

Country information sheet: United Kingdom

The pharmacy sector – sector information

Table 1 National data on the Pharmacy market

	Value (default 2006)	Additional remarks
Total number of community pharmacy outlets (i.e. number of locations)	11,642 (2005) (1)	England Wales 10,477 Scotland 1,165 Excludes Northern Ireland
Number of inhabitants per community pharmacy	5,020 (estimate)	Population in 2005: 58,495,600 (from 2003-based projection; source Office for National Statistics) Excludes Northern Ireland
Total number of community pharmacists	24,000 (1)	Royal Pharmaceutical Society Great Britain (RPSGB) Excludes Northern Ireland
Total number of hospital pharmacists	7,500 (1)	RPSGB Excludes Northern Ireland
Total number of hospital pharmacists that are allowed to dispense prescription drugs to the public	340 (1)	RPSGB Excludes Northern Ireland
Total number of other pharmacists (e.g. industry, research, education, etc.)	2,000 (1)	RPSGB Excludes Northern Ireland
Total number of other pharmacists that are allowed to dispense prescription drugs to the public	850 (1)	RPSGB Supplementary prescriber registrations Excludes Northern Ireland
Total number of non-pharmacists that are allowed to dispense prescription drugs to the public (e.g. general practitioners, veterinarians, etc.)	4,846* (1)	* Dispensing GPs Excludes Northern Ireland
Total number of registered community pharmacists	24,000 (1)	Registration at the RPSGB is compulsory Excludes Northern Ireland
Total number of community pharmacists with membership to a professional association	24,000 (1)	The RPSGB is the regulatory as well as professional body, so registration holds membership Excludes Northern Ireland

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	Value (default 2006)	Additional remarks
Percentage share of community pharmacist that are members of the professional association(s)	100% (1)	Excludes Northern Ireland
Total number of people that enter yearly into the educational track to become pharmacists (on average between 2000 and 2005)	1,959* (1)	England Higher Education Statistics Agency Student Record England only
Total number of people per year that successfully finished the educational track to become pharmacists (on average between 2000 and 2005)	1,374* (1)	.
Total aggregated income of all community pharmacists	€ 18 bn (2)	Expenditure on pharmaceuticals is 1.12% of GDP 80 % of a typical pharmacy's aggregated income is derived from state funded NHS pharmaceutical services (3)
Total value added produced by all community pharmacists	Not completed	

Sources: (1) ECORYS questionnaire (2006); (2) WHO 'health for all database'; (3) Office of Fair Trading report 2003): "The control of entry regulations and retail pharmacy services in the UK"

Entry

Education

Table 2 Educational requirements

	Scope	What law/regulation?
Degree and duration	Doctorate: 4 yrs Compulsory practice: 1 yr	Integration with the European Union has resulted in the BPharm course being superseded by a four-year course for the qualification Master of Pharmacy (MPharm) ¹ Pre-registration training will take place within an approved community pharmacy. ² Pre-registration training may be undertaken in a pharmacy establishment in another member state of the European Union ³ (3)

¹ The Royal Pharmaceutical Society accredits all UK pharmacy degree courses, supervises the pre-registration training (compulsory practice) and the registration exam.

² that:

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	Scope	What law/regulation?
Limitation to the number of students	Master: Generally, a selection based on grades and motivation is used to select students (work experience may be an advantage)	See the prospectuses of the educational facilities.
Continuous training	Yes	Policy recommendation that may be sanctioned (code of ethics) (4)

Source: ECORYS questionnaire (2006); Byelaws of the Royal Pharmaceutical Society of Great Britain (3); Code of Ethics of the RPSGB (4).

Registration, licensing and membership of professional organisation(s)

Table 3 Registration, licensing and membership of a professional body

	Type	Scope	What law/regulation?
Registration	Is it required?	It is required by both the government and the association	Pharmacy Act 1954 Medicines Act 1968
	What are the requirements for registration?	Besides educational requirements, the registrant should pass the "Registration Examination"	Pharmacists and Pharmacy Technicians Order 2006
	Number	32,913	* includes non-practising
	Restrictions to numbers?	None	
	Cost structure	Once-only: € 187 Yearly fee: € 387	£ 129 £ 267 1 Euro = £ 0.6887
	Who administers the registry?	Body incorporated under the Royal Charter (RPSGB)	
	Does registration expire?	No	
Revocation possible? When?	Yes, in the case of death, non-payment, unfitness to practice, (professional) misconduct, fraud	Professional misconduct is e.g. a breach of the professional code of ethics and standards	
Licensing	Is it required?	No (5)	

- is in operation for at least one year;
- has been granted approval for training purposes by the Council;
- The pre-registration tutor shall have practised for at least three years as a registered pharmaceutical chemist in the aspect of pharmacy with which the establishment is concerned

³ With the prior approval of the Council, up to 13 weeks of the total period of pre-registration training may be undertaken in a pharmacy establishment in another member state of the European Union, provided the placement overseas is continuous, takes place within or for the duration of the period between the 13th and 26th week of the total period and is an integral part of a complete program which meets the Council's requirements and includes a single placement of at least six months' duration in a community or hospital pharmacy in Great Britain.

	Type	Scope	What law/regulation?
	What are the requirements for licensing?	Not applicable (n/a)	
	Number	n/a	
	Restrictions to numbers?	n/a	
	Cost structure	n/a	
	Who administers the list of licences?	n/a	
	Does the licence expire?	n/a	
	Removal from list possible? When?	n/a	
Professional body	Is membership obligatory?	Yes, the RPSGB is the regulatory as well as professional body, so forth, registration holds membership and is therefore compulsory	Poisons Act 1933
	What are the benefits of membership?	See registration	
	Restrictions to numbers?	No	
	Cost structure	See registration	
	Does membership expire?	See registration	
	Revocation possible? When?	See registration	

Source: ECORYS questionnaire (2006); Code of Ethics of the RPSGB ; Oft (2003): "The control of entry regulations and retail pharmacy services in the UK"

Table 4 Professional bodies

Name	Scope	Membership
The Royal Pharmaceutical Society of Great Britain (RPSGB)	The professional and regulatory body for Pharmacists in Great Britain	45,713 (2003) Members are active in different fields, inter alia community pharmacies, hospital pharmacies etc.
The Pharmaceutical Society of Northern Ireland	The professional and regulatory body for Pharmacists in Northern Ireland	Not available

Source: ECORYS questionnaire (2006)

Rules on the profession

Table 5 Scope of the monopoly

		Scope	What law/regulation?
Professional monopoly	Who is allowed to dispense prescription drugs?	Prescription-only drugs are normally dispensed from a registered pharmacy premises by or under the supervision of a pharmacist in response to a prescription issued by an appropriate practitioner. Also, within the NHS or in certain independent healthcare sectors, prescription medicines can be supplied direct to patients (but not to the public at large) by certain registered health professionals, including pharmacists.	Medicines Act 1968 and regulations made under the Act. This Act also governs the manufacture and supply of medicines ⁴
	Who is allowed to dispense OTC drugs?	In the UK, the term "OTC" refers to drugs with a Pharmacy (P) legal status and those with General Sales List (GSL) status. P medicines can only be supplied from registered pharmacy premises by or under the provision of a pharmacist. GSL medicines can be sold from retail premises without the involvement of a pharmacist. Also, within the NHS or in certain independent healthcare sectors, medicines can be	

⁴ Medicines Act 1968 divides medical drugs into three categories. *Prescription only medicines* are the most restricted. They can only be sold or supplied by a pharmacist if prescribed by a doctor. *Pharmacy medicines* can be sold without a prescription but only by a pharmacist. *General Sales List medicines* can be sold by any shop. However, even here advertising, labeling and production restrictions apply.

		Scope	What law/regulation?
		supplied direct to patients (but not to the public at large) by certain registered health professionals such as nurses, midwives, radiographers, physiotherapists, occupational therapists, optometrist, orthoptist, dietitian, paramedic, prosthetists and orthotist and speech and languages therapists.	
	Are there additional requirements for non-pharmacists to dispense drugs (both OTC and prescription)?	In certain circumstances doctors and dentists can dispense direct to their patients (but not to the public at large).	

Source: ECORYS questionnaire (2006), and <http://www.drugscope.org.uk/druginfo/>

Rules and other ‘obligations’ on establishing a pharmacy

Table 6 Ownership and diversification requirements

	Scope/conditions	Comments	What law/regulation?
Ownership restrictions to pharmacies	There are restrictions on ownership of community pharmacies. Retail premises must be registered and owned by a pharmacist, a partnership of pharmacists (in Scotland one or more partners must be a pharmacist) or by a “body corporate” - for example a limited company. In addition, a representative of the pharmacist may carry on the business in the event of death, bankruptcy or disability.	A pharmacist, partnership or limited company can own an unlimited number of pharmacies (subject to competition laws). As a result the community pharmacy network in the UK consists of a number of large and medium sized chains owning between 20 and 2,000 pharmacies and smaller businesses, including sole traders(1)	Medicines Act 1968 Part IV
Is ownership of more than one pharmacy allowed?	Yes		
Are there restrictions to the business form of pharmacies/is incorporation allowed?	Incorporation is allowed		
How can one take-over a pharmacy?	By buying the business or company	Subject to e.g. competition laws.	
What requirements exist with respect to the location of pharmacies?	Apart from any relevant planning or building conservation laws, there are no legal controls over the location of pharmacies in respect of - for example - setting a minimum distance between pharmacies. However, if a pharmacy wishes to provide state funded NHS pharmaceutical services, (and most do) it must apply to the relevant local health body for approval.	Local Primary Care Trusts (or Health Boards in Wales or Scotland) decide whether it is necessary or desirable to grant the pharmacy application to secure adequate provision of pharmaceutical services in the neighbourhood. Certain exemptions to this rule apply in England only from April 2005 (e.g. pharmacies opening at least 100 hours a week)	NHS Act 1977 NHS (Pharmaceutical Services) Regulations 2005 (England only). Scotland, Wales and Northern Ireland have their own respective Regulations.

	Scope/conditions	Comments	What law/regulation?
What is the allocation mechanism for changes in ownership of pharmacies?	None, however, where the pharmacy is providing state funded pharmaceutical services, certain conditions apply to ensure continued provision.		NHS Act 1977 and NHS (Pharmaceutical Services) Regulations 2005 (England only).
What barriers exist to pharmacists from other EU countries?	3 year clause		Section 70 of the Medicines Act 1968
Is an internet pharmacy allowed to operate?	Prescription drugs: yes OTC drugs: yes	Pharmacy websites must clearly display the name of the owner of the business, the address of the pharmacy at which the business is conducted and where applicable the name of the superintendent pharmacist. Details of how to confirm the registration status of the pharmacy and pharmacists must be provided	RPSGB Code of Ethics (4)
Is co-operation of pharmacies with other professions allowed?	Yes		
Horizontal partnerships/mergers allowed?	Other pharmacies yes Chemists yes Supermarkets yes Etc.	Subject to competition laws	
Vertical partnerships/mergers allowed?	Yes	Subject to the Competition Act and mergers can be referred to the appropriate competition authorities (OFT).	

Source: ECORYS questionnaire (2006); Code of Ethics of the RPSGB (4); Oft (2003): "The control of entry regulation and retail pharmacy services in the UK" (5).

Table 7 Operating requirements on pharmacies

	Scope	Comments	What law/regulation
Opening hours (only applies if providing NHS (state-funded) pharmaceutical services)	At least 40 hours per week (England only) – or 100 hours per week where applicable (see entry in Table 6 above)	A local NHS Primary Care Trust or Health Board can direct a pharmacy to provide more or fewer than 40 hours where this is justified	The National Health Service (Pharmaceutical Services) Regulations 2005
Design of the practice	Floor space yes ⁵ Promotion yes ⁶ Shelf space yes ⁷ Storage space yes ⁸	.	RPSGB Code of Ethics (4)
Is the presence of a pharmacist required?	Yes		Medicines Act 1968 requires the pharmacist to supervise the sale or supply of non-GSL medicines, RPSGB Code of Ethics (section 4)
Stock	No		
Product/service differentiation - Sale of non-pharmaceutical products allowed? - Provision of diagnostic services	Yes* Yes	* exempt from this are tobacco products, alcohol and other unhealthy products	
Consumer registration required?	OTC: no Prescription: no		

⁵ A designated area reserved for pharmacy services should be easily identifiable and arranged to enable services to be provided efficiently. (Code of Ethics section 3)

⁶ Pharmacists must ensure that promotions (materials and campaigns) for medicines aimed at the public: (i) emphasise the special nature of medicines; (ii) do not make any medicinal claim not capable of substantiation; (iii) are consistent with the summary of product characteristics approved by the Medicines and Healthcare products Regulatory Agency as part of the licensing procedures; (iv) do not promote a medicine by way of endorsement by a pharmacist, or comparison with other products. A pharmacist may recommend a product in response to a request for advice from an individual patient; (v) do not promote inappropriate or excessive consumption or use of medicines or their misuse, injudicious or unsafe use which may be injurious to health.
Promotional material should be presented so as to allow the recipient to decide independently whether or not to use a service and should not disparage the professional services of other pharmacies or pharmacists.

⁷ Pharmacy medicines must not be accessible to the public by self-selection (Code of Ethics section 3)

⁸ (c) The size and organisation of the dispensary must reflect the volume and work flow, and facilitate effective communication and supervision. (d) Refrigerators used for pharmaceutical stock must be capable of storing products between 2C and 8C. They must be equipped with a maximum/minimum thermometer which is checked on each day the pharmacy is open and the maximum and minimum temperatures recorded. Appropriate action must be taken to rectify any identified deficiency. (e) Arrangements must be made for the regular collection and safe disposal of pharmaceutical waste and other refuse. (Code of Ethics section 3)

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	Scope	Comments	What law/regulation
Can one operate a pharmacy without a contract with a health insurer?	Yes, but in practice this rarely happens (0.1% has no contract)	80% of all turnover of a typical pharmacy is derived from the NHS	

Source: ECORYS questionnaire (2006); Code of Ethics of the RPSGB (4)

Pricing

Table 8 Price control

What price?	What regulation?	Who regulates?
Price of prescription drugs	<p>Maximum manufacturer/supplier price for branded medicines (PPRS) (6).⁹</p> <p>Fixed consumer prices (i.e. any fee (prescription charge) payable by the consumer for an NHS prescription) (5).</p>	<p>Pharmaceutical Price Regulation Scheme (PPRS) (6)</p> <p>Department of Health :</p> <p>NHS (Charges for Drugs and Appliances) Regulations 2000</p>
OTC P-medicine ¹⁰	<p>Price is not regulated (5)</p> <p>However, without a NHS contract, a pharmacy can only sell P-Medicines (and GSL medicines). Pharmacies without such licence are usually not economically viable. This results in above normal profit margins on P-medicines.</p>	
OTC – GSL medicines ¹¹	<p>Price is not regulated (5)</p> <p>The most recent enactment of the Competition Act 1998 prevented the Society from controlling price promotions in the Code of Ethics. The end of resale price maintenance (RPM) has led to a proliferation of promotional activity on OTC medicines.</p>	<p>Competition Act 1998</p> <p>RPM was removed in May 2001</p>

⁹ Of:” The PPRS is the method by which the UK Departments of Health seek to control the price of these drugs, by setting a cap on the profits that each drug company can earn on its annual sales of branded medicines to the NHS.”
<http://www.of.gov.uk/Business/Market+studies/price.htm>

¹⁰ Non-prescription drugs that can only be sold by a pharmacist

¹¹ General Sales List medicines - Non-prescription drugs that can be sold by everyone

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What price?	What regulation?	Who regulates?
Profit margin	Department of Health determines the level of reimbursement ¹² and remuneration ¹³ to pharmacies (5) – taking account of discounts provided.	

Source: ECORYS questionnaire (2006); Oft (2003): "The control of entry regulation and retail pharmacy services in the UK" (5); The Health Service Medicines (Control of Prices of Branded Medicines) Regulations 2000 (6)

Other

References

¹² Reimbursement: Payments to pharmacies to reimburse them for the costs of drugs, containers and other costs of dispensing medicines on the NHS.

¹³ Remuneration: Payments to pharmacies for providing NHS dispensing services, taken from the Global Sum. It comprises dispensing and practice fees, and a professional allowance.