

# Good decision-making: Conditions bank and guidance

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# About us

1. The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales. As part of our role, we set the standards that pharmacy professionals have to meet throughout their careers, as well as the standards that pharmacy owners are responsible for meeting, to ensure the safe and effective provision of pharmacy services at or from a registered pharmacy.

## Introduction

### What this document is about

2. Conditions are restrictions on a pharmacy professional's practice for a certain period of time, to address concerns about their ability to practise safely and effectively. Conditions are imposed by the Fitness to Practise Committee (FtPC). This document explains what conditions are, when they should be considered and includes a bank of example conditions. This document should be read alongside:
  - *Interim orders: guidance on the application process and committee decision-making*
  - *Good decision-making: fitness to practise hearings and sanctions guidance*
  - *Restoration to the register: guidance for applicants and committees*
3. The GPhC's publication and disclosure policy sets out how long conditions on a pharmacy professional's practice are published on the register, and the circumstances in which the GPhC will disclose information about conditions.

### Who this document is for

4. This guidance is aimed at:
  - FtPC members who are responsible for decision making at fitness to practise hearings and writing conditions
  - pharmacy professionals who have had a concern raised about them or who have had conditions imposed
  - GPhC staff involved in investigating cases and monitoring pharmacy professionals who have had conditions applied to their practice
  - anyone who is interested in fitness to practise and anyone who may have raised a concern with us.

### Equality and diversity

5. The GPhC is committed to promoting equality, diversity and inclusion when it does its work. We value diversity and individuality in our staff, the profession and our council. Our aim is to make sure that our processes are fair, objective, transparent and free from discrimination, and that all stakeholders receive a high level of service. We keep to the principles set out in the Equality Act 2010 and have developed an equality, diversity and inclusion scheme.

6. All GPhC staff are expected to demonstrate our values and to work towards these aims at all times during the fitness to practise process. The GPhC will act in accordance with the rights set out in the European Convention on Human Rights (ECHR) as incorporated into domestic law by the Human Rights Act 1998.

## About conditions

### What are conditions?

7. Conditions are one of a number of outcomes for a pharmacy professional at a hearing. Conditions apply to a pharmacy professional's practice for a certain period of time, which can be for up to three years. They may include restrictions on their practice, a commitment to practise under supervision, or to undergo retraining. The conditions provide protection for patients and the public, while allowing a pharmacy professional to continue practising and to deal with any areas that need improving.

### When to consider conditions

8. Conditions can be imposed at interim order hearings or once a finding of impairment is made at a principal hearing or review hearing. Conditions can also be imposed at restoration hearings. Conditions may be appropriate in cases involving a pharmacy professional's health or performance, or when there is evidence of shortcomings in specific areas of a pharmacy professional's practice. Conditions are likely to be appropriate and workable if the pharmacy professional has shown insight and the FtPC considers the pharmacy professional has the potential to respond positively to conditions.
9. Conditions will not be appropriate where the pharmacy professional has not attended a hearing or addressed questions about their ability and willingness to comply with any conditions. Conditions will also not be appropriate in cases where the allegation involves a professional being charged with serious offences. In interim order cases, conditions will not be appropriate in circumstances where the allegations are particularly serious and where the basis for making an order is otherwise in the public interest as established in the case *D v General Medical Council* [2015] EWHC 847 (Admin).
10. When considering conditions, the FtPC must be satisfied that:
  - the pharmacy professional will be willing and capable of complying with conditions
  - the conditions will protect the public and address the public interest in light of the specific findings on impairment and any risk it has identified
  - it is able to write appropriate and practicable conditions, for example, those that fit with the pharmacy professional's normal working environment, or directly link to the improvement needed

### Health cases

11. In health cases, the primary purpose of the conditions is to manage the risks of a health condition which is affecting the pharmacy professional's ability to deliver safe and effective care. The conditions are not a mechanism for bringing about an improvement in the pharmacy professional's health condition, although working under conditions might contribute to an

improvement. Health improvement is a matter for those treating the pharmacy professional and a patient choice to be made by the pharmacy professional.

12. Therefore, when considering conditions in health cases the FtPC must be satisfied that:
  - the risks raised of not being able to deliver safe and effective care due to the pharmacy professional's medical condition can be properly managed by conditions
  - the pharmacy professional has genuine insight into the risks raised of not being able to deliver safe and effective care due to his or her health conditions
  - At the time of the hearing the health condition is such that the conditions will be practicable and capable of being complied with and
  - the pharmacy professional will comply with conditions relating to his or her medical condition
13. Appendix 1 contains information about drug and alcohol testing.

## Writing conditions

14. Conditions should be written to address specific concerns in pharmacy professional's practice. They should be clear, workable and enforceable. It is important that a pharmacy professional clearly understands what they are expected to achieve. The FtPC must, therefore, always clearly set out the conditions as well as its reasons for imposing the conditions, in the determination. That is, the FtPC will set out for each and every condition a clearly articulated rationale why it is necessary and how it is intended to operate.
15. The FtPC must be sure that the conditions imposed can protect the public and bring about the improvement needed in a pharmacy professional's behaviour and practice. The FtPC should be clear about what evidence it will need to be satisfied that conditions are being met, for example, evidence of the successful completion of any training courses, or reports from a supervisor or mentor.
16. The bank below contains some example conditions, but the FtPC should always consider writing an entirely new condition to address case specific concerns. The FtPC must not use the example conditions as template conditions to be selected and imposed as drafted in the bank.
17. When writing conditions, the FtPC must consider:
  - the risks of the case, ensuring case specific conditions are written first
  - how patients and the public will be protected from these risks, and
  - how compliance with the conditions can be demonstrated and monitored
18. Before concluding a hearing, the FtPC must always allow time for the pharmacy professional to read and consider the proposed conditions. This is to ensure that the pharmacy professional has understood them and had an opportunity to highlight any potential issues with the conditions which might affect their ability to comply with them. If any issues are raised at this stage, the FtPC should reconsider the appropriateness and wording of the conditions.
19. The consequence of a poorly drafted condition is that it is likely to be unenforceable. It may also lead to patients and the public being at risk of harm.

## Monitoring conditions

20. Once conditions have been imposed on a pharmacy professional's practice, GPhC staff members will liaise with them and monitor how they are complying with the conditions. GPhC staff will not interpret or clarify conditions which are ambiguous or unclear. Cases where conditions are not clear should be referred back to the FtPC for clarification.
21. If there is evidence to suggest that the pharmacy professional has not complied with the conditions, or if something has changed which could affect effectiveness of the conditions, an early review hearing may take place so that appropriate action may be taken.
22. A case may be referred for an early review hearing if there is evidence that:
  - the conditions are no longer necessary
  - the pharmacy professional has failed to comply with a condition or that a condition is no longer practicable and the pharmacy professional cannot comply with it
  - the pharmacy professional's health or performance has deteriorated, or
  - further concerns have been raised

## Reviewing conditions

23. Conditions are applied to a pharmacy professional's registration for a set period and, in most cases, will be reviewed by the FtPC shortly before the period ends. When reviewing conditions, the FtPC should consider whether the conditions have been complied with and if they're still needed to address concerns in the pharmacy professional's practice.
24. When reviewing conditions, the FtPC may:
  - extend the period for complying with the conditions for up to three years starting from the time when the earlier period would have ended
  - add to, remove or vary the conditions
  - suspend the pharmacy professional from the register, for up to 12 months
  - remove the pharmacy professional from the register

# Conditions bank

**Table 1: Example conditions for when others need to be informed of a pharmacy professional's conditions**

Example number	Informing others	Confidential?	Things to note
1	<p>You must:</p> <ul style="list-style-type: none"> <li>• give the GPhC the contact details of your place of employment and anyone who is likely to be the manager or persons supervising you (employer, pharmacy owner, agency, superintendent pharmacist responsible pharmacist)</li> <li>• tell the GPhC before you take on any position for which you must be registered with the GPhC</li> <li>• give the GPhC details of the role and the hours you will work each week, including locum or relief work</li> <li>• tell the GPhC if any of the above details change</li> </ul>	No	The FtPC should confirm with the pharmacy professional where they intend to work and ensure that the correct organisation/people are identified in the condition.
2	<p>You must notify the following people in writing of these conditions before you commence any work, in relation to any paid or unpaid work for which registration with the GPhC is required: [add/remove as applicable]</p> <ul style="list-style-type: none"> <li>• All employers or contractors</li> <li>• Agents acting on behalf of employers and locum agencies</li> <li>• Superintendent Pharmacists</li> <li>• Responsible Pharmacists</li> </ul>	No	The FtPC cannot require disclosure of conditions unless it is compliant with GDPR UK provisions. Therefore, the FtPC must ensure that it is satisfied that it is necessary for the persons/organisations to know about the conditions before it can require the pharmacy professional to notify them. Reasons should be provided why those selected need to be notified, otherwise, the condition is unlikely to be enforceable. This is because a pharmacy professional cannot be required to disclose

Example number	Informing others	Confidential?	Things to note
	<ul style="list-style-type: none"> <li>Line Managers</li> <li>Workplace supervisors</li> <li>Accountable Officer for Controlled drugs</li> <li>Prospective employers (notification should be given at the time of applying)</li> </ul> <p>You must provide the GPhC with a copy of the notification(s)</p>		personal information unless it is necessary for a regulatory outcome.
3	You must tell the GPhC if you apply for work as a pharmacist or pharmacy technician outside Great Britain.	No	
4	You must give the GPhC the name and contact details of your GP and any other registered medical practitioner responsible for your care and consent to the GPhC writing to them about your health.	Yes	
5	You must get the written approval of your medical practitioner before taking on any post for which you must be registered with the GPhC. You must send the GPhC a copy of their written approval.	Yes	<p>The FtPC should consider what sort of approval it has in mind. For example, a fit to work note, a short report confirming that the work is suitable, etc.</p> <p>The FtPC should also consider how much detail about any post the pharmacy professional will need to share with the medical practitioner to ensure the approval is meaningful.</p>



**Table 2: Example conditions for when medical support is needed in health cases**

Example number	Getting support for health conditions	Confidential?	Things to note
6	<p>You must:</p> <ul style="list-style-type: none"> <li>• put yourself, and stay, under the supervision of a GP/medical practitioner specialising in [area]</li> <li>• attend appointments as arranged</li> </ul> <p>follow their advice, and recommended treatment</p>	Yes	<p>The FtPC should not impose supervision under a specialist if the pharmacy professional is not already under the care of a specialist or one is available. The GPhC cannot impose treatment and care which the NHS otherwise has deemed not needed for the healthcare needs of a pharmacy professional.</p> <p>Equally, the FtPC should not impose supervision which is realistically unobtainable as this is unlikely to be an enforceable condition.</p>
7	<p>You must liaise with the GPhC about receiving medical reports from your GP/consultant every [number of months] or when the GPhC asks for them.</p>	Yes	<p>The FtPC should say who the report should come from. The FtPC should also be clear about what the report needs to cover vis a vis the findings the FtPC have made about impairment. The FtPC is reminded that its role is in managing the risk from the health condition impacting on the safe and effective delivery of care and not on the health improvement of the pharmacy professional.</p>
8	<p>You must keep your professional commitments under review and limit or stop your pharmacy practice, in line with your medical supervisor's advice. You must tell the GPhC about this within 7 days of getting the advice.</p>	Yes	<p>Such a condition is likely to only be reasonable where there is a nexus between the pharmacy professional's health condition and their capacity to deliver safe and effective care.</p>
9	<p>You must have occupational health assessments with a registered medical practitioner and comply with any</p>	Yes	<p>An occupational health (OH) assessment is a medical examination carried out by an OH</p>

Example number	Getting support for health conditions	Confidential?	Things to note
	<p>recommendations they make. You must arrange for them to send reports to the GPhC every [number of months] months.</p>		<p>physician. Its usual aim is to answer questions raised by an employer. Mainly, the assessment aims to:</p> <ul style="list-style-type: none"> <li>• advise the employer about the employee's health issue, and</li> <li>• make recommendations on what adjustments could be considered to make sure there is a safe and healthy working environment for that employee</li> </ul> <p>It can also be an assessment of somebody's fitness to work.</p> <p>An OH assessment is only likely to be practicable where employers provide such a service.</p> <p>Careful consideration should be given about the necessity or proportionality of ongoing OH reports where there is other evidence which provides the answers to any question an OH report might address.</p>

**Table 3: Example conditions for when alcohol or substance misuse needs to be monitored or managed**

Example number	Monitoring and managing alcohol or substance misuse	Confidential?	Things to note
10	You must undergo tests arranged by, or on behalf of, the GPhC for [alcohol and/or drug use] every [number of months and/ or when required by the GPhC]	Yes	<p>Including ‘When required by the GPhC’ allows the GPhC to arrange ad hoc tests if it becomes apparent during the monitoring period that they would be necessary.</p> <p>Committees should consider the attached guidance on identifying and specifying the appropriate tests.</p> <p>All medical testing will be paid for by the GPhC.</p>
11	You must abstain from alcohol/limit your alcohol consumption in line with the directions given by your medical supervisor/GP.	Yes	The FtPC should be cautious in imposing this condition that it does not rely solely on the GPhC’s medical assessor report but takes into account the medical evidence as a whole and whether in light of the pharmacy professional’s state of health at the time of the hearing this is achievable. If it is not, then this condition might not be appropriate as it is likely to set up the pharmacy professional for failure
12	You must not self-medicate (apart from over-the-counter drugs which do not need a prescription), and must take drugs only as prescribed for you by your GP or any registered prescriber responsible for your care.	Yes	The FtPC should be cautious in imposing this condition that it does not rely solely on the GPhC’s medical assessor report but takes into account the medical evidence as a whole whether in light of the pharmacy professional’s state of health at the time of the hearing this is achievable. If it is not, then this condition might not be appropriate.

**Table 4: Example conditions for when supervision or mentoring is needed**

Example number	Supervision and mentoring	Confidential?	Things to note
13	<p>You must, within [number of weeks] of the date this order takes effect:</p> <ul style="list-style-type: none"> <li>• find a workplace supervisor (who must be a registered pharmacist or pharmacy technician) and ask the GPhC to approve your workplace supervisor</li> <li>• put yourself, and stay, under their [direct/close/remote] supervision</li> <li>• give the GPhC your permission to exchange information with your workplace supervisor about your efforts to improve your pharmacy practice</li> </ul> <p>If you are not employed, you must ask the GPhC to approve your workplace supervisor before you start work</p>	No	<p>The FtPC should take into account the pharmacy professional’s workplace arrangements and consider if supervision by a pharmacy professional is possible. They should also consider the type of supervision, based on the below descriptions:</p> <ul style="list-style-type: none"> <li>• Direct- the pharmacy professional should work alongside their supervisor at all times.</li> <li>• Close - the pharmacy professional should work in the same place as their supervisor who should be available at all times.</li> <li>• Remote - the supervisor can work apart from the pharmacy professional but must be available for advice or assistance. The supervisor should regularly review the pharmacy professional’s work and have regular meetings with the pharmacy professional.</li> </ul>
14	<p>You must arrange for your workplace supervisor to send a report on your progress and development in relation to [area(s) of concern] directly to the GPhC every [number of months] months or when the GPhC ask for one.</p>	No	<p>The FtPC must clearly set out what the supervisor must cover in the report. This includes specific areas of practice or areas in which the pharmacy professional is expected to demonstrate improvement or development.</p>

Example number	Supervision and mentoring	Confidential?	Things to note
15	You must not carry out [service/area of practice] unless directly supervised by a pharmacist.	No	The FtPC must insert the specific areas of practice and/or services relating to the concerns in the case.
16	You must name and ask the GPhC to approve a suitable pharmacist or technician to act as your mentor. within [number of weeks] weeks of the date this order takes effect. You must be in contact with your mentor, [insert how often] about the following: <ul style="list-style-type: none"> <li>• [area/issue]</li> </ul>	No	Mentoring can involve: <ul style="list-style-type: none"> <li>• helping the pharmacy professional to identify ways to improve their performance and develop their skills and career;</li> <li>• sharing expertise, values, skills and perspectives;</li> <li>• providing insight into difficult issues;</li> <li>• helping the pharmacy professional to find solutions to difficult issues;</li> <li>• developing action plans and assessing progress.</li> </ul> The FtPC should clearly specify what the intended objective is of the mentoring requirement. The FtPC should specify whether contact should be remote or in person.
17	You must arrange for your mentor to write to the GPhC every [number of months] months to confirm that meetings are taking place.	No	The FtPC must clearly set out what the supervisor must cover. This includes specific areas of practice or areas in which the pharmacy professional is expected to demonstrate improvement or development.

**Table 5: Example conditions for when development or training is needed**

Example number	Development and training	Confidential?	Things to note
18	<p>You must work with [person] to draw up a personal development plan, specifically designed to deal with the shortcomings in the following areas of your practice:</p> <ul style="list-style-type: none"> <li>• [area of concern]</li> </ul> <p>You must send a copy of your personal development plan to the GPhC within [number of weeks] weeks of the date this order takes effect.</p>	No	The person and the pharmacy professional need not work together face-to-face unless the FtPC think it is necessary.
19	<p>You must arrange for [the person who drew up the PDP] to provide a report on your progress toward achieving the aims set out in your personal development plan every [number of months] for [length of time].</p>	No	The FtPC must clearly set out what the supervisor must cover in the report. This includes specific areas of practice or areas in which the pharmacy professional is expected to demonstrate improvement or development.
20	<p>You must undertake training in the following areas:</p> <ul style="list-style-type: none"> <li>• [area of practice]</li> </ul> <p>The training is to be paid for by you. You must send the GPhC evidence of completion within 10 days of the course.</p>	No	<p>The FtPC should be clear about what the learning outcomes should be for the pharmacy professional, so they can decide whether a training course is the best way of achieving them.</p> <p>The FtPC should consider:</p> <ul style="list-style-type: none"> <li>• whether the pharmacy professional is allowed to work</li> <li>• whether they need close supervision while they are training, and</li> <li>• whether a workplace supervisor should provide a report after a certain period, describing the</li> </ul>

Example number	Development and training	Confidential?	Things to note
			<p>pharmacy professional's abilities after the training has been completed</p> <p>If the FtPC considers it necessary, it should set conditions 15, 16 and 17.</p>

**Table 6: Example conditions for cases where practice needs restricting by hours, environments or locations**

Example number	Restricting practice whilst concerns are addressed	Confidential?	Things to note
21	You must not take on any [on-call duties/weekend work/out-of-hours work/extended-hours work/locum duties/relief duties].	No	If the FtPC selects 'extended-hours' and/or 'out-of-hours', it should specify the number of daily hours allowed and the acceptable start and end times. It should also consider how this may affect the pharmacy professional's ability to find work.
22	You must not work as a sole practitioner/superintendent pharmacist/responsible pharmacist/ locum or relief [pharmacist/pharmacy technician].	No	
23	You must have no involvement in the ownership or management of any pharmacy.	No	The FtPC should carefully consider what it means by no involvement and depending on the facts of a particular case clarify what is meant by no involvement.
24	You must limit your practice as a pharmacy professional to [number] [days/hours] a week.	No	
25	You must restrict your pharmacy practice as to [geographical area] and/or [named pharmacy/named local health board].	No	

Example number	Restricting practice whilst concerns are addressed	Confidential?	Things to note
26	You must not provide [type of service].	No	The FtPC must insert the types of service(s) specific to the case, for example; the supply of emergency hormonal contraception/ online pharmacy services /alternative therapies/clinical advice to other healthcare professionals/ lifestyle drugs/services in prison or specialist care homes/ home visits/ point of care testing
27	You must not practise pharmacy in any pharmacy where your [relative/family member] is involved in the running of the pharmacy.	No	





# Appendix 1- Alcohol and drug testing

## Alcohol testing

For alcohol testing, head hair and blood samples are to be collected for testing. Due to instances of false negative results and false positives, hair testing for alcohol should not be used in isolation and instead used in conjunction with biochemical blood tests (blood testing). Blood testing detects more recent intake over a hair sample.

## Hair testing

Head hair is regarded as the more reliable sample by The Society of Hair Testing (SoHT) ahead of body hair and nail samples.

Due to the variable growth rate of both finger and toenail samples, they are therefore regarded as less reliable compared to head hair. Results from nail samples have also been shown to elevate the results, that is, show higher levels of detection.

As head hair can be segmented for sectional analysis to indicate reduced alcohol intake or cessation, it is therefore the preferred sample over body hair which cannot be segmented and only provides a binary result.

## Detection periods

**Head hair:** up to 6 months (6cm of head hair). Cannot detect further due to the wash out effect which kicks in at approximately 3cm of head hair.

**Body hair:** 1cm = 3 months+ / 2cm = 5 months+

**Fingernail:** single nail clipping detects up to 6 months.

**Toenail:** single nail clipping detects up to 12 months.

## Blood testing alcohol markers

Blood test results detect substances in the blood stream at the time of the collection.

**Phosphatidylethanol (PEth):** collected via dry blood spot (finger pricking) covers the month prior to the collection.

**Carbohydrate-deficient transferrin (CDT):** collected via needle blood draw and detects up to 4 weeks. The sensitivity is variable, so a number of excessive drinkers may not be identified when CDT testing is used alone.

**Liver Function Test (LFT):** The diagnostic marker used to identify chronic alcohol exposure. Have low sensitivity for recent excessive intake and raised levels may result from several causes besides heavy drinking, implying a low specificity for alcohol.

## Features of hair alcohol markers

**Ethyl Glucuronide marker (EtG):** EtG is a very minor metabolite of alcohol. Bleaching, perming, relaxing, and dyeing of hair may lead to a false negative result for EtG.

**Ethyl Palmitate (EtPa):** Is formed in the presence of ethanol from free fatty acids, triglycerides, lipoproteins or phospholipids. There is a possibility of EtPa providing a falsely elevated result due to the use of certain hair products.

Both EtPa and EtG in hair can discriminate between moderate social drinking and chronic alcohol abuse with a high selectivity. Sensitivity can be further improved by their combined application. However, neither marker can prove absolute abstinence, and they cannot be used for a quantitative retrospective estimation of alcohol consumption.

Testing for EtPa is regarded as the secondary marker and can be performed in conjunction with testing for EtG, which is the primary marker for assessing chronic excessive alcohol consumption. Because EtPa can be present in hair cosmetic products, and consequently can be found on the hair of people who have not consumed alcohol, a positive EtPa cannot be the sole basis for concluding chronic excessive alcohol consumption. Instead, other information, including primarily the result of the EtG test, must be considered, to provide an interpretation about chronic excessive alcohol consumption.

## Drug testing

For drug testing the recommended sample to collect is head hair due to the consistent growth rate and can be sectioned to provide habitual use whether that be quarterly 3-month sectional analysis, bi-monthly sectional analysis or month by month analysis. Both body hair and nail samples cannot be sectioned, and nail samples are less reliable due to results being elevated and a variable growth rate. Both body hair and nail samples are less likely to detect low level drug use.

## Detection periods

**Head hair:** months to years – 1cm = 1 month / 2cm = 2 months / 3cm = 3 months / 4cm = 4 months

**Body hair:** 1cm = 3 months+ / 2cm = 5 months+

**Fingernail:** single nail clipping detects up to 6 months.

**Toenail:** single nail clipping detects up to 12 months.

## Overview vs sectional

Due to the time it takes for hair to emerge from the follicle, the hair cut from the scalp does not represent the most recent hair growth. It captures a record of historical drug use prior to the time of the hair collection. It is not possible to pinpoint the exact time at which an individual has used, or ceased to use, a drug. It is only when negative results are obtained for a hair section can they be considered consistent with a cessation of drug use.

## Cessation of drug use

The resting phase of the hair cycle is around four months, so it can contain evidence of previous drug use- that is, drug use in a time period not represented by the hair in that section. As a result of this, there is no sharp border between a positive and negative hair section, but a broader 'transition' zone which contains significantly decreasing concentrations of drugs and drug metabolites from previous use.

## **Obstruction to providing specific samples**

Protected characteristics under the Equalities Act 2010 can't be used as a qualified right to not provide a sample for testing. As a public body acting under a statutory mandate to protect the public, a pharmacy professional is required to provide a sample for testing to enable us to ensure that the pharmacy professionals registered with us are safe to practise.



