General Pharmaceutical Council

Good decision making: undertakings bank

January 2016

The General Pharmaceutical Council is the regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales.

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 principal functions include:

- approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers
- maintaining a register of pharmacists, pharmacy technicians and pharmacy premises
- setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD)
- establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies
- establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing fairly and proportionately with complaints and concerns

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.

Contents

1 Introduction

What this document is about

1.1 This document tells you what undertakings are for and lists the undertakings an investigating committee (IC) can agree with a registrant.

Who this document is for

1.2 This guidance is aimed at:

- IC members who are responsible for assessing cases and writing undertakings, and
- registrants who have had a concern raised about them or have already agreed undertakings

It will help people who are involved in investigating cases, and in monitoring registrants who have agreed undertakings. This includes:

- case workers, senior caseworkers, paralegals and lawyers in the professionals regulation (fitness to practise) team
- professionals regulation managers
- the head of professionals regulation (fitness to practise)
- the monitoring manager

1.3 It will also be useful to anyone who is interested in the fitness to practise process.

Equality and diversity

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

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

2 About undertakings

2.1 We have produced this bank to help the IC write undertakings that are workable, enforceable and clear. This document should be read alongside the decision-making guidance ***Good decision making: fitness to practise hearings and sanctions guidance***.[1]

What are undertakings?

2.2 Undertakings are an agreement between the GPhC and a registrant about their future practice. The aim of undertakings is to allow the registrant to continue to practise, but with restrictions. They may include restrictions on a registrant's practice or a commitment to practise under supervision or to undergo retraining.

2.3 Undertakings can be agreed between a registrant and the GPhC when there is information which shows that the registrant's fitness to practise is impaired and the registrant acknowledges the impairment.[2] A registrant who has agreed undertakings is still entitled to work as a pharmacy professional. However, they will need to comply with the terms of the undertakings.

When to consider undertakings

2.4 The IC should make sure that undertakings are only considered when it is possible to draft appropriate and practical undertakings that can be effectively monitored. Undertakings should only be recommended if the IC is satisfied that the registrant will comply with them.

2.5 Undertakings may be appropriate if the IC is satisfied that patients and the public will be protected, and that they are an effective way of dealing with the concerns about the registrant. Undertakings may be appropriate when there is evidence of a registrant's willingness to respond positively to further training. They should only be considered when there are identifiable areas of the registrant's practice which need review, assessment or retraining.

2.6 They may also be considered appropriate following advice from a medical assessor appointed by the GPhC to assess the registrant's health. In these cases, they will only be appropriate if there is evidence that the registrant has sufficient insight into any health problems and there is no evidence of attitude problems.

2.7 Undertakings will not be appropriate unless the registrant admits impairment. They should not be considered if the registrant has previously broken undertakings offered by the IC or conditions imposed by a Fitness to Practise Committee (FtPC).

1 **www.pharmacyregulation.org/sites/default/files/good_decision_making-_investigating_committee_meetings_and_outcomes_guidance_january_2016.pdf**

2 Rule 10(1) of the FTP and Disqualification Rules 2010

Writing undertakings

2.8 Undertakings should usually follow the format set out in the undertakings bank. However, undertakings should always be tailored to fit the specific circumstances of each case, and should deal with the perceived risks in a proportionate way. This could involve changing an undertaking in the bank or writing an entirely new undertaking.

2.9 The aim of any undertakings agreed with the registrant should be made clear. This is so that when a review takes place, the IC is able to decide whether the aims have been achieved.

2.10 The undertakings written should always make clear, when appropriate, that the cost of complying with them must be paid by the registrant. This is particularly important if the IC is asking the registrant to undergo drug and alcohol tests.

2.11 Undertakings should not usually be recommended for more than two years. If undertakings would need to be in place for more than two years, to ensure public protection, then it may be appropriate for the case to be considered by the FtPC.

2.12 The IC should remember that the registrant may change their place of work or field of practice. So the undertakings offered should not be restricted to just a present place of work or field of practice.

Monitoring and failure to comply

2.13 Compliance with undertakings is monitored by the monitoring and concerns team. They will review the supervision reports and any other relevant information sent in by the registrant during the period of the undertakings. The monitoring and concerns team will assess the information to decide:

- whether the registrant is complying with their undertakings
- whether there are any new concerns that need to be acted on, and
- whether there has been a deterioration in health or performance

2.14 The monitoring and concerns team will refer the case back to the IC with a recommendation for the undertakings to end if:

- a registrant has complied with their undertakings, and
- the period of the undertakings passes with no new concerns, breaches or deterioration in health or performance

2.15 If the monitoring and concerns team receives information that suggests that an undertaking is no longer appropriate they will refer the case back to the IC, with a recommendation that the undertaking be changed or ended. This could be because the registrant's health or performance has dramatically improved and the risk to the public has therefore lessened.

2.16 If the monitoring and concerns team receives information that suggests that the registrant is compliant with an undertaking, but that it is no longer appropriate – because the registrant's health or performance has deteriorated and there is a risk to the public – they will refer the case back to the IC. They will do this with a recommendation that the undertaking be changed or the case be referred to an FtPC.

2.17 If the monitoring and concerns team receives evidence that a registrant is in breach of their undertakings, they will consider whether the GPhC needs more information to be able to confirm that there has been a breach. They will decide whether to:

- consider an interim order
- refer the case back to the IC, or
- write to the registrant reminding them of the importance of complying with the undertakings, and that further breaches might be referred to the IC (which could result in a referral to the FtPC)

2.18 If the case is referred back to an IC and includes information that undertakings have not been complied with, the IC may:[3]

- refer the original allegation to an FtPC, and treat the failure to comply with the undertakings as a separate allegation of misconduct and refer that allegation to the FtPC, or
- decide not to refer the original allegation to the FtPC, but treat the failure to comply with the undertakings as a separate allegation of misconduct and refer that allegation to the FtPC

2.19 Evidence that might lead the IC to refer a case to an FtPC would include evidence:

- that the breach is repeated
- that patient safety has been significantly at risk as a result of the breach
- of the registrant ignoring the instructions within the undertakings issued by the GPhC
- that the breach was deliberate

Ending or changing undertakings

2.20 The information provided by the monitoring and concerns team to the IC will show:

- that the registrant is compliant and that their health or performance has improved, or
- that they are in breach of their undertakings, or
- that there are concerns about the registrant's fitness to practise

2.21 If the case is referred back to an IC and includes information that the undertakings may no longer be appropriate, the IC may:[4]

- with the agreement of the registrant concerned, vary the undertakings, or
- decide that those undertakings no longer apply

2.22 Evidence that might lead the IC to decide that undertakings should be changed or ended would include:

- evidence that the registrant's health or performance has improved
- no significant concerns have been reported
- test results have shown there is no prohibited substance misuse
- continuing or episodic conditions are being appropriately managed and dealt with by the registrant
- there are no ongoing risks to patient safety
- there is a detailed and appropriate management plan for handling potential relapses and appropriate support systems are in place

Confidentiality

2.23 A notice saying that the registrant has agreed undertakings will be placed on the public register. This notice will not include the specific details of the undertakings, but the time period will be placed on the register. **See our publication and disclosure policy** for the circumstances in which the GPhC will disclose information about undertakings.

3 Rule 10(2) of the FTP and Disqualification Rules 2010

4 Rule 10(3) of the FTP and Disqualification Rules 2010

3 Undertakings bank

A	Standard undertakings for all cases These should always be part of agreed undertakings	Notes
1	To: • tell the GPhC before you take on any position for which you must be registered with the GPhC • give the GPhC details of the role and the hours you will work each week, including locum or relief work • give the GPhC the contact details of your employer, superintendent pharmacist and pharmacy owner	
2	To tell the following people in writing about the restrictions imposed on your pharmacy practice, if you are doing any paid or unpaid work for which you must be registered with the GPhC. You should do this within two weeks of the date these undertakings take effect: [add or remove items in the list, as applicable] • all employers or contractors • agents acting on behalf of employers and locum agencies • superintendent pharmacists • responsible pharmacists • line managers • workplace supervisors • accountable officer for controlled drugs To send the GPhC a copy of this notification. If you are applying for work, you must tell any prospective employer about the restrictions imposed on your pharmacy practice when you apply.	The IC should decide who are the specific people and organisations that need to be contacted. The list opposite is not a full one and will depend on the individual case. It may also include: • the NHS England area team (for residents of England) • health boards (for residents of Scotland) • Wales local health boards (for residents of Wales)
3	To tell the GPhC if you apply for work as a pharmacist or pharmacy technician outside Great Britain.	

B	Standard undertakings for all health or substance misuse cases Consider if supervision, mentoring or practice restrictions are needed as well as these conditions	Notes
4	To: • put yourself, and stay, under the supervision of a GP/ medical practitioner specialising in [area] • attend appointments as arranged • follow their advice, and • follow their recommended treatment	The IC should say whether this should be a GP or a specialist.
5	To give the GPhC the name and contact details of your GP and any other registered medical practitioner responsible for your care. To consent to the GPhC's writing to them about your health.	
6	To arrange for the GPhC to receive medical reports from your GP/consultant every [number of months] months or when we ask for them. You must meet all the costs of attending consultation and providing medical reports. We will act reasonably in how often we ask for medical reports.	The IC should say who the report should come from.
7	To get the written approval of your medical practitioner before taking on any post for which you must be registered with the GPhC. You must send the GPhC a copy of their written approval.	
8	To keep your professional commitments under review and limit your pharmacy practice in line with your medical supervisor's advice.	
9	To stop work immediately if your medical practitioner advises you to. You must tell the GPhC within seven days of getting the advice.	

	Physical and mental health	Notes
10	Not to take on any [on-call duties/weekend work/out-of-hours work/extended-hours work/locum duties/relief duties].	If the IC selects 'extended-hours' and/or 'out-of-hours', it should specify the number of daily hours allowed and the acceptable start and end times. It should also consider how this may affect the registrant's ability to find work.
11	To have occupational health assessments with a registered medical practitioner and comply with any recommendations they make. To arrange for them to send reports to the GPhC every [number of months] months. You must pay the costs of these assessments.	An occupational health assessment is a medical examination carried out by an occupational health physician. Its usual aim is to answer questions raised by an employer. Mainly, the assessment aims to: • advise the employer about the employee's health issue, and • make recommendations on what adjustments could be considered to make sure there is a safe and healthy working environment for that employee It can also be an assessment of somebody's fitness to work.
	Alcohol or substance misuse	**Notes**
12	To arrange and undergo [type of test] for [both the recent and long-term consumption of alcohol and/or [drug]] every [number of months] months until these undertakings end. The results of these tests should be sent promptly to the GPhC. You must pay the costs of the tests.	Please consider the registrant's financial circumstances when setting this undertaking. If hair testing, say what period the test should cover.
13	To keep to arrangements made by, or on behalf of, the GPhC for the unannounced testing of [substance to be tested – if hair testing, specify the period the test should cover] for [both the recent and long-term consumption of alcohol and/or [drug]]. You must pay the costs of the tests.	This will allow the GPhC to arrange unannounced tests if it becomes apparent during the monitoring period that they would be beneficial. If the IC would like unannounced testing to be carried out – regardless of the evidence received by the GPhC in the monitoring period – it should amend the condition by specifying how many tests are needed. Committees should not set unannounced hair tests. Because they cover long periods, the 'unannounced' aspect is unlikely to yield any benefits.

14	To limit your alcohol consumption in line with the directions given by your medical supervisor/GP, abstaining completely if they tell you to do so.	
15	To abstain completely from the consumption of [alcohol and/or [drugs]].	
16	To not self-medicate (apart from over-the-counter drugs which do not need a prescription), and to take drugs only as prescribed for you by your GP or any registered prescriber responsible for your care.	

C	Standard undertakings for all performance cases These undertakings should be considered if performance issues need to be dealt with, and include training and professional development	Notes
17	To work with [person] to draw up a personal development plan, specifically designed to deal with the shortcomings in the following areas of your practice: • [area of concern] To send a copy of your personal development plan to the GPhC within [number of weeks] weeks of the date that these undertakings take effect.	The IC should specifically set out the areas of concern. It should also choose the relevant person. The person could be a supervisor or mentor and they should be a GPhC registrant. The person and the registrant need not work together face-to-face.
18	To arrange for [the person listed in 17] to provide a report on your progress toward achieving the aims set out in your personal development plan every [number of months] months.	The IC must insert the appropriate time period.
	Work supervision	**Notes**
19	To: • find a workplace supervisor (who must be a registered pharmacist or pharmacy technician) and put yourself, and stay, under their [direct/close/remote] supervision • ask the GPhC to approve your workplace supervisor within [number of weeks] weeks of the date these undertakings take effect. If you are not employed, you must ask us to approve your workplace supervisor before you start work • give the GPhC your permission to exchange information with your workplace supervisor about your efforts to improve your pharmacy practice	The IC should take into account the registrant's workplace arrangements and consider if supervision by a registrant is possible. They should also consider if the type of supervision (for example, 'close') is possible at the registrant's workplace.

20	To arrange for your workplace supervisor to send a report on your progress and development directly to the GPhC every [number of months] months or when we ask for one. We will act reasonably in how often we ask for reports.	The IC must insert the appropriate time period.
21	To not carry out [service/area of practice] unless directly supervised by a pharmacist.	In substance misuse cases, if the registrant is allowed access to controlled drugs, consider if you need to add undertakings that relate to regular testing/medical reporting. The IC must insert the specific areas of practice and/or services. For example: • addiction services or transactions for the provision of addiction services • palliative care services or transactions for the provision of palliative care services This undertaking should be set along with undertaking 19.
22	To arrange for your workplace supervisor to review the controlled drugs register for [name of pharmacy] and to provide a report to the GPhC on the following: • [issue]	The IC must insert the specific issues.
23	To name a suitable pharmacist or technician to act as your mentor. You must ask the GPhC to approve your choice of mentor within [number of weeks] weeks of the date these undertakings take effect. To ask advice from and keep up regular contact with your mentor about the following: • [area/issue] This contact need not be face-to-face.	The IC must insert the specific areas/ issues. The IC must insert the appropriate time period. Mentoring can involve: helping the registrant to identify ways to improve their performance and develop their skills and career; sharing expertise, values, skills and perspectives; providing insight into difficult issues; helping the registrant to find solutions to difficult issues; and developing action plans and assessing progress.
24	To arrange for your mentor to write to the GPhC every [number of months] months to confirm that meetings are taking place.	The IC must insert the appropriate time period.

	Training and appraisal	Notes
25	To undertake further training in the following areas: • [area of practice] The training is to be paid for by you. You must send the GPhC completion certificates. If you do not have these, you must arrange for written confirmation of completion from the course leader within 10 working days of the course being completed.	The IC should be clear about what the learning outcomes should be for the registrant, so they can decide whether a training course is the best way of achieving them. The IC should consider: • whether the registrant is allowed to work • whether they need close supervision while they are training, and • whether a workplace supervisor should provide a report after a certain period, describing the registrant's abilities after the training has been completed If the IC considers it necessary, it should set undertakings 19, 20 and 21.
26	To make arrangements straight away with your [line manager/ superintendent pharmacist] for the appraisal of your pharmacy practice in the following areas: • [area of practice] You must take any action to change your practice within the timescales they recommend. To arrange for your [line manager/superintendent pharmacist] to send a report to the GPhC about their appraisal and your efforts to take the actions they recommended.	The IC should consider patient safety and whether the registrant needs supervision until they have received advice and made changes to their practice. The IC must insert the specific areas/ issues.
	Auditing areas of practice	**Notes**
27	To carry out [an] audit[s] of the following area(s) of your pharmacy practice every [number of months] months: • [area of practice] To send a copy of your audit(s) to the GPhC every [number of months] months.	The IC must insert the specific areas/ issues and say how often the audits should be done.
28	To keep a log detailing every [type of activity]. To send a copy of this log to the GPhC before the next review meeting. Or, if there have been no cases of [type of activity], you must confirm this in writing to the GPhC before the next review meeting.	The IC should insert the specific areas relevant to the case.

	Practice restrictions – general	Notes
29	To not work as a sole practitioner/superintendent pharmacist/ responsible pharmacist.	
30	To: • employ a full-time pharmacist to act as responsible pharmacist in your pharmacy • ask the GPhC to approve the person within [number of weeks] weeks of the date these undertakings take effect.	
31	To have no involvement in the ownership or management of any pharmacy	
32	To limit your practice as a registrant to [number][days/hours] a week.	
	Practice restrictions – specific	**Notes**
33	To not provide [type of service].	The IC must insert the types of service specific to the case, for example the supply of emergency hormonal contraception.
34	To have no involvement in ordering, storing, dispensing or supplying any drug in Schedules 1, 2, 3 and 4 of the Misuse of Drugs Regulations 2001, except in life-threatening emergencies.	
35	To have no involvement in ordering, storing, prescribing, dispensing, labelling or supplying any drug in Schedules 1, 2, 3 and 4 of the Misuse of Drugs Regulations 2001.	
36	To have no involvement in providing pharmacy or healthcare services within the prison or criminal justice system or within [type] specialist hospitals and care homes.	
37	Not to provide clinical advice about alternative or complementary therapies or dispense any product connected with these therapies.	

38	Not to provide specialist clinical advice to other healthcare professionals.	
39	Not to practise as a qualified person. You must send the GPhC evidence of the removal of your name from the register of qualified persons by [date].	The IC must insert the appropriate date.
40	Not to provide mail-order or online pharmacy services.	
41	To have no involvement in ordering, storing, dispensing or supplying lifestyle drugs.	This includes drugs for treating impotency, male pattern baldness, obesity and smoking.
42	Not to practise pharmacy in any pharmacy in which your [relative/family member] is involved in the running of the pharmacy.	
	Practice restrictions – locum work, on-call duties, weekend work, extended hours	**Notes**
43	Not to work as a locum or relief [pharmacist/pharmacy technician].	
44	To restrict your pharmacy practice as a locum to [geographical area] and/or [named pharmacy/named local health board].	
45	Not to work as a locum or relief [pharmacist/pharmacy technician] or carry out any out-of-hours work or on-call duties, unless approved by your medical practitioner or GP.	
	General practice improvements	**Notes**
46	To increase support staff levels in your pharmacy to make sure that: • [improvement required]	
47	To make sure that [type of staff] are trained in [area of pharmacy practice], and to send the GPhC evidence that they are doing the training by [date].	

	Chaperones	Notes
48	To carry out all consultations with [male/female/vulnerable] patients in the presence of another pharmacist or pharmacy technician registered with the GPhC, or another registered healthcare professional, except in life-threatening emergencies. If a patient does not want to have the chaperone present you should not proceed.	
49	To keep a written record, made immediately afterwards, of all consultations with [male/female/vulnerable] patients. This must have clear entries of the name and qualification of the chaperone and each entry must be signed and dated by you and the chaperone. You must send this to the GPhC every [number of months] months, or when we ask for it, and at any review.	
50	Not to carry out any point-of-care testing.	This includes monitoring and testing connected with blood pressure, clotting, cholesterol, diabetes, obesity, atrial fibrillation, ear piercing and smoking cessation.
51	Not to carry out home visits.	
52	Not to work as a pre-registration tutor [for [number of months] months]/during the time these undertakings are in force]. You must tell the GPhC's registration department about the undertakings within two weeks of the date the undertakings take effect. You must also ask the GPhC for re-approval when the undertakings end.	
53	Not to be involved in the training of support staff/technicians.	
54	Not to supervise, employ or train any undergraduate or pre-registration pharmacy students.	

More information

If you would like copies of this document in Welsh,

please go to **www.pharmacyregulation.org/raising-concerns/hearings/committees/investigating-committee** where you can download a PDF.

If you are seeking this document in other formats, please contact our communications team at **communications@pharmacyregulation.org**.

If you have questions or comments about the content of this document, please contact our monitoring team:

Monitoring team
General Pharmaceutical Council
25 Canada Square
London
E14 5LQ

Phone: **0203 713 8000**
Email: **conditions@pharmacyregulation.org**

General Pharmaceutical Council
25 Canada Square
Canary Wharf
London
E14 5LQ

Phone: 0203 713 8000

www.pharmacyregulation.org

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