

Restricted title Q&A

Q. Why should the titles “pharmacist” and pharmacy technician” be protected when the titles “doctor” and nurse” are not?

A. The titles of “doctor” and “nurse” have been in general use for many centuries to describe a variety of roles including but not restricted to specific healthcare professionals (e.g. a PhD-holder). This means that, while ‘doctor of medicine’ and ‘registered nurse’ are protected titles, ‘doctor’ and ‘nurse’ are not. Those health professionals (for example pharmacists, pharmacy technicians, dentists, chiropractors, osteopaths and some twenty other professional groups registered with the Health Professions Council) that have managed to secure protection of title, should value it greatly, because of the clarity it provides to the public and the benefits that derive from public confidence in the profession.

Q. How does protection of the titles “pharmacist” and “pharmacy technician” benefit me or the public?

A. If the titles were not protected, anyone – not just registrants or former registrants - would be able to call themselves pharmacists or pharmacy technicians. The media regularly gives us examples of fraudulent or simply misleading use of title (for example, PhD-holders leading people to believe that their title of “doctor” is medical). Pharmacy in Great Britain is in the fortunate position of being able to stop such abuses. Losing the protected title would mean that patients and the public would be unable to be sure that their ‘pharmacist’ was properly trained and accountable for their practice. It would be likely to facilitate, not just straightforward cases of imposture, but a proliferation of practitioners and premises holding themselves out to be e.g. “herbal pharmacists/pharmacies”; “homeopathic pharmacists”, “Chinese medicines pharmacists/pharmacies” etc. Quite apart from the potential risk to the public and patients if protection of title were to be lost, pharmacists and pharmacy technicians should also consider the implications for public confidence in pharmacy, and the potential damage to their professional status and reputation (loss of protection of title would mean, to take just one example, that dispensers could be rebadged as pharmacists if the proprietor of a premises or body corporate so chose).

Q. How will the proposals for protection of title as proposed in the draft Pharmacy Order differ from what we have now?

A. The title “pharmacist” has been restricted since 1968 by the Medicines Act, which also makes it an offence to contravene this restriction and gives the Society, as the regulator, the statutory duty of enforcing such breaches. Currently, anyone on Parts 1 (practising), 2 (non-practising) and 3 (EEA visitors) of the Society’s register of pharmacists is entitled to call themselves a pharmacist, and no-one else is allowed to. Current RPSGB guidance states that non-practising pharmacists, when using the title Pharmacist, should explain that they are not practising. (‘pharmacy technician’ will also become a protected title, subject to a 2 year grandparenting period, when the relevant provisions in the draft Health Care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order come into force – this is currently scheduled to happen this summer).

The draft Pharmacy Order would maintain the status quo in that use of the titles ‘pharmacist’ and ‘pharmacy technician’ would be dependent on an individual’s name appearing in the relevant part of the statutory Register of the GPhC. The difference

would be that the GPhC would not hold a non-practising register, so only practising pharmacists and pharmacy technicians would have a place on the GPhC register, and thus be able to call themselves pharmacists or pharmacy technicians. The RPSGB has contested this proposal in its response to the DH consultation, saying the DH should consider maintaining a non-practising register. Now that the DH consultation is closed, we await DH review of all the responses and specifically its commentary on the responses to the restricted title and non-practising register.

The proposed changes would NOT preclude non-patient-facing pharmacists or pharmacy technicians from registration with the GPhC and hence the right to call themselves pharmacists or pharmacy technicians.

Q. Why has the DH made no provisions in the draft Order for a non-practising register?

A. The DH drafted the Order in line with the view that the GPhC should only register those who are appropriately qualified, fit to practise and have met continuing professional development requirements, and so the draft contains no proposals for a non-practising register.

Q. Does the RPSGB agree with the DH's proposal to abolish the non-practising register?

A. No -- the RPSGB has contested this proposal in its response to the DH consultation, saying: *"The GPhC should consider maintenance of a non-practising register. This should be beneficial to the public, registrants and the GPhC, in that it could provide access to a suitable pool of expertise in case of emergency (e.g. a flu pandemic) and could facilitate return to practice for those on career breaks."* Now that the DH consultation is closed, we await DH review of all the responses and specifically its commentary on the responses to the restricted title and non-practising register.

Q. Under the proposals in the draft Order, will non-patient facing practitioners (such as industrial or academic pharmacists) be unable to use the restricted titles of pharmacist or pharmacy technician?

A. No – this is a fallacy. Such people can, and frequently do, register with the RPSGB under the current arrangements, and thus use the restricted title – if they are not registered, they may not do so. The definition of practising in the draft Order will maintain this state of affairs; it is in fact broader, not narrower, than the current definition in the PPTO and is as follows:

'.....if whilst acting in the capacity of or purporting to be a pharmacist or a pharmacy technician, that person does any work or gives any advice in relation to the preparation, assembly, dispensing, sale, supply or use of medicines, the science of medicines, the practice of pharmacy or the provision of healthcare'.

Anyone who wishes to practise as a pharmacist or pharmacy technician and use the restricted titles 'pharmacist' or 'pharmacy technician' will need to be registered on the relevant part of the GPhC register, whether they are "patient-facing" or not. Registration with a regulatory body confirms that an individual is fit to practise. There are many examples of registrants whose roles do not include delivery of care to individual patients or services directly to members of the public but whose roles do impinge on patient safety, often very significantly e.g. through signing off patient group directions, releasing batches of products, setting local and national policy for the use of medicines. Indeed, many employers require registration as a safeguard to

ensure that the individual is up to date, bound by a code of conduct and/or ethics and is fit to practise in their chosen field e.g. academia, industry etc. Many organisations require certain functions to be performed by registrants and others require a registrant to be accountable for delivery.

Q. Under the proposals in the Order, will practitioners living overseas be unable to register with the GPhC and thus use the restricted title of pharmacist or pharmacy technician?

A. The draft Order proposes at article 8(2) that *'A person is not entitled to be entered in the Register as a pharmacist or a pharmacy technician if that person does not intend to would be tied, not to your actual location, but to where you "intend to practise"').* The RPSGB is calling for this proposal to be removed in its response to the DH consultation.

Q. I have left the register. Will the GPhC let me call myself a "former" or "retired" pharmacist/pharmacy technician?

A. The DH has recently provided guidance that there will be no restriction on an individual who has left the register from referring to himself as a "former" or "retired" pharmacist or pharmacy technician. It states that the key is not to mislead the public about the currency of an individual's registration status, skills and knowledge. The RPSGB agrees that those who have left the register should be able to call themselves "former" or "retired" pharmacists/pharmacy technicians, and has made this clear in its response to the DH consultation on the Order.

Q. What will happen with my post nominals, e.g. MRPharmS? Will the GPhC issue post-nominals?

A. The draft Pharmacy Order 2009 does not explicitly cover the use of abbreviations or post-nominals and this will be a matter for the GPhC to decide in relation to its registrants. In relation to the designatory letters MRPharmS or FRPharmS, this will be a matter for the new professional body. Use of these designatory letters is likely to depend on a number of issues, including membership category but will not necessarily depend upon registration with the GPhC.

Q. Does the RPSGB agree with the DH's proposal in art8(2) of the draft Order that 'A person is not entitled to be entered in the Register as a pharmacist or a pharmacy technician if that person does not intend to practise in Great Britain, the Channel Islands or the Isle of Man'?

A. No -- the RPSGB has contested this proposal in its response to the DH consultation, saying: *"The nearest equivalent article in the PPTO (art 11(2)) was included to take account of the non-practising register but it is not clear why this article would be needed now. All GPhC registrants will have to meet requirements in relation to maintaining fitness to practise e.g. CPD, completing relevant declarations and, in due course, revalidation. So long as they continue to meet these requirements, they would be considered as fit to practise, whether or not they intended to do so.*

"We recognise that CPD could be problematic if someone was not practising but art 8(2) could cause significant difficulties for persons wishing to remain on the register but not practising within GB for a period e.g. when travelling, working overseas, looking after children or acting as a carer. It is not clear over what period a registrant could state that they intended to practise in GB/CIs/IoM without actually doing so. For example, some voluntary organisations might require or ask a pharmacist or

pharmacy technician who wished to undertake voluntary work overseas to maintain their registration in GB whilst doing so, particularly if they were working in countries where there was no effective local system of regulation. In addition, pharmacists employed in the pharmaceutical industry might work overseas for considerable periods but need to be able to return to work in GB at short notice. Registrants working in the military would also need to maintain their GPhC registration when working overseas.”

Q. Why has the definition of ‘practising’ been changed?

A. The DH has taken the opportunity to amend the definition of ‘practising’ to include advice giving in relation to preparation, assembly, sale and supply of medicines rather than the narrower definition in the Pharmacists and Pharmacy Technicians Order 2007 which referred to advice in relation to ‘dispensing and use’ of medicines. The broader definition ensures greater clarity and acknowledges that preparation and assembly are integral parts of the supply of medicines.

Q. Is it true that only patient-facing pharmacists and pharmacy technicians will need to, or be able to, register with the GPhC?

A. No. Anyone who wishes to practise as a pharmacist or pharmacy technician and use the restricted titles ‘pharmacist’ or ‘pharmacy technician’ will need to be registered on the relevant part of the GPhC register and carry out CPD relevant to their scope of practice (this will not necessarily be clinical/patient-facing). Registration with a regulatory body confirms that an individual is fit to practise. There are many examples of registrants whose roles do not include delivery of care to individual patients or services directly to members of the public but whose roles do impinge on patient safety, often very significantly, e.g. through signing off patient group directions, releasing batches of products, setting local and national policy for the use of medicines. Indeed, many employers require registration as a safeguard to ensure that the individual is up to date, bound by a code of conduct and/or ethics and is fit to practise in their chosen field e.g. academia, industry etc. Many organisations require certain functions to be performed by registrants and others require a registrant to be accountable for delivery.

The definition of practising in the draft Order reflects this breadth of practice and is as follows:

‘....if whilst acting in the capacity of or purporting to be a pharmacist or a pharmacy technician, that person does any work or gives any advice in relation to the preparation, assembly, dispensing, sale, supply or use of medicines, the science of medicines, the practice of pharmacy or the provision of healthcare’.

Maintenance of registration will also ensure that you are kept up to date with the regulatory developments within the profession. This is particular importance as the GPhC functions include:

- Setting standards of practice, education and training, continuing professional development and conduct
- Ensuring those standards are met, through the accreditation of education and training, and assessment of applicants for initial, renewed and restored registration
- Registration of qualified, competent practitioners
- Operating fitness to practise procedures to protect the public

Involvement of pharmacists and pharmacy technicians in the education of prospective registrants and within the pharmaceutical industry and other non-patient facing jobs is an essential aspect of pharmacy practice.

Q. Is the DH proposing to make “registered pharmacist” and “registered pharmacy technician” restricted titles, as well as “pharmacist” and “pharmacy technician”?

A. No. The draft Order proposes in art 27(1) that a person who makes a false representation as to being a registered pharmacist, a registered pharmacy technician, or entered in the Register with a particular annotation, commits an offence. The draft Order further proposes in art 27(2) that a person who uses the title “pharmacist” or “pharmacy technician” without being entered as such in the Register, or who uses a title in respect of a particular annotation, which is a prescribed specialist title, where that person does not have an entry in the Register with that particular annotation, commits an offence.

Draft art 27(1) would not, strictly speaking, make ‘registered pharmacist’ a restricted title in the same way as art 20(1)(b) of the PPTO does. However, it would have a similar effect as it would make it an offence for someone to falsely represent that they were a registered pharmacist.

Q. Is the right to call myself a pharmacist currently linked to my membership of the Society or to my registration?

A. It is currently linked to registration. The Medicines Act 1968 makes it an offence for anyone who is not registered as a pharmacist to call themselves a pharmacist.

Membership of the Society is linked to the title ‘Member/Fellow of the Royal Pharmaceutical Society of GB’. Currently, this is synonymous with registration, so the Medicines Act 1968 also makes it an offence for anyone who is not registered as a pharmacist to call themselves a member or fellow of the Society. However, the establishment of the GPhC will break the link between registration and membership of the Society so only the titles ‘pharmacist’ and ‘pharmacy technician’ will be protected. The title ‘Member/Fellow of the Royal Pharmaceutical Society of GB’ will remain linked to membership/fellowship of the Society.

Q. Why doesn't the draft Charter for the professional leadership body (PLB) contain the power for members to call themselves pharmacists?

A. Because the restricted title is not in the gift of the PLB -- the restricted titles are protected in legislation, not in the Charter, and it is for Parliament to make the decisions on them, not the PLB. This means that for the protection of a title to be enforceable in law there has to be a register which has statutory force; this force will reside with the regulator.

It has been suggested that another title might be created that would be exclusive to members of the PLB, but it could not be taken for granted that the Privy Council would consent to enshrine such a “protection” of title in the charter, and it is unclear how enforceable such protection would be without statutory powers.

Furthermore, creation of a title protected under the Charter, even if the Privy Council would permit it, would lead to further confusion for the public, who would be unlikely to be able to distinguish between that afforded by the regulator and the PLB. The regulator would be very unlikely to accept the restriction of a title to the PLB if it could lead to public misunderstanding.