GPhC policy on Identifying Underlying Health Issues

1. Purpose

1.1 The purpose of this policy is to set out how we will identify whether there is an underlying health issue in applications for registration, or fitness to practise cases, which include drugs or alcohol as a component. It explains when we will require an applicant, or registrant, to submit or consent to a medical report and/or consent to a medical assessment.

2. What version is this document?

2.1 The General Pharmaceutical Council (GPhC) produces a range of documents as part of upholding standards and public trust in pharmacy. In order to make sure that you have the most up to date versions we have created the simple table below. It lets you know the web page where the document can be found, the version of the document you have so you can check to see if newer versions have been made, and also the date of publishing.

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3. Introduction

3.1 Identifying and addressing underlying health issues as a result of drug or alcohol misuse among pharmacy professionals is an important element of safeguarding public health and wellbeing. In addition, the access that the majority of registrants
have, as a result of their working environment, to drugs liable to abuse or misuse makes this a potential area of risk. We believe this needs close assessment to mitigate any potential public or patient protection issues.

3.2 The Professional Standards Authority (PSA) recommended\(^1\) that regulators adopt the practice of requiring a registrant who has been convicted or cautioned for an alcohol or drug related offence to undergo a routine medical assessment. The GPhC has therefore introduced a policy for requesting a medical report and/or a medical assessment for fitness to practise cases and applications for registration which include drugs or alcohol as a component.

3.3 A key element of the operation of this policy will be the continual assessment of its effectiveness, including the proportionality of decisions made based on the application of the policy. We will continue to gather evidence to assess whether requesting a medical report and/or carrying out a medical assessment, in the circumstances described, helps to identify any public protection risks.

4. Policy statement

4.1 This policy applies to two specific areas:
   - Those making an application for registration; and,
   - Registrants that are subject to fitness to practise investigations and/or proceedings.

4.2 This policy applies to all applications and cases where drugs or alcohol are a component. It includes, but is not restricted to, cautions or convictions for drug and alcohol related offences.

5. Deciding whether a medical report and/or medical assessment is required

5.1 A medical report and/or medical assessment may be required to determine whether or not there is an underlying health issue that would call into question a registrant’s fitness to practise to remain on the register and equally an applicant’s fitness to practise to join the register.

5.2 Decisions on whether or not a medical assessment is requested will be based upon the circumstances of each individual application, or case, considered against a series of factors (see below) and whether the GPhC considers it is necessary assurance for the protection of the public or otherwise in the public interest.

5.3 The GPhC will act proportionately when deciding whether a medical report and/or a medical assessment is required. When making this decision it will take into account, but is not restricted to, the following factors:
   - The existence and/or number of related concerns;
   - The length of time that has passed since the conduct occurred;

\(^1\) CHRE Performance Review Report 2010/2011: Changing Regulation in Changing Times
• Whether there are any alcohol or drug related concerns in the work place;
• The presence of other factors which may indicate an underlying health issue;
• The presence of significant relevant evidence that may mean an assessment is not required.

5.4 Once the factors above have been considered against the facts of the case or application and there is sufficient reason to consider referral for a medical assessment then, if it is necessary assurance for the protection of the public or otherwise in the public interest, a referral should be made.

5.5 If the decision is not to refer for an assessment then a medical report will be requested.

5.6 A medical assessment will be undertaken by an independent practitioner, with appropriate expertise, nominated by the GPhC. We will seek consent for an assessment. Medical assessors will be required to examine the applicant or registrant and provide a written report indicating their opinion regarding his or her health and whether there are any concerns about their ability to practise as a pharmacy professional. It will also include any relevant test results. The GPhC will meet the cost of a medical assessment.

5.7 A medical report will be obtained from the registrant’s General Practitioner or a registered health professional who is aware of the relevant history. The GPhC will seek consent from an applicant or registrant to obtain a medical report or it may be obtained by the applicant or registrant themselves. If the medical report indicates that the applicant or registrant has an underlying health issue that may cause concern to the registrar as to their physical or mental fitness or impair their fitness to practise respectively they will be asked to undergo a medical assessment.

5.8 The GPhC may seek a medical assessment in any case if it considers it necessary for public protection or in the public interest. Failure by an applicant or registrant to engage in the process will be taken into consideration when making decisions about the registration application or fitness to practise case.

6. Application of policy

6.1 This policy updates and replaces the policy that was introduced in October 2014. This policy applies to all applications for registration and fitness to practise cases received on or after the policy effective date below.

7. Measurement and evaluation

7.1 Decisions will be regularly reviewed for quality and consistency. This policy will be subject to review in 12 months. This review will assess the effectiveness of the policy.
across registration and fitness to practise and will include an audit of the decisions made.

Jerome Mallon, Policy Manager (Fitness to Practise)
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Agreed by: Hugh Simpson, Director of Strategy