## **2. Information we use**

To carry out our regulatory work under the law, we need to collect and use information<sup>1</sup> about:

- pharmacy professionals who:
  - are registered with us (registrants)
  - apply for an annotation<sup>2</sup> to their entry on the register
  - apply to register, including those trying to return to the register
  - own or run registered pharmacies
- people training to become pharmacy professionals, including those who:
  - apply to or take part in the pre-registration training scheme
  - apply to take the registration assessment
  - are students on a GPhC-approved course of study
- registered pharmacies, and owners applying to register premises. This may include commercially confidential information shared with us as part of our role as the regulator
- registered pharmacies, as part of our inspection process
- concerns raised about the quality of care in registered pharmacies, or the fitness to practise of registrants or people applying to become registered. This will include information to help us

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<sup>1</sup> With reference to pharmacy professionals and trainees this information includes contact details; information about qualifications, training and experience; and registration history. Some registrants may also provide information about their health or criminal records

<sup>2</sup> Annotations are additional qualifications or responsibilities held by a registrant. An independent prescriber can prescribe any medicine for any condition (excluding three Controlled Drugs for the treatment of addiction). A supplementary prescriber can prescribe any medicine for any condition within an agreed clinical management plan.

look into concerns which is given to us by patients, users of pharmacy services and pharmacy employees

- universities and other providers of accredited courses, and their employees; and pre-registration training sites
- concerns raised about pharmacy education and training

You can find out more about the information we use in our [privacy policy](#).

### 3. Legal background

#### The Pharmacy Order 2010

In some situations, the law says we have to publish or disclose information. The [Pharmacy Order 2010 and Rules made under the Order](#) set out the information we must publish.

Information we must publish includes:

- public registers of pharmacies, pharmacists and pharmacy technicians
- our standards
- lists of pre-registration training sites
- lists of education and training providers
- reports of accreditation visits

Under the legislation, we can publish or disclose other information in the public interest.

Article 9 of the Pharmacy Order, as amended by The Pharmacy (Premises Standards, Information Obligations, etc.) Order 2016, states that the GPhC may publish reports of routine inspections, special inspections and other visits to registered pharmacies by inspectors, and the reports may include an account of the outcomes of those inspections and visits.

Article 6 of the Pharmacy Order says that the GPhC has a duty to cooperate with other organisations involved in:

- the employment of registrants (whether or not the employment is under a contract of service)
- the education or training of registrants, prospective registrants or other health or social care professionals
- the regulation of, or the co-ordination of the regulation of, other health or social care professionals
- the regulation of health services
- the provision, supervision or management of health services

For this reason, we work with a wide variety of people, groups and organisations and may share information in the public interest. You can find [more information on this on our website](#).

The GPhC's powers and responsibilities for the registration of pharmacy premises and for enforcing certain provisions are defined in the Medicines Act 1968 and the Poisons Act 1972. Part IV and Part VIII of the Medicines Act are particularly relevant in explaining these powers.

## **Other legislation**

We may need to publish or disclose information under other laws. These include:

- Freedom of Information Act 2000
- data protection legislation, both domestic and European
- Human Rights Act 1998
- Environmental Information Regulations 2004
- laws that allow other authorities to make official requests for information
- others – including the Equalities Act 2010 and health and safety legislation, where we have certain reporting duties

We may also need to disclose information in line with judicial or court processes.

We also consider:

- Human Medicines Regulations 2012
- Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001
- Poisons Act 1972
- Veterinary Medicines Regulations 2013

## **Freedom of Information**

As part of our duties under the Freedom of Information (FOI) Act 2000, we have adopted the **model publication scheme** approved by the Information Commissioner for all health regulators. This requires publication of information such as registers of professionals and lists of approved courses, as well as information about the GPhC as an organisation, its policies and decision making. Our **Guide to Information** covers the information that we make routinely available. The scheme also sets out the circumstances under which we are not required to make information routinely available.

We must also disclose information if we receive requests for information from members of the public and others. But we do not have to do this if that information is ‘exempt’ from disclosure. This may be, for example, because it is personal information about someone else, was provided in confidence, or would adversely affect our ability to effectively carry out our regulatory work.

## **4. How we make decisions about publication or disclosure**

In other circumstances, we will decide whether or not to publish or disclose the information. In doing this, we consider our objectives and the public interest alongside the interests of the individual concerned. Because our overall objective under the Pharmacy Order is public protection, more often than not the public interest will outweigh the interests of the individual.

When making decisions on what information to publish or disclose we are committed to:

- being open, transparent and fair about the processes we use and the decisions we make to disclose information lawfully and proportionately

- meeting our legal duties to protect personal data, and meeting the common-law duty of confidentiality
- treating legitimate, commercially sensitive<sup>3</sup> information confidentially (if FOI and other legal requirements allow us to)
- publishing information in an easily accessible format when possible

We will also have regard to the **'Emerging Concerns Protocol'**, signed jointly by the GPhC and eight other organisations within health and social care in July 2018. This agreement seeks to provide a clearly defined mechanism for organisations with a role in quality and safety of care provision to share information and intelligence that may indicate risks to users of services, their carers, families or professionals.

This could include:

- situations that may not be seen as an emergency, but which may indicate future risks
- cultural issues within health and social care settings that may be noticed, but would not necessarily be raised through alternative formal systems.

## 5. The public interest

Throughout this policy and the appendices, we talk about publication or disclosure in the public interest. We consider the public interest in relation to publishing or disclosing personal information and commercially sensitive information. We consider our main objective and the relevant law, when this is appropriate, to decide whether information should be published or disclosed.

As a regulator, there is a public interest in the GPhC meeting its objectives and promoting and maintaining:

- the health, safety and wellbeing of the public
- public confidence in the pharmacy professions
- the GPhC regulatory standards

When we are considering disclosing personal information, we must keep to data protection legislation and human rights legislation.

In deciding whether or not to disclose, we must be satisfied that disclosure is:

- lawful, and meets one of the conditions for processing given in data protection legislation, and including it is necessary
- needed to allow us to carry out our statutory and regulatory work under the Pharmacy Order, Rules or other relevant legislation

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<sup>3</sup> The GPhC considers that commercially sensitive information is information which is not in the public domain or publicly available. It may constitute a trade secret, disclosure of which would, or would be likely to, prejudice the commercial interests of any person (an individual, the company or any other legal entity), it may undermine the economic interest or competitive position of the owner of the information and, if disclosed, would be liable to cause real (or significant) harm to the owner or be advantageous to any rivals. It is to be noted that each scenario will be considered on a case by case basis and applied against the working definition of the term.

If it is, we then need to consider whether disclosure is justifiable. Is it in the public interest to disclose, compared to and balanced with the individual's right to privacy under data protection legislation, human rights legislation and the common-law duty of confidentiality? When considering this, we take into account:

- any specific or implied legal power allowing us to disclose or publish
- the nature, purpose and quality of the information
- how appropriate and necessary it is to disclose or publish the information
- the impact of disclosure, including the potential for damage or distress to the individual/organisation
- the potential harm that may be caused if we do not disclose the information

We must make sure we keep to the data protection principles – for example, the information we disclose must be limited to what is needed to achieve the overriding lawful purpose of the disclosure.

We consider the public interest when:

- employers of pharmacy professionals, or other agencies involved in recruitment, ask us for personal information about their employees, and
- other public authorities ask us to disclose personal information. For example, NHS organisations may ask us for information to establish the professional standing of a registrant

When we consider disclosing commercially sensitive information, we also consider the public interest against the commercial interests of the business concerned. The provider may point out or highlight commercially sensitive material to us. However, we have the final decision on whether to publish or disclose, and the information may be covered by FOI or other legal requirements.

We do not usually publish or disclose information about ongoing investigations, unless we consider it to be in the public interest and proportionate in the circumstances. This is because we would not want to publish or disclose information when there is a risk that it might prejudice or adversely affect an investigation by the GPhC or another organisation.

## **6. Evaluation, review and sign-off**

This policy, and associated appendices, have been agreed by relevant departmental directors.

We will regularly review the appendices, either individually or collectively, to:

- take account of changes to legislation and case law
- make sure it stays 'fit for purpose' and accessible to all stakeholders.

## **7. More information and contact details**

The GPhC is the data controller for the personal information it collects about registrants and other individuals. Our [\*\*privacy policy\*\*](#) gives more details about how we use information and about your rights under data protection legislation. If you have any questions or concerns about your information, please contact:

Data Protection Officer

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**GPHC0034 Version 4**

General Pharmaceutical Council  
25 Canada Square  
London  
E14 5LQ

Email: [foi@pharmacyregulation.org](mailto:foi@pharmacyregulation.org)  
Phone: 020 3713 8000

If you want to make a request for information that is not published under this policy, we publish information about **making a Freedom of Information (FOI) request on our website**, or you can contact us using the contact details above. We consider all requests under established FOI procedures and use the principles in section 5 of this policy to decide on the public interest in disclosing information.

## Appendix A: Publication and disclosure guidance – individuals (fitness to practise)

### A.1 Introduction and purpose

This appendix sets out our approach to the publication and disclosure of fitness to practise information about individuals. This includes:

- individuals who are registered as a pharmacy professional (known as ‘registrants’)
- other individuals, including people who raise a concern, witnesses, employers, patients and pharmacy users

The appendix is concerned with what we publish online on our public register and website, and what we may disclose at different stages of the fitness to practise process. It should be read and considered alongside the main policy.

#### 1. Our fitness to practise process

We carefully review and assess all concerns that are raised with us, and we consider whether we need to begin an investigation. We investigate concerns only if they could suggest there is a risk to patient safety or could affect public confidence in pharmacy professionals. The concerns we investigate may also, depending on the nature of the concern, be considered by an independent committee. You can find [more information](#) on our website.

#### 2. The legal background

We publish information throughout the fitness to practise process when it is lawful, proportionate, in the public interest to do so and our own legislation allows us to. Examples of this information are the decisions made by our statutory committees. Also, under Article 50 of the Pharmacy Order 2010, we may disclose fitness to practise information about individual registrants in the public interest. For example, we may disclose information in response to a request from an employer about a registrant.

### A.2 How we publish fitness to practise information

#### 3. Our online register

Under Article 19(7) of the Pharmacy Order, we have to publish information from our register. We publish this information as an online register, which contains details of pharmacists, pharmacy technicians and pharmacy premises. It also includes current and historical fitness to practise information. The nature of this information and the length of time it is published for are set out in table 1 below.

The online register shows all current registrants and ones who are suspended or removed from the register by the Fitness to Practise Committee. It does not show the names of individuals whose registration we have administratively removed, or those who have voluntarily removed themselves from the register.

#### 4. Our website

As well as publishing the register, we use our website to ensure transparency around fitness to practise hearings and decisions. How we use the website to publish this information and what information we publish is set out below.

We publish a **searchable list of hearing determinations** of principal hearings of the Fitness to Practise Committee. A determination document includes the committee's decision on the sanction given, and their reasons for the decision. This stays on our website for 12 months in any case where a registrant's fitness to practise is impaired. We list the most recent decisions of the Fitness to Practise Committee, except when the matter relates to a registrant's health or an interim order or other private hearings.

Published decisions remain accessible from a link on the online register entry for a particular registrant for the periods set out in the table below. We also publish the outcomes of recent fitness to practise hearings in our regular **'online publication 'Regulate'**.

We will also include decisions of the Appeals Committee in the list (public hearings only). You can find more information on **the Appeals Committee** on our website.

We publish decisions in all cases where a registrant's fitness to practise is impaired. If the committee decides that the registrant's fitness to practise is not impaired, and a warning has not been given, the decision will be published for a period of three months, but only if the registrant asks for or consents to publication under Article 54 (5).

We do not publish full transcripts from hearings. We will consider any requests for these under the terms of the Freedom of Information Act or the subject access provisions of data protection legislation. We may make a charge, in line with the FOI fees rules.

#### 5. The hearings schedule

For the most serious concerns there may be a hearing. You can find more details on **what happens at a hearing** on our website. We put the details of a hearing on the public schedule on our website, once the date is agreed and the notice has been issued. The schedule shows the name of the registrant, their registration number and postal town, and a summary of the concern or the nature of the hearing. The details are published at least 28 days before the hearing, and stay on the schedule until the end of the month the hearing takes place. Cancelled or postponed hearings are removed from the schedule.

### A.3 Publication and disclosure of fitness to practise information about individuals

We publish and disclose information throughout the fitness to practise process when it is lawful, proportionate, in the public interest to do so and our own legislation allows us to.

#### 6. During an investigation

We do not routinely publish information about ongoing investigations, unless we consider it to be in the public interest.

We tell the registrant that we have received a concern about their fitness to practise. We may also tell their employer if it is in the public interest to do so. Unless the person that raised the concern

agrees to be identified, we may not share information with the employer or registrant that would identify them.

We will not tell the registrant we have received a concern if doing this would prejudice or adversely affect our, or another organisation's investigation.

We will not routinely disclose, to the person that raised the concern, the registrant's response to any request for information. However, we may disclose this on a 'case-by-case' basis if we feel it is correct under the general principles of 'procedural fairness'<sup>4</sup>. If a third party asks to see the registrant's response to allegations, we will consider this also on a case-by-case basis. Before we disclose this information, we will ask for the registrant's consent to disclose it. However, in some cases we may still disclose it when we have not been able to get consent. This may happen if there is a public interest, especially if it is concerning public safety.

We will not disclose information or personal details not relevant to the case.

We make sure that everyone relevant to the case is updated as the case progresses: that is, the person who reported the concern, and the registrant and their employers.

We tell the registrant and the people who reported the concern what the outcome of the investigation was. We also tell all known present employers, and the other relevant agencies that we told about the investigation.

Once a case has been referred to the Investigating Committee (IC), we will disclose this to:

- the individual or organisation who made the allegation
- the registrant's employer
- anyone else who has engaged the registrant to provide services
- the Secretary of State, the Scottish Ministers, and the Welsh Ministers<sup>5</sup>
- the Department of Health, Social Services and Public Safety in Northern Ireland, if the registrant is also registered with the Pharmaceutical Society of Northern Ireland<sup>6</sup>, and
- any other health or social care regulator who we know the registrant has dual registration with

We tell the registrant and those listed above about the outcome of the IC meeting.

We disclose information about an investigation to employers, and when appropriate, employment (or locum) agencies, if we consider this to be in the public interest. We would do this, for example, when the issues being investigated give rise to immediate concerns about patient or public safety. We do not disclose information to employers or employment (locum) agencies without the registrant's consent, unless it is in the public interest.

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<sup>4</sup> *Henshall v General Medical Council* [2005] EWCA Civ 1520 – panels should generally not consider evidence where complainants should have had the opportunity to respond but have not been given that opportunity.

<sup>5</sup> Article 52 Pharmacy Order 2010

<sup>6</sup> Article 52 Pharmacy Order 2010

## 7. The Investigating Committee (IC)

The IC is an independent statutory committee. All members of the IC are bound by confidentiality provisions.

The IC meets in private. You can find [more information about the IC and IC meetings](#) on our website. We do not publish a record of the meeting, or the details of and reasons for a decision. We only publish certain outcomes of the IC, including:

- when the outcome is a warning – the fact that a registrant has been given a warning by the IC will appear on the online register<sup>7</sup>
- when undertakings have been agreed – the fact that a registrant has agreed undertakings will appear on the online register

Once the IC has decided to close a case, we will tell the registrant, and the people or groups we told about the IC meeting, about the outcome.

If an allegation is to be considered by the Fitness to Practise Committee, we tell the registrant and the people or groups we told about the IC meeting. We also tell them the date of the meeting.

## 8. The Fitness to Practise Committee (FtPC)

The committee usually meets in public. However, there are some occasions when it meets in private or will go into private session – for example, to consider health matters. We will generally publish information on our website and online register about all FtPC outcomes. However, if any private matters or sensitive information are involved, these decisions will not be published or will be published in redacted (edited) form. You can find [more information about the FtPC and its meetings](#) on our website.

After the FtPC has met, we will tell the people or groups that we have kept updated throughout the process about the outcome.

The Registrar will tell the registrant, and when applicable the person who reported the concern, about the outcome<sup>8</sup>.

As well as the information we publish on the register and our website, we may give more information to employers and a limited number of relevant bodies, such as other regulators.

If we do not publish the details of a finding, we may disclose these on a case-by-case basis taking account of the public interest and data protection legislation.

We will consider any requests by interested parties for fitness to practise information that is not, or is no longer, published, in the context of the public interest as described above.

Where the committee finds no impairment of fitness to practise, and no warning has been issued, the GPhC will only publish the outcome of a hearing at the request of the registrant, or where consent has been sought by GPhC and received from the registrant concerned. If the registrant requests publication, or GPhC receives consent, then the determination will be published on the

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<sup>7</sup> The length of time that this, and other sanctions mentioned throughout the guidance, will remain on the online register is set out in table 1

<sup>8</sup> Article 54(5)(b) Pharmacy Order

GPhC website for a period of 12 weeks. We will routinely ask registrants if they wish the determination to be published in such cases.

In the event that the registrant does not wish the outcome of the hearing be published, then all reference to the hearing will be removed from the website. All requests for information relating to cases where there was a finding of no impairment will be considered under established FOI disclosure procedures. This approach is both fair to the registrant and adheres to our legislative provisions.

**9. Publication of information on the online register**

What is published, the level of detail published and the length of time it remains publicly available must be proportionate. It must strike a reasonable balance between the public interest and fairness to everyone involved in the process. For that reason, the information set out above will usually be removed from the GPhC website within the timescales shown below.

If a registrant receives a sanction, their status on the register will be amended for the duration of the sanction. The accompanying information will remain on the register for an extra period after the end of the sanction. Each sanction will remain on the register for a specific time in line with the seriousness of the sanction.

There may be circumstances when a registrant has conditions imposed on their registration at a review hearing, before returning to the register after a period of suspension. If so, each outcome will be treated individually using the publication periods set out in the table below.

*Table 1. Publication timelines – individuals (FtP)*

<b>Outcome</b>	<b>How ‘status’ will appear on the online register for the duration of the sanction</b>	<b>How the accompanying information will be presented</b>	<b>Length of time ‘fitness to practise’ information will remain on the online register</b>
Warning from the IC	‘Registered’	Fact of warning published	1 year
Warning from the FtPC <sup>9</sup>	‘Registered’	With the determination or summary attached	1 year
Undertaking from the IC	‘Registered’	Fact of undertaking	Duration of the undertaking plus 1 year
Undertaking from the FtPC	‘Registered’	With the determination or summary published	Duration of the undertaking plus 1 year
Conditions	‘Registered’	With the determination or summary published	Duration of the conditions plus 1 year
Suspension	‘Suspended’	With the determination or summary attached	Duration of the suspension plus 2 years

<sup>9</sup> Includes warnings where no impairment is found

Outcome	How 'status' will appear on the online register for the duration of the sanction	How the accompanying information will be presented	Length of time 'fitness to practise' information will remain on the online register
Removed by the FtPC*	'Erased'	The determination or summary is published, including details of any interim measures	5 years from when the decision comes into effect
Restoration (or re-admittance**) to the register following removal by the FtPC	'Registered'	With the determination of the restoration hearing or summary attached	5 years from the date of restoration
Interim order from the FtPC	'Suspended'	With the summary attached	Duration of the order
Interim order with conditions from the FtPC	'Registered'	With the summary attached	Duration of the order

\*After 10 years the person's entry on the register will be removed.

\*\*Re-admittance to the register only applies to people who were removed by a committee of the Royal Pharmaceutical Society of Great Britain.<sup>10</sup>

The Fitness to Practise Committee may impose interim measures if it has made a direction for removal from the register, suspension or conditional entry on the register. It may impose interim measures if it is satisfied they are needed to protect the public, or are otherwise in the public interest or in the interests of the registrant. Any interim measures will take effect immediately and can cover the 28-day 'appeal period'. If the registrant appeals against the decision, they will stay in force until that appeal is decided.

If an appeal is successful, we will remove all reference to the case from the register and our website.

If a restoration application is successful, their status on the register will be 'registered', and we will publish the determination or summary from the restoration hearing on the person's register entry.

If a restoration application, made within 10 years of removal, is unsuccessful – that is, the registrant is not restored – their status on the register remains as 'erased'. We only publish the determination in the searchable determinations list for one year. If an application is made after 10 years of removal, and is unsuccessful, as there will be no entry on the register, we will only publish the determination in the searchable determinations list for one year.

<sup>10</sup> The removal would have taken place before the formation of the GPhC in 2010.

Once 10 years have passed since the date of removal, the entire online entry for that former registrant will be removed.

All determinations or summaries published on the register may be redacted to remove sensitive information – for example, a registrant’s address or the health-related aspects of the case.

Review hearing decisions are published on the person’s register entry regardless of the outcome of the hearing.

## **A.4 Sharing information with other bodies**

### **10. Disclosure to European member state competent authorities and other regulators**

We will disclose information about fitness to practise matters to other European member states’ competent authorities in line with current procedure. We may disclose relevant information to requests from other competent authorities if it is in the public interest and lawful for us to do so.

We also share information with UK public authorities and with other regulators worldwide where it is in the public interest and lawful to do so.

Pharmacists currently registered in Great Britain who wish to apply for registration to practise in another country will usually require the GPhC to send a certificate of current professional status and fitness to practise history (CCPS) to the relevant registration and/or regulatory authority. If you have previously been the subject of a fitness to practise allegation, a summary of the case and the outcome of the investigation or hearing will be disclosed in the CCPS. Any fitness to practise information that we intend to disclose in the CCPS will, in the first place, be sent to you for consent. Further information is available [on our website](#).

### **11. Barring authorities**

We notify the Disclosure and Barring Service (DBS) or Disclosure Scotland (DS), and other relevant bodies, about relevant cases and in line with the established legal framework. You can find more information about [what we refer and disclose to DBS and DS](#) on our website. We do not disclose information about whether the registrant is on any barred list.

## **A.5 Others involved in the process**

### **12. The person raising a concern and witnesses**

When a person raises a concern we usually give details of the concern and the person who raised it to the following (unless there are reasons not to disclose):

- the person, people or company the concern is about
- their employer
- their legal representatives
- other relevant agencies or public bodies

We will never give the contact details of the person raising the concern to the person, people or organisation the concern is about.

We redact (edit) information about vulnerable witnesses and minors unless there are compelling reasons to publish or disclose. The names of other witnesses, including professional witnesses, are not usually redacted.

### **13. Patient information**

In line with NHS confidentiality guidance, we remove patient-identifiable data from information that is published or disclosed unless there is a particular need to include it. When sharing information, we will disclose data that can be linked to a patient who can be identified only when there is a specific or necessary reason, in line with data protection legislation. In other circumstances, patient information will be:

- made anonymous, or
- pseudonymised (individuals cannot reasonably be identified from the information without a key, but it allows information about different people to be distinguished – for example, to identify several witnesses at a time)

If we consider it necessary to share data that can be linked to an identifiable patient, we will contact the other organisation to discuss the matter before the data is shared. We will usually only share patient-identifiable information once we have got the consent of the patient or their representative, when it is reasonable to get this. This is to make sure we keep to data protection legislation and the common-law duty of confidentiality.

## Appendix B: Publication and disclosure guidance – registered pharmacies

### B.1 Introduction and purpose

This appendix sets out our approach to the publication and disclosure of inspection and enforcement information relating to registered pharmacy premises.

The appendix is concerned with what we publish online on our public register and website, and what we may disclose at other times. It should be read and considered alongside the main policy.

### B.2 How we publish inspection information

#### 1. Our inspection process

We carry out three different types of inspection – routine, intelligence-led and themed inspections.

The purpose of our routine and intelligence-led inspections is to assess whether registered pharmacies are meeting our **regulatory standards**. When a pharmacy has failed one or more standards, it will be issued with an improvement action plan that the owner would need to complete within a set period of time.

A re-inspection will follow at six months from the date when the final inspection report was sent to the pharmacy owner. At the six-month inspection, the inspector will visit the pharmacy again to assess whether the pharmacy is meeting the standards, and to make sure that the improvements are being sustained. If that is the case, then we will issue an updated report with the new overall outcome showing that the pharmacy has met all of the standards.

Our themed inspections will involve visiting a selection of pharmacies to focus on specific themes or issues in more depth.

You can find **more information about our inspection process** on our website.

#### 2. The legal background

We have the power to publish the reports and outcomes of our inspections.<sup>11</sup>

#### 3. Our website and online register

We will publish reports of our routine, intelligence-led and themed<sup>12</sup> inspections<sup>13</sup>. We will also publish the outcomes of these inspections, as well as improvement action plans issued to pharmacies, where applicable.

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<sup>11</sup> Article 9 of Pharmacy Order 2010, as amended by the Pharmacy (Premises Standards, Information Obligations, etc.) Order 2016

<sup>12</sup> We do not intend to routinely identify pharmacies in our themed inspection reports.

<sup>13</sup> Article 9 of Pharmacy Order 2010, as amended (see above)

These will be published on our inspection publication website<sup>14</sup> and reports on individual pharmacies will be accessible via the individual pharmacy's entry on the GPhC online register.

On the inspection publication website, each pharmacy will have its own dedicated page, where a summary inspection report can be accessed, alongside a link to the detailed evidence report. This page will also provide a link to the improvement action plan, where applicable, and previous reports, in line with this policy.

## **B.3 How we publish enforcement information**

### **4. Our enforcement powers**

We have a number of different enforcement options available to us to secure compliance with our standards. These range from improvement action plans to statutory enforcement powers, including improvement notices and conditions on registered pharmacy premises.

Our enforcement options can be used at any stage and do not necessarily happen in the order presented below. In some cases, we may decide to use a combination of enforcement options.

For more information on our enforcement powers and the enforcement options available to us, please consult our [enforcement policy](#).

### **5. Legal background**

Our statutory enforcement powers are set out in the Medicines Act 1968 and the Pharmacy Order 2010, as amended by The Pharmacy (Premises Standards, Information Obligations, etc.) Order 2016.

### **6. Range of enforcement options**

#### **i. Improvement action plans**

Generally, we use improvement action plans as our first response to failures to meet our standards for registered pharmacies.

If one or more standards are not being met, and there is no immediate risk to the public or patients, we require pharmacy owners to develop an improvement action plan, setting out what they will do, within a set time, to put right the issues and meet the standards.

We follow up with these pharmacies to make sure they make the improvements needed and that the standards are fully met.

Where an action plan is not completed within the time given, or the pharmacy owner has made no attempt to comply with the action plan after repeated reminders, we consider other enforcement options, including the use of statutory enforcement powers.

#### **ii. Conditions on registration**

Registered pharmacies can have conditions attached to their registration. We have legal powers to impose conditions on specific pharmacy premises when this is necessary for the

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<sup>14</sup> This website will be separate from the GPhC main website, but it will be accessible through that.

purpose of securing the safe and effective practice of pharmacy at those premises<sup>15</sup>. We can impose conditions on making the premises entry or subsequently (whether on renewal of the premises entry or otherwise).

Imposing, varying or revoking conditions of registration is a flexible enforcement process that we can use in a variety of different ways to ensure that pharmacy owners are meeting the standards and providing safe and effective care. Conditions may be used to restrict risky or unsafe activities or practices.

A failure to comply with conditions relating to the standards can lead to an improvement notice being issued.

### iii. Improvement notices

We have legal powers to serve an improvement notice when our inspectors have reasonable grounds for believing there is a failure to meet the standards for registered pharmacies, or a failure to meet conditions relating to the standards<sup>16</sup>.

We will consider using an improvement notice if we decide that it is likely to result in the pharmacy owner addressing the matters of concern within an acceptable timescale. We will give pharmacy owners at least 28 days from the date the improvement notice is served. When we serve an improvement notice, the inspector will contact the pharmacy owner to discuss how they can comply.

When we are satisfied that the relevant action has been taken, the improvement notice will be withdrawn and the pharmacy owner will be notified in writing.

If a pharmacy owner fails to comply with the improvement notice, the matter must be referred to the Fitness to Practise Committee for consideration as a disqualification case<sup>17</sup>.

## 7. Other enforcement options

As part of our enforcement options, we can also:

- **disqualify a pharmacy owner for failing to meet the standards and remove all premises entries from the register**<sup>18</sup>. The legal test to apply this sanction, where registered pharmacy standards are not met, is whether the pharmacy owner is unfit to carry on the retail pharmacy business safely and effectively, so far as concerns the retail sale of medicinal products (whether they are on a general sale list or not) or the supply of such products in circumstances corresponding to retail sale. These decisions are made by the Fitness to Practise Committee.
- **remove one or more premises entries from the register** if the Fitness to Practise Committee is satisfied that the pharmacy owner is unfit to carry on the retail pharmacy business safely and effectively. Again, the legal test to apply this sanction, where registered pharmacy standards are not met, is whether the pharmacy owner is unfit to carry on the retail pharmacy business

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<sup>15</sup> Section 74D of the Medicines Act 1968

<sup>16</sup> Article 13 of the Pharmacy Order 2010

<sup>17</sup> Article 14 of the Pharmacy Order 2010

<sup>18</sup> Section 80 of the Medicines Act 1968

safely and effectively, as set out above. These decisions are also made by the Fitness to Practise Committee.

- **suspend one or more premises entries pending a full hearing of a case against a pharmacy owner**<sup>19</sup> or prior to a disqualification decision or removal direction taking effect (the decision will only take effect after the time for bringing an appeal has passed, or if an appeal is brought, until the appeal is heard)<sup>20</sup>. These powers are only exercisable where the Fitness to Practise Committee is satisfied that it is necessary for the protection of the public or otherwise in the public interest<sup>21</sup>.

## 8. Our website and online register

Under Article 19(7) of the Pharmacy Order we have to publish information from our register. We publish this information as an online register on our website, which contains details of pharmacists, pharmacy technicians and pharmacy premises.

As well as publishing the register, we use our website to ensure transparency around any enforcement action we have taken against registered pharmacies and pharmacy owners. More information regarding the specific pharmacy will be available on our inspection publication website.

## B.4 Publication and disclosure of inspection and enforcement information

We publish and disclose information relating to our inspections and enforcement activities in a way that is transparent, objective and proportionate and strikes a balance between the public interest and fairness to everyone involved in the process. For that reason, the information we publish will remain on the website for the timescales shown in the tables below.

We will not publish or disclose, unless appropriate, any commercially sensitive<sup>3</sup> or personal identifiable information relating to the pharmacies we inspect, apart from what is already available on our public register or in the public domain.

We will not publish or disclose, unless appropriate, any inspection or enforcement information, which could prejudice ongoing third party or GPhC investigations.

If a registered pharmacy is subject to enforcement actions, its status on the register will be amended accordingly. The accompanying information will remain on the register for a period after the term of the action expires.

Set out below are the timescales for publication of inspection and enforcement information on our website.

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<sup>19</sup> Article 56(1)(A) of the Pharmacy Order 2010

<sup>20</sup> Section 82A of the Medicines Act 1968

<sup>21</sup> Disqualification and removal directions may be given for a limited period, meaning that premises entries will be restored at the end of that period. These decisions are also made by the Fitness to Practise Committee.

Table 2. Publication timelines – inspections

Inspection publication type	Where the information will be published	How the information will be presented	Length of time information will be published
Routine inspection reports	<ul style="list-style-type: none"> <li>• Inspection publication website</li> <li>• Link via the GPhC online register</li> </ul>	<ul style="list-style-type: none"> <li>• Published on a dedicated page for each pharmacy</li> <li>• Summary report available for the pharmacy’s latest inspection, plus link to evidence report and any associated improvement action plan</li> <li>• Link to previous inspection report(s)/ improvement action plan(s) in a historical section on the dedicated pharmacy page, for the indicated time span</li> </ul>	5 years
Intelligence-led inspection reports	<ul style="list-style-type: none"> <li>• Inspection publication website</li> <li>• Link via the GPhC online register</li> </ul>	<ul style="list-style-type: none"> <li>• Published on a dedicated page for each pharmacy</li> <li>• Available via a link on the dedicated pharmacy page</li> </ul>	5 years

Table 3. Publication timelines – enforcement

Enforcement outcome	Where the information will be published	How 'status' will appear on the online register for the duration of the enforcement action	How the information will be presented	Length of time information will be published
Improvement action plans	<ul style="list-style-type: none"> <li>• Inspection publication website</li> <li>• Link via the GPhC online register</li> </ul>	'Registered'	<ul style="list-style-type: none"> <li>• Published on a dedicated page for each pharmacy</li> <li>• Available alongside associated report, where applicable</li> <li>• Available alongside previous associated report in a historical section, where applicable</li> </ul>	5 years
Conditions	<ul style="list-style-type: none"> <li>• GPhC online register</li> <li>• Inspection publication website</li> </ul>	'Registered'	<ul style="list-style-type: none"> <li>• With details published</li> <li>• Published on the dedicated pharmacy page</li> </ul>	5 years <sup>22</sup>
Improvement notices	<ul style="list-style-type: none"> <li>• GPhC online register</li> <li>• Inspection publication website</li> </ul>	'Registered'	<ul style="list-style-type: none"> <li>• With details published</li> <li>• Published on the dedicated pharmacy page</li> </ul>	5 years
Interim suspension	<ul style="list-style-type: none"> <li>• GPhC online register</li> <li>• Inspection publication website</li> </ul>	'Suspended'	<ul style="list-style-type: none"> <li>• With details published</li> <li>• Published on the dedicated pharmacy page</li> </ul>	5 years
Removal of one or more	GPhC main website	'Premises removed'	<ul style="list-style-type: none"> <li>• Published on a dedicated page displaying pharmacy</li> </ul>	5 years from when the decision

<sup>22</sup> Unless condition is still live after this period. Note that conditions are not always time-limited.

Enforcement outcome	Where the information will be published	How 'status' will appear on the online register for the duration of the enforcement action	How the information will be presented	Length of time information will be published
premises by the FtPC			<p>premises removed from the GPhC online register and disqualified pharmacy owners.</p> <ul style="list-style-type: none"> <li>The determination or summary is published, including details of any interim measures.</li> </ul>	comes into effect
Disqualification of pharmacy owner and removal of all premises by the FtPC	GPhC main website	'Owner disqualified' 'Premises removed'	<ul style="list-style-type: none"> <li>Published on a dedicated page displaying pharmacy premises removed from the GPhC online register and disqualified pharmacy owners</li> <li>The determination or summary is published, including details of any interim measures.</li> </ul>	5 years from when the decision comes into effect

We will not publish or disclose, unless appropriate, Fitness to Practise Committee determinations about an owner, where the hearing has been held in private, for example to consider health matters. In these cases, we will publish a redacted (edited) version of the determination, or a summary.

Where the committee finds that the owner is not unfit to carry on the retail pharmacy business safely and effectively, the GPhC will only publish or disclose the determination in cases where the owner requests it to be disclosed or where they consent to it being disclosed. If the owner requests publication, or the GPhC receives consent, then the determination will be published on the GPhC website for a period of 12 weeks. All requests for information relating to cases where there was a finding of 'not unfit' in relation to the owner, will be considered under established FOI disclosure procedures. This approach is both fair to the owner and adheres to our legislative provisions<sup>23</sup>.

<sup>23</sup> Article 54(5)(c) of the Pharmacy Order 2010

## B.5 Sharing information with other bodies

We work together with other healthcare regulators and other relevant stakeholders to share intelligence, information and examples of good practice.

We have set up Memoranda of Understanding (MOUs) with a number of organisations, setting out how we will share information and intelligence and what we will do to avoid duplicating work. These organisations include the Care Inspectorate, the Care Quality Commission, Healthcare Inspectorate Wales, the Medicines and Healthcare products Regulatory Agency, NHS England and the Veterinary Medicines Directorate, among others. You can view **[a full list of these organisations on our website](#)**.

In some cases, it would be appropriate or necessary to carry out joint inspections with other partner organisations, in which case we would share information and intelligence relevant to the specific case.

We will include details on pharmacies subject to enforcement action as part of a regular press release to regulators, the media and other organisations.

## Appendix C: Publication and disclosure guidance – education

### C.1 Introduction and purpose

This appendix sets out our approach to the publication and disclosure of education-related information.

It is concerned with what we publish online on our public register and website, and what we may disclose at other times. It should be read and considered alongside the main policy.

### C.2 How we publish education information

#### 1. Our role in education and training

Our responsibilities in relation to the education and training of pharmacy professionals and the wider pharmacy team include:

- setting the standards of initial education and training for **pharmacists, pharmacy technicians and pharmacist independent prescribers**
- setting the **training requirements** for pharmacy support staff
- **approving (accrediting and recognising) pharmacy courses** leading to registration and annotation
- setting out the outcomes we expect trainee pharmacists and pharmacy technicians to meet, which form part of the overall **criteria for registration as a pharmacist and as a pharmacy technician**
- **accrediting pre-registration training sites** and **assessing the suitability of pre-registration pharmacist tutors**
- setting the national **registration assessment** to test the knowledge and skills of preregistration trainee pharmacists. Passing the registration assessment is one of the eligibility criteria for application to become a registered pharmacist.

#### 2. The legal background

The GPhC is required by legislation to set standards for the education, training and continuing professional development necessary for pharmacists and pharmacy technicians to enter and remain on the GPhC Register, as well as to receive an annotation<sup>24</sup>.

#### 3. Our website and online register

Under Article 42(7) of the Pharmacy Order 2010, we have to publish and maintain a list of the approved courses of education and training, qualifications, institutions and other providers.

We publish this information **on our website**, alongside our education and training requirements for pharmacy professionals and the pharmacy team, as well as the detail on our approval process for education and training providers.

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<sup>24</sup> Article 4(3)(c) of the Pharmacy Order 2010

We also publish information on the outcome of our registration assessments<sup>25</sup> in the form of a press release on our website, as well as a feedback paper with our overall analysis of student performance.

### C.3 Publication and disclosure of education-related information

We publish and disclose information relating to our education-related functions in a way that is transparent, objective and proportionate and strikes a balance between the public interest and fairness to everyone involved in the process. For that reason, the information we publish will remain on the website for the timescales shown in the tables below.

We will not publish or disclose, unless appropriate, any personal identifiable information relating to our accreditation activities, apart from the names of individuals involved in accreditation/reaccreditation visits, as part of our quality assurance accreditation/reaccreditation reports.

We will not publish or disclose, unless appropriate, any personal identifiable information relating to pre-registration training sites, apart from the information which is already available on our public register.

Set out below are the timescales for publication of education-related information on our website.

Table 4. Publication timelines – Education

Publication type	Where the information will be published	How the information will be presented	Length of time information will be published
Approved providers of education and training	Published on the GPhC website	<ul style="list-style-type: none"> <li>List of currently approved education and training providers by programme, displaying their hyperlinked names, leading to additional information on their current accreditation period, accreditation reports and official correspondence, as well as a link to their website</li> <li>Previously accredited programme providers are listed by name only in downloadable PDF documents</li> </ul>	<p>For as long as the education and training providers continue to be accredited</p> <p>After that included only by name in the list of previously accredited programme providers</p>
Approved pre-registration pharmacist training sites	Published on the GPhC website	<ul style="list-style-type: none"> <li>Presented as a searchable database to check if a</li> </ul>	For as long as the premises continues to operate as an approved

<sup>25</sup> There are two registration assessment sittings each year – one in June and one in September.

Publication type	Where the information will be published	How the information will be presented	Length of time information will be published
		<p>premises takes pre-registration trainees</p> <ul style="list-style-type: none"> <li>The available information includes: the training premises name and address, the pharmacy owner, any notices or conditions that the pharmacy may be subject to, and the expiry date of their approval</li> </ul>	pre-registration training site
Accreditation/reaccreditation reports	Published on the GPhC website	<ul style="list-style-type: none"> <li>Reports of the most recent accreditation/reaccreditation/interim/monitoring visit<sup>26</sup> are presented as PDF files for each of the institutions providing any of the accredited types of courses<sup>27</sup></li> <li>The reports include: <ul style="list-style-type: none"> <li>Dates and times the visit happened</li> <li>Names of the accreditation team in attendance</li> <li>Names of the GPhC representatives</li> <li>Name of course contact</li> <li>Names of observers</li> </ul> </li> </ul>	Until the next visit of that type takes place

<sup>26</sup> As per the Pharmacy Order, reports are published of all recent visits, regardless of the outcome. For education providers failing to meet certain criteria, the reports contain explanation of why this is so.

<sup>27</sup> Currently these include: MPharm degrees, Overseas Pharmacists' Assessment Programme (OSPAP) courses, Pharmacy Foundation degrees, Independent prescribing programmes, Pharmacy technician courses, Dispensing/pharmacy assistant courses, Medicines counter assistant courses.

Publication type	Where the information will be published	How the information will be presented	Length of time information will be published
		<ul style="list-style-type: none"> <li>– Names of rapporteurs</li> <li>– Information on pre-existing links between academic staff at Universities, where applicable</li> <li>– The GPhC’s conclusions and advice to the education provider</li> <li>• The GPhC website lists accreditation panel and Rapporteurs names and a small bio is provided for each member</li> </ul>	
Registration assessment reports	Published on the GPhC website	<ul style="list-style-type: none"> <li>• Typically published as part of GPhC Council papers</li> <li>• The reports name the individual schools of pharmacy along with their pass rates. They include analysis of their overall performance at the assessment, as well as the aggregated performance of candidates, grouped by age, sex, ethnicity, country and sector placement.</li> <li>• No personal identifiable information is included in the reports</li> </ul>	For as long as the Council papers remain published

#### C.4 Sharing information with other bodies

We work together with different stakeholders across Great Britain and beyond to share intelligence, information and insights, with the aim of improving the education and training with pharmacy professionals and the wider pharmacy team, as well as protecting patients and users of pharmacy services.

## GPhC publication and disclosure policy

### GPHC0034 Version 4

We hold Memoranda of Understanding (MOUs) with a number of organisations, setting out how we will share information and intelligence and what we will do to avoid duplicating work. The list includes national organisations responsible for healthcare education. You can view **a full list of these organisations on our website**.

We use personal data to analyse and review different aspects of our work as a regulator and in the public interest. This includes using data we collect about registered pharmacy professionals, pharmacy owners, applications to register, pre-registration training, education, fitness to practise and revalidation. We publish **research on our website**, but do not identify individuals in reports, unless they have given specific consent.

From time to time we commission third parties to carry out research into specific areas of our work. In such cases we would share relevant information with them to enable them to carry out surveys or for analysis purposes. We anonymise data where it is not necessary to share identifiable information. We make sure that any such third parties sign an agreement which includes confidentiality and data protection clauses.

## Appendix D: Publication and disclosure guidance – the Register

### 1. The legal background

Under Article 19 of the Pharmacy Order, we must establish and maintain a register of pharmacists and pharmacy technicians and, for the purposes of section 74A of the Medicines Act 1968 (registration of premises: Great Britain), we must also maintain a register of pharmacy premises in Great Britain.

In addition, Article 34 of the Pharmacy Order states that the GPhC may enter pharmacy professionals in Parts 1 and 2 of the Register in the case of emergencies involving loss of human life or human illness etc., if we consider that they are fit, proper and suitably experienced persons to be so entered with regard to that emergency.

In line with sections 74J and 74K of the Medicines Act, which also refer to emergencies involving loss of human life or human illness etc., we may enter and/or annotate premises in Part 3 of the register, with regard to that emergency.

The Order, under Article 19(2), stipulates that the GPhC register is divided into 5 parts:

- Part 1, relating to pharmacists other than visiting practitioners
- Part 2, relating to pharmacy technicians other than visiting practitioners
- Part 3, relating to pharmacy premises
- Part 4, relating to pharmacists who are visiting practitioners
- Part 5, relating to pharmacy technicians who are visiting practitioners.

Article 19(6) gives us the flexibility to determine the information contained in the lists of pharmacists, pharmacy technicians and pharmacy premises.

Under Article 19(7) of the Pharmacy Order, we have to publish the information from our register, contained in the respective lists.

### 2. Pharmacists

In relation to pharmacists (Part 1 of the Register), we publish the following information on our website:

- their surname
- their forenames
- their postal Town
- any annotations they may have<sup>2, 28</sup>

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<sup>28</sup> Annotations are published for as long as the annotation is in place. Annotations may be removed voluntarily by a registrant, as a result of administrative removal, as a result of revalidation processes, or through a fitness to practise determination.

- whether they are a superintendent<sup>29</sup>
- their GPhC registration number<sup>30</sup>
- their registration status<sup>31</sup>
- the expiry date of their registration<sup>32</sup>
- any applicable Fitness to practise information<sup>33</sup>

### **3. Pharmacy technicians**

In relation to pharmacy technicians (Part 2 of the Register), we publish the following information on our website:

- their surname
- their forenames
- their postal town
- their GPhC registration number<sup>3030</sup>
- their registration status<sup>31</sup>
- the expiry date of their registration<sup>32</sup>
- any applicable Fitness to practise information<sup>33</sup>

### **4. Pharmacies**

In relation to registered pharmacy premises (Part 3 of the Register), we publish the following information on our website:

- their trading name
- the Owner's name
- the pharmacy's current address
- their GPhC registration number<sup>34</sup>

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<sup>29</sup> A superintendent pharmacist takes responsibility for the way in which a company carries out its professional pharmaceutical activities.

<sup>30</sup> This number uniquely identifies each registered pharmacist/pharmacy technician.

<sup>31</sup> For further information on the registration status of individuals, please see Appendix A of this policy, setting out the information we publish with regard to pharmacy professionals' fitness to practise.

<sup>32</sup> Pharmacists and pharmacy technicians are required to renew their registration annually, two months before the expiry date of their registration. They may practise until the expiry date of their registration, unless they are subject to a Fitness to Practise determination.

<sup>33</sup> If a pharmacist/pharmacy technician has fitness to practise information this field will be marked 'yes' and a link will be provided to information on their fitness to practise history.

<sup>34</sup> This number uniquely identifies each registered pharmacy.

- the pharmacy's registration status<sup>35</sup>
- whether they display the GPhC Internet Pharmacy Logo<sup>36</sup>
- whether there is a published inspection report for this pharmacy<sup>37</sup>
- whether they are subject to notices or conditions<sup>38</sup>
- the pharmacy's enforcement history<sup>39</sup>

## 1. Temporary and occasional service provision

Under EU legislation<sup>40</sup> EEA qualified pharmacists and pharmacy technicians can work in the UK on a temporary and occasional basis. They do not make a full application for registration as required by the General Pharmaceutical Council Registration Rules and therefore cannot be registered in either Part 1 or Part 2 of the register. Instead these pharmacists are entered in Part 4 of our register and pharmacy technicians – in Part 5.

In order to be eligible for temporary and occasional service provision, European qualified pharmacy professionals must be:

- a national of a member state of the European Economic Area (EEA) or Switzerland, or hold European Community rights
- currently established and allowed to practise as a pharmacist or pharmacy technician without restriction in another EEA country or Switzerland
- intending to be present in the UK to provide pharmacy services on both a temporary and occasional basis

We publish PDF documents with the names of pharmacy professionals entered in Parts 4 and 5 of the register under the **[Information for employers on our website](#)**.

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<sup>35</sup> For further information on the registration status of registered pharmacies, please refer to Appendix B of this policy, setting out the information we publish with regard to registered pharmacies and any enforcement action they may be subject to.

<sup>36</sup> If the pharmacy premises has applied to use the GPhC internet pharmacy logo and this has been approved, the logo should be displayed on their website.

<sup>37</sup> Inspection reports are only published for inspections that have taken place since April 2019. A 'Yes' in this column indicates that there is a published inspection report for this pharmacy, available on the pharmacy's inspection publication website.

<sup>38</sup> A 'Yes' in this column indicates that the pharmacy is currently subject to statutory enforcement action. See Appendix B for further information.

<sup>39</sup> Details of any historic enforcement action can be viewed on the pharmacy's page on the inspection publication website.

<sup>40</sup> In the UK, temporary and occasional service provision is governed by [The European Union \(Recognition of Professional Qualifications\) Regulations 2015](#), which gives effect to [Directive 2005/36/EC](#).

## **2. Searching for an entry on the GPhC Register**

The search functionality on our website allows for searches of registered pharmacists and pharmacy technicians by one of the following:

- their registration number
- their forename
- their surname

It also includes a functionality allowing to search for similar sounding surnames, if the spelling of the registrant's last name is not known.

In the case of registered pharmacies, these can be searched by:

- their GPhC registration number
- their trading name
- their town/postcode

## Appendix E: Publication and disclosure guidance – consultations

In line with Article 5 of the Pharmacy Order 2010, we must consult before setting any standards or requirements.

We publish **consultation documents on our website** in the form of PDF documents and include the analysis of the feedback we receive on our consultation proposals, or as a result of our engagement with relevant stakeholders and groups. Consultation documents are also included in GPhC Council papers.

The reports present a summary of the feedback received from individuals and organisations taking part in the consultation. These may contain figures, tables and graphs to present the results. The information is grouped by question, topic or category. It is aggregated and anonymised and no personally identifiable information is published as part of the reports. We publish the names of the organisations which responded to or engaged with the consultation. These are presented as a list in an appendix and cannot be linked to their specific contributions.

Consultation documents are published on the GPhC website for five years.

