After more than 50 years of operation, the Pharmacy Act of 1954 was replaced on 30 March 2007 by new primary legislation: the Pharmacists and Pharmacy Technicians Order 2007 (P&PT Order 2007). This gave wider and more flexible powers to the Royal Pharmaceutical Society of Great Britain (RPSGB, referred to here as the Society) to discipline pharmacists and, ultimately, a new group of regulated pharmacy support staff, pharmacy technicians. However, in February 2007, a Government White Paper set out its intention to separate the functions of the Society and to create, from 2010, a new pharmacy regulator, the General Pharmaceutical Council (GPhC), subject to parliamentary approval. Further, the White Paper invited the profession itself to establish a distinct professional leadership body if it so chose. By the end of 2008, the Society had published a new Code of Ethics and Professional Standards (see Chapter 23) and was already operating new disciplinary procedures (see Chapter 24). During 2009, the Society will undergo a gradual drawing apart of its former combined functions so that:

- The Society’s regulatory and disciplinary functions, including the setting of educational standards, will pass to the GPhC in 2010 and will be extended to registered pharmacy technicians. The Society’s law enforcement powers under various sections of the Medicines Act 1968 (Chapters 2–16), the Misuse of Drugs Act (Chapter 17) and the Poisons Act 1972 (Chapter 18), together with its inspectorate will pass to the GPhC, which will also maintain the register of pharmacy premises.
- The remaining functions of the Society are likely to pass to a new body, also established in 2010, representing the wider body of pharmacists and others associated with pharmacy, to influence and develop pharmacy policy and practice with government and the GPhC, as well as offering a range of membership benefits. This body will be constituted under an amended Royal Charter, modified from those which underpinned many of the powers of the former Society.
Proposed changes in the draft Pharmacy Order 2009
(published December 2008)

Proposals for further change to the regulation of pharmacy appear in the draft Pharmacy Order 2009, which was published as this book went to press. The proposals were open to consultation until 9 March 2009 and were expected to be implemented in the second quarter of 2010. The draft Pharmacy Order includes transitional arrangements to ensure smooth transfer of functions from the RPSGB to the GPhC. Many of the major changes from regulation under the Pharmacy Act 1954 to regulation under the Pharmacists and Pharmacy Technicians Act 2007 remain in place and these are detailed in the text below, but important changes proposed in the draft Pharmacy Order 2009 include:

- establishment of roles, functions and powers of the new regulator for pharmacy: the GPhC;
- power to include pharmacy in Northern Ireland under the GPhC (subject to a decision by Northern Ireland Ministers);
- extension of regulation by the GPhC to pharmacy technicians in Scotland;
- extension of statutory duty of GPhC towards the public and other stakeholders and to include co-operation and co-ordination between other regulators and employers;
- establishment, as a minimum, of parity of membership between lay and professional members of the GPhC Council and their independent appointment;
- addition of statutory duty to provide regular strategic plans to relevant governments and report on arrangements to address equality and diversity;
- creation of provision for temporary registration in emergency situations;
- abolition of the non-practising register;
- creation of single register in three parts: pharmacists, pharmacy technicians and pharmacy premises;
- power to modify registration fees where appropriate;
- establishment of provisions for the implementation of continued professional development criteria and assessment of portfolios;
- introduction of measures into undergraduate and preregistration training to ensure fitness to practise and patient safety;
- establishment of provisions to require certain information from education providers and for the appointment of ‘visitors’ to accredit quality;
Because the separation of functions was not complete at the time of going to press, this chapter can only set out the law paving the way for the GPhC together with the progress made in forming a separate professional leadership body at the end of 2008. While this separation should be completed during 2010, timetables can slip, and the end of the chapter also retains details of the Society’s residual remit and functions at the end of 2008.

### Council for Healthcare Regulatory Excellence

External to the Society’s activities, Part 2 of the NHS Reform and Health Care Professionals Act 2002 (NHS 2002 Act) provided power to set up an over-arching body to investigate and report on the performance of, and recommend changes to, a range of healthcare regulatory bodies, including the Society (see also Chapters 24 and 25). This over-arching body was originally called the Council for the Regulation of Health Care Professionals, but under the Health and Social Care Act 2008, its title was changed to the Council for Healthcare Regulatory Excellence (CHRE) and new regulations, the Council for Healthcare Regulatory Excellence (Appointment, Procedure, etc) Regulations 2008 (SI No. 2927), reformed the membership of its Council. The CHRE has powers ‘to formulate principles relating to good professional self-regulation and to encourage regulatory bodies to conform
to them' (s.25 NHS 2002 Act) so it takes a keen interest in the constitution and powers of the Society and all other healthcare professions. The CHRE is also empowered to receive details of all the decisions of the Society’s Fitness to Practise cases (Chapter 24) and, subject to certain conditions, to refer cases to the High Court. Further details of the general activities of the CHRE are provided in Chapter 25.

**Changing the regulation of pharmacy**

Powers to change the regulation of the pharmacy profession were established in section 60 of the 1999 Health Act. The original order under section 60 was the P&PT Order 2007 (SI 2007 No. 289), followed at the end of 2008 by the draft Pharmacy Order 2009 made under the Health and Social Care Act 2008. The content of the P&PT Order 2007 reflected findings and recommendations set out in the *The Regulation of the Non-medical Healthcare Professions* (Foster Review) published by the Department of Health in July 2006. The P&PT Order 2007 amended the powers of the Society in four key areas:

1. changes to the Society’s registers;
2. introduction of new statutory committees;
3. new ‘fitness to practise’ powers and procedures; and
4. extension of the regulatory regime to pharmacy technicians.

The last of these changes will not be complete until the establishment of the GPhC, although the Society has created a substantial voluntary register of pharmacy technicians who would be eligible for registration. The Society’s register is now separated into Part 1 (practising) and Part 2 (non-practising) with annotation to reflect specialisms. Six new committees have been introduced; those concerned with registration and education are considered here; those concerned with Fitness to Practise are covered in Chapter 24.

The draft Pharmacy Order 2009 reflects the content of a (Royal) Command Paper (Cmmd.7013), *Trust, Assurance and Safety: the Regulation of Health Professionals in the 21st Century* published in February 2007. This document recommended that all healthcare regulatory bodies should:

- have smaller councils – 10–15 members – with equal numbers of lay and professional members;
- have faster, more transparent procedures (for fitness to practise);
- develop meaningful accountability to the public and users of the services of registrants.
- develop a ‘robust, deliverable, cost effective implementation plan’ for the establishment of the GPhC.
This last recommendation led to the setting up of a working party comprising the Chief Pharmaceutical Officers of England, Wales, Northern Ireland and Scotland to develop such a plan. These proposals became known as the *Carter Report* and were published in May 2007. One important outcome of this report was the creation of an ‘oversight’ group – known as Pharmacy Regulation and Leadership Oversight Group (PRLOG) – to manage the complex process of separating the functions of the Society without losing its regulatory effectiveness.

The account below details the Society’s powers at the end of 2008; it is anticipated that a ‘shadow’ GPhC will be in place by mid-2009 and that a professional leadership body for pharmacy should be developed on a parallel time scale.

**Legislation regulating the pharmacy profession**

The primary legislation is the P&PT Order 2007 (as amended by the European Qualifications (Health and Social Care Professions) Regulations 2007 [SI 2007 No. 3101]). This is in seven parts with two schedules containing revocations of previous legislation and transitional arrangements. The contents are:

- Part 1 Preliminary provisions
- Part 2 Registration of pharmacists
- Part 3 Registration of pharmacy technicians
- Part 4 Matters common to both the Society’s registers
- Part 5 Fitness to practise
- Part 6 Proceedings (related to fitness to practise)
- Part 7 Miscellaneous.

We shall deal here with Parts 1–4 and relevant items under Part 7. Chapters 23 and 24 will deal with Parts 5 and 6, and relevant items under Part 7. The P&PT Order 2007 empowers the Society’s Council to make detailed rules, which are gradually replacing the bye-laws and regulations formerly made by the Society under both the 1954 Act and its Charter (see below).

Most relevant to this chapter are the Royal Pharmaceutical Society of Great Britain (RPSGB) (Registration Rules) Order of Council 2007 (the ‘Registration Rules’ SI 2007 No. 441), which should be read in conjunction with the Approved European Pharmacy Qualifications Order of Council 2007 (SI 2007 No. 564). The latter legislation lists (in schedules) what shall be considered ‘appropriate European diplomas’ for the purposes of registration in the Register of Pharmacists together with specific clauses relating to certain diplomas and certain recently established European states. Requirements regarding preregistration training are still
largely set out in the bye-laws of the Society as are those related to the adjudication and reciprocity arrangements (see below). In July 2008, rules were introduced to allow pharmacists and, in due course, pharmacy technicians to pay their annual retention fee in instalments and by direct debit rather than needing to pay the full amount at the start of the calendar year – the RPSGB (Registration Amendment Rules) Order of Council 2008 (SI 2008 No. 1553).

Rules for the Registration Appeals Committee (RAC) (see below) may be found in the RPSGB (Fitness to Practise and Registration Appeals Committees and their Advisers Rules) Order of Council 2007 (the ‘Committee Rules’ SI 2007 No. 561). Rules relating to Fitness to Practise may be found in the RPSGB (Fitness to Practise and Disqualification etc. Rules) Order of Council 2007 (the ‘Procedure Rules’ SI 2007 No. 442). Where relevant to registration matters, these are mentioned below, but fitness to practise matters are discussed more fully in Chapter 24. At the time of writing, the Society continues to maintain the register of pharmacy owners and premises under the Medicines Act 1968 (see Chapter 5) and power to disqualify owners and remove premises is retained in the P&PT Order 2007 (see Chapter 24).

At the time of writing, ‘Education Rules’ to implement the remaining aspects of sections 13–15 of the P&PT Order 2007 had not been made and a consultation on the relationship between continued professional development (CPD) and fitness to practise was issued in November 2008. ‘Education Rules’ are expected to be made under the draft Pharmacy Order 2009 when it comes into force.

The role of the Society and its Council

The P&PT Order 2007 extends to the whole of Great Britain, that is, England, Scotland and Wales. It provides for two registers of registrants: pharmacists (a change from the former term, pharmaceutical chemists, in the 1954 Act) and pharmacy technicians. It also allows for two parts to each register: practising (Part 1) and non-practising (Part 2) – marked with the letters ‘P’ for practising or ‘NP’ for non-practising (by-law XXI 3rd Schedule). The definition of practising (s.3 [2]) is

For the purposes of this Order, a person practises as a pharmacist or a pharmacy technician if, whilst working in the capacity of or holding himself out as a pharmacist or pharmacy technician, he undertakes any work or gives any advice in relation to the dispensing or use of medicines, the science of medicines, the practice of pharmacy or the provision of health care.
The Society is given general duties (s.4) to protect and promote the health and safety of the public, having proper regard to the interests of those who use or need pharmacy services and the registrants themselves. The Society must co-operate with other health or social care regulators and with educators and employers of registrants. The Privy Council (s.5) may vary the size and composition of the Society’s Council but it may not comprise more than 35 members, in which registered pharmacists may constitute a majority (this will not apply to the GPhC). The Privy Council must ensure that at least one person who lives or works wholly or mainly in each of England, Scotland and Wales is on the Council. Members of Council must be on Part 1 (practising) of their respective registers and they must declare and accept publication of their private interests.

The Council is required (s.6) to publish an annual report on its Fitness to Practise activities (see Chapter 24) and its accounts and may publish guidance to those non-pharmacists who provide services in connection with registrants (s.6[6]). The Society is required (s.7) to have six statutory committees – meaning committees set up under statute law. They are the:

- Education Committee
- Registration Appeals Committee
- Continuing Professional Development Committee
- Investigating Committee
- Disciplinary committee
- Health Committee.

The last three are concerned with fitness to practise and will be covered in Chapter 24. The Council must make rules to cover the size and composition of these committees; the appointment of their members; the quorum at meetings; their procedures, education and training of committee members; collection and declaration of members’ interests; and provisions to pay committee members (s.8). Before making these rules, the Council must consult with the NHS primary care organisations in England, Wales and Scotland (not Scotland for pharmacy technicians) and must ensure the rules are consistent with the obligations of the UK regarding the EU (s.66). Finally the Council must appoint a ‘fit and proper’ person to be the Registrar (and may appoint a Deputy Registrar) to carry out the functions assigned to the Registrar within the P&PT Order 2007.

**Entitlement to register as a pharmacist**

Conditions for registration of pharmacists appear in Part 2 of the P&PT Order 2007 with almost identical provisions for pharmacy technicians in Part 3. We have already referred to the two parts to each register: Part 1
for practising pharmacists (or pharmacy technicians) and Part 2 for non-practising pharmacists (or pharmacy technicians). Entitlement to registration (s.11) depends upon the applicant satisfying the Registrar that:

1. s/he is appropriately qualified;
2. his/her fitness to practise is not impaired;
3. before registration, where necessary, s/he has met such requirements as to additional education, training or experience as are appropriate to the case; and
4. after registration, s/he meets such requirements as to continuing professional development as are appropriate to the case;
5. s/he has paid any prescribed registration fee;
6. s/he has not given an undertaking not to practise.

Rule 6 of the Registration Rules set out in detail the form of an application to register. These include the need for countersignature of the application by a practising pharmacist who is in ‘good standing’ with the Society, evidence of identity and a validated photograph of the applicant, evidence of date of birth and evidence about physical and mental health. Information about the gender, ethnicity and disabilities of applicants is collected voluntarily for monitoring purposes. When making a decision about an applicant’s ‘good character’, the Registrar shall have regard to the Society’s Good Character Assessment Framework (see Box 22.1), published by the Council under s.45(1) of the P&PT Order 2007. This section also provides statutory force to the Society’s Code of Ethics and supplementary documents (see Chapter 23).

A person is ‘appropriately qualified’ (s.12) if s/he has a qualification awarded in Great Britain that has been approved by the Society, or is an ‘exempt person’ (meaning being in possession of an approved European qualification set out in SI 2007 No. 564, see above) or has gone through the adjudicating process (see below). The Registrar may require evidence of an adequate standard of proficiency in the knowledge and use of English (not applicable to exempt persons).

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**Box 22.1 Definition of good character**

For the purposes of the Society’s registration procedures, good character is defined as ‘the absence that a person has committed (and/or has any disposition towards) conduct or behaviour that is inconsistent with Standards of Conduct published by the Society, or the exercise of the pharmacy profession’.

*Source: The Assessment of Good Character and Health Framework, RPSGB March 2007.*
Education and training

The Society is required (s.13) to oversee all stages of the education, training and acquisition of experience of pharmacists and prospective pharmacists including pre- and post-registration and specialist training and training for those seeking restoration to the registers. In particular, the Society shall (s.14) determine the nature and assessment of the knowledge and skills needed and shall accredit degrees for appropriate qualification in Great Britain to practise (the MPharm). The Society shall also determine all aspects of the preregistration training year, including providers; premises; approval of tutors, courses and programmes; arrangements for assessment; appointment of examiners; and the setting of relevant fees (s.15).

The Society must also (s.14) oversee providers, tutors and assessment of postgraduate training if it leads to an approved qualification and the arrangements for adjudication on the acceptability of overseas (non-EU) qualifications (see below). After registration, the Society has powers to prescribe the amount and type of CPD that registrants must undertake to stay on the register, or is necessary for those who have specialist annotations in the registers (see below), as well as the education and training needed to address fitness to practise matters or to move back from non-practising to practising parts of the registers. In connection with the above functions, the Society may (s.15) approve training premises, providers and programmes, charge fees and approve examiners for additional preregistration training or postgraduate training. The Society can enter into arrangements with other bodies to carry out the above functions (s.16).

Application to register

The Council (s.17) may make registration rules (see Rule 6 of the Registration Rules above) that prescribe the form and manner in which applicants may apply to be added to the registers and what information will be needed, including:

1. the name under which the applicant intends to practise;
2. his or her home address; and
3. information to determine whether the applicant’s fitness to practise is impaired.

Failure to comply with the rules may constitute misconduct sufficient to warrant referral to the fitness to practise procedures (see Chapter 24). The Registrar may refuse to register an applicant if s/he fails to comply with the rules (s.18) but the applicant has the right of appeal to the RAC (see below). Under Rule 37 of the Fitness to Practise and Disqualification etc. Rules, the Registrar may also ‘seek advice’ from the Health Committee or the Disciplinary Committee when relevant.
In section 19, it is made clear that if a person is on the Register of Pharmacists, s/he is also a member of the Society – at the time of writing it is not clear how this provision will apply when the Society splits its functions. Section 20 creates offences carrying fines for anyone falsely representing that they are on the Society’s Register of Pharmacists, using the title ‘registered pharmacist’ when they are not registered or practising when they are not on Part 1 of the Register of Pharmacists. Pharmacists may also not allow anyone else to use their certificate of registration.

**Registration of pharmacy technicians**

Generally Part 3 (s.21 to 29) of the P&PT Order 2007 mirrors the provisions above in relation to the Register of Pharmacy Technicians but it will not come into force until the establishment of the GPhC, expected in 2010. There are a few differences however to note.

- Amendments are awaited to extend the application of the P&PT Order 2007 to pharmacy technicians in Scotland. This will be commenced under the proposed Healthcare and Associated Professions (Miscellaneous Amendments) Order 2009 and taken forward under the Pharmacy Order 2009.
- No reference is made to postgraduate training for pharmacy technicians.
- There is a two year transitional period, after Part 3 of the Order comes into force, before ‘pharmacy technician’ becomes a restricted title.
- No mention is made of registration as a pharmacy technician conferring membership of the Society (but this may be considered in the formation of the new professional body (see below).

The European Qualifications (Health and Social Care Professions) (Amendment) Regulations 2008 (SI 2008 No. 462) have amended the earlier European Qualifications (Health and Social Care Professions) Regulations 2007 (SI 2007 No. 3101) to defer regulation of European pharmacy technicians until s.21 of the P&PT Order 2007 is brought into force.

**The Registers of Pharmacists and Pharmacy Technicians**

Part 4 of the P&PT Order 2007 covers ‘matters common to both of the Society’s registers’. The Council may make rules (s.30) covering the form
of these registers; the Registration Rules (SI 2007 No. 441) require (Rule 5) the following to be in the register,

- the registrant’s title (including fellowship of the Society);
- the name under which the registrant is known professionally (registered name);
- the registrant’s registration number;
- the registrant’s home address (registered address);
- the date of first, and any subsequent, registration; and
- any specialisations approved by Council in accordance with rules made under the P&PT Order 2007 (see below).

The Registrar must maintain the register, which may be in electronic form (Rule 4), in a secure manner which guards against falsification, although at least one hard copy must be kept. S/he may also disclose all of this information (except home address) to an employer of a registrant, or any other person, if he considers it to be in the public interest to do so. For the first time (s.31), the registers may denote ‘specialisations’ by an annotation; the Registration Rules make provision for only two annotations at the time of writing (Rule 9): either for pharmacist independent prescriber (IP) or for pharmacist supplementary prescriber (SP). The Registrar must publish the registers from time to time, limiting reference to the address to a city, town or district only. Registrants whose registration is suspended are not regarded as being on the register for this purpose. Rule 4 also requires that the registrant’s entry is annotated, where applicable, with details of fitness to practise matters (see Chapter 24). Section 30 makes similar provisions regarding CPD matters but these were not in force at the time of writing.

Certificates of registration (s.32) are issued free of charge on first registration; further certificates may be issued, on payment of a fee, if the Registrar is satisfied that one of three circumstances apply:

1. the original certificate, and any further certificate has been lost or destroyed;
2. there has been a change to registrant’s name; or
3. the registrant is moving to a different part of the register.

The Registrar can require return of a certificate if it incorrect.

**Removal from the registers**

Registrants must (s.33) notify to the Registrar any changes of name or address and may be removed from the register if they fail to do so after reasonable notice. It should be noted that under Rule 3 of the Registration Rules, this notice may be given by electronic mail. If the notification is sent by post and the registrant has moved without telling the Registrar, then the Registrar may
remove him or her from the register after two months (and two notifications). If removed in these circumstances, the registrant has the right to appeal to the RAC (see below). The Registrar is obliged to keep the Society’s registers up to date and correct (s.34) and remove the names of any registrants who have died. Section 35 allows the Registrar to implement any orders from the Fitness to Practise Committee that may affect registration. The Council may make rules (s.36) to cover moving from one part of a register to another and, under s.27, the rules may also cover voluntary removal. Before voluntary removal can take place, the Registrar must be satisfied that there are no outstanding fitness to practise allegations or procedures to be dealt with before effecting such removal. Under Rule 10 of the Registration Rules, a registrant who is also a superintendent pharmacist must declare this on his or her application for voluntary removal.

**Moving to different parts of the registers**

Section 35 allows the Council to make rules in connection with moving from the practising (Part 1) to the non-practising (Part 2) parts of the registers, or vice-versa. The rules may cover the information required from the applicant, including fitness to practise matters and whether any, and if so what, additional education or training is required (as determined by the Continuing Professional Development Committee) if moving from non-practising to practising. Rule 8 of the Registration Rules requires the registrant to complete a declaration that s/he will adhere to the ‘standards’ – meaning those set out in the Code of Ethics and the related guidance (see Chapters 23 and 24) – but no rules regarding training had been made at the time of writing.

**Retention on the registers**

The P&PT Order 2007 introduces two new conditions for remaining on the practising (Part 1) sections of the registers: the possession of *professional indemnity arrangements* (s.38) and the undertaking of *CPD* (s.39). At the time of writing, only the first of these conditions was in force; the second, along with processes for revalidation, are expected to become mandatory after regulation passes to the GPhC. A practising registrant must ‘have in force in relation to him an adequate and appropriate indemnity arrangement which provides cover in respect of liabilities which may be incurred in carrying out work as a pharmacist or pharmacy technician’. Indemnity arrangements may comprise an insurance policy, arrangements made for indemnifying a person (such as vicarious liability insurance held by an employer) or a combination of both. Generally, employees will be covered for injury to third parties (patients) through their employer but many will choose to supplement this with their own insurance against personal risks;
self-employed practising pharmacists or pharmacy technicians must carry their own insurance. The Society has made it an ethical requirement (since 2007) that registered pharmacists make a declaration, with their annual retention application, to the effect that they are undertaking CPD.

**Restoration to the registers**

Section 41 prescribes the provisions that will apply for restoration to the register in a range of circumstances such as failing to comply with registration rules, fraudulently procured registration, fitness to practise matters, failure to comply with requirements regarding indemnity or simple non-payment of fees. Rule 12 of the Registration Rules requires that in certain circumstances including within 12 months of voluntary removal, an applicant may be restored to the register if s/he completes declarations concerning fitness to practise (and eventually CPD). Further detail of the conditions for restoration in this case is given in Rule 11 of the Procedure Rules. Rule 15 of the Registration Rules lays down a three-stage process in connection with removal for fraudulent or incorrect entries in the registers.

**Fees**

Under section 40, the Council may make rules with respect to charging fees in connection with applications to register, being retained on one of the Society’s registers, retention of annotation in the registers, moving from one part of the registers to another, applications for voluntary removal and the issuing of further registration certificates. These fees may be waived at the discretion of the Registrar and registrants may be removed from the registers for failure to pay the appropriate fees. Before setting the fees, the Council must consult ‘such registrants or classes of registrants’ as it consider appropriate. Rule 7 of the Registration Rules requires a registrant wishing to retain his or her entry on the registers to notify the Registrar if they have not received an application for retention by 10 December in any year. Retention fees should be paid by 1 January in the following year. If the fee is not paid, the Registrar must ‘serve’ (by post or electronic mail) a final demand and may remove the registrant from the register two months after the final demand has been served. The fees are published in the *Pharmaceutical Journal* before and after consultation and on the Society’s website.

**The Registration Appeals Committee**

For the first time, the Society is required by the P&PT Order 2007 to have formal structures and processes for appealing against registration decisions. Section 42 sets out the decisions that are appealable. Decisions to refuse
registration or retention because of failure to pay fees or comply with the rules are not appealable. Appeals may however include:

- removal because of failures on the part of the Society to carry out its duty to notify decisions promptly;
- decisions concerning requirements to undergo aptitude tests to show that an applicant is ‘appropriate qualified’;
- decisions to refuse annotations for specialisations;
- decisions to remove a registrant because of fraudulent procurement of registration;
- failure to have indemnity arrangements; or
- failure to disclose fitness to practise matters before registration.

Appeals against appealable registration decisions (s.43) must be made to the RAC within 28 days of the decision (with certain exceptions).

Provisions for the composition and appointment of members of the RAC (and the Fitness to Practise Committee, see Chapter 24) and the functions of advisers (legal, clinical and specialist) appear in the Fitness to Practise and Registration Appeals Committee and their Advisers Rules (the Committee Rules). These define a ‘lay member’ as someone who is not a registrant or associated with one: a ‘professional member’ is a practising pharmacist or pharmacy technician. The RAC shall consist of:

- a legally qualified lay member who is the chair;
- a legally qualified lay member who is the deputy chair;
- three other lay members; and
- five professional members.

Members of each committee do not normally sit all together; rather they constitute a panel from which members are drawn as appropriate to a case, subject to a quorum (minimum number).

The RAC may dismiss the appeal, allow the appeal and quash the decision appealed against, substitute another decision or instruct the Registrar to dispose of the case in some other way. The appellant is entitled to receive reasons for the RAC decision and, if the appeal is not allowed, s/he has the right to appeal, again within 28 days of the RAC decision, to the relevant court (s.44). The detailed procedures for the RAC are to be found in Part 5 (Rules 18–35) of the Registration Rules. These include provision for case management meetings to be held to establish the grounds for the appeal and give preliminary rulings on questions of law and admissibility of evidence. The RAC may seek advice from clinical or specialist advisers (see Chapter 24); representation by a lawyer or defence organisation or trade union is permitted and the decision will be reached on the civil standard of proof (balance of probabilities; see Chapter 1). The RAC may reach a decision based on submitted papers only unless a
hearing is requested by the appellant, in which case it will usually be held in public. The RAC may order an appellant to pay costs or expenses. Examples of some RAC cases are given in Chapter 24.

**The Education and Continuing Professional Development Committees**

The draft Pharmacy Order 2009 makes it clear that the establishment of the statutory Education and Continuing Professional Development Committees under the P&PT Order 2007 will not proceed but their functions will be part of the general duties placed upon the GPhC.

**Preregistration training**

Sections 13–15 of the P&PT Order 2007 and bye-law XX mean that any person applying to be a registered pharmacist must produce to the Registrar of the Society a declaration that, subsequent to passing the final degree examination, the applicant has passed a registration examination and has satisfactorily undergone a period of approved preregistration training, performed under the supervision of a pharmacist preregistration tutor, of not less than 52 weeks in an approved site, usually one or more of the following:

- a community pharmacy;
- the pharmaceutical department of a hospital;
- a pharmaceutical industrial establishment;
- a school of pharmacy; and/or
- a registered pharmacy selling only agricultural and veterinary products.

Approval of preregistration training sites is normally given for five years and preregistration tutors must meet certain competences. Detailed conditions are set out in the bye-laws and on the Society’s website. Most of the bye-laws will be replaced by ‘Education Rules’ made under the P&PT Order 2007 or subsequent Orders.

**Registration from other countries**

**Reciprocal registration**

Section 11 of the P&PT Order 2007 requires the Registrar to recognise a certificate confirming membership, good standing and registration (as a pharmaceutical chemist) from the Pharmaceutical Society of Northern
Ireland as an appropriate qualification for entry on to the British register. The applicant must provide solicitor-certified copies of birth and marriage certificates, a health declaration and a passport-sized photograph. Under section 12, the Society also accredits courses leading to registration in Northern Ireland. Earlier reciprocal agreements with New Zealand, Australia and South Africa terminated at the end of June 2006.

**European pharmacists**

A person who is a national of a member state of the EEA, is entitled to practise as a pharmacist there and is in good standing with the relevant professional authority may apply for admission to the British Register. The procedures and necessary documentation are available on the Society’s website. The Society cannot require evidence of English language competency from EEA nationals wishing to register (because if it did so it would have to apply the same requirement to ‘home’ applicants as well). However, it is made clear that potential EEA registrants must comply with Principle 7 of the Code of Ethics, in particular paragraph 7.1, which requires ‘sufficient language competence’ for any work undertaken as a pharmacist.

From October 2007, in common with provisions for the professions of doctor, nurse, dental practitioner, veterinary surgeon, midwife and architect, pharmacists registered in the EEA or Switzerland may provide ‘temporary and occasional’ professional services cross-border subject to certain limited conditions (the European Communities (Recognition of Professional Qualifications) Regulations 2007 SI 2007 No. 2781).

**Overseas pharmacists**

Sections 12–16 of the P&PT Order 2007, particularly 14(f), (g) and (h), allow a person with a degree or diploma in pharmacy granted by a university or body outside the UK or Europe to apply for registration in Great Britain. The details appear in section XIX of the bye-laws, which will in due course be replaced by ‘Education Rules’. Such a person must produce evidence that s/he holds a degree or diploma in pharmacy granted by a university or body of comparable academic status in a country outside the UK; that s/he is registered or qualified to be registered in that country; and that s/he is of good character and in good health, both mentally and physically. S/he must then satisfy an adjudicating committee appointed by the Council of the Society as to the content and standard of the course and examination in pharmacy that s/he has taken, and as to his/her knowledge of pharmacy as practised in the UK.
If English is not his/her mother tongue, s/he must demonstrate his/her knowledge of the English language. S/he will also be required by the adjudicating committee to the registration examination and s/he must complete a period of employment in the practice of pharmacy in Great Britain under conditions laid down by the committee. Further details of the conditions are set out in bye-law XIX and on the Society’s website.

A new professional body for pharmacy

The paper Trust, Assurance and Safety: the Regulation of Health Professionals in the 21st Century (Cmmd.7013) asserted that, as well as the GPhC, the pharmacy profession ‘will need a strong and clear voice to assume the critical responsibility of undertaking a role akin to that played by a Royal College, supporting clinical excellence in the profession’. Subsequently, a section of the Carter Report (also see above) focused on what this ‘body akin to a Royal College’ might look like and what its functions might be. Considerable protest and resistance followed from pharmacists, who objected to a quasi-governmental group expressing any view at all on how the profession might wish to constitute its leadership and development body. The Society, therefore, commissioned an independent inquiry under the chairmanship of Nigel Clarke, who published his report in April 2008. A key recommendation, which was implemented, was to set up a Transitional Committee – called ‘Transcom’ – to further develop the delivery of a new professional body.

Accordingly, Transcom met for the first time in July 2008, with the key objective of producing a prospectus for the new professional body by the end of 2008 so that potential members could make an informed choice about membership. One important distinction between the existing RPSGB (which was a registration and regulatory body as well as a professional body) and a new professional body is that membership of the latter will be voluntary. A Transcom prospectus was published on 28 November 2008 and consultation on its content closed on 9 January 2009. The new professional body will be underpinned by a modified Royal Charter (see below).

Royal Charter

In 2004, the Society was granted a ‘new’ Charter (an authority directly from the monarch to take certain powers) to clarify the remit of its representational role. The 2004 Charter is legally a supplemental charter since it retains the incorporation aspect of the 1843 Charter while replacing all the provisions of the 1953 Charter. At the time of writing, the RPSGB was the professional body for pharmacy (but see details of forthcoming separation at the beginning of this chapter). The Society was founded in 1841 and incorporated by Royal
Charter in 1843. A Supplemental Charter was granted in 1953. These Charters are revoked by the Supplemental Charter of 2004 (see above) except in so far as the 1843 Charter incorporated the Society, authorised it to have a common seal and to sue and be sued.

**Objects of the Charter**

The main objects (in short) of the current Supplemental Charter are:

1. to advance knowledge of, and education in, pharmacy and its application;
2. to safeguard, maintain the honour and promote the interests of the members in their exercise of the profession of pharmacy;
3. to promote and protect the health and well-being of the public; and
4. to maintain and develop the science and practice of pharmacy.

The Charter also provides powers to:

1. promote public understanding of pharmacy;
2. maintain any charitable or benevolent trusts for distressed members or dependants or students of the Society;
3. to undertake any functions designed to maintain fitness to practise;
4. to undertake any function relating to the control and licensing of premises used in connection with pharmacy;
5. to maintain registers of members;
6. to maintain registers of premises;
7. to fix fees for any non-statutory services provided by the Society;
8. to set and enforce standards of education and to hold examinations;
9. to award fellowships and other distinctions;
10. to establish and maintain museum collections;
11. to undertake, encourage, fund or commission research and its publication;
12. to co-operate with other relevant bodies and authorities;
13. to engage and pay staff and run pension schemes;
14. to acquire, dispose of or mortgage property;
15. to take out liability insurance for the Society;
16. to indemnify members of Council in respect of any liability arising from the performance of their duties in good faith;
17. to receive income, legacies or gifts and to borrow money;
18. to invest money;
19. to carry on trade in furtherance of Charter objects;
20. to do anything else lawful to promote the attainment of the Charter objects; and
21. to set terms of office for Council members.
**Charter powers**

The Charter goes on to control how the income and property of the Society may be used, to limit membership of the Society to registered pharmacists in Great Britain, to require an Annual General Meeting to be held, to make arrangements to recognise the devolved powers and responsibilities for health in Scotland and Wales, and to establish the branch structure for members of the Society. Control, direction and management of the policies and affairs of the Society are vested in the Council, which is constituted as follows:

1. seventeen elected registered pharmacists, of which one place each is reserved for members from Scotland and Wales;
2. one registered pharmacist appointed by the universities (schools of pharmacy);
3. two pharmacy technicians; and
4. ten persons appointed by the Privy Council.

No places on the Council are to be reserved for sectoral pharmacy practice representation. The election and appointment processes are laid down in the Charter regulations. The Council may then exercise all powers and functions of the Society except where a Special Resolution is required. The Council itself is subject to a code of governance and a conduct panel. Council members can be suspended or removed from office following breach of this code. Transcripts of recent Council meetings are available on the Society’s website; from 2005 this will be extended to agendas and other relevant papers.

The Supplemental Charter gives the Council power to make regulations for all or any of the purposes for which regulations may, by the express provisions of the Charter, be made and such other regulations as seem to the Council to be necessary for the management and regulation of the affairs and property of the Society and its chartered objects. The Charter requires that there shall be a president, who is a registered pharmacist, and other officers as laid down by regulations. Although many of the powers of the Society are contained in the 2004 Charter, additional powers and duties have been conferred and/or imposed by various Acts of Parliament. One of the principal duties under statute is that the Council of the Society must appoint ‘a fit and proper person’ as the Registrar (Pharmacy Act 1954, s.1). It is the duty of the Registrar to maintain the Register of Pharmaceutical Chemists under the Pharmacy Act 1954 (s.2) and the Register of Premises (registered pharmacies) under the Medicines Act 1968 (s.75).

**Organisation of the Society**

The Council has full power to manage the Society’s affairs but needs a special resolution to amend, add to or revoke any of the Supplemental Charter.
provisions. A special resolution means a resolution of the Council confirmed, in accordance with regulations, either at a duly convened general meeting of members of the Society by not less than a two-thirds majority of the votes of the members present (or by proxy), or by ballot of the membership. The Council has a duty to manage the Society’s affairs and, subject to the provision of the regulations, has power to regulate the conduct of proceedings at meetings of the Council and its committees and subcommittees. In anticipation of separation into the regulator (GPhC) and the professional body, the Society restructured its organisation in July 2008 and may well do so again in future years. At the time of writing, the expected functions of the regulator were delegated to the office of the Deputy Registrar, with subdivisions into fitness to practice and three sections for education: education development, registration and accreditation. The expected functions of the future professional body were carried out within Directorates of Professional Services, Publishing, Policy and Communications, Finance and Resources, alongside three national pharmacy boards for England, Scotland and Wales. The Directorate of Professional Services included supporting (not regulatory) activities in education and standards, in practice, in leadership and marketing of membership services. The following sections are largely taken from the Society’s website – more information is available on the website.

The national pharmacy boards

The Society has always been involved in shaping and influencing policy and since devolution this has been necessary in three administrations – the UK Parliament, the Scottish Parliament and the Welsh assembly. In 2005 the English, Scottish and Welsh Pharmacy Boards were established for this purpose. Their remit in each country is to:

- provide strategic leadership and support for pharmacy practice;
- assist development of council policy and its implementation and implement and develop national policy;
- promote the science and practice of pharmacy and its contribution to health;
- provide professional advice to the relevant government and its agencies, NHS bodies and other health and social care organisations;
- support the Society’s branches; and
- support pharmacists in their professional roles.

Branches and regions of the Society

The Society has around 130 local branches, which provide a local focus for professional and educational matters and hold regular meetings on a wide range of scientific and current affairs topics. There are also 11 regions in
England, which act as a link between the branches and the Society’s Council, and co-ordinate larger-scale public-relations activities.

**Membership and special interest groups**

The Society has membership groups for community pharmacists, hospital pharmacists, industrial pharmacists and veterinary pharmacists. There is also a special interest group for academic staff. The groups hold meetings on topics of interest within their own fields and provide a source of advice to the Society’s council on specialised matters.

**Fellows and honorary members and fellows of the Society**

Fellowship of the Society is awarded to members who have made a distinguished contribution to the profession. The Society’s Panel of Fellows is empowered to confer fellowship on members of not less than 12 years’ standing who have made an outstanding original contribution to the advancement of pharmaceutical knowledge or have attained distinction in the science, practice, profession or history of pharmacy. The Society may also confer honorary membership or fellowship on non-pharmacists who have made a distinguished contribution to the profession.

**Students**

In 1978, the Society formed a section of the Society entitled ‘The British Pharmaceutical Students Association’, membership of which was open to all pharmaceutical students. Membership is also open to those members of the Society who have been registered initially for not more than 12 months. The Association, which is jointly financed by the Society, is recognised by the Council to be the representative body for the students. The Association is administered, in accordance with its constitution, by an elected executive.

**Support for pharmacists**

The Benevolent Fund (renamed Pharmacist Support in 2008) is an organisation working for pharmacists and their families in time of need. Its role includes the offer of grants and financial assistance to cover a range of circumstances. In addition, the Listening Friends scheme offers free listening services to pharmacists suffering from stress. The service is entirely confidential and anonymous and provides the opportunity to talk to a pharmacist trained to offer support regarding the particular pressures that apply to pharmacy. The service is not restricted to work-related problems but offers support for all causes of stress such as ill-health, family issues and bereavement.
Specialist advice services regarding benefits, debt and employment law are also available and are provided confidentially and completely free of charge.

Summary

- The role of the Society is undergoing significant change to separate out the regulatory role of the General Pharmaceutical Council (GPhC) and a leadership role for a new professional body. Both are expected to be established in shadow form during 2009.
- At the end of 2008, the Society derived its powers from two Royal Charters, 1843 and 2004, and the Pharmacists and Pharmacy Technicians Order 2007 (P&PT Order 2007).
- The P&PT Order 2007 and the bye-laws specify requirements for preregistration training, registration and retention on the registers and make provisions for fellowship and honorary membership of the Society.
- The P&PT Order 2007 and the bye-laws allow, subject to detailed conditions, for admission to the register of pharmacists from other countries.
- Arrangements for regulation of pharmacy technicians will be completed following the implementation of the expected Pharmacy Order 2009.
- The expected Pharmacy Order 2009 will complete the separation by establishing the GPhC.
- The Society exercises its powers through rules made under the order and regulations, or bye-laws made under the Charter.
- The Council comprises 17 elected registered pharmacists, 1 registered pharmacist appointed by the Schools of Pharmacy, 2 pharmacy technicians and 10 persons appointed by the Privy Council.
- A president and other officers of the Council must be appointed annually; the Council also appoints a Registrar to maintain the Register of Pharmacists and the Register of Pharmacies and carry out fitness to practise duties.
- Three national boards (English, Scottish, Welsh) shape and influence pharmacy policy in Great Britain.
- Members of the Society are assigned to 136 geographical branches, falling within 12 regions.
- There are membership groups for pharmacists in agricultural and veterinary, hospital, industrial and community pharmacy practice.
- The Society has a section for membership of students.
- The Society offers support for pharmacists experiencing difficulties in all areas of their lives and a help-line for alcohol, drug or stress-related problems.
Further reading


Websites

Association of Pharmacy Technicians UK: www.aptuk.org

Council for Healthcare Regulatory Excellence: www.chre.org.uk

Department of Health: www.dh.gov.uk

Pharmacist support: www.pharmacistsupport.org


Managingyourorganisation/Humanresourcesandtraining/

Modernisingprofessionalregulation/Pharmacyprofessionalregulation/DH_081562

The Clarke Inquiry website: www.theclarkeinquiry.com/

The Transcom website: www-transitionalcommittee.com/