

**Open letter to the General Pharmaceutical Council (GPhC)**

Duncan Rudkin, Chief Executive  
General Pharmaceutical Council  
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26th November 2021

Dear Mr Rudkin,

**The impact of automation and online pharmacy provision on patient safety and pharmacy practice**

We are calling upon the GPhC to act urgently on several developments that have been brought to our attention by pharmacists. These involve the increasing use of technology and procedures which could have the effect of eroding the focus on patient safety which pharmacists bring to the process of medicines supply through the application of their unique skills and knowledge around medicines.

As you will be aware, the Pharmacists' Defence Association (PDA) is the largest, membership body and only independent trade union for pharmacists, with around 32,500 members. Because we support our members in around 5,000 incidents every year, we understand risk and have a detailed understanding of the causes of errors and harm caused to patients.

Recently, pharmacists who have experience at the heart of several technology-based operations have told us that they are extremely concerned about some of the procedures that they are required to follow. They believe that these will cause increased risk and the potential for patient harm and we concur.

An overview of the current concerns is as follows;

1. The claims made by some of these companies and the publicity generated by them in the public domain around the use of "artificial intelligence" to undertake "automated clinical checks" are worrying. This is an area in which we are not aware of the existence of any independently verified or published safety data nor any professional consensus.
2. Concerns as to how professional activities such as a clinical safety and supervision can properly be discharged in the processes of some online pharmacy providers when a prescription may not ever be clinically checked by a pharmacist.
3. The relevance of an accuracy check undertaken by an Accuracy Checking Technician (ACT) in such a scenario.
4. Concerns that patient safety is being downgraded with pharmacist clinical checks being bypassed and prescriptions being put through to "automation". Although we cannot be certain as to the exact reasons why this is being done, it is possible that this could be in order to simply reach prescriptions processed volume targets and reduce the workload in the 'client' community pharmacy.
5. That productivity targets for individuals working in some of the 'assembly' centres and the demands to process large volumes of prescriptions in short periods of time are inappropriate. In some

instances, this has resulted in medicines such as controlled drugs and other high-risk medicines being dispensed with the added risk that no pharmacist clinical check may have been undertaken.

6. That patients are being given assurances when errors are made that pharmacists are making clinical checks when the process being operated means that in many instances they are not.
7. This has resulted in uncertainty over the entire integrity of the Responsible Pharmacist system and the safety it was supposed to deliver. This includes the extent to which a Responsible Pharmacist in the patient facing community pharmacy can genuinely be expected to be able to exercise their responsibility around ensuring the safe and effective operations of a pharmacy and their exposure to liability whilst such systems are in play.

Over and above the concerns being expressed about some of these 'artificial intelligence' systems, pharmacists are also worried about the ability for internet pharmacy providers to act as a portal for the provision of prescription only medicines to the public without being a registered pharmacy premises.

In some instances, there is no transparency to patients of the provenance of the prescription medicines provided to them and especially where patients can expect the protection of regulation.

As these 'systems' become more popular and relied upon and particularly if left unchecked, it is easy to appreciate the sheer scale of the concerns felt by pharmacists over the possibility of breaches of GPhC Regulations and Standards and the potential safety risks to a significant and increasing number of patients.

Our members fully appreciate and welcome the fact that the Covid-19 pandemic has hastened the development of technology driven solutions across society and that there is a need for a greater reliance upon innovative technology going forward.

Greater use of technology must be an aspect of the future of healthcare provision, and the PDA is supportive of modern and efficient technology led operations. However, the use of technology must not outpace patient safety considerations and pharmacy regulation must be evolved quickly and enforced in ways that cater for this rapidly emerging reality. Above all, steps must be taken to ensure that new technology is introduced in an evidence-based way. This must satisfy regulatory and professional standards in the interests of patient safety and mitigation of risk. Importantly, it must also be supportive of the work of pharmacists in the delivery of pharmaceutical care.

It is unsurprising that many of our members believe that these matters result in a diminution of patient safety and a challenge to professional practice. We believe that they may also breach both the NHS regulations and accepted professional standards. We reiterate that in raising these concerns, our members are prioritising the safety of their patients and we would urge the GPhC to respond accordingly.

Yours sincerely



Mark Koziol, M.R.Pharm.S  
Chairman