

**General
Pharmaceutical
Council**



Memorandum of Understanding (2015)

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1. Scope and Purpose

This Memorandum of Understanding (MoU) has been agreed between Her Majesty's Inspectorate of Prisons (HMIP) and the General Pharmaceutical Council (GPhC). It applies to England and Wales only and is intended to provide a framework to assist the joint working of the two organisations to ensure maximum efficiency and effectiveness when conducting joint inspections within places of detention. It also outlines the basis of co-operation and collaboration between the organisations. This includes the practical arrangements designed to ensure that the relationship is effective and that together we meet our aims and objectives, particularly where there are mutual interests or responsibilities.

The MoU describes the processes that will be followed for joint inspections and it provides a working document for staff in both organisations and a reference for other organisations, covering how we will:

- work together
- use information
- enable issues to be referred to each other in appropriate circumstances.

This MoU does not override the statutory responsibilities and functions of HMIP and the GPhC and is not enforceable in law. However, HMIP and the GPhC are committed to working in ways that are consistent with the principles of this MoU.

2. Her Majesty's Inspectorate of Prisons

HMIP is an independent inspectorate whose Chief Inspector is a Crown appointment. The Chief Inspector's powers derive from section 5A of the Prisons Act 1952 (as amended)¹. The Chief Inspector reports directly to the relevant Secretaries of State and to Parliament on the treatment of and conditions for prisoners in England and Wales and immigration detainees in the United Kingdom. HMIP also inspects court custody, police custody and customs custody facilities, with Her Majesty's Inspectorate of Constabulary (HMIC), and secure training centres with Ofsted. By invitation, HMIP inspects some military detention facilities as well as prisons in Northern Ireland, and in other jurisdictions with links to the UK such as the Isle of Man. HMIP is the coordinating body for the UK's National Preventive Mechanism (NPM)², a group of 20 organisations which monitor places of detention in England, Wales, Scotland and Northern Ireland under the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT)³.

Details of HMIP's framework, approach and general methodology can be found at: <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

¹ Section 5A of the Prison Act 1952 (as amended by 1982 Criminal Justice Act, Immigration and Asylum Act 1999, Immigration, Asylum and Nationality Act 2006, Police and Justice Act 2006).

² The UK designated its NPM in March 2009. The UK's NPM is co-ordinated by HMIP.

³ Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, A/RES/57/199, adopted on 18 December 2003; came into force 26 June 2006.

3. General Pharmaceutical Council

The GPhC is the regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. The functions of the GPhC are set out in the Pharmacy Order 2010 and include:

- establishing and maintaining a register of pharmacists, pharmacy technicians and premises at which a retail pharmacy business is, or is to be, carried on
- setting and promoting standards for the safe and effective practice of pharmacy at registered pharmacies
- setting requirements by reference to which registrants will demonstrate that their fitness to practise is not impaired
- promoting the safe and effective practice of pharmacy by registrants
- setting standards and requirements in respect of education, training, acquisition of experience and continuing professional development that is necessary for pharmacists and pharmacy technicians to achieve in order to be entered in the Register or to receive an annotation in the Register and to maintain competence
- ensuring the continued fitness to practise of registrants.

In addition, the GPhC has enforcement powers and duties under the Poisons Act 1972, the Medicines Act 1968 and the Veterinary Medicines Regulations. These enforcement duties and powers mainly relate to the sale and supply of medicines from registered pharmacies.

The GPhC maintains an inspectorate. The inspectors inspect all registered retail pharmacy premises in Great Britain to make assessments about the extent to which pharmacies are meeting our standards and any risks to patients.

4. Planning Visits and Logistics

All arrangements for the inspection of relevant places of detention will be managed by HMIP. This includes aspects such as security clearance, key training (if applicable) and access and passes to the prisons. GPhC will liaise with HMIP on the appointment of inspectors who will specialise in relevant inspections of the prison pharmacies. HMIP may invite GPhC to inspect custodial contexts within its responsibility at the discretion of HM Chief Inspector of Prisons.

Visits to prisons and Immigration Removal Centres will consist of a mixture of announced or unannounced inspections. In the case of announced visits, quarterly timetables for the year will be drawn up by HMIP and circulated to the GPhC. Details of the nominated GPhC Inspector attending the inspection will be provided to HMIP at least 6 weeks in advance of an announced visit.

Where unannounced inspections are to be made, HMIP will provide the region in which the visit is planned on a quarterly basis and this information will be shared by the lead GPhC Inspector with the team. However, a master list will be supplied to the lead GPhC Inspector giving details of the specific visits. This information will be classified as confidential.

GPhC Inspectors will visit the relevant prisons during the week of the announced or unannounced inspection. They will liaise with Healthcare Inspectors to arrange the visit and also on the day of the visit pre/post inspection to flag up particular issues.

5. Information Gathering

Inspections

The GPhC will (subject to fees having been agreed on an annual basis between the two parties) provide assistance with the pharmaceutical aspects of prison inspections, (including inspection of the management and use of controlled drugs), as required. The current scale of fees payable to the GPhC for these purposes is detailed in a separate agreed Schedule of Fees and will be reviewed regularly. HMIP will provide details of inspection criteria (Expectations) against which performance is benchmarked. These will be used during visits and GPhC will be consulted and offered the opportunity to contribute to the regular review of these criteria.

Any problems identified during the course of a visit will be reported and managed in accordance with the usual chain of command (see below). This will usually require reporting to the HMIP Healthcare Inspector who will be responsible for liaising with the HMIP Inspection Team Leader. Reporting through usual chains of command do not, however, derogate from the GPhC's duties as a regulatory body for pharmacists and pharmacy technicians and duties of enforcement under the Medicines Act 1968, the Poisons Act 1972, the Pharmacy Order 2010 and other relevant legislation.

Where the place of inspection has a registered pharmacy within it, the GPhC inspector will use the information gained about the pharmacy to perform an inspection of the premises under the "Standards for Registered Pharmacies", as they do for all registered premises.

Reports

Following an inspection visit, a report will be prepared by the GPhC Inspectorate on the pharmaceutical aspects of the visit that they have observed.

The GPhC's inspectors will provide a copy of a report of their inspection visit in the standard format (as advised by HMIP) within the agreed time period in order that the full prisons inspection report can be finalised. Where practicable, this will usually be by the end of the week of the visit.

A separate report will be written for the GPhC registered premises inspection and will be shared with the superintendent pharmacist of the pharmacy in the usual way, which may in the future include publishing this report.

6. Information Sharing

Confidentiality

Both organisations will co-operate fully in relation to the disclosure and exchange of information, intelligence, evidence, policy formulation and documentation in accordance with relevant legislation and case law, including the Information Commissioner's Office data sharing code of practice. Both organisations recognise their respective responsibilities as data controllers under the Data Protection Act 1998 and public bodies under the Freedom of Information Act 2000.

In the course of the work between the organisations, there may be times when information (such as early drafts of reports, guidance or standards etc.) will be shared on the basis that it is not to be disclosed either publicly or to other organisations, unless explicit consent is obtained and except as required or permitted by law. Each organisation will respect this. This joint protocol is subject to the duty of confidentiality owed by each organisation to those providing them with confidential information.

Referrals

It is possible that both organisations will receive information which may be relevant to the statutory responsibilities of the other organisation. Given the overriding need to protect the interests of patients and the public, subject to any legislative constraints, both organisations have agreed to share information which:

- indicates a concern about the health and wellbeing of the public, particularly in relation to the safety of health and care services or the conduct of a pharmacist or pharmacy technician
- is relevant to the delivery of the other organisation's functions, and, or
- would benefit from a coordinated response.

The interests of the patients/public remain paramount and where issues relate to the fitness to practise of healthcare professionals, the information should be referred to the appropriate regulatory body for further investigation. Nothing in the MoU seeks to preclude HMIP or GPhC from taking relevant action as necessary to safeguard prisoners and/or staff.

Where there are issues relating to the fitness to practise of an employee of the prison service, who is a registrant with the GPhC, then the GPhC will keep HMIP informed about the progress of any disciplinary action being taken against the person concerned. Any such disclosures will be made in accordance with the GPhC's legislative and policy frameworks.

Disclosures

All requests by one party for disclosure of information from the other shall be made in writing. Each party shall respond to a request for disclosure of information in writing within 14 days (where possible) and in the event that a request for disclosure is refused, the party refusing the request shall provide reasons in writing.

Third Party Disclosures

Except as required or permitted by law, information shared between HMIP and the GPhC will not be provided to third parties.

Retention of material obtained during an inspection

Any materials gained during an inspection for HMIP by GPhC staff will be subject to the retention policies of HMIP. It is for HMIP to inform the key contact at the GPhC when material is to be destroyed, and that person will contact the relevant Inspector to inform them of the need for destruction. Any documentation gained during the GPhC inspection of a registered pharmacy will be subject to the retention policy of the GPhC.

7. Dispute Resolution

Should any difficulties arise between the two organisations, these will normally be resolved at the operational level.

8. Communications

Publicity

All final reports of the inspection visit to places of detention are published by HMIP and therefore available to members of the public. The HM Chief Inspector of Prisons takes final responsibility for all reports relating to the inspection visits and any requests made to GPhC for public comment on such reports will be forwarded to HMIP. Where the place of detention has a registered pharmacy, the GPhC will complete a separate report. These reports will not be published until the necessary legal powers to allow publication by the GPhC have been obtained.

Meetings

The GPhC and HMIP are committed to ensuring that there is regular and effective communication between the organisations. Formal meetings will be held at least once a year (or as otherwise agreed) to discuss areas of mutual interest and/or concern and to review working practices and, where relevant, this MoU. The parties will also hold regular meetings to discuss and resolve issues as they emerge.

9. Review

Review Period

This MoU is not time-limited and will continue to have effect until it needs to be altered or ceases to be relevant. The MoU may be reviewed more urgently at any time at the request of either party.

Both organisations have identified persons responsible for the management of this MoU above. They will liaise as required to ensure this MoU is kept up to date, identify any emerging issues and resolve any questions that arise in the working relationship between the two organisations.

This MoU will be reviewed at intervals of no greater than two years from the date of signing.

Signed:



Nick HARDWICK
HM Chief Inspector of Prisons
HMIP

Signed:



Duncan RUDKIN
Chief Executive and Registrar
GPhC

Dated:

14 January 2016

Dated:

18.12.2015

APPENDIX A

List of Key Personnel Contacts

GPhC	Name	Telephone No. (020 3713 + Ext)
<i>Chief Executive and Registrar</i>	Duncan Rudkin	7805
<i>Director of Inspection and Fitness to Practise</i>	Claire Bryce-Smith	7802
<i>Head of Inspection</i>	Mark Voce	7838
<i>Lead Inspector for Prisons</i>	Susan Melvin	7910
HMIP	Name	Telephone No. (020 3681 + Ext)
<i>Chief Inspector</i>	Nick Hardwick	2772
<i>Deputy Chief Inspector</i>	Martin Lomas	2774
<i>Head of Healthcare Inspection</i>	Paul Tarbuck	07788 404642

