

Other cases suitable for non-referral to the Investigating Committee*

Case Type	Examples	Proposed action
Employment issues	<ul style="list-style-type: none"> • Complaint that a pharmacist manager held an employment disciplinary interview in a café within the hearing of members of the public. • Personality conflicts between employees and managers, where grievance procedures have taken place, but have not been to the satisfaction of the employee/er pharmacist. • Pharmacists turning up late for work. • Other minor employment contract breaches. 	<p>If, after initial consideration it is determined that an allegation falls within this category, the allegation will be determined not to amount to a fitness to practise allegation, and the Society will therefore take no further action. The complainant will be signposted to alternative sources of assistance, where appropriate.</p>
Minor NHS terms of service breaches	<ul style="list-style-type: none"> • NHS pharmacy premises not opening on time. • Pharmacy was unable to supply a full quantity of tablets to a patient on a number of occasions and the patient was required to return to the pharmacy to collect 'owing' medication. 	<p>If, after initial consideration it is determined that an allegation falls within this category, the allegation will be determined not to amount to a fitness to practise allegation, and the Society will therefore take no further action. The complainant will be signposted to</p>

		alternative sources of assistance, where appropriate.
'Commercial' or 'customer service' complaints	<ul style="list-style-type: none"> • Pharmacy refused to provide a non funded service e.g. posting medicines to a patient, free of charge, at their request or providing a collection and delivery service at the patient's request. • Pharmacy refused to provide UK version of a medicine against a prescription, but instead provides an appropriately licensed parallel imported medicine. • Pharmacy refused to provide a compliance aid (free of charge) to the patient at their request. • High charges for sales of medicines on private prescriptions. • Disputes between registrants e.g. disputes concerning rent due on property. • Personal or business debts owed by a pharmacist. • Failure to provide a customer with a refund for incontinence pads. 	If, after initial consideration it is determined that an allegation falls within this category, the allegation will be determined not to amount to a fitness to practise allegation, and the Society will therefore take no further action. The complainant will be signposted to alternative sources of assistance, where appropriate.
Failure to supply a Patient Information Leaflet with a medicine	N.B. Failure to supply a patient information leaflet with a medicine is a breach of the Medicines for Human Use (Marketing Authorisations Etc.) Regulations 1994.	Non-referral to IC but investigated by the Society

	These Regulations are not enforced by the Society.	
Attitude and behaviour (does not include demonstration towards a patient or customer, or a prospective patient or customer of attitudes or behaviour from which that person can reasonably expect to be protected).	<ul style="list-style-type: none"> • Registrant failed to look a patient in the eye when talking to them • Registrant appeared unconcerned that a patient had been kept waiting for their prescription • Registrant did not appear to take the customer complaint seriously 	Non-referral to IC but investigated by the Society
Emergency supplies	<ul style="list-style-type: none"> • Failure to provide an emergency supply of a Prescription Only Medicine – where the refusal is in line with the Code of Ethics requirements. 	If, after consideration of the allegation made or the information calling the registrant's fitness to practise into question, the Registrar's opinion is that there is no (or insufficient) evidence that fitness to practise is impaired by reason of the matters under consideration, no further action will be taken. The complainant will be signposted to alternative sources of assistance, where appropriate.

<p>Advertising breaches</p>	<ul style="list-style-type: none"> • Advertising of Prescription Only Medicines (human and veterinary) or ethical breaches. <p>NB Advertising breaches involving medicines may constitute offences under the Medicines Act 1968 or Veterinary Medicines Regulations 2006.</p>	<p>Non-referral to IC but investigated by the Society</p>
<p>Restricted titles Use of the restricted titles as defined under s78 of the Medicines Act 1968 and Article 29 Pharmacy and Pharmacy Technicians Order 2007.</p>	<ul style="list-style-type: none"> • Police notification of convictions, which incorrectly indicate that an individual is a registrant. <i>Such a case will only be eligible for disposal by the non-referral route in circumstances where there is no evidence to indicate that the individual concerned has stated to the police, or allowed the police to believe, that he/she is a pharmacist/pharmacy technician</i> 	<p>If, after initial consideration it is determined that an allegation falls within this category, the allegation will be determined not to amount of a fitness to practise allegation, and the Society will therefore take no further action. The complainant will be signposted to alternative sources of assistance, where appropriate.</p>
<p>Fixed Penalty Road Traffic Offences</p>	<p>This category is included as it does not need to be declared by pharmacists when completing their registration applications or renewal of registration forms. Some registrants are referred, or they self-refer to the Fitness to</p>	<p>If, after initial consideration it is determined that an allegation falls within this category, the allegation will be determined not to amount of a fitness to</p>

	<p>Practise and Legal Affairs Directorate for this type of offence and it would clarify the Rule 9 procedure if the Council would formally declare that this category does not need to be referred to the Investigating Committee and no further action needs to be taken in these circumstances.</p>	<p>practise allegation, and the Society will therefore take no further action. The complainant will be signposted to alternative sources of assistance, where appropriate.</p>
<p>Failure to dispense prescription for abusive/aggressive patients</p>		<p>If, after consideration of the allegation made or the information calling the registrant's fitness to practise into question, the Registrar's opinion is that there is no (or insufficient) evidence that fitness to practise is impaired by reason of the matters under consideration, no further action will be taken. The complainant will be signposted to alternative sources of assistance, where appropriate.</p>
<p>Simple book keeping cases</p>	<p>Failure to make an entry into the private prescription record.</p>	<p>Non-referral to IC but investigated by the Society</p>

<p>Allegations against either a pharmacy owner or Superintendent Pharmacist, or against an individual pharmacist who is not an owner/Superintendent concerning one or more inadequate Standard Operating Procedures (SOPs)</p>	<ul style="list-style-type: none"> SOP does not adequately cover the necessary procedures. 	<p>If, after consideration of the allegation made or the information calling the registrant's fitness to practise into question, the Registrar's opinion is that there is no (or insufficient) evidence that fitness to practise is impaired by reason of the matters under consideration, no further action will be taken. The complainant will be signposted to alternative sources of assistance, where appropriate.</p>
<p>Cases involving 'P' medicines on self selection</p>		<p>Non-referral to IC but investigated by the Society</p>
<p>Cases involving a failure to supply an over the counter medicine</p>	<ul style="list-style-type: none"> Product requested by the patient is unsuitable 	<p>If, after consideration of the allegation made or the information calling the registrant's fitness to practise into question, the Registrar's opinion is that there is no (or insufficient) evidence that</p>

		<p>fitness to practise is impaired by reason of the matters under consideration, no further action will be taken. The complainant will be signposted to alternative sources of assistance, where appropriate.</p>
<p>Cases involving disputes over pharmacy contracts</p>		<p>Not dealt with by the Society</p>
<p>Cases where the Society has received external legal advice that confirms that the facts, if established, are not capable of amounting to impairment to fitness to practise or that there is no prospect that sufficient evidence can be obtained to prove impairment to fitness to practise.</p>		<p>If, after initial consideration it is determined that an allegation falls within this category, the allegation will be determined as not capable of amounting to a fitness to practise allegation, and the Society will therefore take no further action. The complainant will be signposted to alternative sources of assistance, where appropriate.</p>

<p>Cases against superintendents/owners/partners where there is no evidence that the individual concerned has either: been directly involved in any misconduct; omitted to fulfil a specific legal or ethical obligation; or failed to supervise others/failed to take appropriate action in response to the misconduct of others under his/her supervision (including joint owners and fellow partners as well as staff).</p>		<p>If, after initial consideration it is determined that an allegation falls within this category, the allegation will be determined not to amount of a fitness to practise allegation, and the Society will therefore take no further action. The complainant will be signposted to alternative sources of assistance, where appropriate.</p>
<p>Continuing Professional Development</p>	<ul style="list-style-type: none"> • Failure to respond to an invitation to submit a CPD record for review • Responding to a request for a CPD record but failing to submit a record. 	<p>Non-referral to IC but investigated by the Society</p>
<p>Responsible pharmacist:</p>		
<p>Display of notice</p>	<p>Failure to conspicuously display notice to denote the responsible pharmacist in charge of the registered pharmacy premises.</p>	<p>Non-referral to Investigating Committee.</p>
<p>Pharmacy procedures</p>	<ul style="list-style-type: none"> • Failure of the responsible pharmacist at 	<p>Non-referral to Investigating</p>

	<p>the material times to have adequate pharmacy procedures in place.</p> <ul style="list-style-type: none"> • Failure to regularly review pharmacy procedures at least once every two years or; • Failure to review the pharmacy procedures following an incident or event which indicates that the pharmacy is not running safely and effectively.¹ 	<p>Committee.</p> <p>Non-referral to Investigating Committee.</p>
Pharmacy record	Failure of the responsible pharmacist to complete the pharmacy record.	Non-referral to Investigating Committee.
Absence	Responsible pharmacist is absent from the registered pharmacy premises for more than two hours during the pharmacy's business hours because s/he was unavoidably delayed.	If, after consideration and investigation of the allegation made or the information calling the registrant's fitness to practise into question, the Registrar's opinion is that there is no (or insufficient) evidence that fitness to practise is

¹ This is the act of 'failing to update the procedures' following an incident or event which indicates that the pharmacy is not running safely and effectively and not about the incident or event itself.

		impaired by reason of the matters under consideration, no further action will be taken. This may be the case if the responsible pharmacist was unavoidably detained thereby making them absent for longer than two hours. The complainant will be signposted to alternative sources of assistance, where appropriate.
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* Convictions for criminal offences that lead to the imposition of a custodial or suspended custodial sentence will be referred to the Disciplinary Committee instead of the Investigating Committee under Rule 9(6) of the Royal Pharmaceutical Society of Great Britain (Fitness to Practise and Disqualification etc. Rules) 2007.