

GDC Reform Consultation

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Ref: FTP/DG

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Dear Sir,

Re: Consultation Response- “Strengthening the General Dental Council”

Please find enclosed the response of the Royal Pharmaceutical Society of Great Britain (“the Society”) to your recent consultation document, together with a document setting out the context in which the Society’s response is made.

The Society supports the proposals for strengthening the General Dental Council and is content for this response to be published. In responding to the consultation, we have chosen to respond only to those questions that have the potential for a wider impact on healthcare regulation.

The Society looks forward to receiving the results of the consultation in due course.

Yours faithfully

David Gomez

Legal Advisor

Royal Pharmaceutical Society of Great Britain

ANNEX 1

Response of the Royal Pharmaceutical Society of Great Britain to the Consultation on Strengthening the General Dental Council

Q1. Are proposals for the modernisation of the GDC's fitness to practise powers and registration requirements correct? If not, have you any suggestions as to how these may be improved?

The basis for any warning or reprimand issued by the Investigating Committee is not clear. The Society is concerned at any proposals to issue warnings or reprimands without first making a finding on the facts. The Society considers that the power to issue warnings or reprimands should be confined to cases in which the facts or allegations are admitted.

Q2. Should the minimum period of erasure be 5 years?

The Society is aware that the five year period has been adopted by other healthcare regulators, such as the General Medical Council and the Nursing and Midwifery Council. In the interests of consistency, it would seem appropriate for the General Dental Council to adopt the same period.

Q3. Are proposals for new requirements for practising under registered names adequate? If not, have you any suggestions as to how these may be improved?

Is there a danger that the Council's policy of including previous names on the register might create confusion? On one interpretation, the practitioner would be able to practise under *either* the currently registered name, or the previously registered name (which still appears on the register because of the Council's policy).

Q4. Do you agree with the suggested creation of rights for an applicant to appeal against the GDC's refusal to grant registration?

The Society welcomes the inclusion of an appeals process for the purpose of complying with the Human Rights Act.

Q11. Should we require by law that all dentists have indemnity insurance before registration?

The Society supports the proposal to impose a legal requirement on practitioners to obtain indemnity insurance.

ANNEX 2

Context in which the response of the Royal Pharmaceutical Society of Great Britain (“the Society”) is made:

The Society performs various roles on behalf of both the public and its members. First and foremost, it is the regulatory and professional body for pharmacists in all aspects of practice. It has a statutory duty to maintain the register of pharmacists and pharmacy premises; there are approximately 12,500 pharmacy premises in Great Britain, and around 47,000 member pharmacists working in all sectors of the profession in Britain and overseas. Of these, around 22,000 work in community pharmacy, 5,500 in hospitals and 1,600 in the pharmaceutical industry. Others work in research, teaching, in health authorities and related activities.

Key duties of the Society include safeguarding the public with respect to the dispensing and distribution of medicines, and enforcing the laws controlling the conduct of pharmacies and the sale of medicines and poisons. The Society also has responsibility for maintaining the standards of the profession through its disciplinary procedure. An Infringement Committee acts as a screening committee dealing with allegations of breaches of the ethical code and other cases of professional misconduct. Upon the recommendation of the Infringement Committee, cases can be referred on to the Statutory Committee which has the power to remove a pharmacist or premises from the statutory register.

As well as fulfilling its statutory roles in public health, the Society operates widely to promote the development of the science and practice of pharmacy. It oversees and regulates the training and professional accreditation of pharmacists, set standards for and regulates the inspection of pharmacy premises, and promotes the contribution made by the profession to government, the media and other stakeholders. It also advocates the career attractions of pharmacy to potential new members of the profession. It has a significant publishing division, producing both reference volumes and journals; possesses a unique library and museum; and organises conferences and other events of international interest.

The Structure and Operation

The Society is governed by a Council comprising members of the profession and a smaller number of Privy Council nominees. In 1843, Queen Victoria granted the Society its Royal Charter, giving it a corporate framework that was refined by supplemental charters in 1901, 1948 and 1953. In March 1937, King George

VI became the Society's patron and the monarch has been patron of the Society ever since. In May 1988, the Queen agreed that the title "Royal" should be granted to the Pharmaceutical Society of Great Britain.

Elected members serve on the Council for three years and elect their own President, Vice-President and Treasurer. The immediate Past-President also serves as an Officer. The Council meets six times every year to discuss key issues affecting pharmacy and to decide on policies and practice. The Council is advised on particular areas of pharmacy policy by a number of committees and sub-committees as well as by a number of membership and special interest groups. There are 130 branches of the Society, organised through 11 regions, which provide a local focus for members.

The Royal Pharmaceutical Society is working to modernise and reform its role, constitution and ways of working. The aim is to create a modern, effective, and efficient regulatory and professional body for pharmacy, committed to quality and improvement and to meet its responsibilities to the public and the profession. The Society's Council is working on proposals to inform new legislation (an order under Section 60 of the Health Act 1999) and has consulted on the content of a new Royal Charter for the Society.

