

**Memorandum of Understanding between the
Pharmaceutical Society of Northern Ireland and the
General Pharmaceutical Council**

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Memorandum of Understanding between the Pharmaceutical Society of Northern Ireland and the General Pharmaceutical Council

1. Parties

- 1.1 This Memorandum of Understanding (MOU) is made between the Pharmaceutical Society of Northern Ireland (PSNI) and the General Pharmaceutical Council (GPhC).
- 1.2 The PSNI's Registrar and the GPhC's Head of Executive Office have responsibility for monitoring and ensuring day to day compliance with the agreements set out in this MOU.

2. Scope and Purpose

- 2.1 This MOU outlines the basis of co-operation and collaboration between the two organisations. It is being underpinned by schedules detailing practical arrangements designed to ensure that the two organisations work together as efficiently and effectively as possible, so that the principles of regulation remain consistent and public confidence and safety is maintained in Northern Ireland and Great Britain. It sets out the principles underpinning the interaction between the two organisations and provides guidance on the exchange of information between them.
- 2.2 This MOU is not intended to be a legally binding document. It does not infringe the autonomy and accountability of the two organisations or their governing Councils and no enforceable contractual relationship is being entered into in the signing of it by either party.
- 2.3 Details of contacts within the GPhC and PSNI are contained within Annex A.

3. Context in which this Memorandum of Understanding is made

- 3.1 The Pharmaceutical Society of Northern Ireland is the regulatory and professional body for pharmacists in Northern Ireland. The Pharmacy (Northern Ireland) Order 1976 is currently the principal legal basis of its operations. It protects public safety in pharmacy by:
 - Setting and promoting standards for pharmacists' admission to the register and for remaining on the register; it does not currently register technicians.

- maintaining a publicly accessible register of pharmacists, and pharmacy premises including the power to annotate registrants
- handling and processing concerns about the Fitness to Practise of registrants, acting as a complaints portal and taking action to protect the public; and
- the setting of minimum standards for pharmacy practices thus ensuring quality and safety for patients
- Ensuring high standards of education and training for pharmacists in Northern Ireland. Including life long learning or CPD

3.2 In addition, the Pharmaceutical Society NI has enforcement powers and duties under, the Medicines Act 1968, The Misuse of Drugs Act 1971, and the Poisons (Northern Ireland) Order 1976, Regulations made under the Health Act 2006 and the Veterinary Medicines Regulations. These enforcement duties/powers mainly relate to the sale and supply of medicinal products from registered pharmacy premises

The Pharmaceutical Society NI does not employ its own pharmacy inspectorate; however, investigations and inspections are conducted by an arms-length pharmacy inspectorate in the DHSSPS as defined in the Pharmacy (Northern Ireland) Order 1976 and in keeping with a service level agreement with the DHSSPSNI

3.3 As the professional body for pharmacists it seeks to develop the pharmacy profession in Northern Ireland in the public interest. This role is conducted by a Professional Forum, an arms-length committee independent of the Council.

3.4 The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales.

3.5 The functions of the GPhC are set out in the Pharmacy Order 2010 and include:

- To establish and maintain a register of pharmacists, pharmacy technicians and premises at which a retail pharmacy business is, or is to be, carried on;
- To set and promote standards for the safe and effective practise of pharmacy at registered pharmacies;
- To set requirements by reference to which registrants must demonstrate that their fitness to practise is not impaired;
- To promote the safe and effective practise of pharmacy by registrants;
- To set standards and requirements in respect of the education, training, acquisition of experience and continual professional development that is necessary for pharmacists and pharmacy technicians to achieve in order to be entered in the Register or to

receive an annotation to the Register and to maintain competence;
and

- Ensuring the continued fitness to practise of registrants.

3.6 In addition, the GPhC has enforcement powers and duties under the Poisons Act 1972, the Medicines Act 1968 and the Veterinary Medicines Regulations. These enforcement duties/powers mainly relate to the sale and supply of medicines from registered retail pharmacy premises.

3.7 The GPhC maintains an inspectorate. The inspectors inspect all registered retail pharmacy premises in Great Britain for the purpose of ensuring compliance with the relevant legislation that the GPhC enforces, and compliance with the professional standards expected of registrants.

4. General

4.1 The regulation of pharmacy and pharmacy professions in Northern Ireland is a devolved matter and both organisations fully acknowledge and respect the legislative role of the UK parliament and the Northern Ireland Assembly and decision making powers of NI Ministers.

4.2 Both organisations' primary focus is to protect the public by promoting and maintaining standards in pharmacy. Both organisations have a shared commitment to consistency of standards for entry to, and removal from, their registers. Both organisations are committed to working together efficiently and effectively to ensure the principles of regulation remain consistent and that public confidence is maintained in Northern Ireland and Great Britain.

4.3 To this end, we work together to ensure that the maximum co-operation and mutual recognition is achieved within the limits of the two organisations' respective legislation. The intention is that, as far as possible, whether someone is registered with GPhC or PSNI is irrelevant in operational terms. We are building on our existing good levels of co-operation on a range of fronts, in accordance with the principles in this document.

5. Education and training standards and accreditation

5.1 The PSNI and GPhC continue to co-operate to secure consistent standards of professional practice, in line with the principle of mutual recognition and free movement of students, trainees and pharmacists as between Northern Ireland and Great Britain. We have developed an operational protocol, to be reviewed regularly, setting out how this is to be achieved efficiently, with each organisation retaining its own accountability for formal decisions in terms of its own legal framework, and each organisation bearing its own costs and expenses and a proportionate share of any additional costs.

6. Continuing Professional Development

- 6.1 The PSNI and GPhC operate different schemes in which registrants' compliance reporting is not currently directly transferable. We are working to minimise the additional regulatory burden which these differences create for those who hold dual registration or seek to move between registers.

7. Continuing Fitness to Practise

- 7.1 Both parties are committed to exploring ways of ensuring that CFtP procedures in the relevant jurisdictions meet the requirements for public protection.

8. Policy Development

- 8.1 We keep each other informed of relevant regulatory policy development work we are undertaking, and continue to seek ways in which consistency of standards and mutual recognition can be achieved where possible, e.g. in relation to continuing fitness to practise, and for the avoidance of loopholes and confusion caused by differing policy. This involves:

- Regular sharing of future work plans that relate to policy development, as well as the Council meetings schedule and papers where appropriate.
- Updating each other at the annual review meetings.

9. Fitness to Practise and Registration

- 9.1 Subject to any applicable legal restrictions in relation to confidentiality and data protection, we share information about applications, cases and investigations where this helps either or both of us to protect the public or is otherwise in the public interest.
- 9.2 In exercising its statutory functions, the GPhC has a duty to co-operate, in so far as is appropriate and reasonably practicable, with persons concerned with the regulation of other health or social care professionals. Furthermore, the GPhC has the power to act in any way which is calculated to facilitate the discharge of its functions or which is incidental or conducive to the discharge of its functions. This includes sharing relevant information relating to registrants and prospective registrants with other regulatory bodies where lawful and in the public interest to do so.
- 9.3 The Pharmaceutical Society of Northern Ireland has a statutory duty to cooperate with other UK and EEA health and social care regulators. This also includes bodies such as the ISA. The society is a signatory to the Health Professions Crossing Boundaries initiative and will proactively disseminate

information to other authorised parties. The data exchanged is subject to data protection regulation and disclosure policies of the Society.

10. European and non-EEA overseas registration issues

10.1 We are committed to working together to enable free movement of pharmacy professionals between Northern Ireland and Great Britain, including those qualified outside the UK. We work to maintain consistency of standards in relation to the recognition and registration of EEA and overseas pharmacists.

11. Communication and other issues

11.1 The working relationship between PSNI and the GPhC is characterised by regular contact and open exchange of information, through both formal and informal meetings at all levels, including senior levels. This is kept under review by senior contacts at PSNI and the GPhC.

11.2 Both organisations, where relevant, share and work together on standards and guidance and also collaborate on external communications.

12. Dispute Resolution

12.1 In the event of any dispute about the collaborative working between the two organisations then representatives of both parties agree to meet to discuss how best to resolve the issues involved to an appropriate level. This meeting must occur within 14 days of any dispute where possible.

12.2 In the event of a dispute that cannot be resolved at an operational level, the issue will be referred to the Chief Executives at the GPhC and PSNI who shall endeavour to agree an appropriate resolution of the relevant dispute within 14 days of the matter being referred to them.

13. Commencement, Termination and Review

13.1 This memorandum takes effect from the date of signing, and will remain in force until it is terminated or superseded by a revised document.

13.2 Either party may terminate this memorandum by writing to the other and giving 28 days' notice.

13.3 Meetings to review how the MOU is operating in practice, and to update each other on key developments in operations or policy, will be held annually.

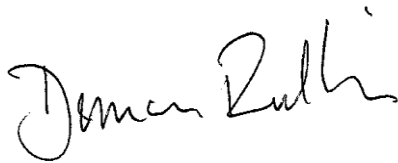
13.4 This memorandum will be reviewed formally by both parties at least every 3 years. Annex A (contact details) will be reviewed every six months.



Signed on behalf of the PSNI

Chief Executive

07/07/2014



Chief Executive & Registrar

07/07/2014

Signed on behalf of GPhC

PSNI/GPhC List of Main Contacts

Issue	PSNI Contact (Tel. No. 028 9026 + Ext)	GPhC Contact (Tel. No. 020 3365 +ext)
Education & registration policy	Brendan Kerr (ext 7936)	Damian Day (ext 3455)
Continuing professional development policy	Michelle McCorry (ext 7934)	Damian Day (ext 3455)
Quality assurance of all pharmacy education Accreditation and recognition Accreditation methodology	Peter McKee (ext 7941)	Joanne Martin (ext 3451)
Student fitness to practise	Peter McKee (ext 7941)	Joanne Martin (ext 3451)
Policy development	Brendan Kerr (ext 7936)	Hugh Simpson (ext 3516) Priya Warner (ext 3591)
Inspection	Brendan Kerr (ext 7936)	Mark Voce (ext 3597)
Enforcement	TBC	Mark Voce (ext 3597)
Intelligence	Brendan Kerr (ext 7936)	Claire Bryce-Smith (ext 3472)
Standard setting; fitness to practise policy	Brendan Kerr (ext 7936)	Priya Warner (ext 3519)
Disclosure in criminal prosecutions	Brendan Kerr (ext 7936)	John Hepworth (ext 3479)
Lead on Investigations	TBC	Claire Bryce-Smith (ext. 3472)
Registration operational issues	Tracy Donnelly (ext 7940)	Terry Orford (ex 3608)
Registration policy issues (inc. overseas)	Brendan Kerr (ext 7936)	Martha Pawluczyk (ext 3556)
Overall communication strategy	Mark Neale (ext 7935)	Hugh Simpson (ext 3516)
Day to day communication	Brendan Kerr (ext 7936)	Lyn Wibberley (ext 3458)