

GPhC consultation – RPS response

Standards for Superintendent Pharmacists

The role of the Superintendent Pharmacist

The criteria for the role of the Superintendent Pharmacist are set out in legislation. The criteria must be met in full.

A Superintendent Pharmacist must:

1. be a pharmacist who maintains their registration with the GPhC, and
2. be a senior manager of the retail pharmacy business who has the authority to make decisions affecting the running of the retail pharmacy business in connection with the retail sale and supply of medicinal products. This includes having a significant role in:
 - a. making decisions about how the whole or a substantial part of the activities of a retail pharmacy business are managed or organised, or
 - b. the actual managing or organising of the whole or a substantial part of the activities of a retail pharmacy business, and
 - c. notify the GPhC in writing confirming their name and that they are the Superintendent Pharmacist for the retail pharmacy business. This notice provided to the GPhC must be signed by the Superintendent Pharmacist and signed on behalf of the retail pharmacy business

1. Do you think we should set additional minimum requirements for a pharmacist to become a Superintendent Pharmacist?

- Yes
- No
- Don't know

If you selected 'Yes', please explain what requirements we should set, for example in terms of experience, skills, length of service or something else.

A registered pharmacist who undertakes the role of the Superintendent Pharmacist, must do so when they are able to competently demonstrate the skills, knowledge and attributes that the role requires. The minimum requirements of the role should not be restrictive, and we should look to enable pharmacists to adequately demonstrate these competencies, at whatever stage of their career they may be at, for example, we would not be supportive of an approach that stated a superintendent pharmacist must have been registered for a specific number of years.

Safeguarding the public and ensuring the safe delivery of services through a registered pharmacy is essential, we acknowledge the significant differences and complexity that being a superintendent pharmacist of a single pharmacy vs a superintendent

pharmacist of multiple pharmacies (in the 10s or 100s) brings, and it is essential that a registered pharmacist uses their own professional judgement to determine whether they feel competent, alongside the responsibility of their employer.

Revalidation requirements for a superintendent pharmacist should be proportionate to the role, and the GPhC should consider closely a form of credentialing/micro-credentialing to demonstrate ongoing assurance within the role. Support for a superintendent pharmacist in the role must be forefront for an employer, and a buddy/mentoring system could be useful in many organisations.

The GPhC standards for Superintendent Pharmacists must empower those in the role to have authority to challenge systems and work practices, including those set by the pharmacy owner, if required.

It is important that the GPhC is able to identify, at all times, who is performing the role of the Superintendent Pharmacist for a retail pharmacy business. This includes if the Superintendent Pharmacist leaves the role at short notice or is away from work for an extended period of time, for example on sick leave. We have proposed succession and contingency planning needs to be in place to make sure a replacement Superintendent Pharmacist can be immediately appointed. This will make sure the pharmacy business can continue to assure patient safety and operate lawfully.

2. When a Superintendent Pharmacist leaves their role or is unable to perform their legal and professional responsibilities, for example, due to an extended period of absence, do you think it is reasonable for the GPhC to require pharmacy owners to appoint a new permanent or interim Superintendent immediately?

- Yes
- No
- Don't know

Please explain your responses.

It is essential that registered pharmacies have a superintendent in place at all times, irrespective of how that pharmacy operates within a business sense (e.g. body corporate etc.). The superintendent pharmacist must always be a registered pharmacist.

Whilst some organisations may have succession plans in place and a team of pharmacists who work under a superintendent pharmacist (which makes it easier to appoint a superintendent pharmacist in a shorter period of time), these would typically be larger organisations, and such structures may not exist in smaller organisations. This will make it more difficult for smaller organisations to appoint a competent superintendent pharmacist in a short time frame.

Clarity is needed as to whether a registered pharmacy business can continue to deliver pharmaceutical services under the terms of their NHS contract, in the absence of a superintendent pharmacist, for any period of time. The impact on the public of not being able to fulfil services must be strongly considered.

The GPhC should decide whether the definition of “extended period of time” and “immediately” in this context will be defined within the standards or whether these can be defined within best practice professional guidance published by the Royal Pharmaceutical Society/Royal College of Pharmacy.

We believe it is important to have a Superintendent Pharmacist available for contact by Responsible Pharmacists and that interim Superintendent Pharmacists must meet the same standards as permanent Superintendents, there should be no relaxation in requirements. In addition, there is no legal definition for an ‘interim superintendent pharmacist’.

Standards for Superintendent Pharmacists

We have proposed five standards for Superintendent Pharmacists. These are:

- a) Provide strategic and professional leadership
- b) Develop a workforce with the right skills, knowledge and experience
- c) Delegate responsibly and make sure there are clear lines of accountability
- d) Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services
- e) Make sure the pharmacy environment and premises safeguard the health, safety and wellbeing of patients and the public

3. In the interests of patient and staff safety, do you think the standards will:

a. strengthen the safe and effective running of a pharmacy business?

- Yes
- No
- Don't know

b. clarify the role of the Superintendent Pharmacist, making their accountabilities and responsibilities clear?

- Yes
- No
- Don't know

Please explain your responses

Our members fed back that the draft standards for Superintendent Pharmacists are clearly defined, but there remains limited clarity regarding the responsibilities of

pharmacy owners and how their role intersects with that of the Superintendent Pharmacist. In particular, it is unclear whether these standards would give the Superintendent Pharmacist sufficient authority to intervene if the pharmacy owner fails to provide the resources or support required to ensure a safe pharmacy environment. Pharmacy owners will also need to put robust governance structures in place to enable both the Superintendent and Responsible Pharmacists to fulfil their roles.

Standard e should not reference the wellbeing of patients and the public, as this falls outside the remit of the Superintendent Pharmacist. However, it should explicitly cover the requirement for the pharmacy environment to safeguard staff wellbeing and ensure it is suitable for delivering the services expected of them. Similarly, Standard d should incorporate an assurance that staffing levels are sufficient—without specifying a numerical requirement—to allow the pharmacy to provide its particular range of services safely and effectively.

To support consistent application, illustrative scenarios will be necessary to demonstrate how these standards can be met and what constitutes good practice in each area. Whilst some of these are already described in the draft standards consultation document, we believe that these should form part of the professional guidance published by the Royal Pharmaceutical Society/Royal College of Pharmacy and should not be included in the standards.

Further clarity is required on how the GPhC intends to inspect against these standards for superintendent pharmacists, particularly in circumstances where the superintendent pharmacist is not present during an inspection of the pharmacy premises. Clear expectations surrounding documentation are also essential, and both Superintendent Pharmacists and Responsible Pharmacists should record decisions and the rationale behind them.

It must be more clearly articulated that the Superintendent Pharmacist holds responsibility for the strategic governance of the pharmacy, whereas the Responsible Pharmacist is accountable for its day-to-day operation. Finally, more explanation is needed regarding how the roles of Superintendent Pharmacist and Responsible Pharmacist apply within outpatient hospital pharmacies, particularly in relation to the responsibilities of the Chief Pharmacist.

5. *The Superintendent Pharmacist has a key leadership role in the pharmacy and is responsible for securing the safe and effective running of the pharmacy business. Are there any other standards you think should be in place for Superintendent Pharmacists if they are to meet the requirements of this role?*

- Yes
- No

- Don't know

If you have selected 'Yes', what standards do you think should be included?

Any other comments

5. Is there anything else related to the standards for Superintendent Pharmacists that you would like to raise?

- Yes, I have some more comments that I have not already raised
- No, I have provided all my feedback in my earlier responses

If you have selected 'Yes', please give your additional comments.

The Superintendent Pharmacist has a key role in fostering both a learning culture and a strong safety culture across the pharmacy. The current draft standards place an emphasis on learning from incidents however, the Superintendent Pharmacist should also create the conditions for wider learning and development, relevant to the services provided in the pharmacy. Workforce competence should align with the services provided, with clear examples to show how responsibilities may vary and develop over time.

The standards for Responsible Pharmacists include sharing the vision and strategy with their team however this is dependent on Superintendent Pharmacists who must also communicate their vision and strategy effectively with Responsible Pharmacists, including locums, to support collaborative working.

The current draft standards focus heavily on system-based issues and do not adequately address people-related challenges such as service development, competencies, or locum-delivered services. To improve clarity, it would be helpful to include a table outlining the distinct responsibilities of the Superintendent Pharmacist, pharmacy owner, Responsible Pharmacist, authorising pharmacist, and pharmacy technicians.

Professional standards already apply to all pharmacists, including Responsible Pharmacists and Superintendent Pharmacists. Any additional standards specific to these roles should therefore only be introduced where they are genuinely necessary, and must remain proportionate so they do not create unnecessary burden or hinder innovation.

Standards for Responsible Pharmacists

The role of the Responsible Pharmacist

The Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008 introduced the role of the Responsible Pharmacist. The owner of a retail pharmacy business must appoint a Responsible Pharmacist, who is a registered pharmacist, to be in charge of

the registered pharmacy. The Responsible Pharmacist is responsible for the day-to-day running of the pharmacy. They are also responsible for securing the safe and effective operation of the pharmacy, so far as concerns the retail sale of medicinal products and the supply of medicinal products in circumstances corresponding to retail sale.

Please note, there is new legislation on pharmacy supervision which will allow pharmacists to authorise registered pharmacy technicians to carry out, or supervise others carrying out, the preparation, assembly, dispensing, sale and supply of medicines. Questions about this legislation are outside the scope of this consultation.

A Responsible Pharmacist can only be responsible for one pharmacy premises at a time.

6. Do you think we should set minimum requirements for a pharmacist to become a Responsible Pharmacist?

- Yes
- No
- Don't know

Please explain your response. If you have selected 'yes', what requirements should we set in terms of experience, skills, length of service or something else?

The Responsible Pharmacist must be a registered pharmacist, and introducing any additional requirements would create unnecessary bureaucracy and make pharmacy practice more difficult. Adding further criteria would also reduce the number of pharmacists able to take on the role and risk undermining the delivery of services. Rather than imposing minimum requirements, the key consideration should be ensuring that the pharmacy operates safely.

Undergraduate and foundation training should adequately prepare pharmacists for the responsibilities of the role so they are ready to undertake it upon qualification. Pharmacists should also be supported if they decide not to sign in as the Responsible Pharmacist when they believe it would be unsafe to do so, or if they choose to limit services based on their professional judgement.

The RP must be a registered pharmacist; any additional requirements would cause additional bureaucracy and make pharmacy practice more difficult.

The Superintendent Pharmacist is responsible for organisational oversight of the management and operation of the pharmacy business. This includes keeping and maintaining records in relation to this (if there is not a requirement for a Superintendent Pharmacist to be appointed, this responsibility is the pharmacy owner's). The Responsible Pharmacist is responsible for keeping and maintaining records for the safe and effective day-to-day running of the pharmacy.

7. What records do you think are the responsibility of the Responsible Pharmacist?

The Responsible Pharmacist is responsible for any records required to discharge the safe delivery of pharmaceutical services on the day in question.

The Responsible Pharmacist may be a temporary staff member, such as a locum, and therefore is responsible for completing the Responsible Pharmacist record for the specific day they are working in that pharmacy.

The RP is responsible for maintaining the following records:

- Responsible Pharmacist log: signing in and out, documenting any periods of absence, and ensuring the RP notice is displayed.
- SOP compliance: confirming they have read and understood the relevant SOPs.
- Prescription and dispensing records (PMR): ensuring records are accurate and up to date.
- Legal record-keeping: maintaining the controlled drugs register and performing balance checks in accordance with SOPs, as well as completing entries in the private prescription register and emergency supply register where relevant.
- Service-delivery records: accurately recording all clinical services provided and storing documentation according to service specifications.
- Safety and quality logs: maintaining near-miss and error-reporting logs and ensuring these are escalated through all relevant internal and external channels.

Further clarity is required regarding the maintenance and documentation of authorisation records, as outlined in the response to Question 10.

All other records — including SOPs, staff training, and audits — must be created, maintained, and overseen by the Superintendent Pharmacist (SP), who holds the permanent strategic governance role. Day-to-day record-keeping should follow SOPs approved by the SP, with the RP managing operational requirements “on the day.”

Standards for Responsible Pharmacists

We have proposed four standards for Responsible Pharmacists. These are:

- a) Prioritise patient safety
- b) Provide the leadership and management needed to ensure the safe and effective operation of the pharmacy
- c) Make sure, if using authorisation, to authorise responsibly and make clear the lines of accountability

- d) Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services

8. In the interests of patient and staff safety, do you think the standards will:

a. strengthen the day-to-day running of the pharmacy?

- Yes
- No
- Don't know

b. clarify the role of the Responsible Pharmacist, making their accountabilities and responsibilities clear?

- Yes
- No
- Don't know

Please explain your responses.

There is ongoing ambiguity around the role of the Responsible Pharmacist in relation to authorisation, as outlined in our response to Question 10. Greater clarity is also required on the expected duration of an authorisation. It is not clear whether an authorisation should apply to a full shift, part of a shift, or potentially a longer period. Members have identified that there is a risk of inconsistent practices, with authorisations varying when different Responsible Pharmacists sign in, underscoring the need for clearer regulatory guidance.

Further discussion is needed to determine how the four proposed standards will genuinely strengthen the day-to-day running of the pharmacy, particularly given the absence of clear evidence that the current arrangements are unsafe. Many of the responsibilities described—such as patient safety, leadership and management, authorisation, and governance—are fundamental to all pharmacists and pharmacy professionals, and are not unique to the Responsible Pharmacist role.

Standard b refers to management responsibilities; however, certain aspects of management, such as developing and maintaining staff rotas, may sit more appropriately with operational managers rather than with the Responsible Pharmacist. This distinction requires clearer articulation.

There are scenarios, particularly in rural or remote areas affected by extreme weather or other emergencies, in which a Responsible Pharmacist may be unable to reach the pharmacy. To protect patient access to medicines in such exceptional circumstances, there should be clearly defined flexibilities regarding Responsible Pharmacist requirements. These should only be used in rare cases and could include mechanisms approved by the GPhC.

9. The Responsible Pharmacist has a key leadership role in the pharmacy. The Responsible Pharmacist is responsible for the day-to-day running of the pharmacy and for securing the safe and effective operation of the pharmacy, including during periods of absence. Are there any other standards you think should be in place for the Responsible Pharmacist to meet the requirements of this role?

- Yes
- No
- Don't know

If you have selected 'Yes', what standards do you think should be included?

Any other comments

10. Is there anything else related to the standards for Responsible Pharmacists that you would like to raise?

- Yes, I have additional comments that I have not already raised
- No, I have provided all my feedback in my earlier responses

If you have selected 'Yes', please provide your additional comments.

There is a conflict with the authorisation legislation, as Regulation 220B/228 SI indicates that only the authorising pharmacist can amend or withdraw an authorisation they have issued, whereas the GPhC's draft standards suggest that the Responsible Pharmacist may also vary an authorisation. This inconsistency requires clear and unambiguous resolution, including explicit guidance on how authorisations should be recorded, their duration and review cadence.

More broadly, there is confusion between the respective responsibilities of the Responsible Pharmacist and the authorising pharmacist, and this distinction needs to be clarified. There should be clearly defined scenarios in which the Responsible Pharmacist may vary an authorisation, including situations in which the Responsible Pharmacist's overriding duty to maintain a safe pharmacy—such as where SOPs cannot be followed or where the pharmacy environment has become unsafe—necessitates intervention. Such authority must be carefully described and managed.

If a Responsible Pharmacist believes that patient safety requires action that conflicts with an existing authorisation, they should be empowered to intervene, with mandated documentation. Guidance should make this explicit to prevent disputes and ensure consistent practice.

Within Standard 2, the requirement for Responsible Pharmacists to attend governance or third-party meetings as a means of contributing to collaborative working is presented

as a mandatory expectation. However, attendance at such meetings may not always be within the Responsible Pharmacist's control and may depend on arrangements determined by the Superintendent Pharmacist. It would be more appropriate to emphasise the Responsible Pharmacist's contribution to maintaining a safe, collaborative, and learning-oriented culture, rather than prescribing specific mechanisms through which this contribution must occur.

There should be a requirement for protected learning time for Responsible Pharmacists—and, indeed, for all pharmacists—to support ongoing professional development and ensure they remain equipped to undertake their responsibilities safely and effectively.

Rules for Responsible Pharmacists

Under the law, there must be a Responsible Pharmacist in every registered pharmacy. We are proposing to continue with the present rule where a Responsible Pharmacist:

- can only be responsible for one pharmacy premises at any given time, and
- is not able to perform their role anywhere other than the pharmacy where they are signed in

11. Do you agree with our proposal to continue with the present 'one pharmacy' rule?

- Yes
- No
- Don't know

Please explain your response.

The Royal Pharmaceutical Society firmly and unequivocally supports the principle of one pharmacist being responsible for one pharmacy at any given time.

We propose to continue with the present rule that allows the Responsible Pharmacist to be absent from the pharmacy for up to two hours. If there is more than one Responsible Pharmacist scheduled during the pharmacy's business hours, the two-hour limit applies to the total time when any of them is absent.

12. Do you agree with our proposal to continue with the current two-hour absence rule?

- Yes
- No
- Don't know

Please explain your response.

Our members were broadly satisfied with the two-hour rule and more general points for consideration are described below.

A clearer understanding is needed of how the current two-hour absence allowance has affected practice, including how frequently it is used and whether it has had any impact on service delivery. Members have also highlighted that the existing two-hour provision may conflict with NHS Terms of Service, and greater clarity is required to address this. Patients should have access to a pharmacist wherever possible during contracted opening hours, and there is currently no evidence to suggest that the two-hour limit should be extended.

The GPhC should set minimum standards that support appropriate professional judgement in genuinely exceptional situations, such as medical emergencies, while making clear that the two-hour absence should remain an exception rather than routine practice.

We heard from members that the 2-hour allowance presents challenges for remote and rural pharmacies; for example, travelling to conduct a Medication Compliance Aid assessment could require an hour of travel each way before the assessment itself even begins. In such circumstances, to support patient services, members expressed their view that it should be for the Responsible Pharmacist to justify any extended absence to the regulator, demonstrating that their actions were reasonable and aligned with patient safety.

If it is the intention of the regulator that a Responsible Pharmacist must be physically present on the premises in order to sign in, this should be clearly stated in the standards.

13. Is there anything else related to the rules for Responsible Pharmacists that you would like to raise?

- Yes, I have additional comments that I have not already raised
- No, I have provided all my feedback in my earlier responses

If you have selected 'Yes', please give your additional comments.

Throughout this consultation the terms “accountable” and “responsible” are used interchangeably. These terms mean different things and should be clearly defined as part of these regulations.

Standards for registered pharmacies

When we have agreed and published the standards for Superintendent Pharmacists and the rules and standards for Responsible Pharmacists, we will be carrying out a full review of and consultation on the standards for registered pharmacies.

When developing the standards for Superintendent Pharmacists we found there are two areas in the standards for registered pharmacies that need updating now, to provide clarity and maintain patient safety. These are:

- a) The present standards specifically relate to medicines and medical devices. This limits our ability to take enforcement action against poor practice arising from other services, or from unregulated products provided from pharmacies. We therefore propose to include 'any other product intended for supply or administration' under Principle 4 of the standards.
- b) Although our standards for pharmacy professionals cover consent, the present standards for registered pharmacies do not. As pharmacies are offering clinical services more and more – such as examinations, diagnosis, and hands-on treatment – it is important to include a specific standard around consent.

14. Do you agree with the inclusion of 'any other product intended for supply or administration' under Principle 4 of the standards? (Point (a) above.)

- Yes
- No
- Don't know

15. Do you agree with the inclusion of a specific standard around consent? (Point (b) above.)

- Yes
- No
- Don't know

Please explain your responses.

- We have no objection to the proposal to include 'any other product' to allow for futureproofing of the standards. However, risks must continue to be monitored and recorded.
- Consideration also needs to be given to those products that might fall outside of MHRA regulation, such as aesthetic products.
- We support the inclusion of a standard on consent, as the growing range of clinical services offered in community pharmacies requires pharmacists to have a robust understanding of informed consent.

16. Is there anything else you think could put patient safety at risk and should be changed or added to the standards for registered pharmacies before the full review?

With the growing number of private clinics using Patient Group Directions and independent pharmacist prescribers for services such as vaccinations, aesthetics, and longevity, there is a need to clarify whether oversight of these services should fall under GPhC regulation across Great Britain or, where applicable, under the relevant healthcare inspectorates such as the CQC in England, Healthcare Improvement Scotland, or Healthcare Inspectorate Wales.

In Scotland, services provided within registered pharmacies fall under the remit of the GPhC.

17. Is there anything you would like to raise now for us to consider when we carry out the full review of the standards for registered pharmacies?

With the growing number of private clinics using Patient Group Directions and independent pharmacist prescribers for services such as vaccinations, aesthetics, and longevity, there is a need to clarify whether oversight of these services should fall under GPhC regulation across Great Britain or, where applicable, under the relevant healthcare inspectorates such as the CQC in England, Healthcare Improvement Scotland, or Healthcare Inspectorate Wales.

In Scotland, services provided within registered pharmacies fall under the remit of the GPhC.

The standards must include the need to ensure that the pharmacy premises are adequate to protect staff safety and wellbeing, and that they are appropriately equipped for the services provided within them—for instance, having a consulting room of sufficient size with necessary facilities such as running water.

Standards for pharmacy professionals

When we have agreed and published the standards for Superintendent Pharmacists and the rules and standards for Responsible Pharmacists, we will be carrying out a full review of, and consultation on, the standards for pharmacy professionals.

Ahead of the review, and in light of upcoming legislation on supervision and authorisation, we will be producing an annex to the standards for pharmacy professionals. This will be published alongside the standards for Responsible Pharmacists. The annex will set out what is expected of pharmacists and pharmacy technicians if a pharmacy decides to use authorisation.

Please note: The Royal Pharmaceutical Society (RPS) will also be providing guidance covering authorisation.

18. Do you agree with our proposal to publish an annex to the standards for pharmacy professionals to cover authorisation?

- Yes
- No
- Don't know

Please explain your answer.

When consulting with our members there was a difference in opinion on this matter, with some saying that information within the proposed annex should be covered under Professional Guidance provided by RPS rather than within the standards published by the GPhC .

However, those that agreed with the proposal said it is important to cover and reinforce record keeping requirements, accountability and include detail on overriding an authorisation as these are the areas that pharmacists are most concerned about.

19. Is there anything else you think could put patient safety at risk and should be changed or added to the standards for pharmacy professionals before the full review?

- Any annex on authorisation must be simple and practical with clear scenario-based examples, clarity on decision-makers, review triggers, and responsibilities; complexity risks low engagement and stifling innovation.
- Delegation and competency: authorisation boundaries must be crystal clear (who does what, to what level), with implications for insurance, liability, and accountability. Not every pharmacy technician will want—or be ready—to take on extended tasks
- Learning from the introduction of the accredited checking pharmacy technicians experience offers insights
- Could the Responsible Pharmacist standards and pharmacy professional standards be merged, as the expectations should be a minimum standard for all pharmacists? By incorporating Responsible Pharmacist standards (which are not unique to this role) into standards for pharmacy professionals, all pharmacists would be prepared for this role from the outset.

20. Is there anything you would like to raise now for us to consider when we carry out the full review of the standards for pharmacy professionals?

- To demonstrate standards are being met, inspections and assurance approaches may need updating; establish a baseline first to measure any change
- Ensure documentation rigor so compliance is demonstrable even when Superintendent Pharmacists are not on site

Impact of the proposals

Impact on people sharing protected characteristics

We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010.

21. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

Table 1: Impact on protected characteristics

Please describe the impact you think our proposals will have and the protected characteristic(s) concerned.

It is important these proposals do not have a negative impact on both length of qualification and age characteristics of registered pharmacists. Any move to introduce a minimum time to be qualified before able to undertake a Responsible Pharmacist role would introduce this, limit opportunities and risk reducing the pool of qualified pharmacists who could undertake this role.

If additional support is needed, employers should create leadership and management programmes through employee inductions.

Impact on other groups

We also want to know if our proposals will have an impact on other individuals or groups (not related to protected characteristics) – specifically, patients and the public, Responsible Pharmacists, Superintendent Pharmacists, pharmacy owners or employers, pharmacy staff, other healthcare professionals, pharmacy students and pre-registration trainees.

22. Do you think our proposals will have a positive or negative impact on any of these groups?

Table 2: Impact on groups

There may be a negative impact if there is no collaboration between staff when implementing these standards. There is a need to consider workload of staff, expectations and whether they are realistic (are you asking them to take on more with

the same pay and more stress). What happens if a staff member doesn't want to do something e.g. authorisation or feel they are being asked to work outside of their scope or capacity? What channels of communication are open and what change can be expected? Business needs and patient safety and staff care need to be balanced.

More broadly, if the intention is to enhance professional practice, the system must make it easier—not harder—for pharmacists to meet their responsibilities. Evidence is needed to justify the introduction of additional standards, as well as clarity on what tools, resources, and infrastructure will be provided to support pharmacists in meeting them.

Many of the barriers preventing pharmacists from acting professionally stem from employer-related factors such as pay, targets, job insecurity, lack of support, insufficient training, and inadequate protection. Introducing further standards without addressing these underlying issues may not achieve the desired improvements and could inadvertently increase pressure. A more effective approach may be to focus on removing barriers and enabling pharmacists to undertake their roles safely and effectively.

Clarity is required on how these new standards will interact and impact on current revalidation requirements.