

**GENERAL PHARMACEUTICAL COUNCIL
STANDARD CONDITIONS FOR USE BY FITNESS TO
PRACTISE COMMITTEES**

Conditions relating to duty to notify/inform (N)

- N1. To notify all employers (including the superintendent pharmacist or responsible pharmacist) or contractors; all prospective employers (including the superintendent pharmacist or responsible pharmacist) or contractors, agents acting on behalf of employers and locum agencies, whether for paid or voluntary employment for which registration with the Council is required (in the UK or elsewhere), of the matters under consideration by the Council/the conditions in this Order. In the case of prospective employers, this notification must be given at the time of application.
 - N2. To inform, in writing, the Council's Regulation Directorate before undertaking any position in the UK or elsewhere for which registration is required.
 - N3. To arrange for your work place supervisor to send a report on your progress and development directly to the Regulation Directorate of the Council (every X months), for a period of X.
 - N4. To notify all relevant staff in your workplace, in writing, of the restrictions imposed on your pharmacy practice.
 - N5. Before undertaking any employment in the UK or elsewhere, to inform the Council's Regulation Directorate, in writing, of the arrangements you have made for your work to be supervised and to provide the Council with the name and contact details of your workplace supervisor.
 - N6. To allow the Council's Regulation Directorate to exchange information with your employer, any locum agency, Primary Care Organisation or any other person or organisation for which you provide pharmaceutical services.
 - N7. To notify the Council's Regulation Directorate before accepting any position for which registration is required, either in UK or elsewhere, and to provide the Council with the contact details of your employer, PCO and superintendent pharmacist.
 - N8. To notify the Council's Regulation Directorate before accepting any position for which registration is required, and which requires you to act as a responsible pharmacist/superintendent pharmacist in the course of your duties, and to provide the Council with the contact details of your employer, PCO (and superintendent pharmacist).
 - N9. To inform the Council within X days of your return to practise in the UK.
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Conditions relating to duty to liaise/seek advice from mentors (AM)

AM1. To consult with and seek advice from/maintain regular contact with/arrange for the periodic visits to your practice by:

Council Inspector/PCO Chief Pharmacist or Clinical Governance Lead/PCO Accountable Officer for Controlled Drugs/Pre-Registration Tutors approved by the Council/ Council approved CPD Facilitator/LPC/APC in relation to your pharmacy practice/ and to abide by and implement any recommendations made by them.

AM2. To allow the Council to exchange information about your efforts to improve your knowledge/pharmacy practice, with the PCO Clinical Governance Lead/PCO Accountable Officer for Controlled Drugs/Pre-Registration Tutors approved by the Council/Council approved CPD Facilitator/LPC.

AM3. To nominate a senior and experienced practising pharmacist/pharmacy technician to act as a mentor, such mentor to be approved by the Council. To seek advice from and maintain regular contact with such mentor and to allow the Council to exchange information about your efforts to improve your knowledge/pharmacy practice with such mentor. To authorise the mentor to provide reports on your progress to the Council every X.

Conditions relating to health (H)

H1. To place yourself and remain under the supervision of a consultant specialising in X/ General Practitioner approved by the Council and to allow the Council to correspond with him about your health and to receive medical reports from your supervising consultant/GP every X months. The costs of such supervision and medical reports to be borne by you.

H2. To cease work immediately if your approved medical supervisor or general practitioner so advises.

H3. Not to undertake any on-call duties/weekend work/out of hours work/extended hours work/locum duties.

H4. To place yourself and remain under the direct supervision of a workplace supervisor approved by the Council, who shall be a registered pharmacist or pharmacy technician, and to allow the Council to exchange regular progress reports from the approved work place supervisor.

H5. To keep your professional commitments under review and to limit your pharmacy practise in accordance with the advice of the medical supervisor approved by the Council.

H6. To comply with arrangements made by, or on behalf of the Council for the testing (including unannounced testing) of breath, blood, urine, saliva and/or hair for the recent and long term ingestion of alcohol and other drugs of potential addiction, the costs of such testing to be borne by you.

H7. To attend regular meetings of Alcoholics anonymous/Narcotics Anonymous/or any other support group if recommended to do so by your medical supervisor.

H8. To limit your alcohol consumption in accordance with the directions given by your medical supervisor, abstaining absolutely if they so require.

H9. Not to engage in the provision of addiction services or transactions for provisions of addiction services.****

H10. Not to engage in the provision of palliative care services or transactions for provision of palliative care services.*****

- H11. To have no involvement in the ordering, storage, prescribing, dispensing, labelling or supply of any drug on Schedules 2 and 3 of the Misuse of Drugs Regulations 2001.
- H12. To undertake an / periodic occupational health assessment(s) with a registered medical practitioner approved by the Council, the costs of such assessment to be borne by you. To comply with any recommendations made by such medical practitioner, and to allow him to provide reports to the Council every Y.

Conditions relating to work supervision (WS)

- WS1. To keep a log book of all X activities you have carried out together with details of the levels of supervision for a period of X.
- WS2. To place yourself and remain under the direct supervision of a workplace supervisor approved by the Council, who shall be a registered pharmacist or pharmacy technician, and to allow the Council to exchange information with, and receive regular progress reports from, the approved work place supervisor.
- WS3. To undertake work involving the direct or indirect clinical care of patients only with the prior agreement of your work place supervisor.
- WS4. To have regular meetings with your work place supervisor to review your work, the frequency of which should be determined by your supervisor but which shall not be more than X weeks apart.

Conditions relating to practice restrictions (PR)

- PR1. Not to work as a single-handed practitioner/superintendent/responsible pharmacist.
- PR2. Not to work as a superintendent pharmacist/responsible pharmacist/single handed practitioner (for a period of X...).
- PR3. To employ a full time practising pharmacist to act as responsible pharmacist in your pharmacy, such person to be approved by the Council.
- PR4. To have no involvement in the ownership or management of any pharmacy (for a period of X...).
- PR5. Not to undertake any pharmacy practice as a locum.
- PR6. To restrict your pharmacy practice as a locum to a geographical area and/or a named pharmacy(s)/local health board/PCO area.
- PR7. Not to undertake on call duties/weekend work/out of hours work/extended hours work.
- PR8. To confine your pharmacy practice to X matters, under the supervision of Y (for a period of...).
- ~~PR9. In England to restrict your pharmacy practice to the provision of essential services*/Not to engage in the provision of enhanced** or advanced services.***~~

In Scotland, to restrict your pharmacy practice to the provision of core pharmacy services YYY and/or comply with the following restrictions on your provision of additional services YYYY [list restrictions....].

NB “Essential”, “enhanced” and “advanced” services are service requirements of the pharmacy contract in England. “Core Pharmacy Services” and “Additional Services” are service requirements applicable to Scotland. Further conditions may be necessary for pharmaceutical services in Wales.

- PR10. Not to engage in the provision of services under section 10 of the Medicines Act 1968 or other high risk services.****
- PR11. To refrain from X pharmacy practice until you have provided satisfactory evidence to the Council that you have completed appropriate up to date training in this area, and that you are competent to provide such a service safely.
- PR12. Not to practise as a supplementary or independent prescriber (for a period of X).
- PR13. To refrain from all forms of prescribing/to refrain from prescribing in X...
- PR14. Save in life threatening emergencies, not to prescribe or administer any controlled drugs.
- PR15. Not to engage in the provision of addiction services or transactions for provisions of addiction services.*****
- PR16. Not to engage in the provision of palliative care services or transactions for provision of palliative care services.*****
- PR17. To have no involvement in the ordering, storage, prescribing, dispensing, labelling or supply of any drug on schedules 2 and 3 of the Misuse of Drugs Regulations 2001.
- PR18. To make immediate contact with the Council's Controlled Drugs Inspection Team and to arrange a programme of X visits for a period of Y, the costs of such visits to be borne by you, and to implement any recommendations made by that Inspection Team.
- PR19. To send (electronic) copies of the controlled drugs register for X pharmacy to the Council's Regulation Directorate every X.
- PR20. To make immediate arrangements with your company's Superintendent Pharmacist for the inspection and appraisal of your pharmacy practice in relation to controlled drugs.
- PR21. To seek the immediate advice of a Council's Inspector/PCO Chief Pharmacist or Accountable Officer for Controlled Drugs in relation to your pharmacy practice in respect of controlled drugs. To agree an action plan for the improvement of your pharmacy practice in that area, such plan to be approved by the Council, and to provide evidence of implementation of that plan to the Council no later than X.
- PR22. To have no involvement in the provision of pharmacy or healthcare services within the prison or criminal justice system or within X specialist hospitals/care homes.
- PR23. Not to provide clinical advice in relation to alternative or complementary therapies or dispense any product in respect of such therapies.
- PR24. Not to provide specialist clinical advice to other healthcare professionals.
- PR25. Not to practise as a Qualified Person, and to provide evidence of removal of your name from the Register of Qualified Persons to the Council no later than X.
- PR26. Not to engage in the provision of mail order or on-line pharmacy services.
- PR27. To have no involvement in the ordering, dispensing or provision of lifestyle drugs.*****
- PR28. Not to practice pharmacy in any pharmacy operated by relatives/family members.
- PR29. No later than [X] to remove the annotations to your entry in the Register.

Conditions relating to general practice improvements (GPI)

- GPI1. To increase support staff levels in your pharmacy to X, and to provide evidence of this to the Council no later than Y.
- GPI2. To provide training to X staff in relation to Y and to provide evidence of completion of such training to the Council no later than Z.
- GPI3. To implement a staffing profile/ratio approved by the Council no later than X.

Conditions relating to use of chaperones (C)

- C1. Save in life threatening emergencies, to undertake all consultations with male/female/vulnerable/X patients in the immediate presence of another pharmacist or pharmacy technician registered with the Council/or another registered health care professional or other person acceptable to the Council. In the event of a patient rejecting the presence of the chaperone you shall not proceed.
 - C2. To keep a record in book form of all consultations with male/female/vulnerable/X patients, which should have clear entries and indicate the name and qualification of the chaperone and be signed by the chaperone. This should be presented to the committee at subsequent reviews.
 - C3. Not to undertake any pharmacy practice involving:
 - Truss or hosiery services
 - Medicine Use/Medication Reviews
 - Emergency hormonal contraception.
 - C4. Not to undertake any point of care testing.*****
 - C5. Not to undertake domiciliary visits.
 - C6. Not to undertake clinical ward rounds.
 - C7. Not to undertake work as a pre-registration tutor (for a period of X).
 - C8. Not to have involvement in the training of support staff/technicians.
 - C9. Not to employ pharmacy students in your practice.
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Conditions relating to re-training (RT)

- RT1. To comply with any re-education or re-training as required by the Council including attendance at CPPE/NES Pharmacy/WCPPE or return to practice courses approved by the Council repeating X part of the pre-registration training year taking Y part of the Council's registration exam, and obtaining a score of not less than Z.
- RT2. To consult with X / pre-reg tutor approved by the Council with regard to the formulation of an - Education Development Plan (and seek advice with regard to an appropriate speciality and career path).
- RT3. To arrange to have regular consultations with X/pre-reg Tutor/CPD facilitator approved by the Council, attend upon him as required and abide by any advice or recommendations given. Such advice may include attendance and completion of academic or vocational courses or any other such training as required.
- RT4. To seek and follow advice from X /pre-reg tutor/CPD facilitator approved by the Council with regard to your professional development and to arrange for a report to be provided directly to the Council's Regulation Directorate prior to the next review hearing.
- RT5. To undertake audits of X aspects of your pharmacy practice every Y months and provide a copy of your audit to the Council's Regulation Directorate every Z months.
- RT6. To consult with a Council Inspector/PCO Chief Pharmacists or clinical governance lead on the best methods to remedy deficiencies in your pharmacy practice identified by them, and to prepare an action plan to remedy such deficiencies. Such action plan to be implemented by you no later than Z days after approval by the Council.
- RT7. To retake X aspects of the pre-registration training year and Y aspects of the Council's pre-registration exam (with a score of Z).
- RT8. To make arrangements with X to attend education and training courses in Y no later than Z, such attendance to be paid for by you, and to allow X to send a report on your progress to the Council's Regulation Directorate.

Conditions relating to evidence for review hearings(E)

- E1. To provide evidence in the form of X, of compliance with these conditions to the committee secretary and the Regulation Directorate of the Council no less than Y days before the review of this order.
- E2. To arrange for your workplace supervisor/consultant/GP to provide a report directly to the committee secretary and the Council's Regulation Directorate prior to the review of this order.
- E3. To provide the committee secretary and the Council's Regulation Directorate with a copy of your Educational Development Plan prior to the review of this order.

* In England, "Essential Services" includes dispensing medicines/repeat dispensing/waste/public health/signposting/self care/clinical governance

** In England, "Enhanced Services" includes Supervised Administration/Needle and Syringe Exchange Schemes/On Demand Availability of Specialist Drugs/Stop smoking/ Care Home/Medicines Assessment and Compliance Support/ Medication Review/Minor Ailment Service/Out of hours access to medicines/Supplementary Prescribing

*** In England, "Advanced Services" includes Medicines Use Review and Prescriptions Interventions

YYY In Scotland, “Core Pharmacy Services” represents core elements of the new community pharmacy contract for Scotland and includes Minor Ailments Service (MAS); Chronic Medication Service (CMS); Acute Medication Service (AMS); and Public Health Service (PHS)

YYYY In Scotland, “Additional Services” represents services provided in addition to the core pharmacy services. These services are agreed locally and reflect local demand. They include methadone supervision; needle exchange services; advice to care homes; pharmaceutical waste; out of hours/rota provision; oxygen (both domiciliary and portable); palliative care; and stoma supply.

******** High risk services

This includes:

On-line pharmacy services

Supplementary/independent prescribing

Supply of medicines under Patient Group Directions (i.e. supply of emergency hormonal contraception to girls under 16)

Diagnostic testing and health screening

Monitored dosage dispensing for nursing homes, residential homes and domiciliary patients

Services to drug misusers/needle exchange schemes (therefore pharmacists coming into contact with substance misusers)

Specials manufacturing/section 10 exemption/Extemporaneous preparation

Aseptic dispensing services from non-licensed units

Medicines use reviews

Alternative therapies

Veterinary sales

Wholesaling

Commissioned pharmacy services to prisons (i.e. supply of medicines remotely)

Emergency Supply

Urgent Supply of repeat medication (Scotland only)

********* Addiction services

This includes the following drugs:

Drugs on schedule 2-4 of the Misuses of Drugs Regulations 2001

Diamorphine, dipipanone and cocaine supplied by medical practitioners who hold a special licence issued by the Home Secretary

Methadone Oral Maintenance, Injectable, Detox -reducing dose

Amphetamine - for stimulant addiction

Buprenorphine (maintenance or detox)

Benzodiazepines (Temazepam, diazepam)

Dihydrocodeine (detox)

********* Palliative care services

This includes the following drugs

Drugs on schedule 2-3 of the Misuse of Drugs Regulations 2001

Commonly used oral opioids

- Morphine

- Oxycodone
- Hydromorphone

Commonly used topical opioids

- Fentanyl patches
- Buprenorphine patch

Injectable opioids

- Diamorphine
- Morphine
- Oxycodone
- Alfentanil

******* Lifestyle drugs**

This includes drugs for the treatment of impotency/male pattern baldness/obesity/smoking

******* Point of Care testing**

This includes monitoring and testing activities in relation blood pressure/cholesterol/diabetes/obesity, and ear pier
