THE RESPONSIBLE PHARMACIST REGULATIONS

A SUMMARY OF THE RESPONSES TO PUBLIC CONSULTATION ON PROPOSALS FOR THE CONTENT OF THE REGULATIONS
## Summary of Responses to Public Consultation on the Responsible Pharmacist Regulations made under Section 72A of the Medicines Act 1968

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1. INTRODUCTION

1.1. On 24 October 2007, the Department of Health published a consultation paper seeking views on proposals for the content of the responsible pharmacist regulations. The regulations will follow on from changes to sections 70 to 72 of the Medicines Act 1968 (the Medicines Act) made by sections 27 to 29 of the Health Act 2006 (the Health Act) and provisions in a new section 72A and section 72B of the Medicines Act, inserted by section 30 of the Health Act. Section 129(6) of the Medicines Act requires Ministers to consult “such organisations as appear to them to be representative of interests likely to be substantially affected by the regulations…” made under the Act.

1.2. In January 2006, the Department of Health published an information paper setting out some outline proposals for the regulations to support discussions of provisions in the Health Act 2006 during its passage through Parliament. In early 2007, the Department of Health hosted a number of informal events for pharmacy and other organisations to discuss these proposals. The Department also met informally with organisations that requested meetings to support further discussion. These events and meetings provided valuable feedback that informed the development of the consultation paper issued in October 2007. Consultation closed on 20 January 2008.

1.3. The Medicines Act concerns the safety of medicines, including the licensing and manufacture of medicines and the sale and supply of medicines from registered pharmacies. The provisions of the Act are UK wide. Therefore, the Department of Health issued the consultation paper following discussions with the other UK Health Departments in Scotland, Wales and Northern Ireland. This summary includes responses received from pharmacists, pharmacy and other organisations from all parts of the United Kingdom.

2. BACKGROUND

Changes to the Medicines Act 1968

2.1. The consultation paper concerns changes to the current requirement in sections 70 to 72 of the Medicines Act that each set of registered pharmacy premises must be under the “personal control” of a pharmacist. If a pharmacist is not in personal control of the pharmacy, the sale and supply medicines to the public may not continue from the premises.

2.2. The Medicines Act does not define “personal control” nor does it set out how the pharmacist is to exercise this requirement. In 1981, the case of R v Logan indicated that the exercise of personal control requires some physical presence by the pharmacist. It also indicated that the sale of General Sale List (GSL – ie those medicines that other retail outlets as well as pharmacies may sell) could take place when the pharmacist was away from the pharmacy. However, in 2004, the Royal Pharmaceutical Society of Great Britain issued advice from its Statutory Committee that to exercise the personal control requirement the pharmacist should be on the premises to allow transactions involving the sale and supply of medicines to take place, including those on the General Sale List.

2.3. The lack of clarity in the Medicines Act – and limited case law – meant that a common interpretation of the “personal control” requirement emerged. This interpretation requires the pharmacist to be physically present in the pharmacy at all times to exercise control and thus...
enable the sale and supply of medicines from the pharmacy, including GSL medicines. It has given rise to an anomaly in which the public may buy a GSL medicine from other retail outlets (such as a newsagents or garage shop) where there is no requirement for a pharmacist to be present at the time of sale but may not purchase these medicines from a pharmacy if the pharmacist is absent. They must await the return of the pharmacist or go elsewhere to buy GSL medicines.

2.4. In 2005, the Department of Health – with the other UK Health Departments - consulted on the need for changes to the Medicines Act, including the personal control requirement. In England, 75% of those responding to that consultation called for clarification on personal control, with 55% of these respondents seeking the redefinition of this requirement in terms of the pharmacist’s professional responsibility for the safe supply and use of medicines.

2.5. The Health Act 2006 amends sections 70 to 72 of the Medicines Act, replacing personal control with a requirement that each registered pharmacy is to have a responsible pharmacist in charge of the business where this relates to the sale and supply of medicines. In addition, the Health Act inserts a new section 72A into the Medicines Act placing a statutory duty on the responsible pharmacist to secure the safe and effective running of the pharmacy. Section 72A also sets out how the responsible pharmacist is to exercise the duty. He or she must

- establish (where not already established), maintain and review pharmacy procedures that set out how activities are to be carried out in the pharmacy
- maintain a record, at the pharmacy, of the pharmacist who is in charge of the pharmacy on any date and at any time

2.6. These provisions will commence with the introduction of the responsible pharmacist regulations.

The Responsible Pharmacist Regulations

2.7. Section 72A also allows Ministers to set out in more detail, in regulations (“the responsible pharmacist regulations”), how the responsible pharmacist is to exercise the statutory duty, including

- the qualifications and experience that a pharmacist needs to be in charge of a pharmacy
- the ability of the responsible pharmacist to be absent from the pharmacy
- the ability of the responsible pharmacist to supervise the dispensing and sale of medicines in the pharmacy from another location (what is known as “remote” supervision)
- the circumstances in which a pharmacist, responsible for one pharmacy, may supervise the dispensing and sale of medicines in another pharmacy where she or he is not the responsible pharmacist
- the matters to be covered in the pharmacy procedures and the form in which the procedures are to be kept
• the information to be included in the pharmacy record and the form in which the record is to be kept

2.8. The general “rule” is that a pharmacist must be in charge of each pharmacy – ie one pharmacy/one responsible pharmacist. Recognising the need to keep pace with changes in pharmacy practice and the development of new technologies, the new section 72A allows for exceptions to this rule. However, a pharmacist may only be in charge of more than one pharmacy at the same time where there is compliance with specified circumstances and conditions set out in the regulations.

2.9. In the consultation paper, the Government stated its view that these legislative changes now make clear what the pharmacist in charge of a pharmacy must do to secure the safe and effective running of the pharmacy. The Government also believes that the proposed responsible pharmacist regulatory framework will underpin the quality system in the pharmacy that supports the safe sale and supply of medicines to the public.

**Pharmacy Businesses**

2.10. The Medicines Act sets out the different types of pharmacy business. These are

- those owned by an individual pharmacist or partnerships
- those owned by a body corporate
- those carried on by a representative of a pharmacist (for example, in cases of death or disability)

There is no change in the requirement that all registered pharmacy premises must have a responsible pharmacist who is in charge of the business at the premises, where this relates to the sale and supply of medicines. The key change is there is now clarity as to how the responsible pharmacist is to secure the safe and effective running of the pharmacy.

2.11. Where a body corporate owns a pharmacy business, it is required to appoint a superintendent pharmacist to manage the business where this relates to the keeping, preparing and dispensing of medicines other than those on the General Sale List (known as GSL medicines). Where the superintendent pharmacist is not also the pharmacist responsible for a pharmacy operated by the business, another pharmacist must be appointed to be in charge of that pharmacy, who remains subject to the directions of the superintendent pharmacist. There is no change in the statutory role of the superintendent pharmacist who has an overarching responsibility to ensure that the company meets professional and legislative requirements relating to the sale and supply of medicines from all the company’s registered pharmacy premises.

**3. THE CONSULTATION**

3.1. The consultation paper set out proposals for the content of the responsible pharmacist regulations, except for those relating to the responsible pharmacist’s ability to supervise transactions in the pharmacy from another location (known as “remote supervision”). The Government’s view is that it is more appropriate to consider these as part of later consultation on regulations concerning the supervision of the dispensing and sale of medicines (“the
supervision regulations"). The Government plans to consult on the supervision regulations later in 2008.

3.2. The proposals for the content of the responsible pharmacist regulations set out in the consultation paper were as follows:

**The Pharmacy Procedures**

- the pharmacist in charge of a pharmacy should be allowed to use his/her professional judgement to ensure the pharmacy procedures support safe working in the pharmacy for which he or she is responsible

- the pharmacy procedures should include, as a minimum, the areas specified in the regulations – with views invited on the areas to be specified

- that additional areas to those specified in the regulations which are covered in the pharmacy procedures should be a matter for the responsible pharmacist in discussion with the superintendent pharmacist or the pharmacy owner

- the regulations specify that the written pharmacy procedures may be kept on paper or electronically provided these are readily available and accessible to pharmacy staff and others such as the pharmacy owner, the superintendent pharmacist and pharmacy inspectors

- the regulations should not prescribe the format of the procedures

- the responsible pharmacist be required to “sign off” the procedures to indicate that, on taking responsibility for the pharmacy, that he or she is content that these support the safe and effective running of the pharmacy

- it may be more appropriate to set out arrangements for the review of pharmacy procedures in guidance rather than regulations to allow flexibility in responding to changes within individual pharmacies

- invited views on the role and responsibilities of the superintendent pharmacist and the pharmacy owner in supporting the responsible pharmacist in carrying out the statutory duty to secure safe and effective running of the pharmacy

**The Pharmacy Record**

- the regulations specify the minimum information to be included in the pharmacy record

- over and above meeting these minimum information requirements, other information to be included in the record should be a matter for discussion between the responsible pharmacist and the superintendent pharmacist or the pharmacy owner
• the regulations set out that the pharmacy record may be kept on paper or electronically provided this is readily available and accessible to those needing to consult the record

• the regulations should not specify the format of the pharmacy record

• the regulations should specify five years from the date of the last entry to the record as the minimum period that the pharmacy owner be required to preserve the pharmacy record

• preservation of the pharmacy record for longer than the specified minimum period should be a matter for the pharmacy owner

The ability of the responsible pharmacist to be absent from the pharmacy

• the regulations specify the minimum percentage of time that a pharmacist is responsible for a pharmacy that he or she must be present in the pharmacy; that this must be the majority of the time that he or she is responsible for the pharmacy; and sought views on what the minimum percentage might be

• the regulations specify the maximum time that the responsible pharmacist may be away from the pharmacy in any one period of absence and proposed that this should be three hours

• whether the maximum time for any one period of absence might vary – for example, if another pharmacist or other suitably trained and experienced pharmacy staff (such as a pharmacy technician) remain working in the pharmacy – and if so, how should this vary

• the regulations specify certain conditions to be complied with if the responsible pharmacist is to be absent from the pharmacy, including
  o a requirement to return to the pharmacy with reasonable promptness where requested to do so
  o a requirement that the responsible pharmacist maintains contact with the pharmacy during his/her absence
  o where he or she is unable to remain in contact with the pharmacy, the responsible pharmacist must arrange for another pharmacist to be available to provide advice – with views sought on whether this other pharmacist should also be a responsible pharmacist or eligible to take on this role

• the regulations do not specify the arrangements to be made by the responsible pharmacist in relation to maintaining contact with the pharmacy during his/her absence or ensuring that another pharmacist is available to provide advice, as necessary, – views were sought on whether it may be more appropriate to set these out in professional best practice guidance
Qualifications and Experience to be a Responsible Pharmacist

• the regulations set out that, where a pharmacist has the necessary experience to be a responsible pharmacist, an annotation be made against his/her entry on the register of pharmacists maintained by the professional regulatory body

• the regulations specify that, following registration as a pharmacist, a minimum period of experience is required before a pharmacist may become responsible for a pharmacy – with views sought on the minimum period and whether this might vary subject to conditions specified in the regulations

• the regulations specify that, where a pharmacist wished to take on responsibility for a pharmacy in a particular pharmacy sector (e.g. community or hospital), he or she is required to have recent experience of working in that sector – with views sought on what a minimum period of recent experience might be

• the regulations specify that a pharmacist returning to practise following an absence of three or more years is required to have recent experience of working in a pharmacy before becoming responsible for a pharmacy – with views sought on what the minimum period of experience might be

One Pharmacy/One Responsible Pharmacist

• views were sought on two examples of possible circumstances that might be considered as exceptions to the general “rule” of one pharmacy/one responsible pharmacist. Example 1 relates to provision of temporary pharmacy services. Example 2 relates to circumstances where the pharmacist responsible for a pharmacy controls and uses a machine, located in separate registered pharmacy premises, to dispense medicines. Views were also invited on other possible circumstances where a pharmacist might be responsible for more than one pharmacy at the same time

• views were sought on the conditions that might be specified in the regulations allowing a pharmacist, exceptionally, to be responsible for more than one pharmacy at the same time, including
  o the responsible pharmacist must be able to meet the statutory duty in relation to each of the pharmacies for which he or she is responsible
  o limiting the period for which a pharmacist may be responsible for more than one pharmacy at the same time and what that period might be
  o a requirement to notify the professional regulatory bodies where a pharmacist becomes responsible for more than one pharmacy at the same time
  o that each of the pharmacies concerned should be owned and managed by the same company, partnership or individual
o that certain specified staff are employed in at least one or all of the pharmacies concerned

o limiting the number of pharmacies for which a pharmacist may be responsible at the same time – ie two pharmacies

**Supervision of the Dispensing and Sale of Medicines by the Responsible Pharmacy in a pharmacy where he or she is not the responsible pharmacist**

- the regulations specify the conditions allowing a pharmacist responsible for one pharmacy to supervise transactions in a pharmacy where he or she is not the responsible pharmacist – including, for example,
  
  o that certain specified pharmacy staff are employed in one or both of the pharmacies concerned

  o that both pharmacies must be under the same ownership

**INTRODUCTION OF THE REGULATIONS**

3.3. The consultation paper set out the Government’s proposal to take a phased approach to introduction of the responsible pharmacist regulations and welcomed views on this approach. The paper also invited views on the time pharmacy needed to prepare for introduction of the regulations. The options set out in the paper included

- a proposal to introduce the majority of the responsible pharmacist regulations at the same time (ie those relating to the pharmacy procedures, the pharmacy record, and absence from the pharmacy)

- a proposal that only part of other regulations (eg those relating and recent, relevant experience) might be introduced at the same time as the majority of the responsible pharmacist regulations

- a proposal that some regulations be introduced later – for example at the same time or following the introduction of regulations relating to supervision

3.4. The Government also invited views on the role and content of guidance in supporting pharmacists and pharmacy organisations in preparing for introduction of the responsible pharmacist regulations and whether there was scope for a joint approach by the Government and, say, the professional regulatory bodies in developing such guidance.

**RESPONSES TO THE CONSULTATION**

3.5. The consultation paper was available on the Department of Health website – and the Department of Health worked with a number of pharmacy organisations and pharmacy journals to highlight publication of the paper. Those wishing to respond to the consultation were able to do so electronically or by submitting a written response by post.
3.6. The consultation paper included a framework setting out the proposals for the content of the regulations, which enabled respondents to complete and return their responses electronically. Many respondents also chose to use this framework to respond to proposals via post. However, others chose to respond in a more general way in letters or via e-mail.

3.7. During the consultation period, the Department continued to attend meetings with pharmacy and other organisations to discuss the proposals.

3.8. During the 13 week consultation period, 311 responses were received to the consultation paper. The consultation paper requested all respondents to confirm where they were content, or otherwise, for their views to be made public. Details of the respondents, including a breakdown by category, are included in Appendix B. A full set of the responses to this consultation paper, or a copy of an individual response(s), is available, on request – either via e-mail to MailBoxSkillMix@dh.gsi.gov.uk, by post to Medicines, Pharmacy and Industry Group, Department of Health, 455D Skipton House, 80 London Road, London SE1 6BY or telephone 0207 972 2873.

Analysis of Responses Received

3.9. We are grateful to all those who took time to respond to the consultation paper. Not all respondents provided views on all the proposals for the regulations outlined in the paper. This means that it is not always possible to judge the strength of support, or otherwise, on a number of key proposals. For example, whilst there was a strong response on the principles of the pharmacist’s ability to be absent from the pharmacy and the one pharmacy/one responsible pharmacist “rule”, not all respondents put forward views on the more detailed proposals. However, many provided a more detailed response on eligibility to be a responsible pharmacist and this gave greater clarity on the profession’s views on proposals relating to qualifications and experience.

3.10. In view of the variation in the extent and detail of individual responses, it is not possible to summarise all responses received. As noted above, some limited their response to specific proposals without providing detailed or extensive views. In relation to a number of responses received, it is apparent that a single individual has prepared a response submitted by a number of other individuals or organisations. (For example, 49 respondents submitted the same response to the consultation, although 18 of these respondents only chose to submit the covering summary rather than the fuller response prepared.) In addition, some respondents chose to respond in a wide ranging or general nature to individual proposals. As the responses received do not lend themselves to a simple statistical analysis, there is an element of subjectivity in indicating the overall levels of support received for proposals. Therefore, this summary tries to reflect views in a way that identifies key emerging views and we have tried to weight these as closely as possible to the range and extent of feedback received. This, we feel, is the most appropriate means of summarising the responses received to this consultation.

4. EXECUTIVE SUMMARY

4.1. Appendix A sets out details of the responses received to specific proposals in the consultation paper. However, it may also be helpful to set out here some general, overarching, views expressed by some respondents.
4.2. About 9% of respondents stated they did not support any of the proposals relating to the responsible pharmacist regulations set out in the paper. However, not all gave their reasons for putting forward this view. Where they did so, this was to express support for the status quo, concern about any implications for the public's ready access to professional advice in pharmacies, or to state their concerns that some proposals affected safety in the pharmacy.

4.3. The Government's view is that the changes to the Medicines Act are significant and complex. Therefore, the approach has been to introduce first those regulations that underpin the quality system in the pharmacy for safe working to provide a statutory framework for professional guidance and best practice. The supervision regulations – which will aim to set out the circumstances and conditions that will allow the pharmacist to permit suitably trained and registered pharmacy staff to undertake certain dispensing activities in the pharmacy - will follow later. However, some 24% of respondents expressed concern about the Government’s proposal to consult separately on proposals for regulations on the supervision of dispensing activities in the pharmacy (“the supervision regulations’). These respondents considered there were inextricably close links between some of the proposed responsible pharmacist regulations and the supervision of dispensing activities. Therefore, they felt unable to respond in detail to proposals for these regulations in the absence of proposals relating to the supervision regulations. Some of these respondents requested that the Government bring forward consultation on proposals for the supervision regulations as soon as possible.

4.4. A number of hospital trust chief pharmacists and all organisations representative of hospital pharmacy felt that some of the proposals did not reflect current pharmacy practice in hospitals. Whilst generally supportive of the proposals as a framework for safe and effective working in pharmacies, these respondents considered there should be specific guidance on compliance with these regulations in registered hospital pharmacies.

4.5. Some respondents re-iterated their support for the removal of the current anomaly relating to the sale of GSL medicines (see paragraph 2.3 above) from pharmacies. In 2005, 66% of respondents to earlier consultation wanted to see this anomaly removed to place pharmacies on a more level footing with other outlets selling GSL medicines. Where raising this issue, about 2% of respondents wanted to see this anomaly removed as soon as possible.

4.6. Appendix B lists those individuals and organisations responding to the consultation paper.

5. SUMMARY OF THE GOVERNMENT’S RESPONSE

5.1. Having carefully considered all responses received to the consultation, the Government intends to proceed with proposals for regulations relating to the pharmacy procedures and the pharmacy record. The Government remains of the view that these requirements will support the quality system in the pharmacy, as part of the responsible pharmacist’s duty to secure safe and effective running of the pharmacy. The Government welcomes the support expressed by many respondents for these proposals.

5.2. The Health Act 2006 amends the Medicines Act to replace the personal control requirement, which carried with it a common interpretation that the pharmacist must be present in the pharmacy to exercise control. The new Section 72A allows the responsible pharmacist to be absent from the pharmacy. This is a permissive rather than a mandatory provision. There is no requirement on the responsible pharmacist to be absent from the pharmacy – ie he or she may be absent where he or she is able to continue to meet the legal duty to secure the safe
and effective running of the pharmacy. Whilst recognising that the responsible pharmacist will exercise his or her professional judgement as to the safe running of the pharmacy, the Government is also of the view that regulations should limit absence from the pharmacy and specify conditions for absence.

5.3. Therefore, the Government will introduce regulations setting out the maximum time that the responsible pharmacist may be away from the pharmacy during any one period of absence and specifying conditions for absence. That is, a requirement to return with reasonable promptness, a requirement to maintain contact with the pharmacy during any absence and, where it is not possible to maintain contact, to arrange for another pharmacist to be available to provide advice. The regulations will not specify the arrangements made by the responsible pharmacist – as most respondents on these proposals agreed that guidance was a more flexible and appropriate way of providing advice on such arrangements.

5.4. In the light of views expressed by pharmacists and pharmacy organisations, the Government does not propose to bring forward regulations in relation to the eligibility (ie qualifications and experience needed) to be a responsible pharmacist. However, the Government will bring to the attention of the professional regulatory bodies and others, the views expressed by respondents to the consultation on the need to review pharmacy undergraduate and post registration education and training and, at the same time, consider the development of continuous professional development (CPD) programmes in relation to the role of the responsible pharmacist.

5.5. The Government notes the views of a number of respondents that a possible exception to the one pharmacy/one responsible pharmacist might include where the future use of appropriate technologies could result in inappropriate use of a pharmacist’s clinical training and expertise. (That is, where a pharmacist is responsible for registered premises solely used to locate equipment controlled and operated by pharmacist responsible for other registered premises.) The Government also notes the views of respondents who put forward other circumstances to be considered where the need arise to maintain patient care – eg emergencies such as widespread flooding or in responding to pandemic flu.

5.6. In considering these views further, the Government will also take into account the views of those respondents who commented on possible conditions allowing a pharmacist to be responsible for more than one pharmacy at the same time.

5.7 As suggested by a number of respondents, the Government will include proposals relating to the supervision of the dispensing and sale of medicines by a responsible pharmacist in a pharmacy where he or she is not the responsible pharmacist as part of later consultation on the supervision regulations.

5.8. In the light of views expressed on preparing for the introduction of the regulations, the Government will discuss with the professional regulatory bodies, pharmacy organisations and others, a programme of action to support pharmacy in preparing for the introduction of the majority of the responsible pharmacist regulations. This will include the scope for a joint approach to developing guidance and a robust communications plan.

5.9. A more detailed Government response to views received on proposals set out in the consultation paper is included in Appendix A.
APPENDIX A

VIEWS RECEIVED ON SPECIFIC PROPOSALS IN THE CONSULTATION PAPER AND THE GOVERNMENT’S RESPONSE

The Pharmacy Procedures

Do you agree there needs to be a balanced approach to achieve consistency in the content of procedures whilst allowing the responsible pharmacist flexibility to ensure these meet the operational needs of the individual pharmacy?

Are the proposed specified minimum areas the right areas?

Should the pharmacy procedures include arrangements for the sale of GSL medicines?

Do you agree the inclusion of additional areas, other than those specified in the regulations, should be a matter for the responsible pharmacist in discussion with the superintendent pharmacist or pharmacy owner?

Should the regulations specify that the written procedures may be kept on paper or electronically provided these are readily available and accessible?

Do you agree that regulations should not specify the format of procedures?

Should the format allow the responsible pharmacist to “sign off” that s/he is content that the procedures support safe working in the pharmacy?

Should the responsible pharmacist, as a minimum, be required to check the procedures on becoming responsible for the pharmacy?

What are your views on the review and/or amendment of the pharmacy procedures – eg is guidance more appropriate than regulations in supporting review?

In relation to the pharmacy procedures, what are your views on the role of the responsible pharmacist, the pharmacy owner, the superintendent pharmacist, and the professional regulatory bodies?

1. Some 55% of respondents put forward views on the pharmacy procedures but not all responded to all the questions. However, the majority of these respondents (46%) considered it is important to ensure clarity on the specific statutory responsibilities of the superintendent pharmacist (where the pharmacy was owned by a body corporate), the responsible pharmacist and the pharmacy owner. Some 26% agreed the roles and responsibilities outlined in the consultation paper although 18% considered it was for the superintendent pharmacist (in hospital Trusts, the chief pharmacist) to establish a framework for pharmacy procedures, whilst allowing the responsible pharmacist to tailor these to the requirements of the individual pharmacy where he or she had gained prior agreement to do so. A number of respondents commenting on roles and responsibilities expressed concern about the potential problems
associated with amending procedures, particularly where there are frequent changes to the
pharmacist responsible for a pharmacy. Overall, 32% agreed, in principle, to the need for a
consistent approach to the pharmacy procedures that allowed the responsible pharmacist
sufficient flexibility to exercise his/her statutory duty.

2. Of those responding to questions relating to the pharmacy procedures, 36% agreed the
proposed minimum areas were the right ones and these should include arrangements for the
sale of GSL medicines. A small number of respondents (1%) wanted regulations to specify that
the procedures must include the minimum staffing requirements for the pharmacy. More
generally, 28% of these respondents agreed that additional areas (ie other than the minimum
areas specified in the regulations) covered in the procedures should be a matter for the
responsible pharmacist and the superintendent pharmacist or pharmacy owner.

3. 38% of respondents on pharmacy procedures supported the proposals that procedures may
be set down on paper or electronically (with a number highlighting the need for safeguards
where keeping procedures electronically – such as back up, over writing etc) and that
regulations should not prescribe the format of procedures.

4. 20% of respondents on procedures considered it important that the responsible pharmacist
“sign off” procedures as they felt this supported professional accountability for the procedures
as well as arrangements for quality system audit. 17% of respondents considered, as a
minimum, the responsible pharmacist should check the procedures on becoming responsible
for the pharmacy. However, 17.5% of respondents putting forward a view on these proposals
felt it was impractical to expect formal sign off or checking of procedures each time there was a
change in the pharmacist responsible for the pharmacy – in particular for locum pharmacists.
2% stated it was unnecessary to specify these requirements – stating that it is implicit in
completing the record that the pharmacist accepted responsibility for the pharmacy, including
the procedures - and 1% stated that this was a professional responsibility already set out in the
Code of Ethics.

5. Of the 55% responding on procedures, 37% put forward views on the review and
amendment of procedures with the majority of these agreeing that guidance offered a more
responsive and flexible approach. There were varying views on a minimum requirement for
review (where not prompted by significant changes in pharmacy staffing or a serious incident)
– 6% of these respondents wanted to see annual review of procedures, whilst 4% felt review
every two years was sufficient. And 8% stated the superintendent pharmacist/hospital chief
pharmacist or pharmacy owner should have responsibility for providing guidance, managing
the review process and making final decision on the amendment of the procedures.

**Government Response:**

6. Only 55% of respondents to the consultation paper put forward views on the pharmacy
procedures, and not all of these responded to each proposal. However, the Government
considers there is sufficient indication of support to take forward proposals relating to the
minimum areas covered in the procedures (including the sale of GSL medicines), that
procedures may be kept on paper or electronically and the regulations do not specify the
format of the procedures.

7. The Government notes the level of support for professional guidance, rather than
regulations, in relation to the review of procedures. Therefore, the Government intends to
discuss, with the regulatory bodies and other pharmacy organisations, the content of such guidance on the review of procedures.

8. The Government will also discuss, with these pharmacy organisations, how to ensure there is clarity on the respective statutory roles of the responsible pharmacist, the superintendent pharmacist and the pharmacy owner in relation to pharmacy procedures.

The Pharmacy Record

- Do you agree regulations should specify the minimum information to be included in the record?
- Do you agree the proposed minimum information requirements? Are there others you feel should be included in the record?
- Do you agree that the record may be kept on paper or electronically, provided the record is readily available and accessible to those wishing to consult it?
- Do you agree that regulations should not specify the format of the record but only the fields of information to be included?
- Do you support the proposal that regulations specify the pharmacy owner preserve the record for a minimum of 5 years from the date of the last entry? If not, what do you think should be the specified minimum period?

9. Around 49% of those responding to the consultation paper gave views on proposals relating to the pharmacy record – and again, not all of these responded to each proposal. Of those responding on the record, 41% supported the proposed minimum information requirements. That is, the record include the name and registration number of the responsible pharmacist, the date and time at which s/he took on responsibility for the pharmacy, the date and times at which s/he is absent from the pharmacy and the date and time at which s/he ceased to have responsibility for the pharmacy. The majority felt the information in the record should be kept to the proposed minimum but a small percentage of respondents suggested the need to include other information including:

- Where the responsible pharmacist is responsible for more than one pharmacy at the same time (1%)
- That s/he agrees the pharmacy procedures (1%)
- Details of other pharmacists working in the pharmacy (1%)
- Contact details for the responsible pharmacist (1%)
- Details of significant events/errors (1%)
- Amendments to or deviations from the procedures (1%)
• Signing the record (1%)

• Reasons for absence (3%)

10. 4% of respondents on the pharmacy record did not support any proposals – for example, 1% felt this was not a matter for regulations and that information requirements should be determined by the superintendent pharmacist or the pharmacy owner.

11. There was support for the proposal that the record might be kept on paper or electronically from 39% of respondents - and 25% agreed the regulations should not specify the format used. However, a small number (1%) felt it would be helpful to have a standard format to support consistency of approach.

12. Not all respondents gave a view on the proposal that 5 years should be the specified minimum period for preservation of the record. 25% agreed with this proposal but others put forward suggestions for two years (10%) or a range of other options, including three years, a period that matched professional liability requirements or those for patient records.

**Government Response:**

13. Again, the Government’s view is that there is sufficient indication of support to bring forward regulations on the pharmacy record as proposed in the consultation paper. Whilst noting the views of those who put forward other information requirements in relation to the pharmacy record, the Government maintains the view set out in the consultation paper. That is, the Government remains committed to avoiding unnecessary regulatory requirements that impose disproportionate burdens on businesses. The Government believes that other suggested information requirements would duplicate information held elsewhere (eg the pharmacy procedures or employment records). In addition, section 72A of the Medicines Act places a duty on the responsible pharmacist to secure the safe and effective running of the pharmacy, including during any absence from the registered premises whilst responsible for the pharmacy. This is not dependent on stating a specific reason for absence.

14. Whilst the regulations will specify the minimum fields of information to be included in the record, as set out in the consultation paper, the Government’s view is that other additional information may be included in the record are a matter for the superintendent pharmacist or pharmacy owner.

**Absence from the Pharmacy**

Do you agree with the view that the responsible pharmacist should spend the majority of time (ie more than 50% of his/her time) that he or she is responsible for the pharmacy in the pharmacy?

If so, what do you think should be the minimum proportion of time that the responsible pharmacist should be present in the pharmacy?

Do you agree the regulations should specify a maximum time that the responsible pharmacist may be absent during any one period of absence and the proposal that this be three hours?
Could this maximum time vary – for example if another pharmacist or a suitably trained pharmacy technician is working in the pharmacy?

Should the responsible pharmacist be required to return with reasonable promptness and maintain contact with the pharmacy during any period of absence?

Where unable to maintain contact, should the responsible pharmacist be required to arrange for another pharmacist to be available to provide advice? Does this pharmacist also need to be a responsible pharmacist?

Do you agree the proposal that guidance, rather than regulations, set out the arrangements to be made by the responsible pharmacist where s/he is to be absent from the pharmacy?

15. The majority of those responding to the consultation paper (ie 83%) put forward views on absence. Again, not all these respondents gave views on all the proposals set out in the paper with 41% confining their response to stating their opposition to the concept of the responsible pharmacist being absent from the pharmacy at any time when it is operational. In addition, 10% of respondents stated they felt unable to comment in detail on the absence proposals until they had an opportunity to consider proposals for the supervision regulations.

16. However, 35% of respondents on absence agreed with the Government’s view that the responsible pharmacist should be present in the pharmacy for the majority of the time he or she is responsible for the pharmacy if s/he is to exercise fully the duty to secure the safe and effective running of the pharmacy. 10.5% of these respondents stated the responsible pharmacist should remain present in the pharmacy unless another pharmacist or a suitably trained member of pharmacy staff (eg a pharmacy technician) was working in the pharmacy.

17. In responding to the proposal that regulations specify the percentage of time that the responsible spend in the pharmacy, the majority of the 28% of respondents did not put forward a view on what that might be. However, of those who did so, around 3% wanted the regulations to specify the responsible pharmacist must be in the pharmacy for 90 per cent or over of the time. 2% put forward a percentage of 80 per cent or over. 4% suggested the percentage of time specified should be 75per cent or over and 1% put forward that the required percentage should be a minimum of 60 per cent of the responsible pharmacist’s time. About 10% of respondents suggested that presence should be linked to contractual requirements (eg core hours).

18. 23% of respondents on proposals relating to absence wanted to see regulations specify a maximum time for any one period of absence from the pharmacy. Again, many did not give a view on what the period might be. Those who did so put forward varying views. These ranged from support for the proposal for 3 hours (4%) or suggested 2 hours (8.5%) or that this should be between 30 minutes and 1 hour including meal breaks (8%). Again, some respondents qualified their view with the statement that absence should depend on whether another pharmacist was working in the pharmacy and he or she should become responsible for the pharmacy during the responsible pharmacist’s absence.
19. Only 13% of those responding on a maximum time for any period of absence gave views on whether this might vary if another pharmacist or a suitably trained pharmacy technician remained working in the pharmacy – 10% agreed this was possible if another pharmacist was available and 3% if another pharmacist or suitably trained pharmacy technician was available. None of these respondents gave a view as to the extent to which the period of absence might vary in these circumstances.

20. For a number of reasons, 7% of respondents considered the regulations should not specify an “arbitrary” minimum percentage of the responsible pharmacist’s presence in the pharmacy. These reasons included allowing the responsible pharmacist to use his/her professional judgement in deciding that the pharmacy will continue to run safely during his/her absence, taking into account the availability of other suitably trained pharmacy staff. Or that the superintendent pharmacist or pharmacy owner should determine the time the responsible pharmacist should be present in the pharmacy with advice set out in guidance, not in regulations. Again, for the same reasons, 9% of respondents felt that regulations should not specify an arbitrary maximum period for absence.

21. Not all those giving a view on proposals for absence responded on proposed conditions for absence. But the 29% who did so supported the proposed requirements that the responsible pharmacist return with reasonable promptness and that s/he should remain in contact with the pharmacy during any absence. 22.5% also agreed that where the responsible pharmacist is unable to maintain contact with the pharmacy that he or she arrange for another pharmacist to be available to provide advice – 8% of these respondents considered it was unnecessary to specify that the other pharmacist also be eligible to be a responsible pharmacist.

22. All those responding on these proposed conditions for absence agreed with the Government’s view that the regulations should not specify the arrangements to be made by the responsible pharmacist in planning any absence from the pharmacy – this should be left to professional guidance.

**Government Response:**

23. The Government notes that 41% of respondents oppose the concept of allowing the responsible pharmacist to be absent from the pharmacy. However, the Government believes this view reflects a perception that the legislation will introduce a mandatory requirement in relation to absence from the pharmacy and this will result in pharmacies operating without a pharmacist for extended periods with implications for safe working and the public’s access to professional advice.

24. This is not the case. This is a permissive not a mandatory provision. Section 72A allows the responsible pharmacist to be absent from the pharmacy, subject to meeting the duty to secure the safe and effective running of the pharmacy. The responsible pharmacist is not required to be absent. He or she can choose to remain in the pharmacy where not confident that the pharmacy will continue to operate safely and effectively during his/her absence.

25. Public safety remains paramount. Whilst section 72A permits the responsible pharmacist to be absent from the pharmacy, the Government continues to believes that to meet the duty fully and effectively the responsible pharmacist should be present in the pharmacy for the majority of his/her time and welcomes the support of 35% of respondents for that view. Thus, the
Government remains of the view that regulations should limit any absence and should specify certain conditions for absence.

26. Therefore, taking into account the views of respondents to the consultation, the Government proposes to bring forward regulations limiting any one period of absence to two hours in any 24-hour period that a pharmacy is operational. In addition, that the conditions for absence include meeting a requirement to return to the pharmacy with reasonable promptness and a requirement to maintain contact with the pharmacy during any absence. If unable to maintain contact, the Government remains of the view that the responsible pharmacist should arrange for another pharmacist to be available to provide advice.

27. The Government also welcomes support for the proposal that regulations do not set out the arrangements the responsible pharmacist should make where he or she proposes to be absent from the pharmacy – with guidance providing a more flexible way of setting out what these should include. The Government will discuss the content of such guidance with the professional regulatory bodies and other pharmacy organisations.

**Qualifications and Experience**

What is your view of the proposal to annotate the register against those pharmacists eligible to be a responsible pharmacist?

What is your view on the proposal that a pharmacist should have a minimum period of experience following registration before taking on responsibility for a pharmacy? What do you think might be the minimum period and could this vary in certain circumstances?

What is your view on the proposal that regulations specify a minimum period of experience in the relevant pharmacy sector before taking responsibility for a pharmacy in that sector? What should this minimum specified period be?

What is your view on the proposal that regulations specify a minimum period of experience for pharmacists returning to practice following an absence of three years or more? What should this minimum period be?

28. About 41% of respondents to the consultation paper expressed a view on the proposal that the register include an annotation against those pharmacists eligible to be a responsible pharmacist. Of these, 33.5% did not support this proposal, with the majority of these respondents taking the view that annotation alone could not indicate competency in this role. Whilst 8% supported this proposal, these respondents qualified their support by stating it was essential for such an annotation to be up to date and reflect agreed standards and competencies. Moreover, annotation of the register should not carry with it a separate registration fee for pharmacists.

29. 62% of respondents expressed views on the proposed experience requirements. For a number of reasons, 49% of these respondents did not agree that regulations should specify such requirements. These reasons included that a specific period of experience alone could not indicate whether a pharmacist is competent in this role. In addition, pharmacy employers must continue to be able to assess the ability of pharmacists who would become responsible
for their pharmacies. Many of these respondents drew attention to the need to address gaps in undergraduate and post registration training and CPD programmes to ensure pharmacists were equipped to take on responsibility for the safe running of the pharmacy.

30. However, 12% of respondents felt it would be helpful to both pharmacists and pharmacy owners to specify experience requirements in regulations but not all of these responded to the individual proposals in the consultation paper. These respondents put forward a wide range of views on a minimum period of experience. For example, these ranged between 6 months and 2 years following registration as a pharmacist, between 6 months in any one or two year period in a relevant pharmacy sector and between 6 months to 2 years minimum experience for those returning to practice.

**Government Response:**

31. In the light of responses received to these proposals, the Government does not propose to bring forward regulations relating to the eligibility to be a responsible pharmacist but will draw the attention of the regulatory bodies and others to views on the need to develop professional training and standards.

**One Pharmacy/One Responsible Pharmacist**

What are your views on the two examples given in the consultation paper of possible circumstances allowing an exception to the one pharmacy/one responsible pharmacist “rule”?

Is there a need to consider other possible circumstances? If so, what are these?

What are your views on the proposed conditions supporting circumstances where, exceptionally, a pharmacist may be responsible for more than one pharmacy at the same time? Do you think the regulations should specify all or only some of these conditions? Is there a need to specify other conditions? If so, what are these?

32. 79% of respondents put forward views on these proposals, with 76% agreeing with the Government’s view that the general “rule” must be that each set of registered pharmacy premises should have a responsible pharmacist. Not all respondents gave a view on the possible circumstances and conditions that would allow a pharmacist, as an exception, to be responsible for more than one pharmacy at the same time – for example, 26% felt there should be no exceptions to this rule and confined their response to this view.

33. However, 30% of respondents considered “truly exceptional circumstances or emergencies” (particularly where there was a need to maintain patient care or services) could allow a pharmacist to be responsible for more than one pharmacy at the same time. Not all of these respondents commented on the examples of possible exceptional circumstances set out in the consultation paper. Of those who did, there was little support for Example 1 (the need for a temporary pharmacy service) but 12% supported Example 2. (That is, where a pharmacist responsible for one pharmacy operates and controls an automated machine that is located in a separate set of registered pharmacy premises). Their view was that, in the future, appropriate technologies could be available to support such an exception to the “rule”.

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34. 12% put forward other possible circumstances including pandemic flu, an emergency affecting a substantial part of the country (e.g., widespread flooding as in summer 2007) and disruption due to a major terrorist attack. Of these, 5% also considered such circumstances should include the sudden, unforeseen, illness or the death of the responsible pharmacist.

35. Of the 79% of respondents putting forward views relating to the one pharmacy/one responsible pharmacist “rule”, only 19% gave views on the proposed conditions allowing a pharmacist to be responsible for more than one pharmacy at the same time. However, they did not provide a view on all of the proposed conditions set out in the consultation paper. Within the 19% responding on conditions, 9% did not want to see conditions specified in regulations to allow as much flexibility as possible in responding to exceptional circumstances or an emergency. 3% agreed that all the proposed conditions should be included in the regulations, including that any arrangements should be time limited with the number of pharmacies restricted to two. Others chose only to respond on specific proposed conditions - for example, 3% did not support notification whilst 2.5% wanted regulations to specify notification of such arrangements to the regulatory body and the PCT.

**Government Response:**

36. Given the wide-ranging response to these proposals, the Government will consider further the exceptional circumstances and conditions that might be specified in the regulations, taking into account the support expressed for Example 2 (i.e., the possibility of specifying such circumstance once appropriate technologies become available) and other possible circumstances put forward by some respondents. The Government will also consider further the possible timing of introduction of such regulations.

**Supervision by the Responsible Pharmacist of dispensing activities in a pharmacy where he or she is not the Responsible Pharmacist**

What are your views on the proposed conditions set out in the paper that will allow a pharmacist responsible for one pharmacy to supervise the dispensing and sale of medicines in another pharmacy where s/he is not the responsible pharmacist? That is, that one or all the pharmacies concerned should have certain suitably trained pharmacy staff (e.g., a pharmacy technician) and the pharmacies concerned should have the same owner.

Are there other conditions that should be included in the regulations?

37. About 39% of respondents put forward views on these proposals. Of these 19% stated there was a need to consider these proposals as part of later consultation on the content of the supervision regulations. A further 7% did not support proposals allowing a pharmacist responsible for one pharmacy to supervise the dispensing and sale of medicines in a pharmacy where he or she was not the responsible pharmacist. Only 4% of respondents on commented on the proposed conditions. 2% of respondents stated the regulations should not include any conditions.
Government Response:

38. The Government will include consult further on these proposals as part of later consultation on the content of the supervision regulations, taking into account views expressed in responses to this consultation.

Preparing for Change

What are your views on the Government’s proposal to take a phased approach to introduction of the responsible pharmacist regulations, including the proposal to introduce the majority of these regulations at the same time? That is, those relating to the pharmacy procedures, the pharmacy record, absence from the pharmacy and requirements relating to recent and relevant experience.

How long do you think pharmacy owners, pharmacists and others need to prepare for the introduction of these regulations?

Do you think there is a need for guidance to support the introduction of the regulations? If so, what matters should it cover?

Who should provide the guidance – for example, is there scope for a joint approach by the Government and the regulatory bodies?

39. Around 45% of respondents expressed views on the time needed for pharmacy to prepare for introduction of the regulations and, of these, 27% agreed that there should be a phased approach. Some 3% of respondents felt unable to respond in detail in advance of consultation on the content of the supervision regulations. However, 12% thought the Government should not introduce the responsible pharmacist regulations before consultation on the supervision requirements, with 5% of these respondents highlighting regulations relating to absence.

40. Not all respondents gave details of how long, in their view, pharmacy needed to be ready for these regulations. In relation to regulations concerning procedures and the record, 4% felt the preparation period would need to be a minimum of 6 months to 1 year. However, 8% considered there was a need for further time if the Government also introduced regulations relating to absence and relevant experience - although views varied on the amount of time. For example, 3% felt 2 years would be sufficient and a further 2% put forward a period of 4 years.

41. Some 7% of respondents considered that, overall, it would take between 5 and 7 years for pharmacy to prepare for introduction of all the proposed regulations, including the supervision regulations, because of the need to review pharmacist training and develop training for pharmacy staff.

42. Of those responding on preparing for change, 33% stated it was essential for guidance to be available to support pharmacists and pharmacy owners. Of these, 21% wanted to see a joint approach to developing guidance by the Government and the professional regulatory bodies, in consultation with other pharmacy organisations, whilst 4% felt it was for the regulatory bodies alone to provide guidance.
**Government Response:**

43. The Government is grateful to all those who put forward views on the time needed to prepare for introduction of the responsible pharmacist regulations and the scope for developing guidance, jointly, with the professional regulatory bodies. The Government intends to discuss with the regulatory bodies how best to approach the development of guidance, including consultation with other interested parties on the matters covered by the guidance.
LIST OF THOSE RESPONDING TO THE PUBLIC CONSULTATION ON PROPOSALS FOR THE CONTENT OF THE RESPONSIBLE PHARMACIST REGULATIONS

Anonymous
Anonymous
Anonymous
Mr A Aarongo
Mrs B Acharya
Mr M R Adam
Mr H Ainsworth
Mr K Akbar
Mr M Al-A-Sadi
Alliance Pharmacy & Boots
Mr A-K Amin
Mrs L Armitage
Ms C Armstrong for Locum Voice
Ashton. Leigh & Wigan Local Pharmaceutical Committee
Associated Chemists (Wicker) Ltd
Association of Independent Multiple Chemists in Scotland
Association of Pharmacy Technicians, United Kingdom
Association of Teaching Hospital Chief Pharmacists
Assura Group
Avon Local Pharmaceutical Committee
Badham Pharmacy
Mr R Bahnam
Ms S Bailey
Ms S Baldock
Ms S Baldwin
Ms R Bali
Berkshire Local Pharmaceutical Committee
Beta Buying Group
S Beaumont
Mrs M Bhatt
Birmingham Local Pharmaceutical Committee
Ms N Blyth
Ms C Boarer
Mr A Borarinde
BMB Brookes
Bolton Local Pharmaceutical Committee
Bolton PCT
Bolton & District Branch of the Royal Pharmaceutical Society of Great Britain
Boots Pharmacists’ Association
Boots the Chemist, Beccles
Border Region Committee, Royal Pharmaceutical Society of Great Britain
Bradford & Airedale Primary Care Trust
Bradford Local Pharmaceutical Committee
Buttercups Training Ltd
Calderdale and Kirklees Local Pharmaceutical Committee
Ms S Campbell
Mr A S Carlton
Mr R Carnegie
Ms A Cawdron
Central Pharmaceutical Advisory Committee to the Department of Health, Social Services and Public Safety, Northern Ireland
Mr H Chahal
City & Hackney Local Pharmaceutical Committee
Mr B J Clarke
Clemitsons Ltd
Cleveland Local Pharmaceutical Committee
Ms J Cobden
Cohens Chemists
Ms J Collins
Commission on Human Medicines
Community Pharmacy Scotland
Community Pharmacy Wales
Company Chemists Association Ltd
Conwy Local Health Board
Ms T A Cook
Cornwall & Isles of Scilly Local Pharmaceutical Committee
County Durham & Darlington Local Pharmaceutical Committee
Couper & Coulter Pharmacies Ltd
Croydon Local Pharmaceutical Committee
Ms N Cuang-Parkin
Ms D Cruikshank, John Low Ltd
Mr D Cunliffe
Ms N Dale
Mr S Damani
Mr K Dangerfield
Daulat
Mr S Davda
Nisha Dave
Mr A Davies
Day Lewis Pharmacy, Ipswich
Mr I Dean
Dean & Smedley Ltd
Delivery Chemist
Mr J Denning
Derby City Local Pharmaceutical Committee
Derbyshire County and Derby City PCTs
Derbyshire County Local Pharmaceutical Committee
Devon Local Pharmaceutical Committee
Mr A Dhoot
Mrs B Dhorajiwala
Dispensing Doctors Association
Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Dorset Local Pharmaceutical Services Committee
Dudley Local Pharmaceutical Committee
Duncan’s Pharmacy
Mr O Dumi
East Lancashire Local Pharmaceutical Committee
East Riding & Hull Local Pharmaceutical Committee
East Sussex Local Pharmaceutical Committee
Mr B Eaton
Mr I Edgar
Mrs H Edmondson
Ms C Eley
Elms Pharmacy
Essex Local Pharmaceutical Committee
Essex Rivers Healthcare NHS Trust
W R Evans (Chemist) Ltd
ExpressRx
Ms D Farmer
H Fawcett
Ms C Fletcher
Frasers Pharmacy
Mr C Fung Cheng
Ms J Gates
Gateshead & South Tyneside Local Pharmaceutical Committee
Mrs L Gell
Mr C Giles
Mr D J Gill
Mr G Gill
Mrs L E Gill
Gloucestershire Local Pharmaceutical Committee
Jill & David Goody
Gordons Chemists
Grampian Area Pharmaceutical Committee
Greater London Local Pharmaceutical Committees
Mr Gerard Greene
Mr P Gregg
GR Pharmacy
Guild of Healthcare Pharmacists
Guild of Healthcare Pharmacists in Scotland
Mr S Gulati
Guy’s and St Thomas’ NHS Foundation Trust
Mr S Hadley
Halifax & District Branch of the Royal Pharmaceutical Society of Great Britain
Mrs R Hall
Ms J Harding
Hargrave Pharmacy
Hampshire and Isle of Wight Local Pharmaceutical Committee
Mrs M Harvey
R Hassanali
Havering PCT Medicines Management and Community Pharmacy Team
Mr M Heard
Mr A Henein
Mr J M Henry
Michael Hepworth (Chemists) Ltd
Mr G Hill
Mrs E E Hopkins
Mrs Y Hopkins
Hull & District Branch of the Royal Pharmaceutical Society of Great Britain
Hull and East Yorkshire NHS Trust
Mrs L V Hunn
Independent Pharmacy Federation
Institute of Pharmacy Management
Mr T Iqbal
Mr P Janes
Joint Response – Pharmaceutical Services Negotiating Committee, National Pharmaceutical Association, Company Chemists Association Ltd and the Association of Independent Multiple Pharmacies
John Preddy Group of Pharmacies
Mr J Joshi
Mrs S Joshi
Mr I Kemp
Mr S Khan
Mr A K Khanna
Mr D Karia
Kent Local Pharmaceutical Committee
Kensington, Chelsea & Westminster Local Pharmaceutical Committee
Mr E Kwiatkowski
Lambeth, Southwark and Lewisham Local Pharmaceutical Committee
Ms D Lamprell
Lansdowne Pharmacy
Ms M Lau
Leeds Local Pharmaceutical Committee
Leeds Teaching Hospitals NHS Trust
Leicestershire Branch of Royal Pharmaceutical Society of Great Britain
Leicestershire Local Pharmaceutical Committee
Ms K Lepper
Mr A Lewis
Mr M Lewis
Lewisham Primary Care Trust
Lincolnshire Local Pharmaceutical Committee
Lloydspharmacy
Lothian Area Pharmaceutical Committee
Mr A Low
Ms E Lyle
Ms S B Maddison
Mr T Mahmood
Ms H Marsden
Maswell Park Pharmacy
Mr M Mathary
Ms S Maude
A G McCourt
Mr C McParland
Mrs H McParland
McParland Group
Mr M Mehta
Merton, Sutton & Wandsworth Local Pharmaceutical Committee
Middlesex Pharmaceutical Group
Millers Pharmacy
Mr N Milner
Mr A Molyneux
Mr C Morris
Moss Chemists, Brandon, Suffolk
Mr H Nahar
Ms J Neal
NHS Borders Area Pharmaceutical Committee
NHS Employers
NHS Fife Area Pharmaceutical Committee
NHS Greater Glasgow & Clyde Area Pharmaceutical Committee
NHS Greater Glasgow & Clyde Pharmacy and Prescribing Support Unit
NHS Pharmaceutical Aseptic Services Group
NHS Scotland Directors of Pharmacy
Norfolk Local Pharmaceutical Committee
Northern Area Pharmaceutical Advisory Committee
North Lincolnshire & Goole Hospitals NHS Trust
North Staffordshire Local Pharmaceutical Committee
North Yorkshire Local Pharmaceutical Committee
Mr N Nzekwue
Ms H O’Hara
Ms C O’Kane
Ms L O’Loan
Oakleigh Pharmacy
Mr S Ohr
Mr R Orr
Mr D Papworth
Mrs B Patel
Mr C Patel
Mr K N Patel
Mr P Patel
Mr R Patel
Mr M Paul
Pharmaceutical Contractors Committee, Northern Ireland
Pharmaceutical Society of Northern Ireland
Pharmacists Defence Association
PharmaTechnics
Mr A D Phillips
Mr K Ragha
Mr N Ramchurn
Mr R D Range
Ms P Rea
Mr P Reeder
Mr C Ricketts
Mr A Rogers
G L M Romanes Ltd (Chemists)
Mr T Root – East and South East England Specialist Pharmacy Services
Rowlands Pharmacy
Royal Pharmaceutical Society of Great Britain
Mr R Rutter
Mr J G Ryan
Mr S B Z Saiyed
Sandwell Local Pharmaceutical Committee
Mr H Saundh
Mr K Saundh
Mr R Saundh
Mr R Selli
Senior Pharmacy Managers Group – Acute Trusts, NHS South West
Ms M Siew Ping Tew
Mr G Sharkey
Ms V Shaw, Edith Cavell Hospital, Peterborough
Shropshire Local Pharmaceutical Committee
Mr T Singh
Mr D Skinner
Mr A Smith
Ms C Smith
Mr M Solanki
Somerset Local Pharmaceutical Committee
Somerville Pharmacy
Southern Health and Social Services Board
South Cheshire Local Pharmaceutical Committee
South Humber Local Pharmaceutical Committee
South Staffordshire Local Pharmaceutical Committee
Ms B Stevens
Stewart Pharmacy
Stockport Local Pharmaceutical Committee
Ms J Stokes Barrett
Suffolk & Great Yarmouth Local Pharmaceutical Committee
Suffolk Primary Care Trust
Sunderland Local Pharmaceutical Committee
Swindon & Wiltshire Local Pharmaceutical Committee
Mr S Synghal
Kavinder Singh Tanday
Ms D Taylor
Mr J Taylor
Ms V Taylor
Mrs S Thaker
Dr S Topham
Mr R S Townsend
Mr M Twigg
Mr J S Urwin
Ulster Chemists Association
Vale of Glamorgan Local Health Board
Devjit Vekaria
Wakefield Local Pharmaceutical Committee
Walsall Local Pharmaceutical Committee
Ms J Ward
Ware Moss Group of Pharmacies
Warwickshire Local Pharmaceutical Committee
Mr A Weatherill
Mr A Weir
Mr I Welford
Western Area Pharmaceutical Advisory Committee
West Kent Primary Care Trust Medicines Management Departments
Mr A White
Mr J Whitmore
Ms M Wild
Wirral Local Pharmaceutical Committee
Mr A Wilson
Wolverhampton Local Pharmaceutical Committee
Mrs L Woodburn
Mr S Woods
Worcestershire Local Pharmaceutical Committee
Yorkshire Region of Royal Pharmaceutical Society of Great Britain

The above list includes around 57 Local or Area Pharmaceutical Committees, 23 NHS organisations, 34 responses from pharmacy businesses, 27 from other pharmacy organisations, 162 from individual pharmacists and about 8 from other organisations (including anonymous responses).
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Executive summary


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Style using the style sheets provided.