

Good decision making:

Fitness to practise hearings
and outcomes guidance

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About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

Our main work includes:

- setting standards for the education and training of pharmacists and pharmacy technicians, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards that pharmacy professionals have to meet throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards

We are committed to protecting, promoting and improving the health and safety of people who use pharmacy services in England, Scotland and Wales. An important part of that role is dealing with the small number of pharmacists and pharmacy technicians who fall short of the standards that the public can reasonably expect from healthcare professionals.



1. Introduction

What this guidance is about

1.1 This guidance tells you about our fitness to practise hearings, how decisions are made and the outcomes which committees can decide on. It also provides guidance for committees to use when deciding what outcome is appropriate in any given case.

1.2 This guidance is in two parts:

- Part a: Hearings and the decision-making process

This part tells you about fitness to practise hearings, how they fit into the decision-making process and how a committee reaches a decision about which outcome is appropriate. It will support understanding of how the committee reaches a decision and what the different stages are to make sure that all parties are aware from the outset of the approach that the committee will take when deciding on an outcome.

- Part b: Guidance on outcome

This part sets out the GPhC's guidance on what outcomes are, and what issues or factors a committee should consider before deciding on an outcome. It will support consistent and proportionate committee decision making.

1.3 Part B of the guidance will be used primarily by those involved in hearings particularly fitness to practise committees when considering what outcome is appropriate following a finding that a pharmacy professional's fitness to practise is impaired. It outlines the purpose of the available outcomes and the factors to be considered when making a decision.

Who this guidance is for

1.4 This guidance is aimed at everyone who is involved in a fitness to practise hearing. This includes GPhC staff, committee members, pharmacy professionals (whether appearing at a hearing or not) and their representatives. It will also be useful to anyone who is interested in a fitness to practise hearing, including:

- patients and members of the public thinking about raising a concern with the GPhC about a professional
- patients and members of the public who have raised a concern with the GPhC about a professional
- patients and their representatives

- defence organisations
- other regulatory bodies, including the Professional Standards Authority (PSA)
- the courts

1.5 We will regularly review this guidance to:

- take account of changes to legislation and case law
- make sure it stays 'fit for purpose' and accessible to all stakeholders



Equality and diversity

- 1.6 The GPhC is committed to delivering equality, improving diversity and fostering inclusion when it does its work. We value diversity and individuality in our workforce (including our decision-makers), the public and the professionals we regulate. Our processes are designed to be 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 **our equality, diversity and inclusion (EDI) strategy and approach**.
- 1.7 All of our workforce is expected to demonstrate our values and to apply these at all times during the fitness to practise process. The GPhC upholds and follows the principles of the European Convention on Human Rights (ECHR) in line with the Human Rights Act 1998.

Part a: Hearings and the decision-making process

This part tells you about fitness to practise hearings, how they fit into the decision-making process and how a committee reaches a decision about which outcome is appropriate

2. Hearings

2.1 A fitness to practise hearing is one potential outcome and part of a detailed process that begins when we receive a concern about a professional's fitness to practise¹. This process can end at several key stages:

- after an initial assessment of the concern
- after investigation takes place
- at an investigating committee meeting
- at a fitness to practise committee hearing²

The guidance used at each stage of the process



2.2 Decision-making guidance is used at each stage to decide what action to take.

- Our **threshold criteria** are used at the investigation stage to decide whether to refer a case to the investigating committee
- Our ***Good decision making: investigating committee meetings and outcomes guidance***³ is used by the investigating committee to help it deal with cases it makes a decision on

¹ If the allegation is one that the GPhC can deal with

² Some cases are referred directly by the Registrar under Article 52 (2) (b) and Article 54 (1) (a) of The Pharmacy Order 2010

³ www.pharmacyregulation.org/sites/default/files/document/good_decision_making_investigating_committee_meetings_and_outcomes_guidance_.pdf

- **This guidance** covers fitness to practise hearings and the decisions made by a fitness to practise committee during a hearing
- 2.3 If a case is referred to the fitness to practise committee, there will usually be a hearing. The hearing is held by a panel of three people (a chair, a professional member and a lay member).
- 2.4 Other people may also be at the hearing, including a legal adviser, a medical adviser, GPhC staff and professionals' representatives. However, some professionals may attend a hearing without a representative. In these circumstances, the committee chair should make sure that a brief explanation of the hearing process, including the roles of the various people at the hearing and the different stages of the hearing, is given before the hearing begins. The committee chair will also check if the professional has any particular needs, concerns or vulnerabilities which might affect their ability to take part in the hearing.
- 2.5 Committees hear evidence and decide whether a professional's fitness to practise is impaired⁴. The fitness to practise committee is independent of the GPhC. It is accountable⁵ for the decisions which it makes and must take account of guidance produced by the GPhC⁶.
- 2.6 In most cases, a committee will hold a hearing in public. But a hearing may be held wholly or partly in private if the committee is satisfied that the interests of the professional concerned, or of a third party, in maintaining their privacy outweigh the public interest in holding the hearing, or that part of the hearing, in public⁷. If the hearing is about the health of the professional, or relates to an interim order, the committee must hold it in private. However, if it is satisfied that the interests of the professional concerned, or of a third party, in maintaining their privacy are outweighed by the public interest it may hold the hearing in public⁸.

⁴ The meaning of impairment is given in paragraph 2.12

⁵ All decisions are scrutinised by the Professional Standards Authority and may also be subject to appeal – see section 29 of the National Health Service Reform and Health Care Professions Act 2002

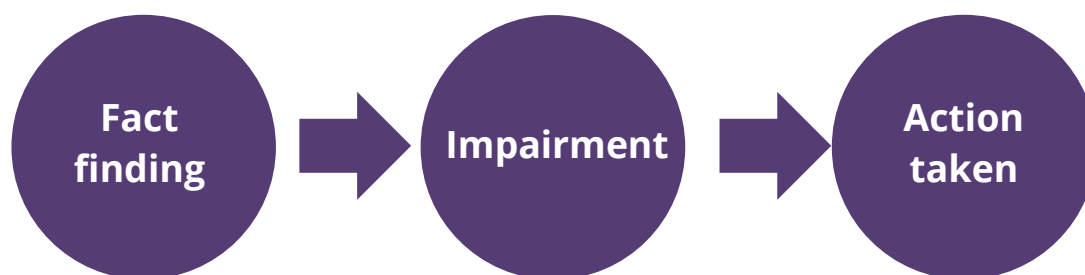
⁶ Rule 31 (14) - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

⁷ Rule 39 - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

⁸ Rule 39 - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

Reaching a decision

- 2.7 During a hearing the committee follows a three-stage process before it reaches a decision on which outcome is appropriate⁹. Once the committee has heard the evidence, it must decide:
- whether the **facts** alleged have been found proved
 - whether the professional's fitness to practise is **impaired**
 - whether any **action** should be taken, against the professional's registration or not. This is dealt with in detail in part b of this guidance.
- 2.8 While coming to its decisions the committee should also keep in mind the overall objectives of the GPhC¹⁰.



Fact finding

- 2.9 In a hearing, the GPhC has to prove the facts alleged against a professional. The standard of proof which applies is the 'balance of probabilities'. This means that the committee will find an alleged fact 'proved' if it decides, after hearing the evidence, that it is more likely to have happened than not happened. This is not the same as the standard of proof in a criminal court, which is 'so that you are sure'.
- 2.10 If a professional admits any of the facts alleged, the committee must find the admitted facts to be proved¹¹.
- 2.11 If the facts alleged against the professional have been proved it does not necessarily mean that there will be a finding of impairment. A committee's decision on impairment must be separate from the decision on the facts of the case. For example, even if there is a finding of misconduct, a committee may decide that a professional's fitness to practise is not impaired and may conclude that no action is needed.

⁹ Rule 31 - General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

¹⁰ Article 6 - The Pharmacy Order 2010

¹¹ Rule 31 (6) - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

Impairment

- 2.12 A pharmacy professional is 'fit to practise' when they have the skills, knowledge, character, behaviour and health needed to work as a pharmacist or pharmacy technician safely and effectively. In practical terms, this means maintaining appropriate standards of competence, demonstrating good character, and also keeping to the principles of good practice set out in our various standards, guidance and advice.
- 2.13 Fitness to practise can be impaired for a number of reasons. These include misconduct, lack of competence, not having the necessary knowledge of English, ill-health or a conviction for a criminal offence¹².
- 2.14 The committee may consider allegations about a professional's personal or professional life. They must decide whether the professional's fitness to practise is currently impaired, **not** whether it was at the time the incident happened¹³. The committee must keep in mind the overall objectives of the GPhC when deciding whether a pharmacy professional's fitness to practise is impaired¹⁴. The committee must also take into account relevant factors, which include whether or not the conduct or behaviour¹⁵:
- presents an actual or potential risk to patients or to the public
 - has brought, or might bring, the profession of pharmacy into disrepute
 - has breached one of the fundamental principles of the profession of pharmacy
 - shows that the integrity of the professional can no longer be relied upon
- 2.15 The committee should also consider whether:
- the conduct which led to the complaint is able to be addressed
 - the conduct which led to the complaint has been addressed
 - the conduct which led to the complaint is likely to be repeated
 - a finding of impairment is needed to declare and uphold proper standards of behaviour and/or maintain public confidence in the profession
- 2.16 In deciding whether a person's fitness to practise is impaired because they do not have the necessary knowledge of English, the committee may take into account, among other things¹⁶:
- whether the person concerned has not complied with a direction, given under the rules, to have an examination or other assessment of their knowledge of English, or

¹² Article 51 – The Pharmacy Order 2010

¹³ Meadow v GMC [2007]

¹⁴ Schedule 1(5) (8) – The Pharmacy Order 2010

¹⁵ Rule 5 - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

¹⁶ Rule 24 (11a) – The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

- whether the person concerned has not provided the registrar with evidence of the result of that examination or assessment

2.17 The decision on impairment is a matter for the judgment of the committee. The committee has to make its own decision about impairment even when it is admitted by the professional. It should make clear what factors it has taken into account when deciding on impairment.

Action taken

2.18 If a committee decides a professional's fitness to practise is impaired, it can:

- take no action
- agree undertakings¹⁷
- issue a warning
- impose conditions on the professional's practice
- suspend the professional from practising, or
- remove the professional from the register in the most serious cases

2.19 The committee must, having taken account of this guidance, consider the appropriate outcome in the given case, announce its decision and give its reasons for that decision¹⁸.

2.20 These outcomes are intended to protect the public, and the wider public interest, not to punish the professional. You will find more details on these outcomes, and what a committee considers when reaching a decision about a particular outcome, in part b of this document.

The determination

2.21 Once a committee has made a decision at each stage of the hearing, it will give its written 'determination'. The determination is the formal statement by the committee announcing its decision and explaining the reasons for it. The amount of detail a committee gives in a determination depends on the nature and complexity of the case. In every case the reasons should be adequate so that the decision can be easily understood by the professional, the GPhC, the complainant and any other interested party. It should be clear why a particular decision has been made.

2.22 The committee should make sure that the decision on the outcome is fully explained and understood. The written determination should carefully explain, in clear and direct language which leaves no room for misunderstanding or ambiguity:

¹⁷ See paragraph 4.11

¹⁸ Rule 31 (14) - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

- what outcome the committee has decided on
 - the reasons for the outcome, and
 - why the committee is satisfied that the decision is sufficient to protect the public. This involves considering the committee's need to protect the health, safety and wellbeing of the public, to maintain public confidence in pharmacy, and to maintain proper professional standards and conduct for pharmacy professionals
- 2.23 A committee must consider this guidance when reaching a decision on outcome. If it decides not to take account of the guidance it will be expected to clearly explain its reason for not doing so.
- 2.24 The committee's determination should explain why it thinks the outcome is necessary and proportionate. It should say how the committee considered the possible outcomes, starting with the least severe and moving upwards. The determination should say why the committee has decided upon the outcome and explain:
- why the lesser outcomes are not sufficient
 - why the next available, more serious, outcome is not necessary or proportionate
 - how the outcome chosen will adequately protect the public and the wider public interest
- 2.25 It is important, and in the interests of fairness, that the professional is given proper reasons, so they can decide whether or not to appeal the decision. The GPhC, the complainant, the public, the Professional Standards Authority (PSA) and other pharmacy professionals must also be able to understand the reasoning behind the committee's decisions. Any committee which has to consider the case later (for example, at a review hearing) should also be able to properly understand the reasoning behind the original decision.



3. After a decision on outcome has been made

3.1 Once a committee has made a decision on the outcome it may also impose 'interim measures' that take effect immediate. Once the hearing has ended, there may be a review hearing on another date. This depends on the outcome and circumstances of the case.

Interim measures

3.2 The committee may impose interim measures if it has made a direction for:

- removal from the register
- suspension
- conditional entry in the register¹⁹

3.3 A committee may impose interim measures²⁰ if it is satisfied that they are needed to protect the public, or are otherwise in the public interest or in the interests of the professional. Any interim measures will take effect immediately and can cover the 28-day 'appeal period'. If the professional appeals against the decision, the measures will stay in force until that appeal is decided.

3.4 Before considering whether to impose interim measures, the committee should invite representations from both parties. When announcing whether it is to impose interim measures, the committee will give its reasons for that decision. When considering whether or not to impose interim measures, the committee should bear in mind:

- The outcome it has reached, and
- Any risk to the public

3.5 Even if it decides not to impose interim measures, the committee should make clear in its determination that it has considered them and why it has decided not to impose them.

3.6 The committee should give proper, adequate and clear reasons for imposing interim measures and make sure the measures are consistent with its finding that the professional's fitness to practise is currently impaired. The reasons should explain why the committee is satisfied that imposing interim measures is:

¹⁹ Article 60 (3) and (4) - The Pharmacy Order 2010

²⁰ Article 60 - Pharmacy Order 2010

- Needed to protect the public
- Otherwise in the public interest, or
- In the interests of the professional

3.7 Interim measures in the form of a suspension, may be imposed only if the committee has decided to suspend the professional or remove them from the register. Interim conditions on the professional's entry in the register may only be imposed if the committee's decision is to impose conditions.

Review hearings

3.8 Review hearings²¹ can take place when:

- a professional is suspended from the register following a hearing – a committee will usually direct that a review hearing takes place before the period of suspension ends
- a professional is made subject to a 'conditions of practice direction' following a hearing – a committee will usually direct that a review hearing takes place before the period of conditional registration ends

3.9 A committee can review the matter before the scheduled review hearing. For example, the GPhC may have evidence that the professional has practised while suspended or has failed to comply with the conditions imposed upon their practice. Additional outcomes can be decided upon by the committee at the review hearing²².

3.10 If, in a particular case, the committee decides that a further review hearing is not needed, it should give reasons for making this decision. If there is to be a further review hearing, the committee should explain in its determination the type of evidence the professional would be expected to provide at that hearing.

3.11 If, before a review hearing, the GPhC becomes aware of new evidence* that it wants to bring to the attention of the committee:

- the GPhC may ask for case management directions
- the committee chair may direct that the new evidence be considered at the review hearing, and that these rules are altered to take into account the particular circumstances of the case²³

*(*For example, evidence of a failure to comply with conditions, or inclusion on any of the barred lists.)*

²¹ See Rule 34 - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010 for the procedure followed at a review hearing

²² Removal not available for health cases

²³ Rule 30 - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010



- 3.12 At a review hearing, any finding of impairment made by the committee must be based on the original allegation. The committee will need to consider whether the professional's fitness to practise remains impaired after considering all the information now available. The professional is expected to provide evidence that any past impairment has been addressed²⁴. The committee must also take this guidance at a review hearing²⁵.
- 3.13 The GPhC will monitor any conditions imposed on registration. This may mean the committee does not need to ask for an early review of the case. If the GPhC then discovers any breach of, or failure to comply with, the conditions, an early review hearing will take place. This is so that the committee can decide whether to continue, modify or end the conditions and arrive at a more appropriate outcome.

²⁴Abrahaem v GMC [2008] EWHC 183 (Admin)

²⁵ Rule 34 (9A) - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

Table 1: Suspension

Considerations	Outcomes	Determination
<p>In some cases it may be obvious that, following a short period of suspension, there will be no value in a review hearing.</p> <p>However, in most cases when a suspension is imposed the committee will need to be sure that the professional is fit to resume practice either unrestricted or with conditions.</p> <p>The committee will also need to satisfy itself that the professional:</p> <ul style="list-style-type: none"> • has fully appreciated the seriousness of the breach or breaches they have committed • has not committed any further breaches of the standards²⁶ 	<p>If the committee has suspended a professional, it may, following a review, decide that²⁷:</p> <ul style="list-style-type: none"> • their entry be removed from the register (not in a solely health related case)²⁸ • the suspension be extended by another period of up to 12 months, to start from the time when the original suspension would otherwise end • their registration be suspended indefinitely, if the suspension has already been in force for at least two years²⁹ • an indefinite suspension ends • conditions should be imposed when the suspension expires or is terminated. 	<p>When the committee is:</p> <ul style="list-style-type: none"> • removing a suspension order and imposing conditions on the professional's registration instead, or • allowing the professional to return to unrestricted practice <p>the determination should explain why the public will not be put at risk by this decision.</p>

²⁶Article 48 (1) – The Pharmacy Order 2010

²⁷ Article 54 (3) (a) - The Pharmacy Order 2010

²⁸ See paragraph 4.6

²⁹ This direction must be reviewed if the professional asks and there has been at least two years since the direction took effect or was reviewed: Article 54 (4) – The Pharmacy Order 2010



Table 2: Conditions

Considerations	Outcomes	Determination
<p>In most cases when conditions have been imposed the committee will need to be sure that the professional is fit to resume unrestricted practice, or to practise with other conditions or further conditions.</p>	<p>When a professional's entry in the register is conditional upon their complying with conditions the committee may³⁰:</p> <ul style="list-style-type: none">• extend the period for complying with the conditions for up to 3 years starting from the time when the earlier period would have ended• add to, remove or vary the conditions• suspend the entry, for up to 12 months• remove the entry from the register	<p>If the committee is reviewing a professional's conditions, the determination should deal with whether, and how, the professional has complied with the conditions.</p> <p>If the committee decides that there has been a failure to comply, it must make specific findings.</p> <p>These must explain which conditions have not been complied with, in what way, and on what evidence the committee has based that decision.</p>

³⁰ Article 54 (3) (b) - The Pharmacy Order 2010

Part b: Guidance on outcome

This part sets out the GPhC's guidance on what outcomes are, and what issues or factors a committee should consider before deciding on an outcome.

This guidance is not intended to interfere with the committee's powers to choose whatever outcome it decides in individual cases³¹.

Committee members should use their own judgement when deciding on the outcome. They should also make sure that any outcome is:

- necessary and proportionate
- based on the individual facts of the case, and
- in the public interest

In deciding on the appropriate outcome, the committee must consider this guidance. If a committee chooses not to follow the guidance, it should explain why it has done this in its reasons for choosing the outcome.

³¹ CRHP v (1) GMC (2) Leeper [2004]

4. Available outcomes

- 4.1 Actions imposed by fitness to practise outcomes are used to protect patients and the wider public interest. This includes declaring and upholding proper standards of conduct and behaviour, and maintaining public confidence in the pharmacy professions and in the regulatory process. Although the effects of some outcomes – for example a suspension or removal from the register – could be punitive, an outcome must not be chosen solely to punish a professional.
- 4.2 The committee may decide on an outcome whether it decides that a professional’s fitness to practise is impaired or not. However, most outcomes only apply once there has been a finding of impairment of fitness to practise. The table below shows the outcomes that are available.

Outcomes for pharmacy professionals

- 4.3 A committee may apply any of the outcomes set out below. The table includes details of what outcome can be displayed on the online register. Our [publication and disclosure policy](#)³² sets out for how long they are displayed on the register.

Take no action

The impact on registration	Circumstances when this may apply
No action will be taken, the case will be closed and no record of the case will be recorded on the register.	This may apply even when impairment is found, but there is no risk to the public or need to decide on a different outcome.

³² Available on our website

Advice

The impact on registration	Circumstances when this may apply
<p>The committee gives advice to the professional about any issue it considers necessary or desirable. It will not be recorded in the register.</p>	<p>There is no need to take action to restrict a professional's right to practise and there is no continued risk to patients or the public.</p> <p>Advice can only be given to a professional when no impairment is found.</p> <p>The concerns do not amount to an impairment of fitness to practise but are serious enough to need a formal response. The committee should explain why a formal response is needed even though 'no impairment' was found.</p>

Warning

The impact on registration	Circumstances when this may apply
<p>The committee gives a warning to the professional. The details of this warning will be recorded in the register.</p>	<p>A warning may also be given when no impairment is found (see 'advice' above).</p> <p>There is a need to demonstrate to a professional, and more widely to the profession and the public, that the conduct or behaviour fell below acceptable standards.</p> <p>There is no need to take action to restrict a professional's right to practise, there is no continuing risk to patients or the public, but there needs to be a public acknowledgement that the conduct was unacceptable.</p>



Conditions

The impact on registration	Circumstances when this may apply
Conditions ³³ place certain restrictions on a professional's registration for the period given by the committee (up to three years). The details of these conditions will be recorded in the register.	<p>There is evidence of poor performance, or significant shortcomings in a professional's practice, but the committee is satisfied that the professional may respond positively to retraining and supervision.</p> <p>There is not a significant risk posed to the public, and it is safe for the professional to return to practice but with restrictions.</p>

Suspension

The impact on registration	Circumstances when this may apply
<p>A suspension prevents a professional from practising for a specific period given by the committee (up to 12 months).</p> <p>The details of the suspension will be recorded in the register.</p>	<p>The committee considers that a warning or conditions are not sufficient to deal with any risk to patient safety or to protect the public, or would undermine public confidence.</p> <p>When it is necessary to highlight to the profession and the public that the conduct of the professional is unacceptable and unbecoming a member of the pharmacy profession. Also when public confidence in the profession demands no lesser outcome.</p>

³³ Taken from a standard bank of conditions that is made available to the committee and is available on our website

Removal

The impact on registration	Circumstances when this may apply
The professional's entry in the GPhC register will be removed and they will no longer be able to work as a pharmacy professional in Great Britain ³⁴ .	Removing a professional's registration is reserved for the most serious conduct. The committee cannot choose this outcome in cases which relate solely to the professional's health. The committee should consider this outcome when the professional's behaviour is fundamentally incompatible with being a registered professional.

- 4.4 The committee may also give advice³⁵ to any other person or other body involved in the investigation of the allegation on any issue arising from, or related to, the allegation³⁶.
- 4.5 If the professional is entered in more than one part of the register, the committee must produce a separate, written determination for each part of the register. The committee may apply one outcome for all parts of the register, or different outcomes for different parts of the register.

Health cases

- 4.6 If the committee decides that a professional's fitness to practise is impaired solely because of physical or mental ill-health, it cannot direct that the professional be removed from the register³⁷ at the principal hearing. In the case of a health allegation, the chair may require the person concerned to agree to be medically examined by a registered medical practitioner chosen by the GPhC³⁸.

Requiring a language assessment

- 4.7 The committee has the power to require the professional to have a language assessment. The chair may give a direction requiring the professional to³⁹:
 - have an examination or other assessment of their knowledge of English, and
 - provide the registrar with evidence of the result of that examination or assessment

³⁴ The applicant must wait for 5 years before applying to be restored to the register.

³⁵ Whether or not impairment is found

³⁶ Article 54 (5) – The Pharmacy Order 2010

³⁷ Article 54 (7) – The Pharmacy Order 2010

³⁸ Rule 13 (1) (a) – The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

³⁹ Rule 6 (4) (e) – The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010



4.8 The committee may order this if it believes that a person registered as a pharmacy professional does not have the knowledge of English needed for safe and effective practice as a pharmacy professional in Great Britain. If the committee is considering this type of case it should take account of the published guidance.

Agreement of undertakings

4.9 The committee has the power, where the professional admits that their fitness to practise is impaired, to agree undertakings⁴⁰. Undertakings are promises by the professional on things they will or will not do in the future. They may include restrictions on their practice or behaviour or a commitment to undergo supervision or retraining. Undertakings that are not health related will be recorded in the online register⁴¹.

4.10 Undertakings will only be appropriate if the committee is satisfied that the professional will comply with them – for example, because the professional has shown genuine insight into their behaviour and the potential for remediation. The registrar may refer the matter to the committee for a review hearing if:

- A professional fails to comply with an undertaking, or
- The professional's health or performance deteriorates or otherwise gives further cause for concern about their fitness to practise⁴².

Corporate bodies

4.11 The committee has the power, if it thinks fit, to agree appropriate undertakings with the 'section 80' party⁴³ or to give advice or a warning, instead of giving a direction under section 80 of the Medicines Act 1968 to remove the corporate body from the register⁴⁴.

4.12 If the GPhC becomes aware that a party has failed to comply with any undertakings agreed, the committee must⁴⁵:

- consider the matter again, and
- reconsider the outcome. It may instead issue a direction under section 80(1) of the Medicines Act 1968 against the body corporate, or under section 80(4) against an individual

⁴⁰ Rule 26 (1) - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

⁴¹ [GPhC publication and disclosure policy](#)

⁴² Rule 45(3) - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

⁴³ Defined in Rule 2 as "an individual who, or a body corporate which, is subject to proceedings before the Committee in connection with the giving a direction under section 80(1) or (4) of the Act (or, where appropriate, their representatives)"

To remove t⁴⁴ Rule 26(2) - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

⁴⁵ Rule 32(18) - The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010

- 4.13 The committee also has the power⁴⁶ to deal with 'disqualification allegations' made against a corporate body that carries on a retail pharmacy business. The committee may direct that:
- a corporate body should be disqualified for the purposes of Part IV of the Medicines Act 1968
 - a 'representative' of the corporate body should be disqualified as being a representative for the purposes of Part IV of the Medicines Act 1968
 - the registrar should remove from the register of premises some or all of the premises at which the corporate body carries on retail pharmacy
 - the registrar should remove from the register of premises, for a limited time, some or all of the premises at which the corporate body carries on retail pharmacy⁴⁷

Bringing a prosecution

- 4.14 If the committee believes that the GPhC should consider using its powers to bring criminal proceedings it must tell the registrar about this⁴⁸.

⁴⁶ Section 80 Medicines Act 1968

⁴⁷ Section 80(3) of the Medicines Act 1968

⁴⁸ www.pharmacyregulation.org/sites/default/files/gp201489_gphc_criminal_prosecution_policy.pdf



5. Deciding on the outcome

5.1 When making its decision the committee must keep in mind the overall objectives of the GPhC. The committee should also consider the full range of outcomes. It should use its discretion and decide on a outcome that is necessary and proportionate. By 'proportionate', we mean that an outcome should be no more serious than it needs to be to achieve its aims⁴⁹. The committee should also make sure any outcome is sufficient to protect the public. This involves considering:

- whether it is sufficient to protect the health, safety and wellbeing of the public
- whether it is sufficient to maintain public confidence in pharmacy, and
- whether it is sufficient to maintain proper professional standards and conduct for pharmacy professionals

Key factors to consider

5.2 Ensuring that a hearing has the appropriate outcome is important for both public confidence in the profession and in the way it is regulated. In deciding on the most appropriate outcome, the committee should consider:

- the extent to which the professional has breached the standards⁵⁰ as published by the GPhC
- the interests of the professional, weighed against the public interest
- the overall objectives of the GPhC
- the personal circumstances of the professional and any mitigation* they have offered or which the committee has identified in its findings
- that the decision is sufficient to protect the public
- any testimonials and character references given in support of the professional
- any relevant factors that may aggravate* the professional's conduct in the case
- any statement of views provided to the committee by a patient or anyone else affected by the conduct of the professional
- any submissions made to the committee by the GPhC's representative, the professional or their representative
- the contents of this guidance

⁴⁹ Chaudhury v General Medical Council [2002] UKPC 41

⁵⁰ Article 48 (1) – The Pharmacy Order 2010

- any other guidance published by the GPhC

** See paragraphs 5.10 to 5.35 for an explanation of mitigating and aggravating factors.*

- 5.3 To make sure that the outcome is proportionate, the committee should consider each available outcome, starting at the lowest, and decide if it is appropriate to the case. If it is not, the committee should consider the next outcome, and so on, until it decides that a particular outcome is appropriate⁵¹.
- 5.4 The committee should also consider the outcome immediately above the one it has decided on and give reasons why a more serious outcome is not necessary and proportionate.
- 5.5 The term of a suspension can be a maximum of 12 months. How long a suspension should be is for the committee to decide, taking into account the seriousness or relevant factors of the particular case. The period should be considered against the facts of the case and be proportionate. The committee must give reasons for the period of suspension it has chosen, including the factors in the case that led it to decide that the particular period of suspension was appropriate. This applies whether the committee has opted for a 12-month suspension or a shorter period.
- 5.6 The period for conditions of practice may not be more than three years. It is for the committee to decide what conditions to apply and for how long they should last. Conditions should be imposed to protect the public or for other reasons in the public interest or in the interests of the professional.

The public interest

- 5.7 In reaching a decision on what outcome to impose, the committee should give appropriate weight to the wider public interest⁵². In the context of a fitness to practise hearing, public interest considerations include:
- protecting the public
 - maintaining public confidence in the profession
 - maintaining proper standards of behaviour
- 5.8 The committee is entitled to give greater weight to the public interest, than to the consequences for the professional⁵³. Even if a outcome will have a punitive effect,⁵⁴ it may still be appropriate if its purpose is to achieve one or more of the three outcomes listed in paragraph 5.7⁵⁵. The


⁵¹ *Giele v General Medical Council* [2005] EWHC 2143 (Admin)

⁵² *CHRE v Nursing and Midwifery Council* (Grant)

⁵³ *Marinovich v General Medical Council* [2002] UKPC36

⁵⁴ *Bolton v The Law Society* [1994] 2 All ER 286

⁵⁵ *Laws LJ in Rashid and Fatnani v GMC* [2007] 1 WLR 1460



committee should make sure that the public interest considerations are reflected in the reasons for deciding on a particular outcome.

- 5.9 Mr. Justice Newman⁵⁶ described indicative sanctions guidance and the public interest in the following way: “Those are very useful guidelines and they form a framework which enables any tribunal, including this court, to focus its attention on the relevant issues. But one has to come back to the essential exercise which the law now requires in what lies behind the purpose of sanctions, which, as I have already pointed out, is not to be punitive but to protect the public interest; public interest is a label which gives rise to separate areas of consideration.”

Relevant mitigating and aggravating factors

- 5.10 When a committee makes decisions about a pharmacist or pharmacy technician’s fitness to practise and the appropriate outcome, it must be sure that it has been presented with the evidence it needs to make a fair and proportionate decision. It must take into account the context of a case. By ‘context’ we mean the circumstances in which the alleged incident took place, including any relevant personal matters (a bereavement, for example), and what has happened since the alleged incident took place. This includes considering any aggravating and mitigating factors (depending on the individual circumstances of each case), and bearing in mind that the main aim is to protect the public.
- 5.11 Aggravating factors are the circumstances of the case that make what happened more serious. Mitigating factors are the opposite. They may appear in the facts of a case as circumstances, behaviours, attitudes or actions.
- 5.12 Whether a factor amounts to mitigation or aggravation is entirely a matter for the committee to decide. In each case, the committee must consider both mitigating and aggravating features in the evidence they have considered.

⁵⁶ R (on the application of Abrahaem) v GMC [2004]

Circumstances

5.13 The circumstances in which the allegation arose may include important factors when making a decision on outcome. The committee may want to consider the implications or risks to patient safety as a result of the incident. It may also want to consider, for example:

- whether the incident was a 'one-off' one or repeated
- the setting in which the incident took place
- any relevant personal matters
- if there is a relevant history of fitness to practise concerns

5.14 They should consider if the incident involved:

- an abuse or breach of trust
- an abuse by the professional of their professional position
- any financial gain on the part of the professional
- the extent to which the professional's actions and behaviour were affected by their being the victims of discrimination

5.15 It should also consider any previous committee findings involving the professional that are relevant to the case.

5.16 Other factors might include if the professional was under the influence of alcohol or drugs, or if there was harm or risk of harm to a patient or another person present.

Behaviour and attitude

5.17 Evidence of the professional's behaviour and attitude before, during and after the incident in question and before and during proceedings, is also important. This could include for example, co-operating with the investigation or being candid with patients and the public when things go wrong. The committee may want to consider whether the professional has:

- shown any remorse or set out to put things right – including by offering an apology
- demonstrated insight into the concerns in question and taken actions to avoid repeating them
- been open and honest with the committee

5.18 Evidence may also be presented by way of references and testimonials. We say more about this below.



Insight and remediation

5.19 The GPhC believes that insight and remediation are key factors for committees to consider during fitness to practise proceedings. The expectation that a professional:

- can accept and understand that they should have behaved differently (insight), and
- will take steps to prevent a reoccurrence (remediation)

5.20 When assessing insight the committee will need to take into account factors such as whether the professional has

- genuinely demonstrated insight – not only consistently throughout the hearing but also through their actions after the incident took place, and
- demonstrated understanding and insight after the committee finding.

5.21 When deciding what action to take, decision makers must consider:

- the nature of the concern
- whether the actions can be remedied, and
- if a professional can demonstrate insight

5.22 There may be some cases where a professional's conduct is so serious that it is not remediable. This means that even though the professional may provide evidence of insight and remediation, the conduct is so serious that it is not appropriate to take this evidence into account when considering an outcome. Examples where this may occur include concerns involving discriminatory behaviour or sexual misconduct. This is because regulatory action is necessary to ensure public protection and maintain public confidence in pharmacy, and a professional's involvement in these matters can undermine this.

Expressions of regret and apology

5.23 This section deals specifically with how cultural factors and other circumstances may be relevant to expressions of regret and apology and how people express insight. There is further information about the duty of candour and the requirement on pharmacy professionals to be open and honest in section 6 below.

5.24 Treating everyone fairly includes being aware of, and taking into account, cultural differences and other circumstances (such as ill health) that may affect the way people react to situations or communicate.


5.25 The committee should be aware that there may be cultural differences or a professional's personal circumstances, such as ill-health, the impact of a health condition or disability that may affect the way an individual communicates and expresses themselves. This could affect, for

example, how an apology, insight or expression of regret is framed and delivered. This is particularly the case for individuals who are communicating in a second language and may use conventions of their first language to construct their sentences or statements. This may be reflected in their intonation and could alter the intended meaning when spoken in their second language. As a result, they may not adhere to the conventions or display the subtleties or nuances of their second language.

- 5.26 Expressions of apology, and how an apology is communicated, can differ across cultures, and be affected by religion and beliefs. For example, in some cultures written apologies are not the norm. In addition, the committee should be aware that a neurodiverse individual may also express their remorse or sorrow in a different way.
- 5.27 There may also be differences in the way individuals use non-verbal cues to communicate. This will include, among other things, facial expressions, eye contact and gestures. For example, a professional with a sight impairment may have difficulty making eye contact with committee members. The committee should be aware of and sensitive to these issues when deciding how a professional frames their insight and remorse, and in judging their behaviour and attitude during the hearing.
- 5.28 The committee should be conscious of these issues when assessing what weight to give relevant factors in determining sanctions. The committee should note that it is not just about how individuals communicate, and it should also consider the support professionals may need to understand the information that is communicated to them during the hearing.

Testimonials

- 5.29 Testimonials (or references) can have an important bearing on the outcome of a fitness to practise hearing in that the referee could provide evidence or information which is material to the extent to which the professional has either remediated their failings, reflected on or shown insight into their failings or expressed remorse or apologies for their failings. However, references and testimonials that simply support the professional and/or provide a view on their character in general terms are unlikely to be directly relevant to the question of current impairment and/or to the decision on an appropriate sanction.
- 5.30 Committees should first consider whether these are genuine and can be relied upon. The committee should consider whether the authors of the testimonials were aware of the events leading to the hearing and what weight, if any, to give the testimonials. The weight given to evidence in references and testimonials is a matter for the committee, however, the committee may place greater emphasis on evidence of this nature that is verified.
- 5.31 The committee should be aware that in some circumstances, there may be cultural or other reasons why a professional may not want to ask for testimonials (or references). For example, sharing information about their investigation with family members or colleagues may affect



their private lives, and their reputation with their family and community. The committee should bear this in mind and not make assumptions about why there is an absence of this type of evidence. Equally the committee should not speculate as to what may have been said had any references or testimonials been requested.

- 5.32 The committee should note that variation in the quantity, quality and spread of references and testimonials between cases does not necessarily relate to the good standing of a pharmacy professional. It should also note that pharmacy professionals who qualified outside the UK and have just started working in the UK may find it difficult to get references and testimonials.
- 5.33 As with other mitigating or aggravating factors, any references and testimonials will need to be weighed appropriately against the nature of the facts found proved and be considered at the appropriate stage of the process. The committee will need to consider the appropriate stage for them to take account of personal mitigation and testimonials.
- 5.34 Testimonials prepared in advance of a hearing should be considered in the light of the factual findings made at the hearing. Testimonials or other evidence which confirms the steps taken by the professional to remedy the behaviour which led to the hearing (for example from professional colleagues) and evidence of how the professional currently practises may be relevant when the committee is considering the issue of impairment. This evidence should not be left to the outcome stage⁵⁷.

Actions

- 5.35 The professional's actions are important elements for the committee to consider when deciding on a outcome. Factors the committee may want to consider include whether the:
- conduct was pre-meditated or not
 - professional attempted to cover up wrongdoing
 - conduct was sustained or repeated over a period of time
 - professional took advantage of a vulnerable person

⁵⁷ Mr Justice McCombe said in *Azzam v General Medical Council* [2008]

6. More guidance on particular areas

6.1 There are often certain case types in fitness to practise hearings that are more complex than usual when deciding what outcome to apply. We believe that giving more guidance – including the relevant case law, legal principles and the GPhC view on particular areas – will help to ensure proportionate and consistent decision-making. This is intended to help committees in their decision-making.

Sexual misconduct

6.2 Sexual misconduct – whatever the circumstances – undermines public trust in the profession and has a significant impact on the reputation of pharmacy professionals. In some circumstances it can present a significant and immediate risk to patient safety. It covers a wide range of behaviour, including sexual harassment, sexual assault, physical examinations of patients that are without consent or unnecessary, and serious sexual offences which lead to criminal convictions.

6.3 The GPhC believes that some acts of sexual misconduct will be incompatible with continued registration as a pharmacist or pharmacy technician. Removal from the register is likely to be the most appropriate outcome in these circumstances, unless there is evidence of clear, mitigating factors that cause a committee to decide that such an outcome is not appropriate. The misconduct is particularly serious if:


- there is a conviction for a serious sexual offence
- there is an abuse of the special position of trust that a professional has
- it involves a child (including accessing, viewing, or other involvement in images of child sexual abuse⁵⁸) or a vulnerable adult⁵⁹
- the professional has been required to register as a sex offender or has been included on a barred list

6.4 This is not a full list. It is meant to show that in cases of this type, given the risk to patients and the impact on public confidence in the profession, removal from the register is likely to be the most necessary and proportionate outcome⁶⁰. If a committee decides on an outcome other

⁵⁸ *CHRP v (1) GDC and (2) Mr Fleischmann*

⁵⁹ Disclosure & Barring Service or Disclosure Scotland scheme

⁶⁰ *Dr Haikel v GMC (Privy Council Appeal No. 69 of 2001)*



than removal it should explain fully why it made this decision. This is so that it can be understood by people who have not heard all the evidence in the case.

6.5 The misconduct can take place in many settings. This can be:

- in a private setting with family members
- in a social context, or
- in the course of a professional's work with patients and colleagues.

It is therefore important that the committee carefully considers each case on its merits, and takes decisions in the light of the particular circumstances of the case and the risk posed to patients and the public. The committee should also refer to the GPhC's guidance on maintaining clear sexual boundaries⁶¹.

6.6 A professional may have committed an offence but not be included on a barred list. If so, and if the committee is in any doubt about whether they should return to work without any provisions to ensure public protection, the professional should not be granted unrestricted registration. A committee does not need to make recommendations on whether a professional should be referred to a barring authority, as this will be considered by the GPhC.

6.7 Given the role of pharmacists and pharmacy technicians, and their closeness to and regular contact with patients (including children and vulnerable adults), there is also the potential for inappropriate, but not sexual, relationships. The GPhC view is that committees should regard as serious any predatory behaviour, or abuse of position, that results in inappropriate relationships with vulnerable patients, or with colleagues. Committees should carefully consider the context of the relationship and the vulnerability of the people involved when deciding on an outcome.

Dishonesty

6.8 Regulators ensure that public confidence in a profession is maintained. This is a long-established principle and our standards⁶² state that professionals should act with honesty and integrity to maintain public trust and confidence in the profession. There are some acts which, while not presenting a direct risk to the public, are so serious they undermine confidence in the profession as a whole. The GPhC believes that dishonesty damages public confidence, and undermines the integrity of pharmacy professionals. However, cases involving dishonesty can be complicated – committees should carefully consider the context and circumstances in which the dishonesty took place. Therefore, although serious, there is not a presumption of removal in all cases involving dishonesty.

⁶¹ [Guidance on maintaining clear sexual boundaries](#)

⁶² Article 48 (1) – The Pharmacy Order 2010

- 6.9 Some acts of dishonesty are so serious that the committee should consider removal as the only proportionate and appropriate outcome. This includes cases that involve intentionally defrauding the NHS or an employer, falsifying patient records, or dishonesty in clinical drug trials.
- 6.10 When deciding on the appropriate outcome in a case involving dishonesty, the committee should balance all the relevant issues, including any aggravating and mitigating factors. It is important to understand the context in which the dishonest act took place and make a decision considering the key factors. The committee should then put proper emphasis on the effect a finding of dishonesty has on public confidence in the profession⁶³.

Duty of candour

- 6.11 Acting with openness and honesty when things go wrong is an essential duty for all pharmacy professionals. Our published standards say professionals must be candid and honest when things go wrong⁶⁴. The GPhC believes it is important that there is an environment and culture in pharmacy where pharmacy owners, superintendent pharmacists, pharmacists and pharmacy technicians:
- are open and honest with patients and the public when things go wrong (because of either what they have done, or what someone else has done), and
 - can raise concerns with employers
- 6.12 Professionals are expected to be open and honest with everyone involved in patient care. Committees should therefore see professionals' candid explanations, expressions of empathy and apologies as positive steps before, and during, a hearing. However, these will not usually amount to an admission of impairment by the professional. So, unless there is evidence to prove otherwise, the committee should not treat them as such.
- 6.13 The joint statement on candour clearly sets out the importance of this issue⁶⁵. Therefore, the GPhC's view is that committees should take very seriously a finding that a pharmacy professional took deliberate steps to
- avoid being candid with a patient, or with anyone involved in a patient's care, or
 - prevent someone else from being candid.
- 6.14 It should consider outcomes at the upper end of the scale when dealing with cases of this nature.

⁶³ R v General Optical Council [2013] EWHC 1887 (Admin) and Siddiqui v General Medical Council [2013] EWHC 1883

⁶⁴ Article 48 (1) – The Pharmacy Order 2010

⁶⁵ www.pharmacyregulation.org/sites/default/files/joint_statement_on_the_professional_duty_of_candour.pdf



Discriminatory behaviour

- 6.15 Unlawful discriminatory behaviour and attitudes undermine public confidence and trust in the pharmacy professions and can have an impact on the reputation of professionals. It may also impact on maintaining trust with patients, colleagues and members of the public.
- 6.16 Unlawful discrimination means treating a person unfairly because of their protected characteristics⁶⁶ (see below). However, there are also circumstances when certain forms of discrimination are lawful under the Equality Act. When we talk about concerns involving discrimination, we are referring to the type of conduct that is unlawful under the Equality Act and which would be seen as unfair treatment.
- 6.17 All forms of unlawful discriminatory behaviour on the part of professionals towards patients, the public and colleagues are unacceptable. Discrimination can be direct and indirect and exist in a number of forms including harassment and victimisation⁶⁷.
- 6.18 Importantly, it has the potential to pose a serious risk to patient safety. For example, where discrimination has resulted in treatment not being provided, or a delay in treatment being provided, this may impact the physical, emotional and/or psychological wellbeing of a patient or member of the public which may affect how they access health services in the future. Where discrimination is towards colleagues, in addition to any harm caused to them, it may impact on patient safety by causing breakdowns in communication and/or in the collaborative working needed to deliver safe patient care.
- 6.19 Pharmacy professionals must treat their colleagues and patients fairly, whatever their life choices and beliefs. In line with our standards, we expect professionals to:
- recognise and value diversity, and respect cultural differences – making sure that every person is treated fairly, whatever their values and beliefs.
 - recognise their own values and beliefs but do not impose them on other people
 - take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs
- 6.20 When deciding on an outcome, the committee should balance all the relevant issues, including any aggravating and mitigating factors. For example, when dealing with a concern that alleges discrimination on the basis of ethnicity or race the Committee should, when deciding whether the conduct was racially motivated, consider whether the:
- Action/words had a purpose behind it which at least in significant part was referable to race; or

⁶⁶ Section 4 of the Equality Act
⁶⁷ Section 26 of the Equality Act

- Act done in a way showing hostility or a discriminatory attitude to the relevant racial group⁶⁸.
- 6.21 Because of the serious nature of these types of concerns and the impact on public trust and confidence in the profession, the committee should usually consider outcomes at the upper end of the scale. More serious outcomes are likely to be appropriate where a case involves discrimination against patients, colleagues or other people who share protected characteristics, either within or outside their professional life or where there was a pattern of repeated discriminatory behaviour, behaviour was intentional, frequent and with very negative consequences for patients.
- 6.22 This can include:
- abusive verbal comments, including hate speech, or offensive writing (including on social media or public platforms) towards someone because of their protected characteristics
 - comments on social media or public platforms about a particular group of people because of their protected characteristics
 - Unwanted behaviour, including spoken or written words, abuse, imagery, gestures, expressions, mimicry, jokes and others
 - discrimination, whether direct or indirect, against individuals or groups in the provision of services
 - treating a patient less favourably because of a protected characteristic
 - treating a colleague less favourably because of their protected characteristics, for example not offering a training or development opportunity, complicity in discrimination by others or a failure to challenge discriminatory practices
 - other general factors that may not be captured by the legislation under protected characteristics for example, relating to socio-economic factors.



Raising concerns

- 6.23 The GPhC believes that the individual decisions of pharmacy professionals make the most significant and positive contribution to quality improvements in pharmacy and in managing risks to patients. Failing to raise concerns can lead to failures in healthcare and cause significant risk to patients.
- 6.24 Therefore, pharmacists and pharmacy technicians must act to prevent problems arising in the first place. It is important that there is an environment and culture in pharmacy where individuals are supported in raising concerns about standards of care and risks to patient safety and this is reflected in the standards⁶⁹.
- 6.25 The GPhC believes that a committee should take very seriously a finding that a professional did not raise concerns where patient safety is at risk. It must consider outcomes at the upper end of the scale when cases involve a failure to raise concerns. In the most serious cases, it must remove professionals from the register to maintain public confidence.
- 6.26 Our guidance on raising concerns⁷⁰ explains the importance of raising concerns, and the steps that a pharmacy professional will need to consider taking when raising a concern.

69 Article 48 (1) - The Pharmacy Order 2010

70 GPhC guidance on raising concerns



General Pharmaceutical Council
25 Canada Square, London E14 5LQ
T 020 3713 8000
E info@pharmacyregulation.org

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