



Pharmacists Defence Association
Old Fire Station
69 Albion Street
Birmingham
B1 3EA

Duncan Rudkin,
Chief Executive and Registrar
General Pharmaceutical Council
25 Canada Square
London
E14 5LQ

3 August 2020

Dear Mr Rudkin,

Concerns over lack of reporting of COVID exposure in community pharmacy

The PDA is seriously concerned that there appears to be a failure of Community Pharmacy employers to appropriately report instances of exposure to COVID in the workplace. This situation will not only impact on the individuals affected and reduce the ability of the sector to learn in preparation for future pandemics, it may also undermine patient and public confidence in the sector and therefore we are raising these concerns with you.

Employers have clear legal responsibilities for maintaining the health and safety of employees and others in the workplace and that includes reporting incidents to the relevant authority as required under RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. This requirement is the same for all employers of pharmacists, yet a parliamentary answer on 2 July revealed that whereas over 1500 reports were made from hospitals, over 50 from GP practice and 4 from prisons, the number of reports from community pharmacy was **zero**.

The HSE guidance states:

“If there is reasonable evidence that someone diagnosed with COVID-19 was likely exposed because of their work you must report this as an exposure to a biological agent using the case of disease report. An example of a work-related exposure to coronavirus would be a health care professional who is diagnosed with COVID-19 after treating patients with COVID-19.”

As with health professionals in other sectors, throughout the lockdown period Community Pharmacists, and their teams, will have been following social distancing and government guidelines outside of work to minimise the risk of catching coronavirus and avoiding contact with others. Most interactions with people from outside their household will therefore have been while they were at work, spending time with colleagues and patients in what are often cramped pharmacy workspaces. Community pharmacy is a high contact environment, and this is not just our description as the largest community pharmacy employer recently announced that it was joining a pilot to evaluate the effectiveness of testing for people without symptoms of COVID-19 who work in “high-contact” jobs.

We therefore believe it is inconceivable that no employees in community pharmacy have likely been exposed to COVID in the workplace. This is especially as we know there have been inconsistent approaches taken towards the use of PPE, particularly in the early stages of the pandemic, with at least one major pharmacy multiple reportedly banning its staff from wearing PPE at one time.

Last month a survey of PDA members about how the pandemic had been managed by their employers included information from 556 respondents that work in community pharmacy. Of the community pharmacists 122 (22%) said that they had caught COVID and of those, 49 (40% of those who had caught COVID) believed that they had caught the virus in the workplace.

Five respondents to our survey (10% of those who believed they had caught the virus at work) even believed that their employers had reported the workplace exposure to the HSE. However, these individuals appear to have been misinformed because the parliamentary answer evidences no such reports have been submitted.

There are reports of multiple members of staff in the same pharmacy developing COVID and the absence of RIDDOR reporting by employers implies a scenario in which each such employee coincidentally caught the virus outside of work in exactly the same time period, rather than any individual passing it to any colleague or more than one colleague being exposed to the same source in the workplace.

Confidence in community pharmacy employers properly discharging their duties regarding the health and safety of patients and employees is fundamental. The responsibility lies clearly with employers and the absence of any notifications whatsoever for work acquired COVID infections in the community sector must cast significant doubt on compliance with these strict obligations

All five principles set out in the “Standards for Registered Pharmacies” identify safeguarding “the health, safety and wellbeing of patients and the public” as the objective; employers and the regulator have no hesitation in holding individuals to account for any failure to comply with legal and professional obligations. It is therefore incumbent on the GPhC to investigate further the unexplained and complete absence of work acquired COVID infection reporting by community pharmacy employers.

We would be grateful if you would confirm what action, if any, the GPhC will take with regard to this situation and I look forward to hearing from you. We have copied this letter to the CEOs of the main community pharmacy employer representative bodies.

Yours sincerely

Paul Day
Director, PDA

cc:

- Malcolm Harrison, Chief Executive, The Company Chemists Association
- Layla Hennbeck, Chief Executive Officer, Association of Independent Multiple Pharmacies
- Mark Lyonette, Chief Executive Officer - National Pharmacy Association