**Notifying a change of ownership of a registered pharmacy**

## Guidance on completing your notification

### March 2025

Under the Medicines Act 1968, the new owner of a registered pharmacy is required to notify us of the change of ownership.

Use this form if you are the new owner of a registered pharmacy to notify us that the ownership of a registered pharmacy has changed.

Make sure you read this guidance before submitting your notification, to help make sure that you provide all the information we require, in the correct format.

## In this guidance

1. **Submitting your notification**
2. **The notification process**
3. **The change of ownership date**
4. **Providing plans of the premises**
5. **Meeting the standards from ‘day one’**
6. **Operating an online pharmacy**

## Submitting your notification

To notify us of the change of ownership of a pharmacy premises, you must:

1. gather supporting documents
2. complete and sign the notification form
3. send your completed application and supporting documents by email
4. pay the notification fee

#### Supporting documents

You may need to include drawings of the planned design of your proposed pharmacy plus any further information as appropriate.

#### Completing the application form

You can complete this form electronically using Microsoft Word. To sign the form, save it as a PDF and use the ‘Fill & Sign’ functionality in Adobe Acrobat. Activate the functionality by clicking on the pen icon in the Adobe toolbar. You can [**find out more about using Fill & Sign on the Adobe website**](https://helpx.adobe.com/uk/acrobat/using/fill-and-sign.html).

You can also print this form and handwrite your application in black ink.

#### Submitting your application

We accept application forms that are either electronically completed or handwritten and scanned (as long as the writing is clear, in black ink) and saved as a PDF.

We accept supporting documents saved as GIF, JPEG or PDF files.

Email your application and supporting documents with the subject heading ‘Notifying a change of ownership’ to [premises@pharmacyregulation.org](mailto:premises@pharmacyregulation.org).

#### Incomplete applications

If your application form is incomplete, or supporting documents are missing, we will send your application back to you.

You can resubmit your application for the first time without paying an additional fee. However, if your resubmitted application is returned to you a second time, you will need to pay an additional processing fee for any further revised applications.

#### Application fees

|  |  |
| --- | --- |
| Fee | Amount (£) |
| **Application processing fee** (this is non-refundable, even if your application is unsuccessful) | **85.00** |
| **Resubmitted application** (first revision) | **0.00** |
| **Resubmitted application** (each further revision) | **52.00** |

#### Renewal fees

You should check when the pharmacy’s registration renewal is due. If this is close to the date of the change of ownership, you may want to make arrangements with the previous owner about the cost of the renewal fee, which must be paid through myGPhCpharmacy. You and the previous owners will need to complete the joint declaration form included in this pack and submit the completed form as part of your notification to confirm you have discussed this.

**Important:** if the pharmacy registration lapses before you notify us of the change of ownership, you will have to make an application to restore the pharmacy premises to the register and pay the restoration fee, in addition to the notification fee.

#### Payment

You can pay your fees by either debit or credit card, or Bacs transfer.

Please indicate on the notification checklist which method you want to use to pay the fee.

**If you choose to pay by credit or debit card**, we will check your application is complete, and then request the total payment of both fees. You will receive an email from ‘shopper@worldpay.com’ containing instructions and a link to pay online. The email you will receive will look like this:

A white rectangular object with black text

Description automatically generated

The payment link in the email will be valid for 28 days. If you need additional time to pay the fee, please email us at [premises@pharmacyregulation.org](mailto:premises@pharmacyregulation.org). Make sure you give your name, registration number of the pharmacy and the type of application you have submitted so we can update your application as quickly as possible.

**If you choose to pay by Bacs,** make the payment using the details on the application form checklist. Enter the postcode of the pharmacy as the payment reference. If you do not, we may not be able to locate your payment promptly, which will delay the processing of your application. You should make your Bacs payment once you have submitted your form.

Once we have received your payment, we will complete the processing of your application as set out below. We will send you an email confirming that your application processing has been completed.

### Notification deadlines

**You can submit the form before the date of change if you want, but we must receive your notification within 28 days of the date on which the change of ownership has taken place.**

**If the change of ownership is a result of the death of the sole trader or one of the partners, you have more time to submit your notification – we must receive it within three months of the date of death. If you** **need to use this extended deadline, you must provide a copy of the death certificate with your notification.**

**If you fail to notify us of the change of ownership within these time limits, we will remove the pharmacy premises from the register. To restore the premises to the register, you will need to complete a restoration application and pay the appropriate restoration fee.**

## The notification process

When we receive your notification, we will check that the information you have provided is complete. Once we have received your fee payment, we will process your application and make the necessary changes to our register. We will also forward your form to your inspector. Your GPhC inspector will review the notification form and any supporting documents you have provided to decide whether they need to re-inspect the registered pharmacy after the change of ownership.

We will keep the information you provide in your notification to support our work as the regulator. You can [find out more about the information we hold in our privacy policy](https://www.pharmacyregulation.org/privacy-policy#Owners), on the GPhC website.

We will notify you once we have updated the register with the change of ownership information. You will be able to view the amended entry on the GPhC website after the overnight update or after the date the ownership changed, whichever is the latest.

If the pharmacy has an NHS contract, you must notify the relevant NHS organisations of the change of ownership of the pharmacy premises.

#### Application processing time

We will take up to **28 days** to process your notification, after we have received your fee payment. If we need any more information, we will contact you using the details you have given on the notification form

### The change of ownership date

We will enter the date of the change of ownership that you submit into the pharmacy register database. This is the date on which you and your organisation becomes legally responsible for owning and operating the pharmacy. It is important that this date is recorded accurately.

**Important:** if the date of new ownership will be different to the date you had originally stated on your submitted notification form , you must tell us immediately. Complete a *Notifying a revised date for change of ownership* form, - included in this pack – so we can update our register.

If the capacity in which you own the pharmacy premises is changing, you are still required to complete a notification form. For example, you may currently own the pharmacy as a sole trader but have decided to operate as a body corporate, with you as a company director.

### Providing plans of the premises

You will need to submit plans of the pharmacy premises with your notification form. The plans you submit must be drawn to scale with the dimensions shown in m2.

The plans must show clearly the:

* dimensions of the dispensary
* dimensions of the registered area
* internal layout, including the areas in which medicinal products are intended to be sold, assembled, prepared, dispensed, supplied or stored

The plans must also include:

* the postal address of the building in which the premises is situated
* any other relevant information, such as access points

If the premises do not occupy the entire building, include a separate plan of the premises, showing its location within the building.

#### Extensions or alterations

If you intend to alter the registered pharmacy premises by making a change to the layout or a physical alteration to the structure of the registered premises, you must include scale plans showing the intended changes with your notification.

If the planned alterations extend into an entirely new building, or if the proposed extension changes the address of your pharmacy premises, you must submit a voluntary removal form for the existing registered pharmacy and complete a new premises application instead of a change of ownership notification. Please contact us if you are not sure if you should complete a notification or new premises application.

### Meeting the standards from ‘day one’

You should have arrangements in place so you can operate the pharmacy safely and effectively, and meet our standards for registered pharmacies from the first day the pharmacy is open to members of the public.

In section 5 of the notification form we expect you to demonstrate how you will meet our standards from ‘day one’ of operation.

### Operating an online pharmacy

If you plan to operate a pharmacy service over the internet, you will need to show us how you propose to meet our [guidance for registered pharmacies providing pharmacy services at a distance, including on the internet](https://www.pharmacyregulation.org/standards/guidance/guidance-support-standards-registered-pharmacies) by completing section 6 of this notification form.

If you plan to operate a pharmacy service over the internet, consider the following requirements and explain how you will meet them in section 6 of the notification. The GPhC inspector who reviews this form may check the details you provide.

### The website associated with your pharmacy

You will need to show that this website will display:

* 1. your name as the owner of the registered pharmacy
  2. the name of the superintendent pharmacist (if applicable) and their registration number
  3. the name and address of the pharmacy or pharmacies that supply the medicines
  4. the pharmacy’s GPhC registration number
  5. the phone number and email address of the pharmacy
  6. details of other pharmacies that may be involved in the labelling and assembling if different to the pharmacy that makes the supply
  7. information about how to check the registration status of the pharmacy and thesuperintendent pharmacist if you have one
  8. your terms and conditions
  9. ways to give feedback and your complaints procedure

### Consulting and prescribing services

If a person will be able to be prescribed medicines following an online consultation delivered through the website associated with your pharmacy, you will need to show that the website will display:

1. the name, address of the owner and organisation which provides your online consulting and prescribing service including the country where it is located
2. details of who regulates the online consulting and prescribing service (for example, this could be the Care Quality Commission, Healthcare Improvement Scotland, Healthcare inspectorate Wales) and the registration number of the online consulting and prescribing service at the regulator
3. the name and registration number of the prescriber(s)
4. whether the prescriber is a doctor or a non-medical independent prescriber such as a pharmacist, nurse or physiotherapist
5. the name and address of the prescriber’s regulatory authority
6. information on how to check the prescriber’s registration status

You will also need to set out the checks you plan to carry out to make sure that the prescribers who are employed or contracted by the prescribing service are authorised to issue the type(s) of prescriptions you will be supplying against, in the country where the prescription is issued.

You will need to show that the prescribers have appropriate indemnity arrangements in place and that you have informed your own indemnity arrangement provider about your intended business model and that your intended arrangements will be covered.

You will also need to show that the prescribers you intend to use will follow UK prescribing guidelines and policies and that you have considered the clinical audits you will be required to complete to monitor these.

### Supplying medicines over the internet

You will need to specify:

* the types of medicines you intend to supply, through the website, including controlled drugs, prescription only medicines (POMs), P medicines and general sales list (GSL) medicines
* if you intend to supply medicines to patients in the United Kingdom (UK), or elsewhere

You will need to describe how you will make sure medicines are clinically appropriate for patients, including:

* how your staff will check the identity and capacity of the patient ordering medicines on the website
* how you will decide which medicines are appropriate to supply over the internet
* how you will identify requests for medicines that may be inappropriate, including multiple orders, such as those using the same delivery address or payment details
* what information you will collect from the patient to check that the supply of medicines is safe and appropriate
* the risk assessment you have carried out to inform your decisions
* how you will tell patients who to contact if they have any questions about their medicines

### Supplying specific types of medicines

If you intend to supply:

* antimicrobial or antibiotic medicines
* medicines that are liable to abuse, overuse or misuse, or where there is a risk of addiction and ongoing monitoring is important
* medicines that need to be monitored or managed, such as medicines with a narrow therapeutic index, and medicines for diabetes, asthma, epilepsy and mental health conditions

you will need to describe the safeguards that you, or the prescribing service you use, will have in place to make sure that the supply of each type of medicine is clinically appropriate for the patient.

# Notifying the GPhC of a change of ownership of a pharmacy premises

## Notification form

## About the pharmacy

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Premises registration number |  |  |  |  |  |  |  |
|

|  |  |
| --- | --- |
| Premises address |  |

|  |  |
| --- | --- |
| Post code |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Change date (DD MM YY) |  |  |  |  |  |  |

**Important:** Please let us know immediately if this date changes using the form included.

|  |  |
| --- | --- |
| Trading name after change of ownership |  |
|

* 1. **Is this change of ownership due to the death of a sole trader or partner, who was the previous owner?**

**Yes  No**

**If yes, please provide a copy of the death certificate with this notification, as evidence.**

## Contact details

#### Who the GPhC should contact if we require further information.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | Mrs |  | Ms |  | Miss |  | Other |  |

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Position |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number  (if applicable) |  |  |  |  |  |  |  |
|

|  |  |
| --- | --- |
| Email |  |

|  |  |
| --- | --- |
| Phone |  |

## About the new pharmacy owner

* 1. **Is the organisation submitting this notification:**

**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

|  |  |
| --- | --- |
| Organisation name |  |

|  |  |
| --- | --- |
| Organisation address  (as registered with Companies House) |  |

|  |  |
| --- | --- |
| Post code |  |

|  |  |
| --- | --- |
| Companies House number |  |

**A1. Give details of all the current directors of the body corporate or partners of the LLP.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **First name(s)** | **Surname or family name** | **GPhC registration number (if applicable)** |
|  |  |  |  |

**A2. Does this organisation currently own any registered pharmacies?**

**Yes  No**

1. **If no, please submit a completed nomination of superintendent form as part of this notification.**
2. **If yes, please give the organisation’s GPhC owner number and the superintendent’s name and registration number**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Superintendent name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Superintendent’s GPhC registration number |  |  |  |  |  |  |  |
|

1. **Is the proposed superintendent for this pharmacy also a superintendent for another body corporate?**

**Yes  No**

1. **If yes, please give details of the other body corporates below.**

|  |  |
| --- | --- |
| **Body corporate name** | **GPhC owner number** |
|  |  |

### Section B: NHS trust

|  |  |
| --- | --- |
| Organisation name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Post code |  |

**B1. Does this organisation currently own any registered pharmacies?**

**Yes  No**

1. **If no, please submit a completed nomination of superintendent form as part of this notification.**
2. **If yes, please give the organisation’s GPhC owner number and the superintendent’s name and registration number**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Superintendent name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Superintendent’s GPhC registration number |  |  |  |  |  |  |  |
|

1. **Is the proposed superintendent for this pharmacy also a superintendent for any body corporates?**

**Yes  No**

1. **If yes, please give details of body corporates below.**

|  |  |
| --- | --- |
| **Body corporate name** | **GPhC owner number** |
|  |  |

### Section C: Sole trader or partnership

**Sole trader or first partner**

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number |  |  |  |  |  |  |  |
|

|  |  |
| --- | --- |
| Sole trader’s home address  (as in the GPhC register) **or**  partnership’s principal office address |  |

**Second partner (if applicable)**

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number |  |  |  |  |  |  |  |
|

**C1. Does the sole trader or partnership currently own any registered pharmacies?**

**Yes  No**

1. **If yes, please provide the GPhC owner number**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |  |

**C2. About the superintendent**

1. **As the proposed superintendent for this pharmacy, are you also a superintendent for any body corporates?**

**Yes  No**

1. **If yes, please give details of any body corporates below.**

|  |  |
| --- | --- |
| **Body corporate name** | **GPhC owner number** |
|  |  |

## New business arrangements and pharmacy services

### Section A: overall business arrangements

* 1. **What type of pharmacy do you plan to operate? (please tick one only)**

1. a high street or community pharmacy where the majority of services   
   and medicines are provided to people in-person
2. a hospital pharmacy
3. a prison pharmacy
4. a temporary pharmacy (for example due to refurbishment)
5. a mail order or online pharmacy where services and medicines are   
   provided at a distance and people do not routinely visit the premises

**Important:** **if you answered e),** make sure you read the ‘online pharmacy’ section of the guidance notes and our guidance for registered pharmacies providing pharmacy services at a distance including over the internet, and fill in section 6 of this form.

* 1. **Do you plan to operate any websites as part of your pharmacy service?**

**Yes  No**

**If yes**, **please give the addresses of any websites you plan to operate. Important: if you selected e), you must provide details below**.

|  |
| --- |
|  |

#### Section B: registered pharmacy services and activities

#### Please indicate below the services you intend to provide from your premises within the first 12 months of registration.

**Do you intend to:**

* 1. **supply against NHS prescriptions?**

**Yes  No**

**If yes, please give the name of the NHS organisation you will have a contract with:**

|  |
| --- |
|  |

* 1. **sell Pharmacy (P) medicines?**

**Yes  No**

* 1. **supply P medicines or Prescription Only Medicines (POMs) against prescriptions *face to face on the registered premises*?**  
     The supply of medicines against prescriptions requires the product to be labelled for a specific patient as a dispensed medicinal product.

**Yes  No**

* 1. **supply P medicines or Prescription Only Medicines (POMs) against prescriptions *online or at a distance?***   
     The supply of medicines against prescriptions requires the product to be labelled for a specific patient as a dispensed medicinal product.

**Yes  No**

If you answered yes, make sure that you fill in section 6 later in this form.

* 1. **supply P medicines or Prescription Only Medicines (POMs) against any other valid legal authorisation (such as a Patient Group Direction [PGD] for example) online or at a distance.**

**Yes  No**

If you answered yes, make sure that you fill in section 6 later in this form.

* 1. **supply any veterinary medicines for animals?**

**Yes  No**

1. **If yes, do you plan to supply any of the following: (please tick all that apply)**

**Prescription Only Medicine-Veterinarian(POM-V)**

**Prescription Only Medicine-Veterinarian, Pharmacist, SQP** **(POM-VPS)**

**Non-Food Animal-Veterinarian, Pharmacist, SQP (NFA-VPS)**

**Authorised Veterinary Medicine–General Sales List (AVM-GSL)**

**Medicines for food-producing species**

* 1. **supply P medicines or Prescription only medicines (POMs) against prescriptions written by veterinary practitioners for the treatment of animals under the ‘cascade’?**

**Yes  No**

1. **If yes, do you plan to supply Extemporaneously prepared animal medicines**?

**Yes  No**

* 1. **provide a non-NHS (private) prescribing service, where patients receive a consultation with a prescriber face to face on the registered premises.**

**Yes  No**

* 1. **If yes,** **which professionals will be prescribing? (please tick all that apply)**

**Doctors registered with the GMC**

**Nurses registered with the NMC**

**Pharmacists registered with the GPhC**

**Allied healthcare professionals registered with the HCPC**

* 1. **provide a non-NHS (private) prescribing service, where consultations are conducted remotely or at a distance, for example over the internet.**

**Yes  No**

1. **If yes, which professionals will be prescribing? (please tick all that apply)**Please also make sure that you fill in section 6 later in this form.

**Doctors registered with the GMC**

**Nurses registered with the NMC**

**Pharmacists registered with the GPhC**

**Allied healthcare professionals registered with the HCPC**

### Section C: other pharmacy services and activities

#### Please indicate below any other activities that may be carried out at the premises.

* 1. **Pre-packing or assembly of medicines for the purpose of supply from your proposed registered pharmacy or from another registered pharmacy within the same legal entity (ownership)**

This could include, for example, breaking down bulk containers into quantities more appropriate for use against prescriptions. These pre-packs can be distributed to other registered pharmacy branches under the same ownership for their use against prescriptions.

**Yes  No**

* 1. **Assembling or preparing unlicensed medicines in accordance with the limited exemption provided by Section 10 of The Medicines Act 1968 and Regulation 4 of the Human Medicines Regulations 2012**

The exemption is to obtain, dispense and supply unlicensed medicines or extemporaneously prepare medicines in accordance with a prescription or to prepare and supply chemist’s nostrums for sale**.**

**Yes  No**

* 1. **Supply of cannabis-based products for medicinal use (CBPM)**

**Yes  No**

* 1. **Aesthetics**

This includes administration or supply of aesthetics treatments, including substances that are administered by subcutaneous injection for the purpose of enhancing a person's appearance, but it does not include sales of mainstream cosmetics.

**Yes  No**

* 1. **Homecare**

Ongoing medicine supplies and, where necessary, associated care, which is initiated by a hospital prescriber, direct to the patient’s home.

**Yes  No**

* 1. **Aseptic preparation of medicines**

The reconstitution of an injectable medicine or any other aseptic manipulation when undertaken within aseptic facilities to produce a labelled ready-to-administer presentation of a medicine.

**Yes  No**

* 1. **Facilitated self-selection of P medicines**

Where people can select P-Medicines themselves without having to ask a team member to either get it for them or open a cabinet. This does not include P-Medicines kept behind clear screens or in a cabinet designed to prevent people from helping themselves, or displays of dummy or empty boxes.

**Yes  No**

* 1. **Vaccinations**

The administration of vaccinations on the registered pharmacy premises.

**Yes  No**

* 1. **Multi-compartment compliance packs, monitored dosage systems (MDS) or blister packing**

The re-packaging of medicines into a device designed to contain individual doses of medicines in separate compartments or blisters

**Yes  No**

* 1. **The supply or administration of medicines using Patient Group Directions (PGDs)**

**Yes  No**

1. **If yes, please indicate which registered professionals will operate under a PGD (tick all that apply)**

**Pharmacists**

**Pharmacy Technicians**

**Nurses**

**Other**

* 1. **Wholesale distribution licence**

A license granted by the MHRA to sell or supply medicines to anyone other than the patient using the medicine

**Yes  No**

* 1. **Please specify below any other activities or services you intend to provide at or from the premises.**

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|  |

* 1. **Are you registered, or are you planning to register, with any of the following regulators? (please tick all that apply)**

**Care Quality Commission**

**Healthcare Improvement Scotland**

**Healthcare Inspectorate Wales**

**Other**

## Standards for registered pharmacies assessment

**Use this section to show how you will meet the standards for registered pharmacies from the first day your pharmacy is open. You can find the standards for registered pharmacies and the guidance which supports them in the** [‘Standards’ section of the GPhC website](https://www.pharmacyregulation.org/pharmacies/standards-and-guidance-registered-pharmacies)**. You may also find the inspection decision making framework (available in ‘Inspections’ section of the website) useful to help understand the issues to consider. This information will be passed to the inspector, who will use it to decide whether they need to re-inspect your premises, and if so, to guide the inspection visit.**

**If you are planning to provide pharmacy services at a distance, including over the internet, make sure you have read the application guidance. You may want to reference your answers to section 6 in this section.**

### Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public.

**‘Governance arrangements’ include having clear definitions of the roles and accountabilities of the people involved in providing and managing pharmacy services. They also include the arrangements for managing risks, and the way the registered pharmacy is managed and operated.**

**Standard 1.1: the risks associated with providing pharmacy services are identified and managed.**

* 1. **Summarise the risks associated with the pharmacy services you intend to provide. How will you manage these?**

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**Standard 1.2 The safety and quality of pharmacy services are reviewed and monitored.**

* 1. **Describe what you will do to ensure that the pharmacy services you intend to provide will be safe and how you will monitor this.**

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**Standard 1.3: pharmacy services are provided by staff with clearly defined roles and clear lines of accountability.**

* 1. **Describe how you will make sure pharmacy staff have clearly defined roles and clear lines of accountability. Do you intend to employ qualified pharmacy staff, or will some members of the pharmacy team be given training, for example? If so, have you identified who will be responsible for training? Include examples of job roles you have recruited to or intend to employ staff to do**.

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**Standard 1.4: feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account where appropriate**

* 1. **Describe how you intend to collect and review this feedback.**

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**Standard 1.5: appropriate indemnity or insurance arrangements are in place for the pharmacy services provided**

* 1. **Provide evidence that you will have appropriate indemnity arrangements in place from day one.**

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**Standard 1.6 All necessary records for the safe provision of pharmacy services are kept and maintained**

* 1. **Describe the records you will keep and maintain records in the pharmacy. For example, show that you will have all the required registers available for pharmacy staff to use from day one. Describe the sort of records you intend to keep and why they are relevant to the range of services you intend to provide and the staff you intend to recruit.**

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**Standard 1.7: information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services**

* 1. **Describe how you will manage information to meet this standard.**

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**Standard 1.8: children and vulnerable adults are safeguarded**

* 1. **Describe how you will make sure children and vulnerable adults are safeguarded**

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### Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public.

**The staff you employ and the people you work with are key to the safe and effective practice of pharmacy. Staff members, and anyone involved in providing pharmacy services, must be competent and empowered to safeguard the health, safety and wellbeing of patients and the public in all that they do.**

**Standard 2.1: there are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided.**

* 1. **Describe how you have determined the staffing levels and skill mix you need for the services you plan to provide.**

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**Standard 2.2: staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training.**

* 1. **Describe how you will make sure staff are able to carry out their roles in a way which meets this standard.**

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| --- |
|  |

**Standard 2.3: staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public.**

* 1. **Describe how you will make sure staff are able to carry out their roles in a way which meets this standard.**

|  |
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**Standard 2.4: there is a culture of openness, honesty and learning.**

* 1. **Describe how you will make sure there is an open, honest and learning culture in the pharmacy.**

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**Standard 2.5: staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services.**

* 1. **Describe how you will make sure staff are able to provide feedback and raise concerns.**

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**Standard 2.6: incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff.**

* 1. **Describe how you will manage the use of incentives and targets to meet this standard.**

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### Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public.

**It is important that patients and the public receive pharmacy services from premises that are suitable for the services being provided and which protect and maintain their health, safety and wellbeing. To achieve this, you must make sure that all premises where pharmacy services are provided are safe and suitable. Any associated premises, for example non-registered premises used to store medicines, must also comply with these standards where applicable.**

**Standard 3.1 Premises are safe, clean, properly maintained and suitable for the pharmacy services provided.**

* 1. **Provide a description of your premises to show how it will meet this standard. You can refer to the scale plan of the internal layout of the premises which you will need to submit as part of your application.**

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**Standard 3.2 Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services.**

* 1. **Describe how you will make sure the environment the premises of the pharmacy will meet this standard.**

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**Standard 3.3 Premises are maintained to a level of hygiene appropriate to the pharmacy services provided.**

* 1. **Describe how you will make sure the pharmacy hygiene is maintained to meet this standard.**

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**Standard 3.4 Premises are secure and safeguarded from unauthorised access.**

* 1. **Describe how you will make sure the premises are safeguarded and secure.**

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**Standard 3.5 Pharmacy services are provided in an environment that is appropriate for the provision of healthcare.**

* 1. **Describe how you will make sure the pharmacy environment meets this standard.**

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### Principle 4: The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public.

**‘Pharmacy services’ covers all pharmacy-related services provided by a registered pharmacy including the management of medicines, advice and referral, and the wide range of clinical services pharmacies provide. The management of medicines includes arrangements for obtaining, keeping, handling, using and supplying medicinal products and medical devices, as well as security and waste management. Medicines and medical devices are not ordinary commercial items. The way they are managed is fundamental to ensuring the health, safety and wellbeing of patients and the public who receive pharmacy services.**

**Standard 4.1: the pharmacy services provided are accessible to patients and the public.**

* 1. **Describe how you will make sure the pharmacy services you provide are accessible.**

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**Standard 4.2: pharmacy services are managed and delivered safely and effectively.**

* 1. **Describe how you will make sure the pharmacy services you provide are managed and delivered safely and effectively.**

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**Standard 4.3: medicines and medical devices are obtained from a reputable source, safe and fit for purpose, stored securely, safeguarded from unauthorized access, supplied to the patient safely, and disposed of safely and securely.**

* 1. **Describe how you will make sure the medicines and medical devices you provide in the pharmacy meet this standard.**

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**Standard 4.4: concerns are raised when it is suspected that medicines or medical devices are not fit for purpose.**

* 1. **Describe how you will make sure that concerns are raised about** **medicines or medical devices to meet this standard.**

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### Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public.

**The availability of safe and suitable equipment and facilities is fundamental to the provision of pharmacy services and is essential if staff are to safeguard the health, safety and wellbeing of patients and the public when providing effective pharmacy services.**

**Standard 5.1: equipment and facilities needed to provide pharmacy services are readily available**

* 1. **Describe how you will make sure that equipment and facilities are available to meet this standard.**

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**Standard 5.2: equipment and facilities are obtained from a reputable source, safe to use and fit for purpose, stored securely, safeguarded from unauthorized access and appropriately maintained**

* 1. **Describe how you will make sure that the equipment and facilities the pharmacy uses meet this standard.**

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**Standard 5.3: equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services**

* 1. **Describe how you will make sure that the equipment and facilities the pharmacy uses meet this standard.**

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## Providing pharmacy services over the internet

## If you have indicated that you plan to provide pharmacy services over the internet, use this section to show how you plan to meet our revised [guidance for registered pharmacies providing pharmacy services at a distance including on the internet.](https://www.pharmacyregulation.org/sites/default/files/document/guidance_for_registered_pharmacies_providing_pharmacy_services_at_a_distance_including_on_the_internet_april_2019.pdf) Make sure you have read section 6 of the guidance at the start of this form. Answer all the sections which are relevant to the services you currently, or plan to, provide. You may want to make reference to your answers to section 5.

### Section A: the website associated with your pharmacy

* 1. **Has the web address associated with the pharmacy changed?**

**Yes  No**

**If yes, give the previous address:**

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* 1. **Does (or will) the website prominently display:**

1. **your name as the owner of the registered pharmacy**

**Yes  No**

1. **the name of the superintendent pharmacist (if applicable) and their registration number**

**Yes  No**

1. **the name and address of the pharmacy or pharmacies that supply the medicines**

**Yes  No**

1. **the pharmacy’s GPhC registration number**

**Yes  No**

1. **the phone number and email address of the pharmacy**

**Yes  No**

1. **details of other pharmacies that may be involved in the labelling and assembling if different to the pharmacy that makes the supply**

**Yes  No**

1. **information about how to check the registration status of the pharmacy and the superintendent pharmacist if you have one**

**Yes  No**

1. **your terms and conditions**

**Yes  No**

1. **ways to give feedback and your complaints procedure**

**Yes  No**

### Section B: consulting and prescribing services

**Answer the questions in this section if a person will be able to be prescribed medicines following an online consultation delivered through the website associated with your pharmacy.**

* 1. **Does (or will) the website prominently display:**

1. **the name, address of the owner and organisation which provides the online consulting and prescribing service including the country where it is located**

**Yes  No**

1. **details of who regulates the online consulting and prescribing service (for example, this could be the Care Quality Commission, Healthcare Improvement Scotland, Healthcare Inspectorate Wales) and the registration number of the online consulting and prescribing service at the regulator**

**Yes  No**

1. **the name and registration number of the prescriber(s)**

**Yes  No**

1. **whether the prescriber is a doctor or a non-medical independent prescriber such as a pharmacist, nurse or physiotherapist**

**Yes  No**

1. **the name and address of the prescriber’s regulatory authority**

**Yes  No**

1. **information on how to check the prescriber’s registration status**

**Yes  No**

**Important:** Please consider the checks you plan to carry out to make sure that the prescribers who are employed or contracted by the prescribing service are authorised to issue the type(s) of prescriptions you will be supplying against, in the country where the prescription is issued.

You will need to make sure that the prescribers have appropriate indemnity arrangements in place and that you have informed your own indemnity arrangement provider about your intended business model and that your intended arrangements will be covered.

You will also need to make sure that the prescribers you intend to use will follow UK prescribing guidelines and policies and that you have considered the clinical audits you will be required to complete to monitor these.

### Section C: medicines you intend to supply through the website

**Consider how you will make sure the medicines you supply are clinically appropriate for patients and provide evidence of this by answering questions in this section.**

* 1. **Do you intend to supply:**
  2. **controlled drugs Yes  No**
  3. **prescription only medicines (POMs) Yes  No**
  4. **P medicines Yes  No**
  5. **general sales list (GSL) medicines Yes  No**
  6. **Do you (intend to) supply medicines to patients: (please tick all that apply):**

1. **in the United Kingdom (UK)?**
2. **outside the UK?** 
   1. **How will your staff check the identity and capacity of the patient ordering medicines on the website?**

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* 1. **How will you decide which medicines are appropriate to supply over the internet?**

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* 1. **How will you identify requests for medicines that may be inappropriate, including multiple orders, such as those using the same delivery address or payment details?**

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* 1. **What information do you intend to collect from the patient to check that the supply of medicines is safe and appropriate?**

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* 1. **How will you tell patients who to contact if they have any questions about their medicines?**

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### Section D: supplying specific types of medicines through the website

* 1. **Do you intend to supply:**

1. **antimicrobial or antibiotic medicines**

**Yes  No**

**If yes, please describe the safeguards that you, or the prescribing service you use, will have in place to make sure that the supply of each type of medicine is clinically appropriate for the patient.**

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1. **Medicines liable to misuse**,such as opioids, sedatives, laxatives, gabapentinoids, stimulants and nootropics

**Yes  No**

**If yes, please describe the safeguards that you, or the prescribing service you use, will have in place to make sure that the supply of each type of medicine is clinically appropriate for the patient.**

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1. **Medicines which have a higher risk of fatality or serious harm if taken in overdose**. For example, amitriptyline, propranolol, colchicine and carbamazepine

**Yes  No**

**If yes, please describe the safeguards that you, or the prescribing service you use, will have in place to make sure that the supply of each type of medicine is clinically appropriate for the patient.**

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1. **Medicines and long-term conditions that require ongoing monitoring or management**. For example, those with a narrow therapeutic index (drugs with small differences between therapeutic and toxic doses) such as lithium and warfarin, medicines used for diabetes, asthma, epilepsy, heart conditions and mental health conditions. In addition, medicines which are part of a Pregnancy Prevention Programme (PPP), for example sodium valproate and oral retinoids because they carry a high risk of causing foetal malformations and developmental problems

**Yes  No**

**If yes, please describe the safeguards that you, or the prescribing service you use, will have in place to make sure that the supply of each type of medicine is clinically appropriate for the patient.**

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1. **Medicines which require physical examination of the person to support a safe prescribing decision**

**Yes  No**

**If yes, please describe the safeguards that you, or the prescribing service you use, will have in place to make sure that the supply of each type of medicine is clinically appropriate for the patient.**

## Declarations

### Section A: to be completed by the new owner of the registered pharmacy

**Depending on the structure of the organisation, this declaration should be made by:**

* **the sole trader, who must be a currently registered pharmacist**
* **a member of a partnership who is a currently registered pharmacist**
* **a director of a body corporate, who has the authority to bind the body corporate**
* **a partner of a limited liability partnership (LLP), who has authority to bind the LLP**
* **the chief pharmacist of the NHS Trust**

**Section B must be completed by the Superintendent of a body corporate or LLP who is responsible for the keeping, preparing and dispensing of pharmacy and prescription only medicines.**

**I declare that:**

* 1. I am the person completing the notification of change of ownership of the registered pharmacy set out in section 1
  2. I am or will be a person lawfully conducting a retail pharmacy business at those premises within the meaning of Part 4 of the Medicines Act 1968
  3. I will notify the registrar should these circumstances change
  4. the service model from the pharmacy will include at least one of the following:

1. the sale of Pharmacy (P) medicines
2. the supply of P medicines or Prescription Only Medicines (POMs) against prescriptions
3. the supply of P medicines or Prescription Only Medicines (POMs) against prescriptions written by a veterinary practitioner for the treatment of an animal under the ‘cascade’
   1. I understand that I have a duty to inform the registrar of any change in the service model of any of my registered pharmacies which will affect the registration status of the pharmacies for which I am responsible, and should complete a voluntary removal form for any pharmacies which no longer meet the criteria for registration
   2. I understand that if this notification of the change of ownership is made more than 28 days from the date on which the change occurred (or if the change occurs on the death of the person carrying on the business more than three months from the date of their death) the premises will be removed from the register. I understand that I will then be required to make an application to restore the premises to the register and pay the restoration fee, in addition to the fee for the change of ownership.
   3. I have read and undertake to meet the standards for registered pharmacies and the relevant guidance in respect of these premises
   4. I have confirmed the date of change and the renewal deadline for the pharmacy premises with the previous owner and we have arranged which party will pay the renewal fee
   5. If I am found to have given false or misleading information in connection with this notification of change of ownership, this may be treated as misconduct and may result in my removal from Part 1 of the register (if I am a registered pharmacist) and the removal of the premises from Part 3 of the register
   6. I have read and understood the supporting guidance provided as part of this application pack, and I understand if the application is incomplete or missing documentation it will be returned to me. If the application is returned to me more than once, I will have to pay a fee of £52 to resubmit it.

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Signed Date

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| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Position |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number (if applicable) |  |  |  |  |  |  |  |
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### Section B: to be completed by the superintendent pharmacist of new owner organisation

**Complete this section if you are the superintendent pharmacist of a body corporate or LLP where the person completing section A is not a currently registered pharmacist.**

**As the superintendent pharmacist of the new owner organisation, I declare that:**

* 1. I am the superintendent pharmacist of the body corporate or LLP, and that the information provided in this notification of change of ownership is complete, true and accurate.
  2. I hereby undertake to notify the registrar should these circumstances change.
  3. the service model from the pharmacy will include at least one of the following:

1. the sale of Pharmacy (P) medicines
2. the supply of P medicines or Prescription Only Medicines (POMs) against prescriptions
3. the supply of P medicines or Prescription Only Medicines (POMs) against prescriptions written by a veterinary practitioner for the treatment of an animal under the ‘cascade’
   1. I understand that I have a duty to inform the registrar of any change in the service model of any of the registered pharmacies which will affect the registration status of the pharmacies owned by the body corporate. I understand that the pharmacy owner must complete a voluntary removal form for any pharmacies which no longer meet the criteria for registration
   2. I have read and undertake to meet the standards for registered pharmacies and the relevant guidance in respect of these premises
   3. If I am found to have given false or misleading information in connection with this application for registration, this may be treated as misconduct and may result in my removal from Part 1 of the register and the removal of the premises from Part 3 of the register
   4. I understand that I have a duty to inform the GPhC if I cease to act in the capacity of superintendent pharmacist within 28 days of the date that I cease to do so.

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Signed Date

|  |  |
| --- | --- |
| Name |  |

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| --- | --- |
| Position |  |

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| GPhC registration number (if applicable) |  |  |  |  |  |  |  |
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# Change of ownership joint declaration

### Both the previous and new owner should complete and sign this form to confirm both parties are aware of the date of change of ownership, the registration renewal date of the registered pharmacy and have agreed between themselves which party will be responsible for payment of the renewal fees.

**Depending on the form of the previous and new ownership these declarations should be made by:**

* **the sole trader, who must be a currently registered pharmacist**
* **a member of a partnership who is a currently registered pharmacist**
* **a director of a body corporate, who has the authority to bind the body corporate**
* **a partner of a limited liability partnership (LLP), who has authority to bind the LLP**
* **the chief pharmacist of the NHS Trust**

***The previous owner* should complete the details in section 2, and sign the declarations in section 3. This form will be submitted by the new owner as part of the notification. We will use the information you give us to contact you if we have any queries about the notification. You can find out more about how we will use your information in our privacy policy,** [available on the GPhC website](https://www.pharmacyregulation.org/privacy-policy)**.**

***The new owner* should complete section 1 and sign the declarations in section 3. The person completing these sections should be the same person who has signed the declaration section of the main notification form.**

## Pharmacy details

**Give the details of the registered pharmacy premises of which you are notifying the change of ownership**.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Premises registration number |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | |

|  |  |
| --- | --- |
| Premises address |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Change date (DD MM YY) |  |  |  |  |  |  |  |

## Previous owner details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |

* 1. **The previous owner organisation is a (please indicate):**

1. **a body corporate or limited liability partnership (LLP)**
2. **an NHS trust**
3. **a sole trader or partnership**

**If the owner organisation is body corporate, LLP or NHS trust, please give the name.**

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* 1. **Please give the details of the person we should contact about this notification, if we need to do so.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | Mrs |  | Ms |  | Miss |  | Other |  |

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Position |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number (if applicable) |  |  |  |  |  |  |  |  |
|

## Declaration

We declare that:

1. we have agreed to a change of ownership of the premises named in Section 1, from the owner named in section 2 of this form, to the person(s) or body corporate making the notification of change of ownership
2. the date of change is that which is set out in section 1
3. both parties are aware of the renewal deadline for these premises, and that we will arrange between ourselves which party pays renewal fees if the change occurs near the pharmacy’s renewal date

**Previous owner**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

|  |  |
| --- | --- |
| Print name |  |

**New owner**

Signed Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| Print name |  |

# Application checklist

**Submit this checklist with your notification.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Premises registration number |  |  |  |  |  |  |  |
|

|  |  |
| --- | --- |
| Postcode |  |

I am submitting a notification of a change of ownership of the registered pharmacy above. I am enclosing:

1. **Compulsory documents**

a completed notification form

a completed joint declaration form

a set of plans of the pharmacy premises, drawn to scale and including all the information as set out in the guidance

1. **As my organisation does not currently own any registered pharmacies:**

a completed nomination of superintendent form

1. **As the change of ownership is a result of the death of the sole trader or one of the partners:**

a copy of the relevant death certificate

1. **As there is a trainee at the pharmacy:**

a completed application for approval for provision of foundation training form *or*

I will submit a completed application for approval for provision of foundation training separately

1. **I want to pay the £85 notification fee by:**

Credit or debit card – please request my payment via Worldpay

BACS and will make the payment **using the premises postcode as a reference**, and the details:

**Bank Nat West**

**Sort code 60-60-04**

**Account number 45165548**

# Notification of a revised change of ownership date

**Use this form to notify us if the change of ownership date is altered after submitting the main notification of change of ownership of a registered pharmacy form. It’s important that this date is recorded accurately on the register.**

**Both parties should sign the declarations in section 3.**

## Pharmacy details

**Give the details of the registered pharmacy premises of which you want to change the ownership.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Premises registration number |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Premises address |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Original change date (DD MM YY) |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| Revised change date (DD MM YY) |  |  |  |  |  |  |
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## Declarations

We declare that:

1. we have agreed to a change of ownership of the premises named in Section 1, as previously notified in the original notification of change of ownership form
2. the date of change has changed, from the original to the revised date set out in section 1 of this form
3. both parties are aware of the renewal deadline for these premises, and that we will arrange between ourselves which party pays renewal fees if the change occurs near the pharmacy’s renewal date

**Previous owner**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

|  |  |
| --- | --- |
| Print name |  |

**New owner**

Signed Date

|  |  |  |  |  |  |
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| Print name |  |

For office use only

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Admin initials | Date of change | Declarations | Owner ID | Reg number | Plans | NOS | Payment |
|  |  |  |  |  |  |  |  |