

Applying to vary or revoke conditions on a pharmacy premises

Application guidance

July 2023

In accordance with section 74E of the Medicines Act 1968, the person carrying on the business at the premises may apply to the registrar for any of the conditions imposed to be varied or revoked.

Use this form if you want to request that any condition currently imposed on your pharmacy premises is varied or revoked.

1. The application process

To apply to vary or revoke conditions, you must:

1. Complete a paper copy of the application form. You can fill in the form using a computer, but you will need to print it out and sign it.
2. As part of your application, you must send by copies of supporting documents, information or evidence. You should number these items.
3. Post your completed application form and supporting documents to the GPhC.

Send your completed application to:

**Premises Team
General Pharmaceutical Council
Level 14
One Cabot Square
London
E14 4QJ**

We recommend you keep a copy of the application for your records. If you want to keep track of the progress of your application, we recommend that you send it to us using a trackable service such as Royal Mail 'Signed For'. Use your tracking number to find out when your application has been delivered.

The GPhC is a data controller registered with the Information Commissioner's Office. If you would like to know more about how we use personal data and your rights under data protection legislation, [**see our privacy policy**](#).

Your application may take up to six weeks to process, so please make sure you send it to us in good time.

We will write to you to let you know the outcome of your application.

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Important: all conditions remain in place as they were initially imposed, unless and until you receive a written notice of conditions, variation or revocation which confirms any changes.

2. Completing your application

You can make a request to vary or revoke any of the conditions currently imposed on your registered pharmacy premises. You must provide clear information and evidence to support your application.

When we receive your application, we will use the information you provide to process your request and make a decision about your application to vary or revoke conditions on your pharmacy premises. We will also take into account information about why the conditions were initially imposed and assess the impact of varying or removing a condition (or conditions).

We may also ask you to provide additional documents, information or evidence, as the registrar may reasonably require for the purposes of verifying the information in, or determining, your application.

We will contact you using the details you give in the application form, if we need to request additional supporting documents.

As part of our assessment of your application, we may require an inspector to visit your pharmacy premises.

The registrar must refuse to vary or revoke the condition (or conditions) if:

- your application is not accompanied by the necessary supporting documents, information or evidence as mentioned in the application form, or any additional documents subsequently required by the registrar, or
- this would prejudice the health, safety or well-being of members of the public, or
- it is necessary to retain the relevant condition (or conditions) in order to ensure the safe and effective practice of pharmacy at the premises (Rule 23 of the General Pharmaceutical Council (Registration Rules) Order of Council 2010)

Important: if any information you have provided in the application changes after you have submitted it, tell us by calling our Customer Contact Centre on **0203 713 8000** or by emailing premises@pharmacyregulation.org, quoting the premises registration number.

3. The outcome of your application

If we agree with the request you make in your application, we will write to you to give notice about when the change will come into effect and the reasons for the decision. This will be in the form of a notice of intention to impose, revoke or vary conditions. It will include a date when the change comes into effect.

We may assess the information in your application and decide on an alternative approach to your request. We will send you a notice of intention to impose, vary or revoke conditions, which sets out the alternative conditions and the reasons for the decision. It will include a date when the change comes into effect.

If we do not agree with your application, we will write to you with the reasons for our decision. The current conditions will stay in place.

Application to vary or revoke conditions on a pharmacy premises

Application form

1. Pharmacy details

Give the details of the registered pharmacy premises subject to the conditions.

Trading name

Premises registration
number

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Premises address

Post code

2. Applicant details

Give the name and contact details for the person making the application. This must be the person who is responsible for carrying on the business at the pharmacy premises.

Title

Mr

Mrs

Ms

Miss

Other

Name

Position

Email

Phone

2.1 Is the person or organisation submitting this application:

Application form

a body corporate or limited liability partnership (LLP)

Please fill in section A

an NHS trust

Please fill in section B

a sole trader or partnership

Please fill in section C

Section A: Body corporate or LLP

GPhC owner number

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Organisation name

Registered address

Post code

Companies House number

Director name

GPhC registration number
(if applicable)

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Superintendent name

Superintendent's GPhC registration number

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Section B: NHS trust

GPhC owner number

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Organisation name

Address

Application form

Post code

Superintendent name

Superintendent's GPhC registration number

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Section C: Sole trader or partnership

Sole trader or first partner

Name

GPhC registration number

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Sole trader's home or partnership's principle address

Second partner (if applicable)

Name

GPhC registration number (if applicable)

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3. Condition(s) you want to vary or revoke

Use this section to tell us which of the conditions which are currently imposed on your pharmacy premises you want to be varied or revoked, and the reasons for your request.

- 3.1 Give details of all the conditions which are currently imposed upon your pharmacy. Include them word for word and in the same order as they are written on your notice of conditions, variation or revocation form. Indicate that you want to vary or revoke a condition, or if you are content for it to be retained, by checking the relevant box. You must include an action for each condition.**

Application form

No	Condition	Action
1		vary <input type="checkbox"/> revoke <input type="checkbox"/> retain <input type="checkbox"/>
2		vary <input type="checkbox"/> revoke <input type="checkbox"/> retain <input type="checkbox"/>
3		vary <input type="checkbox"/> revoke <input type="checkbox"/> retain <input type="checkbox"/>
4		vary <input type="checkbox"/> revoke <input type="checkbox"/> retain <input type="checkbox"/>
5		vary <input type="checkbox"/> revoke <input type="checkbox"/> retain <input type="checkbox"/>

3.2 If you want to vary any conditions, write below what you propose the varied condition should be. Use the numbers from part 3.1 to show which current condition relates to which proposed condition.

No	Proposed condition

3.3 When do you propose that the variation or revocation of conditions should come into effect? Please bear in mind that it may take up to six weeks after the date you submit this application, to determine the outcome and notify you of it.

							(DDMMYY)
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Important: all conditions remain in place as they were initially imposed, unless and until you receive a written notice of conditions, variation or revocation which confirms any changes.

3.4 Are the registered premises subject to any other enforcement action, including improvement notices issued under Article 13 of the Pharmacy Order 2010?

Yes No

a) If yes, please give details and include a copy of the enforcement notice with your application.

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3.5 Please explain clearly your grounds for making this application, and set out:

- the information and evidence of how you have changed the way your pharmacy operates to address the issue(s) for which the condition (or conditions) were imposed, or
- any reasons why you are not able to comply with the conditions, and
- list the documents you rely upon in support of your application.

Application form

The box below will expand to accommodate your answer.

4. Declarations

This section must be completed by the person who is responsible for carrying on the business at the pharmacy premises, as set out in section 69 of The Medicines Act 1968.

As a person carrying on the business at the pharmacy premises, I declare that:

- 4.1 the information that I have provided in this application is complete, true and accurate and that I understand that the provision of false, inaccurate or misleading information could result in an allegation of misconduct made against me
- 4.2 I understand that my application must be refused if it is not accompanied by the necessary supporting documents, information or evidence, or if I fail to provide any additional documents, information or evidence as the registrar may reasonably require for the purposes of verifying the information in, or determining my application

Signed

Date

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Name

Position