



# The PDA's response to the Pharmaceutical Society of Northern Ireland (PSNI) consultation: Draft guidance on pharmacy staffing levels

December 2022

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## Summary

The Pharmaceutical Society of Northern Ireland (PSNI) recently published its draft guidance on pharmacy staffing levels.

The PSNI states that:

***“There is a growing body of evidence that guidance on appropriate staffing levels within healthcare is necessary to ensure that patients’ needs are met, public safety is maintained and that staff have the appropriate skills, qualifications and competence to carry out their role and, where relevant, supervise the work of another.”***

The PSNI further states that:

***“We are now consulting on the proposed principle-based guidance which explains what Pharmacy Owners and Superintendents, must do to ensure that each pharmacy has enough skilled and qualified staff, with an appropriate skills mix, to provide safe and effective pharmacy services which meets the standards set out in the Premises Standards, when commenced.”***

However, the consultation document fails to acknowledge the role of the Responsible Pharmacist (RP) and the statutory right of the RP to take any steps they deem fit to secure the safe operations within the pharmacy.

## Response to Questions.

### 1. Section 1: About this Guidance

Question 1: Does Section 1, ‘About this Guidance’, clearly outline the need for the guidance and introduce the principles on which the guidance is based?

Yes	<input type="checkbox"/>
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No	<input checked="" type="checkbox"/>
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Unsure	<input type="checkbox"/>
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Please add any comments in support of your view.
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We welcome the clear and unambiguous statement in Section 1:

***“This principle-based Guidance explains what Pharmacy Owners and Superintendents must do to ensure that each pharmacy has enough skilled and qualified staff, with an appropriate skills mix, to provide safe and effective pharmacy services which comply with the standards set out in the Premises Standards (2018) when commenced (the Premises Standards)”***

However, within Northern Ireland (as in the rest of the UK) there exists the role of the Responsible Pharmacist (RP). We note that the proposed guidance in this section does not acknowledge the role of the RP and how this guidance fits in with this.

This is important as it is Pharmacy Owners and Superintendents who will have the decision-making power on the number of staff employed at their pharmacy but it is the RP that has the statutory duty to secure the safe and effective running of the pharmacy.

Therefore, it is absolutely vital that this guidance from the very outset also explicitly acknowledges the role of the RP in this context.

Thus, if the RP (say a locum RP) believes that there are insufficient staff with the requisite skills to secure the safe operation of the pharmacy (irrespective of whether the pharmacy owner believes that there are enough staff with the requisite skills) then the final decision on this matter should be that of the RP. It should be clearly stated in this guidance, that pharmacy owners and superintendents must not hinder the RP from discharging their statutory role.

We will comment further on this in Section 3.

We also note that there is no mention of sanction when this guidance is not followed. For guidance to have meaning and for it to be effective, there needs to be a clear understanding that not following guidance will have regulatory consequences. This Guidance does not mention any regulatory consequence or sanction for pharmacy owners or superintendents not following it.

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## 2. Section 2: Accountability

Question 2: Do you consider the proposals outlined in Section 2, 'Accountability', are appropriate?

Yes	<input type="checkbox"/>
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No	<input checked="" type="checkbox"/>
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Unsure	<input type="checkbox"/>
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Please add any comments in support of your view.
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Section 2.1 contains certain ambiguities around the role of owners in target setting in the premises standards document. For example, the premises standard 5.5 which states:

***“Staff must ensure that incentives or targets do not compromise their professional judgement or the health, safety or wellbeing of patients and the public.”***

We would suggest that it is the **in**appropriate setting of targets and the **in**appropriate setting of incentives by pharmacy owners and superintendents that are the root cause for the need to set standard 5.5.

Therefore, we suggest that there is also a commensurate obligation on pharmacy owners and superintendents NOT to set inappropriate targets and NOT to set inappropriate incentives which may compromise the professional judgement of staff.

We would welcome the PSNI adding the following to this specific guidance as the guidance document is specifically for pharmacy owners and superintendents:

***“Pharmacy Owners and superintendents must ensure that they do not set incentives or targets which may compromise the professional judgement of staff or the health, safety or wellbeing of patients and the public.”***

Section 2.6 concerning empowering staff to raise concerns when placed in context of this guidance for Pharmacy Owners and Superintendents states:

***“Staff must feel empowered to raise concerns in a way that is consistent with a culture of openness, honesty and learning.”***

However, as this guidance is for Pharmacy Owners and Superintendents the Guidance should oblige Owners and Superintendents to respond in a professionally appropriate and timely manner to resolve the concerns raised. We suggest the addition into section 2.6 the following:

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***“Pharmacy owners and superintendents must respond appropriately and in a timely fashion to address concerns raised by staff.”***

Section 2.8 concerning unregistered staff makes the statement:

***“Unregistered pharmacy staff are accountable firstly to their employer who will generally be the Pharmacy Owner.”***

This has the potential to undermine the role of the RP in securing the safe and effective operation of the pharmacy.

The PDA is aware of many occasions where unregistered persons are made managers of a pharmacy premises and they subsequently pressure pharmacists to reach commercially motivated targets (for example the number of vaccinations to be undertaken).

It must be clear that all staff (including managers) working in a pharmacy are accountable to the RP, if that member of staff is involved in any activity which is related to patient care or providing a pharmacy service.

Therefore, if an unregistered manager seeks to interfere in domains relating to clinical care (for example the provision of vaccination services), then the unregistered manager must firstly be accountable to the RP and not the pharmacy owner or their employer.

We suggest the removal of the statement proposed in the Guidance as detailed above and to be replaced with:

***“Unregistered pharmacy staff are accountable firstly to their employer who will generally be the Pharmacy Owner unless they are involved in any activity concerning the clinical care of patients – in which case, the unregistered pharmacy staff will be accountable firstly to the Responsible Pharmacist”***

Question 3: Is the proposed guidance outlined in Section 2, ‘Accountability’, clear?

Yes	<input type="checkbox"/>
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No	<input checked="" type="checkbox"/>
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Unsure	<input type="checkbox"/>
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Please add any comments in support of your view.
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Please see our comment to question 2.

We would like to emphasise that as this guidance is specifically for Pharmacy Owners and Superintendents the language used must reflect this – we have pointed out the specific instances above which warrant changes as suggested.

### 3. Section 3 Staffing Levels and the Provision of Safe and Effective Pharmacy Services

Question 4: Does Section 3, 'Staffing Levels and the Provision of Safe and Effective Pharmacy Services', clearly set out the relevant factors the Pharmacy Owner(s) and Superintendent(s) must consider in the fulfilment of their robust governance arrangements to ensure proper management of any risks, including staffing levels, which might affect the safe and effective provision of pharmacy services?

Yes	<input type="checkbox"/>
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No	<input checked="" type="checkbox"/>
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Unsure	<input type="checkbox"/>
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Please add any comments in support of your view.

Item 3.2 notes the setting of staffing levels to ensure patient safety. However, it is equally important to set staffing levels to ensure the safety of the staff working on the premises.

The PDA receives consistent and repeated feedback from pharmacists that there are premises where they feel unsafe (isolated premises or ones where there have experienced verbal or physical abuse) and many refuse to undertake any locum work in this type of premises. We suggest the following amendment:

***“3.2 Setting staffing levels and responding to concerns about patient and staff safety”***

We welcome the statements in Item 3.2 especially around Foundation year trainees and that their hours of work are supplementary to the workforce.

Item 3.3 point states:

***3.3..... we expect the Pharmacy Owner and Superintendent, to ensure that: ....a.b.c.***

***d. the Responsible Pharmacist and all members of the pharmacy team are aware of the staffing plan for their individual pharmacy;***

The Responsible Pharmacist (RP) should not just be aware of any plan, but they must be satisfied with the plan and the reality of staffing during operation – it is important not to relegate the role of the RP to mere acquiescence to a staffing plan which may have been formulated by those with little or zero specific knowledge of that specific pharmacy in that specific location (for example the head office of a pharmacy chain which owns many thousands of pharmacies).

Staffing plans should consider the competence of individual staff members. For example, if an experienced member of the pharmacy team were unwell and replaced on the day with an inexperienced alternative, this impacts on the reality of the staffing plan. The reality of staffing levels is dynamic and must account for surges in

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workload, staff breaks etc. The RP needs to be satisfied with the planned staffing and able to decide to amend activity if necessary during a day base on actual staffing.

It should be absolutely clear that a locum RP has the same authority as an employed pharmacist, as stated in regulations, to specify the staffing level in order to secure the safe and secure operations within the pharmacy. We suggest rewording item (d) as follows:

***d. the Responsible Pharmacist is satisfied with the adequacy of and in agreement with the staffing and that all members of the pharmacy team are aware of the staffing plan for their individual pharmacy;***

Similarly item 3.3 (e) states:

***e. each registered pharmacy has a contingency plan for short- and long-term staff absence, whether planned or unplanned;***

Similarly, any contingency plan should not automatically come into operation in the absence or replacement (planned or unplanned) of any staff and especially the unplanned absence of a Responsible Pharmacist.

It should be clear in the guidance that any contingency plan still requires the approval of the Responsible Pharmacist who is signed in on that day in that specific premises. The contingency plan is, in effect a **provisional** contingency plan which comes into effect **only** with the approval of the Responsible Pharmacist in charge of the premises on that day. We suggest the following rewording:

***“e. each registered pharmacy has a provisional contingency plan for short- and long-term staff absence, whether planned or unplanned and which needs to be approved by the Responsible Pharmacist on the day before it can come into effect;”***

Item 3.4 is incomplete as it omits any mention around who the Pharmacy Owner or Superintendent is accountable to. We suggest the addition of the following:

***(i) understand that Pharmacy Owners and Superintendents are accountable to the Pharmaceutical Society NI for ensuring that this Guidance is taken into consideration as part of the requirement of meeting Principle 5 of the Premises standards;***

Staffing plans should also be reviewed periodically in light of circumstances or the introduction of any additional workload.

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#### 4. **Section 4: Knowledge, Skills, and Competence**

Question 5: Is Section 4, 'Knowledge, Skills, and Competence', clear on the matters a Pharmacy Owner and Superintendent must consider to ensure that arrangements are in place so that staff members have the appropriate authority, requisite skills, and knowledge to competently provide pharmacy services; and are properly held to account for the health and well-being of patients and the public to whom pharmacy services are provided?

Yes	<input type="checkbox"/>
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No	<input checked="" type="checkbox"/>
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Unsure	<input type="checkbox"/>
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Please add any comments in support of your view.
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Item 4.2 should be reworded to include a sentence that unregistered support staff are also accountable to the Responsible Pharmacist (RP) in that they cannot be involved in clinical activities without the consent of the RP. The fundamental right of the RP to oversee the safe and secure operations of the pharmacy must not be undermined.

Item 4.3 poses a specific challenge in that as independent prescribing pharmacists (or IPs) become the norm, it will need competent experienced prescribers to induct them. Given the paucity of prescribing undertaken by IPs in community settings this must be factored into how services can be safely provided.

We also suggest that all unregistered staff must be enrolled in the appropriate training programme for that role within 28 days of starting that role.

We also suggest that all pharmacy owners and superintendents must allocate sufficient protected learning time during the working day to enable pharmacists and other staff to undertake training necessary to fulfil their roles.

#### 5. **Schedule 1: Approved Training Courses for Unregistered Members of the Pharmacy team.**

An example Schedule has been included in the consultation for illustrative purposes only and does not form a part of the consultation.

Further proposals will be brought to Council in relation to a list of recommended education and training courses for non-registered pharmacy staff.

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## 6. General

Question 6: Do you have any other comments about the proposed Guidance on Pharmacy Staffing Levels?

Yes	<input type="checkbox"/>
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No	<input checked="" type="checkbox"/>
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Unsure	<input type="checkbox"/>
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Please add any comments in support of your view.
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## 7. Equality Assessment

Question 7: The Pharmaceutical Society NI has carried out an equality assessment on the proposed Guidance on the Pharmacy Staffing Levels. This equality assessment is available along with this public consultation.

Do any aspects of our proposals have equality implications for groups or individuals based on one or more of the following categories? If yes, please explain what could be done to change this. We would welcome any research / sources you may have to evidence your response.

- Age
- Gender
- Disability
- Pregnancy and maternity
- Race /ethnicity
- Religion or belief
- Political opinion
- People with dependants
- Sexual orientation
- Marital status

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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Unsure	<input checked="" type="checkbox"/>
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Please add any comments in support of your view.
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## About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for profit defence association and trade union for pharmacists. It is the only organisation that exclusively looks after the interests of employee and locum pharmacists across all sectors of pharmacy. Currently with a membership of more than 35,000, the PDA is the largest representative membership body for pharmacists in the UK and this membership continues to grow.

Delivering more than 5,000 episodes of support provided to members who have found themselves in a critical incident situation in the last year alone, provides the PDA with a rich vein of up-to-date experiences which have informed policies and future strategy.

This experience has recently been informed by the very considerable number of Covid-19 related issues being faced by members. The practical experience gained in supporting member issues from the coal face is further enhanced by regular member surveys and focus group interactions. The information in this document is largely built upon the experience of our 34,000 members.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Arrange insurance cover for individual pharmacists to safeguard and defend their reputation.