

Registration of a new pharmacy premises

March 2018
Version 4

Send your completed application to:
Pharmacy premises – Applications to Register
Customer Service Team
General Pharmaceutical Council
25 Canada Square
London
E14 5LQ

Contact us

Phone: **0203 713 8000**
Email: **premises@pharmacyregulation.org**

Application checklist

I have included in my application for registration and completed (please tick):

- Application form (fully completed in block capitals)
- A description of the premises to which the application relates
- One set of A4 size plans of the premises layout – Please see the guidance notes for details
- A completed payment form
- A Nomination of Superintendent form is required if a Body Corporate is making this application and does not currently own registered pharmacy premises

Please ensure you have fully completed the application form and submitted the correct documentation as detailed above. If your application is incomplete or missing documentation it will be returned to you. If the application is returned to you more than once, a fee of £50 will be applicable to resubmit your application.

Please sign below to indicate that you have read and understood the application guidance notes, and that all required documents are included with this application:

Signature

Date

Introduction to this guidance

The registration guidance notes should provide you with all of the information you require to successfully complete the registration process. Please read this document carefully before contacting the General Pharmaceutical Council (GPhC) with any queries.

Registration process

The registration of a pharmacy premises will take up to 3 months to process from the point that we receive a correctly completed application (including successful payment of the correct fees). Please note that registration will only occur on the 1st and 15th of the month. Following approval from the inspector, the pharmacy will not be registered until the following 1st or 15th of the month (whichever is sooner).

Names of Directors – Body Corporate

If the GPhC does not hold a current list of Directors for the Body Corporate that is making the application it will be required that a list of all Directors be submitted with this application.

Plans

The plans you submit should:

- Identify the dimensions of the registered area (please indicate area in m²).
- Be drawn to scale.
- Identify the dimensions of the dispensary (please indicate in m²).
- Clearly show the internal layout showing the areas in which medicinal products are intended to be sold or supplied, assembled, prepared, dispensed or stored.
- Detail the postal address of the building in which the premises is situated.
- Detail any other relevant information including access points.

Payment

Both card and BACS payments are accepted, however to ensure that your application is processed more swiftly we would recommend that you pay by card.

If paying by BACS please ensure that you enter the postcode of the new pharmacy as the payment reference. If any other reference is used this may delay your application being approved.

Registerable activities

If you propose to assemble or manufacture medicines and if it is likely that these activities could constitute more than an inconsiderable part of the business of the proposed registered pharmacy then you will be required to apply to the Medicines and Healthcare products Regulatory Agency (MHRA) for the appropriate licence to cover these activities.

Pharmacy relocation

If you are completing this form as a result of a pharmacy relocation, and the pharmacy is currently approved for pre-registration training please submit an **Application for provision of pre-registration training** form with this application. This will ensure that your newly registered pharmacy will still be approved for pre-registration training.

Data protection statement

The GPhC is a data controller registered with the Information Commissioner's Office. The GPhC makes use of personal data to support its work as the regulatory body for pharmacists, pharmacy technicians and retail pharmacy premises in Great Britain. We may process your personal data for purposes including updating the register, administering and maintaining registration, processing complaints and compiling statistics.

*The GPhC will not share your personal data on a commercial basis with any third party. We may share your data with third parties to meet the GPhC's statutory aims, objectives, powers and responsibilities under the Pharmacy Order 2010, the rules made under the Order and other legislation. We may pass information to organisations with a legitimate interest including other regulatory and enforcement authorities, NHS trusts, employers and Department of Health. We may also share information with universities and research institutions for the purpose of research. We will publish pharmacists' and pharmacy technicians' fitness to practise records on our website as described in the **Publication and Disclosure Policy**.*

End of guidance notes, the application form is on the following page

For office use:

PCT _____ INSP _____

1. Details of pharmacy premises to be registered

1.1. Trading name

1.2. Address

Postcode

1.3. Date premises ready for inspection

This date should be at least 3 weeks before the intended opening date.

1.4. Proposed opening date

The proposed opening date is the date the premises will begin its registerable activities.

1.5. Proposed closing date

Temporary or exhibition premises only

2. Body Corporate/ NHS Trust making application (if applicable)

2.1. GPhC Owner number

2.2. Name of body corporate/ NHS Trust

2.3. Companies house number (if applicable)

2.4. Registered address of body corporate/ NHS trust

Postcode

2.5. (a) Superintendent name

(b) Registration number

<input type="text"/>	<input type="text"/>
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2.6. Director information

If the GPhC does not hold a current list of Directors for the Body Corporate that is making the application it will be required that a list of all Directors is submitted with this application.

Title	First Names	Surname (Family names)	GPhC Registration Number (if applicable)

Please continue on a separate sheet if necessary.

3. Sole traders or Partnership making application (if applicable)

3.1. Sole trader or First Partner GPhC registration number

3.2. Name of sole trader or First Partner

3.3. Second Partner GPhC registration number (if applicable)

3.4. Name of Second Partner (if applicable)

3.5. Sole trader's home address/ principle address of partnership

4. NHS contractual arrangements (if applicable)

4.1. Name of hospital, PCT, health board

5. Nature of business

5.1. Type of pharmacy

High Street/ Community

Hospital

Exhibition

Mail Order/ Internet

5.2. If an internet pharmacy will be operated from the premises, please enter the website address:

The GPhC is able to supply an Internet Pharmacy logo to authenticate your on-line pharmacy. If you wish to make an application for this, please see separate form 'Application for an Internet Pharmacy Logo', available on our website.

Anyone in the UK selling medicines to the public via a website also needs to be registered with the Medicines and Healthcare product Regulatory Agency (MHRA) and to be on the MHRA's list of registered online retail sellers. They also need to display the EU common logo on every page of their website offering medicines for sale. The GPhC voluntary logo will not be issued unless the website displays the EU common logo.

6. Registered pharmacy services and activities

You are required to provide details of the type of activities undertaken or to be undertaken at the premises.

Section A

The GPhC can only register a pharmacy where the owner's service model from that pharmacy includes one of the following:

1. The sale of Pharmacy (P) medicines.
2. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions. The supply of medicines against prescriptions requires the product to be labelled for a specific patient as a dispensed medicinal product.
3. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions written by veterinary practitioners for the treatment of animals under the 'cascade'.

Please indicate below the services you intend to provide from your premises.

6.1. The sale of Pharmacy (P) medicines.

Yes No

6.2. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions. The supply of medicines against prescriptions requires the product to be labelled for a specific patient as a dispensed medicinal product.

Yes No

6.3. The supply of P medicines or Prescription only medicines (POMs) against prescriptions written by veterinary practitioners for the treatment of animals under the 'cascade'.

Yes No

Section B

Please indicate below any other activities that may be undertaken at the premises. You may tick more than one box in Section B.

6.4. Pre-packing or assembly of medicines for the purpose of supply from your proposed registered pharmacy or from another registered pharmacy within the same legal entity (ownership). (e.g. breaking down bulk containers into quantities more appropriate for use against prescriptions. These pre-packs can be distributed to other registered pharmacy branches under the same ownership for their use against prescriptions.)

Yes No

6.5. To assemble and /or prepare unlicensed medicines in accordance with the limited exemption provided by Section 10 of The Medicines Act 1968. (i.e. to obtain, dispense and supply unlicensed medicines or extemporaneously prepare medicines in accordance with a prescription and/or to prepare and supply Chemist's nostrums for sale.)

Yes No

6.6. Other (please specify any other registerable activity you intend to carry out below)

Section C

In addition to meeting the registration criteria set out above in Section 6A you must also show the inspector at the pre-registration inspection visit that you will be able to meet the standards for registered pharmacies from Day 1 of operation. Please summarise below how your premises will meet the standards for registered pharmacies from Day 1. This information will be passed to the inspector. The inspector will use this information to plan the pre-registration inspection visit of your premises.

Please refer to the 'Inspection Decision Making Framework and Prototype Inspection Model – Examples of Evidence', for the sort of matters you should consider.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public.

'Governance arrangements' includes having clear definitions of the roles and accountabilities of the people involved in providing and managing pharmacy services. It also includes the arrangements for managing risks, and the way the registered pharmacy is managed and operated.

1.1 The risks associated with providing pharmacy services are identified and managed
Please summarise the risks associated with the pharmacy services you intend to provide. How will you manage these?

1.2 The safety and quality of pharmacy services are reviewed and monitored
Describe what you will do to ensure that the pharmacy services you intend to provide will be safe and how you will monitor this.

1.3 Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability
For example do you intend to employ qualified pharmacy staff or will some members of the pharmacy team be undergoing training and if so have you identified who will be responsible for training? Examples of job roles you have recruited to or intend to.

1.4 Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate
Describe how you intend to collect and review this feedback.

1.5 Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided
Provide evidence that you will have appropriate indemnity arrangements in place from Day 1

1.6 All necessary records for the safe provision of pharmacy services are kept and maintained
For example show that you will have all the required registers available for pharmacy staff to use on Day 1. Describe the sort of records you intend to keep and why they are relevant to the range of services you intend to provide and the staff you intend to recruit.

1.7 Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services
Describe how you intend to meet this standard

1.8 Children and vulnerable adults are safeguarded.
Describe how you intend to meet this standard

Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public.

The staff you employ and the people you work with are key to the safe and effective practice of pharmacy. Staff members, and anyone involved in providing pharmacy services, must be competent and empowered to safeguard the health, safety and wellbeing of patients and the public in all that they do.

2.1 There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided

Describe how you have determined the staffing levels and skill mix you require for the services you intend to provide.

2.2 Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training

Describe how you intend to meet this standard

2.3 Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public

Describe how you intend to meet this standard

2.4 There is a culture of openness, honesty and learning

Describe how you intend to meet this standard

2.5 Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services

Describe how you intend to meet this standard

2.6 Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff.

Describe how you intend to meet this standard

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public.

It is important that patients and the public receive pharmacy services from premises that are suitable for the services being provided and which protect and maintain their health, safety and wellbeing. To achieve this you must make sure that all premises where pharmacy services are provided are safe and suitable. Any associated premises, for example non-registered premises used to store medicines, must also comply with these standards where applicable.

3.1 Premises are safe, clean, properly maintained and suitable for the pharmacy services provided
Describe how you intend to meet this standard and provide a description of your premises and attach a professionally drawn plan to scale of the internal layout of the premises to be registered

3.2 Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services
Describe how you intend to meet this standard

3.3 Premises are maintained to a level of hygiene appropriate to the pharmacy services provided

Describe how you intend to meet this standard

3.4 Premises are secure and safeguarded from unauthorised access

Describe how you intend to meet this standard

3.5 Pharmacy services are provided in an environment that is appropriate for the provision of healthcare.

Describe how you intend to meet this standard

Principle 4: The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public.

'Pharmacy services' covers all pharmacy-related services provided by a registered pharmacy including the management of medicines, advice and referral, and the wide range of clinical services pharmacies provide. The management of medicines includes arrangements for obtaining, keeping, handling, using and supplying medicinal products and medical devices, as well as security and waste management. Medicines and medical devices are not ordinary commercial items. The way they are managed is fundamental to ensuring the health, safety and wellbeing of patients and the public who receive pharmacy services.

4.1 The pharmacy services provided are accessible to patients and the public
Describe how you intend to meet this standard

4.2 Pharmacy services are managed and delivered safely and effectively
Describe how you intend to meet this standard

4.3 Medicines and medical devices are:

- obtained from a reputable source
- safe and fit for purpose
- stored securely
- safeguarded from unauthorised access
- supplied to the patient safely
- disposed of safely and securely

Describe how you intend to meet this standard

4.4 Concerns are raised when it is suspected that medicines or medical devices are not fit for purpose.

Describe how you intend to meet this standard

Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public.

The availability of safe and suitable equipment and facilities is fundamental to the provision of pharmacy services and is essential if staff are to safeguard the health, safety and wellbeing of patients and the public when providing effective pharmacy services.

5.1 Equipment and facilities needed to provide pharmacy services are readily available

Describe how you intend to meet this standard

- 5.2 Equipment and facilities are:
- obtained from a reputable source
 - safe to use and fit for purpose
 - stored securely
 - safeguarded from unauthorised access
 - appropriately maintained
- Describe how you intend to meet this standard*

- 5.3 Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services.
- Describe how you intend to meet this standard*

7. Contact details of individual making the application

7.1. Name

7.2. Registration number (if applicable)

7.3. Position held in body corporate (if applicable)

7.4. Work number

Mobile number

Home number

7.5. Email address

8. Declaration

Declaration 1

This declaration is to be made by the pharmacist sole trader OR a partner who is a pharmacist OR in the case of a body corporate, a director; or in the case of a limited liability partnership a partner. The director or LLP partner must have authority to bind the body corporate/LLP. (If the director of the body corporate or partner of the LLP completing this declaration is not a pharmacist – declaration 2 must be completed by the superintendent pharmacist).

I am the person applying to register the premises, described in Part 1 and Part 2 of this form, as a pharmacy in Part 3 of the Register and I hereby declare that I am or will be a person lawfully conducting a retail pharmacy business at those premises within the meaning of Part 4 of the Medicines Act 1968. I hereby undertake to notify the Registrar should these circumstances change.

I declare that the service model from the pharmacy will include at least one of the following:

1. The sale of Pharmacy (P) medicines
2. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions
3. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions written by a veterinary practitioner for the treatment of an animal under the 'cascade'

I understand that I have a duty to inform the Registrar of any change in the service model of any of

my registered pharmacies which will affect the registration status of the pharmacy for which I am responsible, and should complete a Voluntary Removal form for any pharmacies which no longer meet the criteria for registration.

I confirm that I have read and undertake to meet the standards for registered pharmacies in respect of these premises. The standards for registered pharmacies published by the GPhC in September 2012 are available at www.pharmacyregulation.org/standards

I understand that if the application has to be returned to me for additional information more than once I am liable to pay an administration fee of £50.

If the declaration is not completed to the satisfaction of the Registrar, the Registrar may refuse to enter the premises in Part 3 of the Register.

If I am found to have given false or misleading information in connection with this application for registration, this may be treated as misconduct and may result in my removal from Part 1 of the register (if applicable) and the removal of the premises from Part 3 of the register.

Name

Registration number (if applicable)

Position held in body corporate (if applicable)

Signature

Date

Declaration 2

I declare that I am the superintendent pharmacist of the body corporate and that the information provided in this application for registration is complete, true and accurate. I hereby undertake to notify the Registrar should these circumstances change.

I declare that the service model from the pharmacy will include at least one of the following:

1. The sale of Pharmacy (P) medicines
2. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions
3. The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions written by a veterinary practitioner for the treatment of an animal under the 'cascade'

I understand that I have a duty to inform the Registrar of any change in the service model of any of my registered pharmacies which will affect the registration status of the pharmacy for which I am responsible, and should complete a Voluntary Removal form for any pharmacies which no longer meet the criteria for registration.

I confirm that I have read and undertake to meet the standards for registered pharmacies in respect of these premises. The standards for registered pharmacies published by the GPhC in September 2012 are available at www.pharmacyregulation.org/standards

I understand that if the declaration is not completed to the satisfaction of the Registrar, the Registrar may refuse to enter the premises in Part 3 of the Register.

I understand that if it is found that the information given in this application for registration is false or misleading, this may be treated as misconduct, which may result in my removal from the Register.

I understand that I have a duty to inform you if I cease to act in the capacity of superintendent pharmacist within 28 days of the date that I cease to do so.

Name

Registration number (if applicable)

Position held in body corporate (if applicable)

Signature

Date

9. Payment form

9.1. Registration number of Superintendent, or Sole Trader, or Partner

9.2. Postcode of premises to be registered

9.3. Payment type (please tick)

Credit card

BACS

9.4. Fee details

Application fee: £590	First entry fee: £241	Total: £831
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9.5. Credit or Debit Card payment form – refer to next page.

9.6. BACS information

Account number	Sort code	Bank
45165548	60-60-04	Nat West

When paying the new premises registration fee of £831 by BACS you must enter the postcode of the premises as the BACS reference.

Payment form

Name of applicant:

Please charge this card with the sum of:

£831.00

Please indicate whether you are paying by:

Debit card

Credit card

Type of card *(Please tick one)*

MasterCard

Visa

Card Number *(insert exact amount of digits in your card number only):*

CSC
number:

(The last 3 digits on the back of your card)

Valid From
Date:

Expiry Date:

Name of Cardholder
(as it appears on card):

Address of account
holder

Signature:

Date: