Memorandum of Understanding
between the
Royal Pharmaceutical Society
of Great Britain
and the
NHS Counter Fraud and Security Management Service
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Introduction

Role of the Royal Pharmaceutical Society of Great Britain

1. The Royal Pharmaceutical Society of Great Britain is the professional and regulatory body for pharmacists practising within Great Britain. In addition, the Society is the statutory registration body for registered retail pharmacy premises and has recently opened a voluntary register for pharmacy technicians. The Society has responsibility for controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register.

2. The Society is unique amongst healthcare regulators in that it has a long established Inspectorate. The majority of the Society inspectors are experienced pharmacists appointed under the provisions of the s9 Poisons Act 1972. The Society has enforcement duties under the Pharmacy and Poisons Acts, in addition to concurrent duties/powers of enforcement with the Medicines and Healthcare products Regulatory Agency under the Medicines Act 1968. These enforcement duties/powers are mainly within registered retail pharmacy premises. The Society inspectors also investigate alleged breaches of the Code of Ethics by pharmacists and registered pharmacy technicians although they have no statutory duty to do so.

Role of the Counter Fraud and Security Management Services (CFSMS)

3. CFSMS was established on 1st January 2003, following the successes of the NHS Counter Fraud Service which was established in September 1998. The CFSMS has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud in the NHS in England and Wales.

4. By tackling fraud and corruption, up to the end of 2003/04 the CFS has produced a financial benefit to the NHS of almost £478 million, a 13:1 return on its total budget of £36 million since 1999.

Scope and Purpose

5. This Memorandum of Understanding (MoU) has been agreed between the Society and CFSMS. 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 effectiveness and efficiency when carrying out investigations.

6. It outlines the basis of co-operation and collaboration between the two organisations. This includes practical arrangements designed to ensure that the relationship is effective and that together we meet our aims and objectives, particularly when there are overlapping interests and responsibilities.

7. It sets out the principles underpinning the interaction between the two organisations and provides guidance on the exchange of information between them.

8. Details of contacts within the Society and CFSMS are contained within Annex A – ‘Working Contacts’, which also describes the ‘routes’ to take into each organisation in different circumstances.
N.B. In this document any reference to ‘individual’ or ‘pharmacist’ should be taken to include owners of pharmacies and officers of a bodies corporate that owns a pharmacy as these fall within the jurisdiction of the Society.

**Principles**

9. The Society’s role in maintaining the register means that its processes are distinct from those of the NHS. That said, the Society is determined that its fitness to practise functions will be an effective part of a wider framework for protecting NHS Bodies and patients and providing effective pharmaceutical services, including measures taken by NHS bodies and others. The Society is committed to working collaboratively with the CFSMS, the NHS as a whole, and others, to ensure that NHS Bodies and patients are provided with effective pharmaceutical services. Speedy and effective regulation requires good working communication between the bodies involved. This MoU is intended to ensure that effective channels of communication are maintained between the Society and CFSMS.

10. CFSMS is committed to reducing fraud in the NHS to an absolute minimum, and to put in place arrangements to hold fraud at a minimum level permanently. Working collaboratively with the Society will ensure that information or allegations of suspected fraud or corruption, which are received by the Society can be passed to CFSMS for investigation. Such information is vital to CFSMS to ensure that systems and procedures can be assessed for their ability to prevent, reduce, or detect fraud within the NHS in England and Wales.

11. The CFSMS and the Society, despite having differing and complementary core functions, share a common goal to ensure that those who work within, for or contract to the NHS are professional and accountable in every aspect of their work and maintain the highest integrity. Both organisations will co-operate whenever possible in working to achieve this common goal.

**Information sharing**

**Confidentiality**

12. Both the Society and the CFSMS hold and use sensitive information about organisations and individuals in order to perform their core functions. It is vital that such information and documentation held is on occasion shared between the organisations if they are to perform their functions effectively. The Society and CFSMS recognise that this exchange of information needs to be carried out responsibly and within the guidelines set out in this document. Each organisation is subject to the duty of confidentiality owed to those providing them with confidential information and the confidentiality and security of this information will be respected.

13. It is understood by the CFSMS and the Society that statutory and other constraints on the exchange of information will be fully respected, including the requirements of the Data Protection Act and the Human Rights Act.
**Referrals**

**a) When the Society receives information or begins an investigation**

14. Society investigations can be triggered by complaints, referrals (from NHS and other public bodies, including overseas regulators or investigatory bodies), or by information received from other sources (e.g., from press monitoring or during the course of routine inspections to registered pharmacy premises).

15. Where there are allegations against a pharmacist and/or registered pharmacy technician working in or for the NHS (or indeed, where there are misdirected allegations against other NHS staff) the CFSMS will be informed (if it is not clear that they are already aware) if there are clear allegations of fraud, corruption or theft.

16. In cases where there are other allegations of dishonesty or criminality, the Society will disclose relevant information and documentation to the CFSMS where such allegations are relevant to CFSMS core functions. However, whether such disclosure takes place will depend on the circumstances of the case and the seriousness of the allegations.

17. In cases where Society staff are in doubt as to whether a case should be disclosed to the CFSMS, they will make contact with the individual(s) specified in the Annex A in order to discuss the matter. Any discussions at this stage will be anonymised. Society staff will be able to rely on the fact that if the specified CFSMS staff indicate that they wish to receive full disclosure, this will be on the basis that that is essential for the CFSMS’s core purpose or is in the public interest.

[NB: normally, cases in the categories mentioned above will be identifiable at the start of an investigation. However, Society staff will be alert to the fact that such allegations may emerge as an investigation proceeds. In such cases, they will ensure that relevant information is passed to the CFSMS in line with the above guidance.]

**b) When the CFSMS receives information or begins an investigation**

18. Where CFSMS is aware that during or following an investigation, evidence exists that a pharmacist or registered pharmacy technician has been involved in fraud, corruption or theft, the Society will be informed of such matters. The Society will consider whether any further investigation needs to be carried out and/or whether the matter should be referred to the Fitness to Practise Committees.

19. In cases where CFSMS staff are in doubt as to whether a case should be disclosed to the Society, they will make contact with the individual(s) specified in the Annex A in order to discuss the matter. Any discussions at this stage will be anonymised. CFSMS staff will be able to rely on the fact that if the specified Society staff indicate that they wish to receive full disclosure, this will be on the basis that that is essential for the Society’s core purpose or is in the public interest.

20. In cases where an investigation has concluded that there was no fraudulent activity, but indicates there may be concerns about the activities of a pharmacist or a registered pharmacy technician, the information will be passed to the Society to enable the Society’s Fitness to Practise Committees to decide on the seriousness of the allegations and their relevance to the Society’s core function.
21. When information is disclosed to the Society there will be a discussion in advance about the timing of any action that the Society may consider appropriate, including disclosure of the case to the employer and individual involved. The Society will consider any request to delay action which may compromise any current CFSMS investigation. However, the CFSMS recognises that action may need to be taken by the Society where it is in the public interest to do so.

22. In cases where the CFSMS becomes aware of allegations or evidence that an individual may be posing as a registered (or licensed) pharmacist or pharmacy technician, either through a stolen identity or fraudulently acquired registration, the CFSMS will immediately contact the Society’s Education and Registration Directorate (contact details are at Annex A). The CFSMS will provide all available information that might suggest that an individual is fraudulently posing as a member of the Society.

23. In these cases, the Society and CFSMS primary concern will be patient safety. The Society will take whatever action is appropriate in the interests of protecting patients.

c) Concurrent investigations

24. There may be occasions when CFSMS and the Society need to undertake concurrent investigations. When this occurs both parties will take steps to ensure that they do not undermine the progress and/or success of each others investigation. This may include allowing criminal investigations to take place as priority. There may, however, be occasions when the Society will need to act swiftly to take steps to protect public safety and would do so with due regard for other known on going investigations.

Communication

25. Areas of possible communication between the CFSMS and Society include (the list is not intended to be exhaustive):

a. sharing of expertise and experience in the development of investigative methodologies;

b. discussions about the strategy / policy of each organisation aimed at increasing the effectiveness of communication between them;

c. discussions about individual pharmacists and/or registered pharmacy technicians (where one or both organisations are investigating the individuals in question);

d. Sharing of experiences of investigations or trends to enable effective learning and to feed back improvements in practice to the profession;

e. Sharing views and information about how improved performance might be encouraged.

[NB: Annex A: “Working Contacts” sets out contact points within the CFSMS and the RPSGB for these areas of communication.]
a. **Sharing of expertise and experience in the development of investigative methodologies**

26. It is intended that regular meetings will take place between Managers within the Fitness to Practise and Legal Affairs Directorate and the Registration and Education Directorate at the Society and counterparts at the CFSMS. These meetings may involve discussion about particular cases (anonymised if appropriate) and the two organisations may be able to share information about approaches to investigation which have been successful in particular circumstances or about useful contacts within other organisations.

b. **Discussions about the strategy / policy of each organisation**

27. Regular meetings between the organisations will provide an opportunity to discuss strategic / policy developments which may impact on each others work. Whilst it is not possible to predict all future developments which may be of mutual interest, it is clear that when either organisation is reviewing disclosure policies, for example, discussion will be valuable.

c. **Discussions about individual pharmacists**

28. Whilst the Society and CFSMS have very distinct roles, it is clear that there is an overlap where there are allegations that a pharmacist or registered pharmacy technician working in or for the NHS has acted dishonestly or fraudulently. Where this kind of issue is at stake, it is expected that information and documentation will be exchanged at an early stage between the two organisations in order to allow both to carry out their core functions.

d. **Sharing of experiences of investigations or trends to enable effective learning and to feed back improvements in practice to the profession**

29. From the many cases that the Society and CFSMS handle, common themes frequently arise. Working collaboratively and sharing this information will enable trends to be quickly identified. Opportunities to deal with the cause of the problems can be discussed and wherever possible fed into policy discussions to work towards changes in practice to prevent opportunities for fraud, deception and dishonesty.

e. **Sharing views and information about how improved performance might be encouraged.**

30. By sharing this information, appropriate strategies for disseminating information on best practice can be identified and implemented.

### Coordination

31. The working relationship between CFSMS and the Society will be characterised by regular on-going contact and open exchange of information, through both formal and informal meetings at all levels, including senior levels. This will be kept under review by senior contacts at CFSMS and the Society, whose details are at Annex A.

32. Disclosures from either organisation to the other will be regularly monitored to ensure that arrangements are working effectively.
Signed Agreement

This MOU has been approved and agreed by

Signed Dated: 16th June 2005

Jim Gee
Chief Executive
NHS Counter Fraud and Security Management Service

Signed Dated: 16th June 2005

Secretary and Registrar (S&R)
Royal Pharmaceutical Society of Great Britain
Annex A

**CFSMS List of Main Contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Responsibility</th>
<th>Contact No</th>
<th>E mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne Stone</td>
<td>Deputy Director Operations</td>
<td>Discussion of individual cases to confirm future action</td>
<td>020 7895 4671</td>
<td><a href="mailto:Wayne.stone@cfsms.nhs.uk">Wayne.stone@cfsms.nhs.uk</a></td>
</tr>
<tr>
<td>Martin Wiles</td>
<td>Policy Manager</td>
<td>Amendments to MoU and policy issues</td>
<td>0207 895 4544</td>
<td><a href="mailto:Martin.wiles@cfsms.nhs.uk">Martin.wiles@cfsms.nhs.uk</a></td>
</tr>
</tbody>
</table>

**RPSGB List of Main Contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Responsibility</th>
<th>Contact No</th>
<th>E mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Raffaitin</td>
<td>Head of Investigations</td>
<td>Disclosure of individual cases to the CFSMS</td>
<td>020 7572 + ext</td>
<td><a href="mailto:Jo.raffaitin@rpsgb.org">Jo.raffaitin@rpsgb.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion of individual cases to confirm future action</td>
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<tr>
<td></td>
<td></td>
<td>Referral of cases (once investigations have been completed) to the Infringements Committee and subsequent action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jackie Giltrow</td>
<td>Chief Inspector</td>
<td>Disclosure of individual cases to the CFSMS during the</td>
<td>2311</td>
<td><a href="mailto:Jackie.giltrow@rpsgb.org">Jackie.giltrow@rpsgb.org</a></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Responsibilities</td>
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<tr>
<td>David Gomez</td>
<td>Legal Adviser</td>
<td>Lead on all Society’s investigations, Responsibility for the Society’s inspectorate, Policy on investigations, Lead on amendments to MoU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lynsey Balmer</td>
<td>Head of Ethics</td>
<td>Overall policy on disclosure of Fitness to Practise proceedings, Lead on Fitness to Practise rules and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrew Gardner</td>
<td>Head of Registration</td>
<td>Code of Ethics revision and amendments, Maintenance of the Society’s statutory register of pharmacists and premises and the voluntary register of technicians</td>
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