General Pharmaceutical Council

Consultation on Chief Pharmacist Standards: analysis report

Contents

Executive summary

Background

Between 23 January and 16 April 2024, we held a full, formal public consultation on proposals for standards for Chief Pharmacists. This report provides a summary of the responses to the consultation on the draft standards.

The draft standards were:

- **Provide strategic and professional leadership.**
- **Develop a workforce with the right skills, knowledge, and experience.**
- **Delegate responsibly and make sure there are clear lines of accountability.**
- **Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services.**

The consultation was delivered through an online survey, following extensive pre-consultation stakeholder engagement across the pharmacy sector in England, Scotland, and Wales. Pre-consultation engagement included one-to-one meetings, forums, speaking at a conference, and webinars and took place from February – September 2023. Stakeholder engagement with patients and the public took place during the consultation period, and their comments are included in this report.

There were **158** responses to the consultation (including emailed responses): **132** from individuals and **26** from organisations. A list of the organisational stakeholders we engaged with, and the organisations that responded to the consultation can be found in Appendix 5.

Individual respondents identified themselves as pharmacists (44%), Chief Pharmacists (30%), pharmacy technicians (15%), members of the public (8%), and other (4%).

Key issues raised in responses

General view

Overall, responses from individuals and organisations indicated broad agreement with our proposals, the only exception being question 2 which asked respondents if any additional standards were needed. Respondents were almost equally divided between answering 'yes' and 'no', with slightly more respondents answering 'yes'. However, analysis of the responses showed that for the majority of those who indicated that there was a need for additional standards, there was still overall support for the proposed standards.

Views on whether the standards would strengthen and maintain pharmacy governance, and provide a governance framework which would support staff to report errors, and learn from those errors

Overall, responses indicated broad overall agreement that the proposed standards would a) strengthen and maintain pharmacy governance in the interests of patient safety (79%); and b) would provide a

governance framework which would support staff to both report preparation and dispensing errors (68%) and learn from those errors (67%).

Many of the respondents in support of the standards felt that Chief Pharmacists were already working in this way, and that the standards would reinforce existing practice by creating statutory responsibilities and a 'legal lever' which would strengthen their position. Providing clarity on the role and responsibilities of Chief Pharmacists was seen as a benefit which would strengthen the influence of Chief Pharmacists at a senior level, something which was also raised by many of the stakeholders during the pre-consultation engagement events. It was also felt that the standards would benefit pharmacy staff by providing legal protections if an inadvertent preparation or dispensing error occurred.

Many respondents felt that removing the fear of prosecution for inadvertent errors and encouraging a no blame culture would encourage an increase in the reporting of errors. In turn, this would not only help and protect patients, since staff would learn and develop from those errors, but give patients confidence that pharmacy practice would be safer and more effective. Members of the public with whom we engaged were particularly interested in this question, and echoed the comments we received in the survey.

Conversely, several respondents questioned whether the standards could be enforced or checked in practice, and how Chief Pharmacists could demonstrate that they were meeting the standards. There were also several questions about how learning from errors could be measured.

Several respondents felt that the standards were too vague, lacked detail, were open to interpretation, and were principles rather than a framework which would strengthen pharmacy governance.

A few respondents asked for stronger, more specific wording, with some stating that for the required outcomes to be achieved and for Chief Pharmacists to meet the standards, there would need to be good communication, organisational support, and a cultural shift.

Some respondents felt that the outcomes would not be achieved because Chief Pharmacists lacked authority and were constrained by things like insufficient budgets and inadequate staffing.

Views on whether there were any additional standards that should be included

In response to this question, respondents were almost equally divided between those who felt there were some standards missing (44%), and those who felt all the relevant standards were included (39%). There was also a sizeable minority who were undecided (17%).

For those respondents who felt there were missing standards, the most common comment was that there were aspects of the Chief Pharmacists' roles that were missing, such as the advisory/leadership role; their corporate role; and the work they do on PR, communication, and media.

Many of those who provided comments to this question said that the standards should emphasise the need for high quality as well as safe services and provide more detail on the work done on risk. Some respondents felt that the proposed standards did not cover certain aspects of practice, such as prescribing and providing advice to prescribers; working with other professions; and working with controlled drugs. Culture was another area which some respondents felt had not been covered adequately, with requests for inclusivity to be highlighted, and support from the Chief Pharmacist for whistleblowers as well as those who had committed errors.

A few respondents felt that for Chief Pharmacists to be able to meet the standards they needed more decision-making authority, and to have a say in staff numbers and competency. Some respondents stated that Chief Pharmacists should report/be accountable to executive and medical directors.

A few respondents asked for more patient and public involvement in the development of pharmacy services and asked that the standards specify that Chief Pharmacists should consider the needs of vulnerable patients when planning. This point was of particular importance to the patients and public we engaged with, and who asked for this to be included in the standards.

There were requests from a few respondents for the inclusion of certain criteria, including a minimum skill level, and personal qualities such as honesty and integrity, as well as a request for the GPhC to provide Chief Pharmacist training.

Views on whether there were settings where the standards could not be applied or met

Most respondents felt that the proposed standards could apply to Chief Pharmacists, whatever setting they worked in (53%). The remaining respondents were divided between those who said that there were settings where the standards could not be applied or met (26%), and those who did not know (21%).

Of those respondents who felt that there were settings where the proposed standards could not be met, the majority cited settings where further guidance was required where responsibilities are delegated, shared, or outsourced, for example, mail order/online; out of hours services; emergency departments; peri-operative care; substance use services; and homecare. Another setting was a blended approach where medicinal products may be prepared and dispensed by multi-professional staff groups with shared accountabilities across healthcare professions.

The other setting where respondents felt the standards could not be applied were those where no dispensing took place, such as Primary Care Networks and Integrated Care Boards.

Views on the impact of the proposals

With reference to the impact of the proposed standards on people, based on protected characteristics under the Equality Act 2010, 'no impact', was the most common response for all protected characteristics (47% to 53%). This was followed by 'positive impact' (22% to 27%), and 'don't know' (17% to 22%).

For those respondents who said that the standards would have no impact based on protected characteristics, it was felt that the impact would be the same on everyone, regardless of protected characteristics.

Of those organisations and individuals who said that the standards would have a positive impact based on protected characteristics, many noted that everyone would be measured by the same standard, which should benefit all minority groups. It was also felt that the standards would ensure that equality and diversity would be included in recruitment and retention strategies and the development of services, and that they would lead to a more inclusive workforce.

A very small number of organisations said that the standards were too vague and needed more clarity; these respondents felt the standards lacked detail and were open to interpretation, and would allow Chief Pharmacists to delegate all responsibility. There was a request that the standards should be more specific, measurable, and less open to subjective interpretation.

With reference to the impact of the proposed standards on other groups, 'Positive impact' was the most common response with patients and the public highest (63%); followed by pharmacist and pharmacy technician students and trainees (61%); pharmacy staff (60%); other healthcare professionals (50%), Chief Pharmacists (49%); and finally, pharmacy owners and employers (42%).

Most respondents felt that the standards would protect patients from inadvertent dispensing errors, strengthen governance, and lead to safer practices, which in turn would increase confidence in pharmacy for patients. However, some respondents felt that the standards would have a negative impact on Chief Pharmacists, citing unrealistic expectations with regards to EDI, and placing significant responsibility and pressure on one individual.

A fifth of the organisations who responded felt that the Chief Pharmacist lacked authority, sometimes because they had delegated it, and could not be held responsible for errors made by registered staff. In addition, they felt that Chief Pharmacists had no authority to ensure adequate staffing levels, and had to work under constraints which included limited budget.

Introduction

Policy background

The proposed standards, set out below, were in response to **The Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022**, which gave the General Pharmaceutical Council (GPhC) and the Pharmaceutical Society of Northern Ireland (PSNI) powers to set professional standards for Chief Pharmacists.

The purpose of the enabling legislation is to remove the threat of criminal penalties for accidental or unintentional preparation and dispensing errors by pharmacy staff working in hospitals and similar settings. The intention being that this will result in consistency across the pharmacy sector; encourage people to report preparation and dispensing errors and result in more shared learning from errors, thereby leading to improved patient safety.

To benefit from the defences set out in legislation, with reference to preparation and dispensing errors, the setting must have a Chief Pharmacist (or equivalent), who must meet the following (proposed) standards:

- Provide strategic and professional leadership.
- Develop a workforce with the right skills, knowledge, and experience.
- Delegate responsibly and make sure there are clear lines of accountability.
- Maintain and strengthen governance to ensure safe and effective delivery of pharmacy services.

The production of the Standards for Chief Pharmacists is part of the strengthening pharmacy governance programme of work, which gives the GPhC powers which allow us to:

- Develop rules setting out the essential roles and responsibilities of Responsible Pharmacists, and
- Set professional standards for Chief Pharmacists, Superintendent Pharmacists and Responsible Pharmacists.

The first part of this programme is to develop the Chief Pharmacist standards. The second stage, to produce rules and standards for Responsible Pharmacists and standards for Superintendent Pharmacists, will start later in 2024/25, subject to the outcome of a consultation on supervision by the Department for Health and Social Care.

The Pharmacy (Preparation and Dispensing Errors – Hospital and Other Pharmacy Services) Order 2022 came into force on 1 December 2022. Under the 1968 Medicines Act, there are already ‘defences’ pharmacy professionals can use if they are responsible for an inadvertent preparation or dispensing error. Since 2018, pharmacy staff working in registered pharmacies have been able to use these defences.

The 2022 Order now includes pharmacy staff working in certain other pharmacy settings, such as hospitals, care homes, Integrated Care Boards, mental health trusts, prisons, and places where people are lawfully detained. This will lead to consistency across the pharmacy sector, encourage people to report preparation and dispensing errors, and result in more shared learning from errors, which will improve patient safety.

To benefit from the defences in the Order, the hospital (or other pharmacy setting listed in the Order) must have a Chief Pharmacist (or equivalent) in post, who must meet our Standards for Chief Pharmacists.

The draft standards set out the professional responsibilities of a Chief Pharmacist. They also describe the knowledge a Chief Pharmacist must have, and the conduct and performance expected of them if they are to support the organisation and its staff to deliver safe and effective pharmacy services, including preparing and dispensing medicines.

Before developing the standards, we engaged on a one-to-one basis with a broad range of stakeholders from across the pharmacy sector in England, Scotland, and Wales. The one-to-one approach, as an alternative to holding large focus groups, was chosen to give each organisation an opportunity to speak openly, and at length, about those issues which were of most concern to them. Feedback on this approach was very positive. At the request of stakeholders, most of the meetings were virtual, which allowed us to engage with many stakeholders across England, Scotland, and Wales; gave stakeholders flexibility about when to engage; and allowed us to meet with more than one stakeholder in a day. Stakeholder engagement varied in length from one to two hours, and we held several joint meetings with the Department of Health and Social Care, who were holding stakeholder engagement events on supervision, a subject which has overlap with our work on the standards for Superintendent Pharmacists, and on the rules and standards for Responsible Pharmacists.

During the consultation period we also held two engagement events with patients and members of the public in February and March 2024; we held focus groups since they were perceived to be less intimidating for attendees than one-to-one engagement. One event was held in-person and was attended by 14 attendees, and the second event was virtual and attended by 14 attendees from across England, Scotland, and Wales.

We analysed and used the feedback from our pre-consultation stakeholder engagement events to develop the standards for Chief Pharmacists. The standards set out what Chief Pharmacists must do if pharmacy staff are to benefit from the defences. Each standard includes examples of how it can be met in practice.

The Pharmacy Order 2010 states that we must consult before we set any standards or requirements, so, following the engagement events, we undertook a full, formal public consultation on the standards for 12 weeks from 23 January until 16 April 2024.

The consultation document was sent to a range of stakeholders, including Chief Pharmacists, pharmacy professionals, pharmacy owners, patients' representative bodies, and other people and organisations, including patients and the public, with an interest in this area.

The aim of the consultation was to get the views on the proposed standards, and to find out if there were any issues, or if there was anything else we should have included.

For more detail on our proposals, see **Appendix 1: Summary of our proposals**.

Analysis of consultation responses and engagement activities

In this section of the report, the tables show the level of agreement/disagreement of survey respondents to our proposed changes, or the aspects respondents felt we should modify. In each column, the number of respondents ('N') and their percentage ('%') is shown. The responses of individuals and organisations are shown separately to enable any trends to be identified. The last column in each table captures the views of all survey respondents ('Total N and %').

For more information see:

- **Appendix 2: About the consultation** for details of the consultation activities and the number of responses we received
- **Appendix 3: Our approach to analysis and reporting** for full details of the methods used
- **Appendix 4: Respondent profile** for a breakdown of who we heard from
- **Appendix 5: Organisations** for a list of organisations who responded
- **Appendix 6: Consultation questions** for a full list of the questions asked in the consultation survey.

1. Proposing four new standards for Chief Pharmacists

Table 1: Views on whether the proposed standards will strengthen and maintain pharmacy governance (Base: All respondents)

Q1a We have set out four standards for Chief Pharmacists. Do you think the standards will strengthen and maintain pharmacy governance in the interests of patient safety?	N and % individuals	N and % organisations	N and % Total
Yes	106 (80%)	19 (73%)	125 (79%)
No	17 (13%)	4 (15%)	21 (13%)
Don't know	9 (7%)	3 (12%)	12 (8%)
Total N and % of responses	**132 (100%)**	**26 (100%)**	**158 (100%)**

Just over three-quarters of all respondents (79%) agreed that the proposed standards for Chief Pharmacists would strengthen and maintain pharmacy governance in the interests of patient safety. Individuals were in stronger agreement (80%), than were organisations (73%).

A similar percentage of individuals and organisations felt that the proposed standards would not achieve the aims set out (13% and 15% respectively).

A small percentage of individuals (7%) stated that they did not know whether the standards would strengthen and maintain pharmacy governance in the interests of patient safety, and that percentage was slightly higher for organisations (12%).

Table 2: Views on whether the proposed standards will provide a governance framework which will support staff to report preparation and dispensing errors (Base: All respondents)

Q1b(i) Do you think the standards will provide a governance framework which will support staff to report preparation and dispensing errors?	N and % individuals	N and % organisations	N and % Total
Yes	94 (71%)	13 (50%)	107 (68%)
No	19 (14%)	7 (27%)	26 (16%)
Don't know	19 (14%)	6 (23%)	25 (16%)
Total N and % of responses	**132 (100%)**	**26 (100%)**	**158 (100%)**

Overall, approximately two-thirds of all respondents (68%) felt that the standards would provide a governance framework which would support staff to report preparation and dispensing errors. However, agreement was stronger amongst individual respondents than organisations, with 71% of individuals responding 'yes' to the question, and only 50% of organisations responding in the same way.

Similarly, while only 14% of individuals said that they did not think the standards would provide a governance framework which would support staff to report preparation and dispensing errors, this figure rose to 27% for organisations.

There was a similar breakdown in numbers of registrants who answered, 'don't know', with 14% of individuals and 23% of organisations saying that they were unclear about whether the standards would provide a governance framework which would support staff to report preparation and dispensing errors.

Table 3: Views on whether the proposed standards will provide a governance framework which will support staff to learn from preparation and dispensing errors (Base: All respondents)

Q1b(ii) Do you think the standards will provide a governance framework which will support staff to learn from those errors?	N and % individuals	N and % organisations	N and % Total
Yes	94 (71%)	12 (46%)	106 (67%)
No	18 (14%)	7 (27%)	25 (16%)
Don't know	20 (15%)	7 (27%)	27 (17%)
Total N and % of responses	**132 (100%)**	**26 (100%)**	**158 (100%)**

Just over two thirds of all respondents (67%) agreed that the standards would provide a governance framework which would support staff to learn from errors. However, agreement was much stronger amongst individual respondents (71%) than organisations (46%).

For the remaining respondents there was an almost even split between those disagreeing with our proposals (16%) and those stating 'don't know' (17%). A higher proportion of organisations gave both these responses (27% for each) when compared to individuals (14% and 15% respectively).

In responding to all parts of the first question, 114 respondents provided additional comments. Below is a summary of the themes found in their responses.

1.1. Summary of themes in support of our proposals

Overall, respondents thought that the proposed standards would strengthen and maintain pharmacy governance in the interests of patient safety; provide a governance framework which would support staff to report preparation and dispensing errors; and support staff to learn from those errors.

The following is an analysis of the themes in support of the proposals for standards for Chief Pharmacists. In order of prevalence the themes are:

- Reinforces existing practice.
- Strengthens governance and accountability.
- Encourages reporting of errors and a no blame culture.
- Supports learning and development.
- Protects and positively impacts patients.

1.2. Reinforces existing practice

While it was felt that Chief Pharmacists already work to these standards and that there is strong guidance in place, a key theme for individuals and organisations were that the standards provided additional support by formalising current working practices. Many felt that the statutory status of the standards underlines the importance of the Chief Pharmacist role and provides what one organisation called 'legal leverage' when working to strengthen pharmacy governance, or when speaking to the Board. It was felt that setting out the role and responsibilities of Chief Pharmacists would also provide clarity for pharmacy staff, and patients as well as Chief Pharmacists. However, several respondents said that the standards were unnecessary as the aims were already being achieved.

1.3 Strengthens governance and accountability

The second most important theme to emerge was the view that governance and accountability would be strengthened through the setting out of statutory responsibilities and professional accountability. It was felt that the standards would provide clarity on the role and responsibilities of Chief Pharmacists and help to strengthen their influence at senior level. It was also felt that the clarity provided by the standards would help staff to hold Chief Pharmacists to account.

1.4 Encourages reporting of errors and a no blame culture

Many respondents, both individuals and organisations, felt that removing the threat of criminal sanctions and promoting a no blame culture would encourage the reporting of errors. It was also felt that the proposed standards and the legislation underpinning it would provide benefits for pharmacy staff, since it would offer some legal protection for inadvertent preparation and dispensing errors.

Attendees from our patient and public forum stressed the importance of implementing a robust error reporting system, and the need for errors to be reported promptly to reduce any potential harm to patients.

1.5 Supports learning and development

Related to the point above, it was felt that the additional reporting of errors would benefit staff and patients since it would encourage pharmacy staff to learn from those errors. Respondents also said that Chief Pharmacists will play a role in identifying what training is necessary to develop their teams and improve pharmacy practice.

1.6 Protects and positively impacts patients

Many respondents felt that the standards would have a positive impact on, and provide confidence to, patients since the additional learning from the reporting of errors would support the delivery of safer and more effective practice.

1.7 Summary of themes against the proposed standards

A minority of respondents stated that the standards would not strengthen and maintain pharmacy governance in the interests of patient safety, or would not provide a governance framework which would support staff to report preparation and dispensing errors and learn from those errors. A summary of the themes opposing the standards is set out below in order of prevalence:

- Concerns regarding implementation and enforcement
- Standards lack clarity
- Needs wider organisational support or a cultural shift
- Limited authority and involvement of Chief Pharmacists
- Personal qualities, skills, and experience of the Chief Pharmacist

1.8 Concerns regarding implementation and enforcement

Many of the individual respondents wanted to know how the GPhC would be able to determine whether Chief Pharmacists were meeting the standards, and how Chief Pharmacists could provide that assurance. A very small number of organisations raised the same point, with one asking what success would look like. Most individuals and organisations which raised this point were in support of the proposed standards, but wanted more detail about how they would be implemented, enforced, and checked.

1.9 Standards lack clarity

Some respondents, both individuals and organisations, while in support of the standards, felt that the standards were too vague and needed more clarity. There were concerns that if the standards were not clearer and/or more directive, that they would be open to interpretation and therefore not achieve their aims.

Some respondents, while supporting the view that the standards would encourage the reporting of errors, cited the need for further information/detail about how errors would be reported, and how Chief Pharmacists and their organisations could foster an open and fair reporting culture.

A small number of respondents felt that the standards did not go far enough in explaining the various mechanisms which would achieve additional learning. One organisation also said that while the reporting and learning from errors was more straightforward in a pharmacy department, this would be more difficult to achieve when errors occurred across transitions of care and across organisations.

1.10 Needs wider organisational support or a cultural shift

Several individual respondents, and a small number of organisations, felt that for the standards to be effective, they would need wider organisational support and a cultural shift so that organisational processes focused on learning from errors. It was argued that expecting the Chief Pharmacist alone to achieve a change in culture was putting too much pressure on one person.

1.11 Limited authority and involvement of Chief Pharmacists

A small number of individual and organisation respondents felt that the standards would not be effective without additional support, since currently Chief Pharmacists are either too remote from staff and frontline work; have no authority to ensure adequate staffing levels; are constrained by lack of budget; and/or have delegated most of their authority.

1.12 Personal qualities, skills and experience of the Chief Pharmacist

A few organisations felt that the standards needed to include the following personal qualities, skills, and experience needed by a Chief Pharmacist: honesty; integrity; appropriate level of experience and leadership; a minimum skill requirement; and GPhC training for Chief Pharmacists to do the role.

2. Additional standards for Chief Pharmacists

Table 4: Views on whether there are any other standards for Chief Pharmacists (Base: All respondents)

Q2 The Chief Pharmacist has a key role in making sure that pharmacy staff can benefit from the defences for 'inadvertent' (accidental or unintentional) preparation and dispensing errors. Thinking about this role, are there any other standards for Chief Pharmacists that you think are missing?	N and % individuals	N and % organisations	N and % Total
Yes	54 (41%)	16 (62%)	70 (44%)
No	52 (39%)	9 (35%)	61 (39%)
Don't know	26 (20%)	1 (4%)	27 (17%)
Total N and % of responses	**132 (100%)**	**26 (100%)**	**158 (100%)**

Just under half of all respondents (44%) felt that there were missing standards for Chief Pharmacists. When separated into individual and organisation responses, almost two thirds of organisations (62%) said that there were missing standards, while only just over two fifths of individuals (41%) felt the same.

A slightly smaller proportion of all respondents (39%) felt that there were no standards missing, and the percentages are similar for individuals (39%) and organisations (35%).

For respondents who did not know if there were any standards missing (17%), there was a marked difference between individuals (20%) and organisations (4%).

2.1 Summary of themes

All 70 respondents who answered 'yes' to this question provided suggestions for additional standards.

The analysis below presents the themes that emerged from the responses, in order of prevalence, as listed here:

- Aspects of Chief Pharmacist role not covered by the standards
- Aspects of practice not covered by the standards
- Promotion of culture and support of staff
- More seniority or decision making authority
- Patient related gaps
- Personal qualities, skills and experience of Chief Pharmacist
- Concerns regarding implementation and enforcement

While the comments from individual respondents were focused on the themes above (with the exception of the personal qualities, skills and experience of Chief Pharmacist), the organisation comments were focused on four main themes: aspects of the Chief Pharmacist role not covered; aspects of practice not covered; personal qualities, skills and experience of Chief Pharmacist; and patient related gaps.

2.2 Aspects of Chief Pharmacist role not covered by the standards

A key theme for all respondents was concern that not all aspects of the Chief Pharmacist role were covered by the proposed standards. Several examples were provided, including:

- their advisory role
- their corporate role
- professional leadership
- the public relations, communication, and media work they do
- the identification, mitigation, and escalation of risk
- the need to specifically delegate responsibilities to Medication Safety Officers
- making sure third-party pharmacy services provision is adequately supported.

At the patients and public engagement event, one group mentioned the need to foster a better environment for collaborative decision-making between pharmacists and other healthcare providers. One suggestion included having the Chief Pharmacist support the enhancement of communication channels between pharmacists, patients, and other healthcare providers.

2.3 Aspects of practice not covered by the standards

Another key theme for both individual and organisation respondents was that there were aspects in the practice of Chief Pharmacists which were not included in the proposed standards. Several examples were provided, including:

- prescribing and advising prescribers
- clinical consultations
- working with other professions
- managing the process around controlled drugs, and a reminder that the oversight by the Chief Pharmacist covered all medicines, including gases.

2.4 Promotion of culture and support of staff

A key theme for individual respondents was the need for Chief Pharmacists to promote a culture which supported staff, this was both in reference to the reporting of errors, and for other areas, such as whistleblowing. It was felt that the role of Chief Pharmacist should include the promotion of a culture of listening, learning and safety, and that the need to foster inclusivity should be included as a main standard. Respondents also felt that the standards should underline the need for Chief Pharmacists to support colleagues in the period after an error has been made and reported.

2.5 More seniority or decision making authority

Another key theme for individual respondents was the need for more seniority and decision-making authority for Chief Pharmacists. It was felt that this was necessary if Chief Pharmacists were to meet the proposed standards since it would give them, for example, more of a say about staff numbers and the competence levels needed to provide safe and effective care. In addition, one organisation felt that it should be made clear in the standards that Chief Pharmacists should report/be accountable to executive and medical directors.

2.6 Patient related gaps

A small number of individual and organisation respondents cited the need to include in the standards that Chief Pharmacists should be expected to involve patients and the public in the development of pharmacy services, and to follow up with patients when errors are made. It was also felt that patients should be given more autonomy, and that it should be the responsibility of Chief Pharmacists to consider the needs of vulnerable patients in the delivery of services.

Several of the attendees at the public and patient forum made similar points and provided additional detail saying that they were concerned about patients who are unable to advocate for themselves. They noted the importance of their role as care providers and felt that they should be involved in treatment decisions. To aid error prevention, they suggested that more proactive measures should be taken by the pharmacy staff in helping vulnerable groups with their medications, and that this direction needed to come from the Chief Pharmacist.

In addition, the public and patient forum raised the issue of language barriers, stating that it was often a source of frustration for patients and pharmacists. It was suggested that Chief Pharmacists should have a standard which addressed communication and language barriers.

2.7 Personal qualities, skills and experience of the Chief Pharmacist

A theme for organisations, but less so for individuals, was the request to specify in the standards the personal and leadership qualities, as well as the minimum skills, training, and experience, needed by a Chief Pharmacist. Honesty and integrity, as well as leading with compassion and care, were cited as personal qualities needed by Chief Pharmacists.

2.8 Concerns regarding implementation and enforcement

A key theme for individual respondents to this question was concern about how the standards would be implemented, and both how Chief Pharmacists could demonstrate that they are meeting the standards, and how the GPhC would know if the standards were being met.

3. Settings where the standards could not be applied or met

Table 5: Views on whether there are settings where the proposed standards could not be applied or met (Base: All respondents)

Q.3. We have developed the standards to apply to Chief Pharmacists, whatever setting they work in. Are there any settings where you think these standards could not be applied or met?	N and % individuals	N and % organisations	N and % Total
Yes	26 (20%)	15 (58%)	41 (26%)
No	74 (56%)	10 (38%)	84 (53%)
Don't know	32 (24%)	1 (4%)	33 (21%)
Total N and % of responses	**132 (100%)**	**26 (100%)**	**158 (100%)**

A quarter of all respondents (26%) said there were settings where the standards could not be applied or met. When comparing individuals and organisations, a much higher proportion of organisations held this view (58% compared with 20% of individuals).

Over half of all respondents (53%) said that the standards could be applied or met in all settings, with more individuals (56%) taking this view than organisations (38%).

Just under a quarter of individuals (24%) did not know whether there were any settings where the standards could not be applied or met, with only one organisation feeling unclear (4%).

3.1. Summary of themes

All 41 respondents who answered 'yes' to this question provided details of the settings concerned.

Despite there being a marked difference between the proportion of individuals and organisations who said the standards could not be applied or met in all settings, the reasons given by both groups fell into two main themes. These were as follows:

- Settings where responsibilities are delegated, shared or outsourced
- Settings where no dispensing takes place

3.2. Settings where responsibilities are delegated, shared or outsourced

Respondents cited several settings where there are shared, outsourced, or delegated responsibilities. They were not saying that the standards for Chief Pharmacists could not be applied or met in those settings, but that further guidance would be needed to provide additional clarification. The settings cited included: mail order/online; Primary Care and Urgent and Emergency care services; hospices that use medication from community pharmacy; out of hours services; peri-operative care; substance use services; homecare; and blended approaches where medicinal products may be prepared and dispensed by multi-professional staff groups with shared accountabilities across healthcare professions.

3.3. Settings where no dispensing takes place

Individuals and organisations were agreed that the standards could not be applied or met in those settings where no dispensing takes place, such as Primary Care Networks; Integrated Care Boards; GP Surgeries; Ambulance Service Trusts; interface organisations such as 111 pharmacy service provision by pharmacists; and hospital facilities operating under a Manufacturing Specials Licence from the MHRA.

4. The impact of the proposed changes on people sharing particular protected characteristics

Figure 1: Views of all respondents (N = 158) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

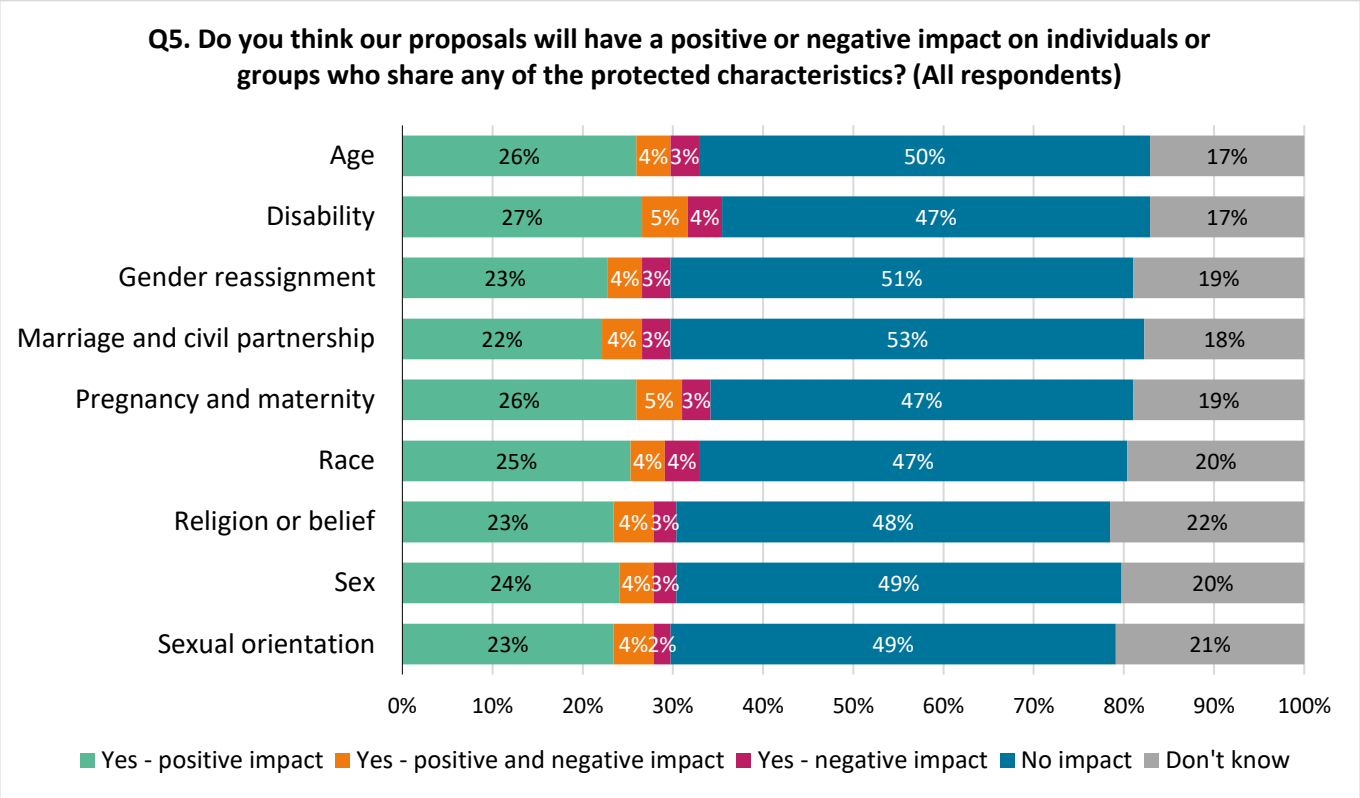


Figure 1 shows that for all nine protected characteristics, approximately half of all respondents (ranging from 47% to 53%) felt that the proposals would have no impact.

Approximately a quarter of all respondents (ranging from 22% to 27%) felt that the proposals would have a positive impact on each of the nine protected characteristics.

A slightly smaller number (ranging from 17% to 22%) said that they did not know the impact of the proposals on each of the nine protected characteristics.

A small proportion of respondents (ranging from 4% to 5%) said that there would be a positive and a negative impact on each protected characteristics.

A very small percentage of respondents (ranging from 2% to 4%) said that the proposals would have a negative impact on each of the nine protected characteristics.

A full breakdown of individual and organisational responses to this question is available in **Appendix 7**.

4.1. Summary of themes

For this question, 62 respondents left comments.

The following is an analysis of the themes found in the comments left by respondents and the feedback gathered from wider engagement events. The themes were:

- Positive impact on those with protected characteristics
- No impact on those with protected characteristics
- Standards lack clarity

4.2. Positive impact on those with protected characteristics

The reasoning of those respondents who stated that there would be a positive impact on all protected characteristics was that everyone would be measured by the same standards; that all minority groups would benefit; that standards would ensure equality and diversity were included in recruitment and retention strategies and in the development of patient services; and that the workforce would be more inclusive.

4.3. No impact on those with protected characteristics

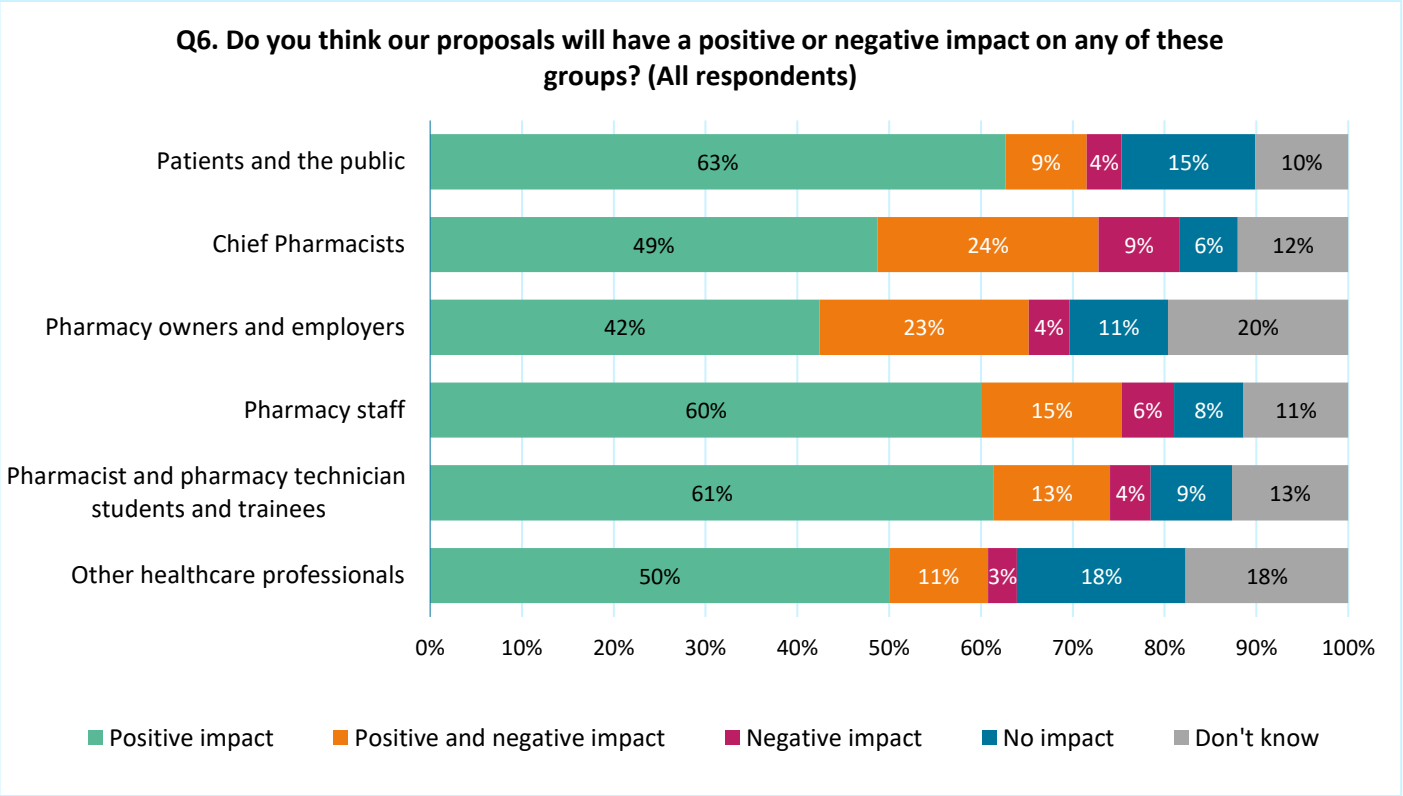
Most of those who responded that there would be no impact from the proposals on any of the protected characteristics, stated that the impact of the standards would be the same for everyone, regardless of protected characteristics. Therefore, their response was that there would be no impact on those who shared one or more of the protected characteristics.

4.4. Standards lack clarity

A small number of organisations felt that the standards lacked detail, making them open to interpretation; there was concern that the vagueness would enable Chief Pharmacists to delegate all responsibility, and that the ambiguity would provide a reputational risk. To avoid this, respondents asked for the wording to be strengthened to provide the framework to support staff to report errors and learn from those errors. In addition, one registrant stated that the standards must be more specific, measurable, and less open to subjective interpretation.

5. The impact of the proposals on other groups

Figure 2: Views of all respondents (N = 158) on whether our proposals positively or negatively impact any other individuals or groups



The highest proportion of respondents felt that the proposals would have a positive impact on the groups identified. In order, those who they felt would be most positively impacted were: patients and the public (63%); pharmacists and pharmacy technicians (61%); pharmacy staff (60%); other healthcare professionals (50%); Chief Pharmacists (49%); and pharmacy owners and employers (42%).

Less than a quarter of respondents felt our proposals would have both positive and negative impacts on each group (ranging from 9% to 24%); the groups cited as being most affected in this way were: Chief Pharmacists (24%) and pharmacy owners and employers (23%). A similar number (ranging from 10% to 20%) said they did not know if there would be an impact, with the biggest uncertainty centred on pharmacy owners and employers (20%) followed by other healthcare professionals (18%). A slightly smaller number (ranging from 6% to 18%) said there would be no impact, with other healthcare professionals (18%), and patients and the public (15%) being identified most often. A very small number (ranging from 3% to 9%) said that there would be a negative impact, with the group most affected being Chief Pharmacists (9%).

A full breakdown of individual and organisational responses to this question is available in **Appendix 8**.

5.1. Summary of themes

For this question, 83 respondents left comments.

The following is an analysis of the themes found in the comments left by respondents and the feedback gathered from wider engagement events. In order of prevalence the themes are::

- Strengthens governance and accountability
- Protects and positively impacts patients
- Negative impact on Chief Pharmacists

- Encourages reporting of errors and a no blame culture
- General support
- Limited authority and involvement of Chief Pharmacists

5.2. Strengthens governance and accountability

A key theme for those who felt that the standards would have a positive impact was that they would strengthen governance and accountability by creating statutory responsibilities for Chief Pharmacists; provide clarity about the role and its responsibilities; as well as setting out the professional accountability of Chief Pharmacists, all of which would strengthen their influence at a senior level.

5.3. Protects and positively impacts patients

Another key theme was that the standards would protect patients from inadvertent dispensing errors, resulting in safer systems, services, and practices for patients, which in turn would provide confidence to patients.

5.4. Negative impact on Chief Pharmacists

A number of both individuals and organisations indicated there may be a negative impact on Chief Pharmacists with respondents saying that the standards put significant responsibility and pressure on one individual to achieve what could potentially be major changes. It was argued that Chief Pharmacists needed to be given the resources and support to meet the standards if they were to avoid being impacted negatively. Some respondents also stated that the standards set unrealistic expectations for Chief Pharmacists around equality, diversity, and inclusion in the workplace.

5.5. Reporting of errors and a no blame culture

A small number of respondents said that since the legislation would remove the fear of prosecution for preparation and dispensing errors, the standards would have a positive impact on all groups. The willingness to report errors and the creation of a no blame culture would not only benefit pharmacy staff, but also patients and the public by the reporting and learning from errors. This view was shared by many of the patients and members of the public who attended our engagement events.

5.6. General support

One of the key themes was that the standards provide general support as they are clear; address the required areas and promote standardisation in practice. One respondent noted that the standards set clear expectations of the role and provide clarity to manage the expectations of others.

5.7. Limited authority and involvement of Chief Pharmacists

A fifth of the organisations who responded felt that the Chief Pharmacist lacked authority, sometimes because they had delegated it, and could not be held responsible for errors made by registered staff. In addition, they felt that Chief Pharmacists had no authority to ensure adequate staffing levels, and had to work under constraints which included limited budget.

6. Other themes related to the Chief Pharmacist standards

We received 84 comments in response to this question.

Many of the comments had been raised elsewhere in the consultation. However, respondents raised several other points on the proposals in addition to those already explored. A selection of the points not covered elsewhere, is highlighted below.

- There need to be links to other standards and regulations, for example, those from the Royal Pharmaceutical Society (RPS), NHS, and the Care Quality Commission (CQC).
- The need to annotate or register Chief Pharmacists in the same way as Superintendent Pharmacists, so that patients and the public, as well as the various regulators, know who is in charge.
- The need to annotate or register Chief Pharmacists, and for them to have performance reviews, and undertake revalidation based on their role.
- For the role of Chief Pharmacist to be mandated, and a requirement for the registration of a setting. One respondent suggested that if a setting decides not to have a Chief Pharmacist, they should have a publicly available declaration setting out the reasons for their decision.
- There should be a requirement for Chief Pharmacists to share information with other Chief Pharmacists/organisations.
- The standards should include the need to make staff feel confident/supported in challenging behaviours such as discrimination, bullying, and harassment.
- An organisation suggested that clarification should be provided in the standards explaining that they had been created for the defined purpose as set out in legislation, and not as an exhaustive description of the scope of a Chief Pharmacist's role, which differed in the independent and NHS systems across England, Scotland, and Wales.
- Chief Pharmacists should be aligned with, or on the Board of their organisation.
- The need to set out in the standards the expectation that Chief Pharmacists would demonstrate compliance with key organisational policies, such as the Duty of Candour.
- A small number of respondents felt that the standards should cover the safe and effective use of medicines across the whole organisation and not just the pharmacy services.

Appendix 1: Summary of our proposals

The purpose of the consultation was to seek views on new draft standards for Chief Pharmacists. The standards set out the professional responsibilities and described the knowledge, conduct, and performance required by a Chief Pharmacist (or equivalent) to support their organisation and its staff to deliver safe and effective pharmacy services.

The draft standards were developed following new legislation which remove the threat of criminal penalties for accidental or unintentional preparation and dispensing errors by pharmacy staff working in hospitals or similar settings. To benefit from the defences the hospital (or relevant setting) must have a Chief Pharmacist (or equivalent) in post, who must be a registered pharmacist with the appropriate skills, training, and experience; and who must meet the Standards for Chief Pharmacists. These defences already apply to pharmacy staff working in registered pharmacies.

The consultation sought views from across the pharmacy sector, and from patients and the public, on the draft standards; if there were any settings in which the standards could not be applied or met, and if there were any positive or negative impacts of the proposals.

Developing the draft Standards for Chief Pharmacists is part of the strengthening pharmacy governance programme of work, which aims to provide clarity around how pharmacies are organised and managed so that patients and the public continue to receive safe and effective pharmacy care. Following completion of the Standards for Chief Pharmacists, proposals for rules and standards for Responsible Pharmacists, and standards for Superintendent Pharmacists will be drafted, and will go out for consultation.

More detail about our proposals for standards for Chief Pharmacists is available in the **consultation document**.

Appendix 2: About the consultation

Overview

The consultation was open for 12 weeks, beginning on 23 January 2024 and ending on 16 April 2024. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses
- we held two stakeholder events for patients and the public during the consultation period, and hosted a webinar
- we promoted the consultation through a press release to the pharmacy trade media, via our social media and through our e-bulletin Regulate.

Survey

We received a total of **160** written responses to our consultation. **134** of these respondents identified themselves as individuals and **26** responded on behalf of an organisation.

Of these responses, 158 had responded to the consultation survey (132 individuals and 26 organisations). Almost all respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.

Alongside these, we received two responses from individuals writing more generally about their views.

Pre-consultation stakeholder engagement events

To inform the development of the standards, before the launch of the consultation we held a series of stakeholder events aimed at pharmacy professionals, pharmacy service users, organisations, and other interested parties.

Across England, Scotland, and Wales we held over **65** virtual stakeholder events, some of which were follow-up meetings; we spoke at **one** conference, **one** pharmacy technician forum, **seven** Chief Pharmacist forums, were on the panel for **two** external webinars across England, Scotland, and Wales, as well as visiting two ambulance trusts. The events were attended by a mix of Chief Pharmacists, pharmacists, pharmacy technicians, people working in education and training, employers, pre-registration pharmacists, and representatives from professional bodies and trade bodies.

Stakeholder events

In February 2024 we organised **two** patient focus groups. One event was held in-person in London and was attended by **14** attendees who lived in London and the surrounding area, and the second event was virtual and was attended by **14** attendees who lived in various locations in England, Scotland, and Wales.

We also had **92** people register for our online webinar.

Social media

We monitored social media activity during the consultation period and collated the feedback we received for inclusion in our consultation analysis.

Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period including notes from stakeholder events and social media activity has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing, or heard them in meetings or events.

The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.

The term 'respondents' used throughout the analysis refers to those who completed the consultation survey and those who attended our stakeholder events. It includes both individuals and organisations.

If there were substantial differences between the views given in the consultation survey and those raised at stakeholder events, these differences are highlighted in the analysis.

Full details of the profile of respondents to the online survey is given in **Appendix 4**.

For transparency, **Appendix 5** provides a list of the organisations that have engaged in the consultation through the online survey, email responses and/or their participation in our stakeholder events. A small number of organisations asked for their participation to be kept confidential and their names have been withheld.

The consultation questions are provided in **Appendix 6**.

Quantitative analysis

The survey contained quantitative questions such as yes/no questions. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report to help identify whether there were any substantial differences between these categories of respondents.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%. This rounding also results in differences of up to one percentage point when combining two or more response categories. Figures of less than 1% are represented as <1%.

All questions were mandatory and respondents had the option of selecting 'don't know'.

Cells with no data are marked with a dash.

Qualitative analysis

This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email and postal responses, and notes of stakeholder engagement events.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of written responses and analysis of feedback from stakeholder events using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes within each section presented in order of prevalence. The use of terms also indicates the frequency of views, for example 'many'/'a large number' represent the views with the most support amongst respondents. 'Some'/'several' indicate views shared by a smaller number of respondents and 'few'/'a small number' indicate issues raised by only a limited number of respondents. Terms such as 'the majority'/'most' are used if more than half of respondents held the same views. NB. This list of terms is not exhaustive and other similar terms are used in the narrative.

The consultation survey structure

The consultation survey was structured in such a way that open-ended questions followed each closed question or series of closed questions on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation proposals. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.

Appendix 4: Respondent profile: who we heard from

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify whether they were pharmacists, pharmacy technicians or Chief Pharmacists, and in what setting they usually worked. For organisational respondents, there were questions about the type of organisation that they worked for. The tables below present the breakdown of their responses.

Category of respondents

Table 6: Responding as an individual or on behalf of an organisation (Base: all respondents)

Are you responding:	Total N	Total %
As an individual	132	84%
On behalf of an organisation	26	16%
Total N and % of responses	**158**	**100%**

Profile of individual respondents

Table 7: Countries (Base: all individuals)

Where do you live?	Total N	Total %
England	115	87%
Scotland	10	8%
Wales	4	3%
Northern Ireland	1	1%
Other	2	2%
Total N and % of responses	**132**	**100%**

Table 8: Respondent type (Base: all individuals)

Are you responding as:	Total N	Total %
A pharmacist	59	45%
A Chief Pharmacist	38	29%
A pharmacy technician	20	15%
A member of the public	10	8%
Other	5	4%
Total N and % of responses	**132**	**100%**

Table 9: Main area of work (Base: individuals excluding members of the public)

Please choose the option below which best describes the area you mainly work in	Total N	Total %
Hospital pharmacy	64	52%
Community pharmacy (including online)	20	16%
Research, education or training	6	5%
Primary care organisation	5	4%
GP practice	2	2%
Care home	1	1%
Pharmaceutical industry	1	1%
Other	23	19%
Total N and % of responses	**122**	**100%**

Table 10: Size of community pharmacy (Base: individuals working in community pharmacy)

Which of the following best describes the community pharmacy you work in (or own)	Total N	Total %
Independent pharmacy (1 pharmacy)	3	15%
Independent pharmacy chain (2-5 pharmacies)	6	30%
Medium multiple pharmacy chain (26-100 pharmacies)	2	10%
Large multiple pharmacy chain (Over 100 pharmacies)	7	35%
Online-only pharmacy	2	10%
Total N and % of responses	**20**	**100%**

Profile of organisational respondents

Table 11: Pharmacy organisation (Base: all organisations)

Please choose the option below which best describes your organisation	Total N	Total %
NHS organisation or group	14	54%
Organisation representing pharmacy professionals or the pharmacy sector	8	31%
Registered pharmacy	2	8%
Organisation representing patients or the public	1	4%
Other	1	4%
Total N and % of responses	**26**	**100%**

Table 12: Type of registered pharmacy (Base: all registered pharmacy organisations)

Which of the following best describes the registered pharmacy you represent:	Total N	Total %
Small multiple community pharmacy chain (6-25 Pharmacies)	1	50%
Other - Registered pharmacy providing outsourced pharmacy services to healthcare providers	1	50%
Total N and % of responses	**2**	**100%**

Monitoring questions

Data was also collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross-section of the population had been included in the consultation exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.

Appendix 5: Organisations

The following organisations engaged in the consultation through the online survey and email responses, and provided their consent to be listed in this report:

Ambulance Pharmacists Network (APN)

Ashtons Hospital Pharmacy Services Ltd

Derby and Derbyshire System Chief Pharmacists

Directors of Pharmacy Scotland

East Midlands Ambulance Service NHS Trust

Group of Clinical Fellows

Guild of Healthcare Pharmacists

Independent Healthcare Provider Network (IHPN)

Midlands Mental Health & Community Health Services Trusts Chief Pharmacist Network

NHS Grampian Area Pharmaceutical Committee

NHS Greater Glasgow and Clyde

NHS Healthcare Improvement Scotland

NHS Pharmaceutical Quality Assurance Committee

NIHR supported Pharmacy Incubator

North Bristol NHS Trust

North East Ambulance Service NHS Foundation Trust

Oxford Health NHS Foundation Trust

Professional Standards Authority for Health and Social Care

Rotary Club of Manchester, UK

Royal Pharmaceutical Society

Scottish Pharmacy Quality Assurance Group

Tees, Esk & Wear Valleys NHS Foundation Trust

The Pharmacists' Defence Association

Welsh Chief Pharmacists Group

Appendix 6: Consultation questions

1. We have set out four standards for Chief Pharmacists. Do you think the standards will:
   a) Strengthen and maintain pharmacy governance in the interests of patient safety?
   b) Provide a governance framework which will support staff to:
      i. Report preparation and dispensing errors?
      ii. Learn from those errors?

2. The Chief Pharmacist has a key role in making sure that pharmacy staff can benefit from the defences for 'inadvertent' (accidental or unintentional) preparation and dispensing errors. Thinking about this role, are there any other standards for Chief Pharmacists that you think are missing?

3. We have developed the standards to apply to Chief Pharmacists, whatever setting they work in. Are there any settings where you think these standards could not be applied or met?

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

5. Do you think our proposals will have a positive or negative impact on any of these groups?
   - Patients and the public
   - Chief Pharmacists
   - Pharmacy owners/employers
   - Pharmacy staff
   - Other healthcare professionals
   - Pharmacist and pharmacy technician students and trainees

6. Is there anything else related to the Chief Pharmacist standards that you would like to raise?

Appendix 7: The impact of the proposed changes on people sharing particular protected characteristics

Individual responses

Figure 3: Views of individual respondents (N = 132) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

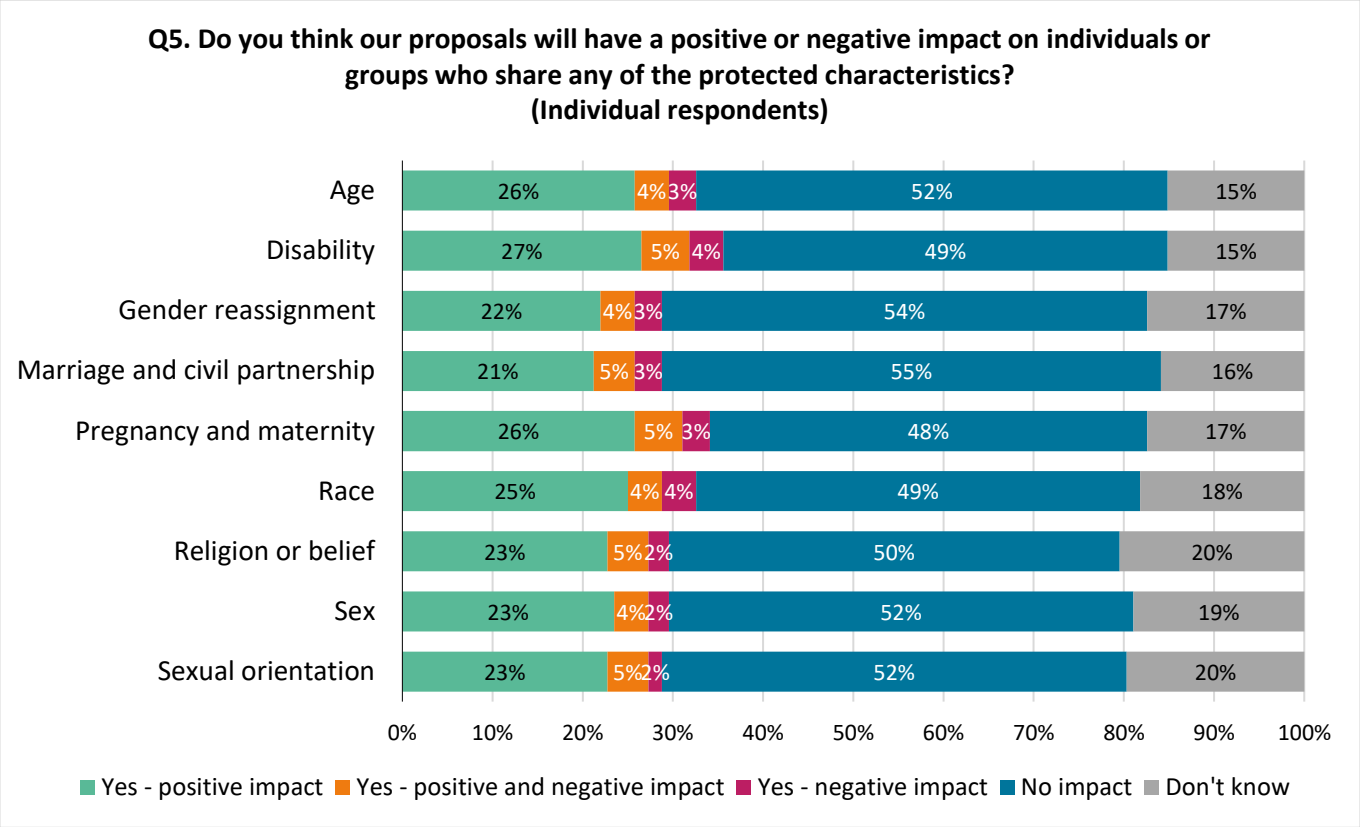


Figure 3 shows that approximate ly half of the individual respondents (48% to 55%) thought that the proposals would have no impact on people sharing one or more of the protected characteristics.

Between 21% and 27% of individual respondents indicated that the proposals would have a positive impact on the protected characteristics.

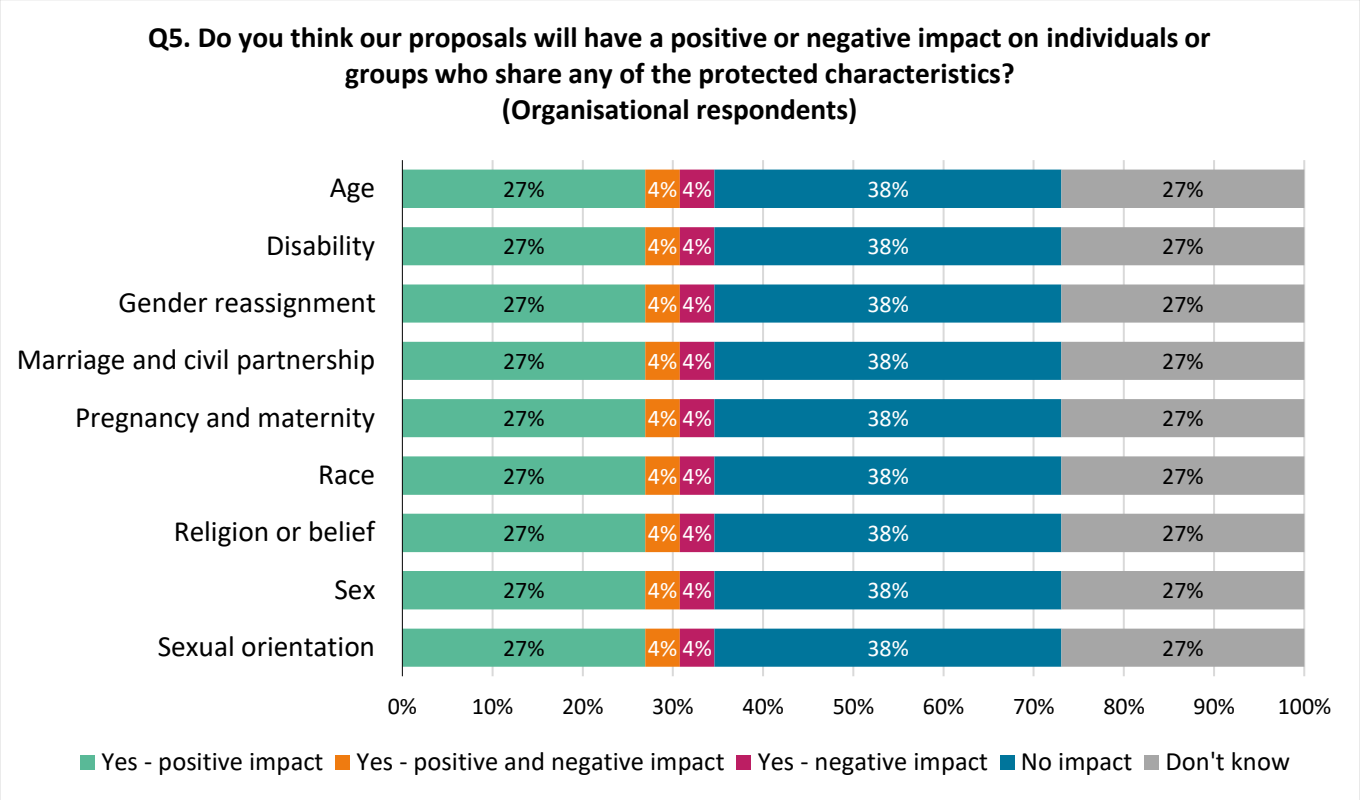
Between 15% and 20% of individual respondents said that they did not know whether the proposals would have an impact on the protected characteristics.

Only 4% to 5% of individual respondents felt that the proposals would have a positive and negative impact on protected characteristics, and a further 2% to 4% of respondents saying that the proposals would have a negative impact.

Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 4: Views of organisations (N = 26) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010



A small majority of organisational respondents thought that the proposals would have no impact on protected characteristics (38%). Organisations were equally divided between saying that the proposals would have a positive impact (27%), and that they did not know what the impact would be on protected characteristics (27%).

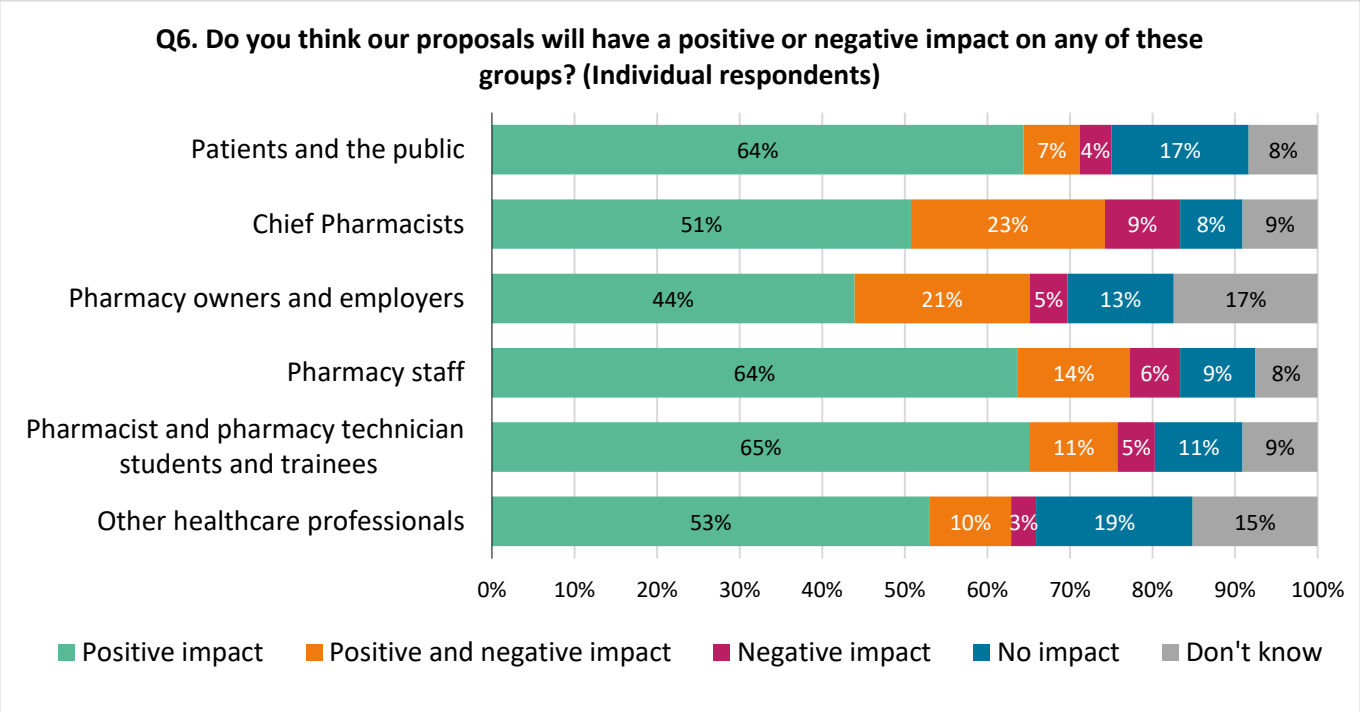
Similarly, a small number of organisational respondents (4%) said that the proposals would have a positive and negative impact, and the same percentage (4%) said that there would be a negative impact.

Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

Appendix 8: The impact of the proposed changes on other groups

Individual responses

Figure 5: Views of individual respondents (N = 132) on whether our proposals positively or negatively impact other individuals or groups



Most individual respondents (ranging from 51% to 65%) indicated that the six groups identified in Figure 5 would be positively impacted by the proposals, with pharmacist and pharmacy technician students and trainees the highest (65%) and Chief Pharmacists the lowest impacted (51%).

Individual respondents were divided between saying that the groups would be subject to a positive and negative impact (ranging from 7% to 23%), and that they did not know what the impact of the proposals would be on the groups (ranging from 8% and 17%). For those who indicated a positive and negative impact, this was highest for Chief Pharmacists (23%) and lowest for patients and the public (7%).

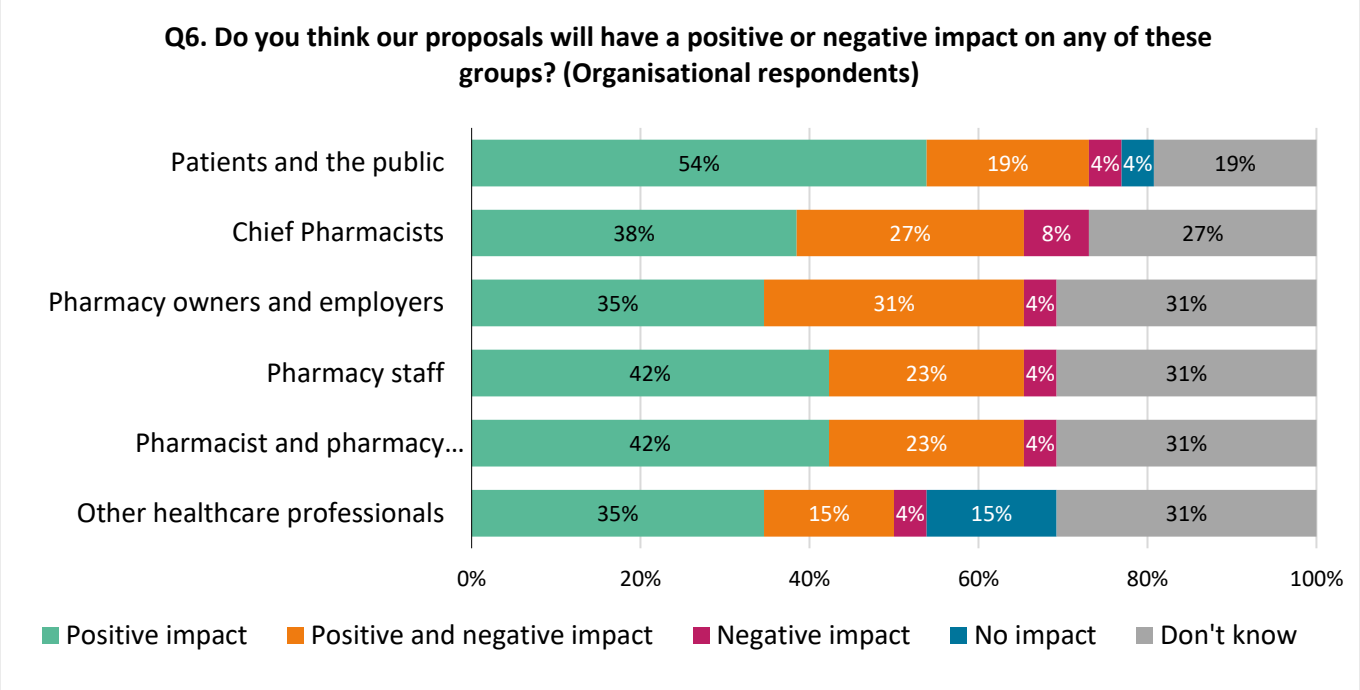
A slightly smaller number of respondents felt that there would be no impact of the proposals on the group (ranging from 8% to 19%), with only 8% thinking that there would be no impact on Chief Pharmacists, and 19% saying that there would be no impact on other healthcare professionals.

Only a small number said that there would be a negative impact (ranging from 3% to 9%), with Chief Pharmacists being identified as the most negatively impacted (9%).

Please see section 5 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 6 Views of organisations (N = 26) on whether our proposals positively or negatively impact other individuals or groups



Many organisations felt that the proposals would have a positive impact on the groups identified (ranging from 35% to 54%). Respondents felt that this positive impact was highest for patients and the public (54%), followed by pharmacy staff and pharmacist technician students and trainees and pharmacy staff (both at 42%), then Chief Pharmacists (38%), and finally pharmacy owners and employers, and other healthcare professionals (both at 35%).

Many organisations did not know how the proposals would impact on the groups (ranging from 19% to 31%).

A similar number (ranging from 19% to 31%) indicated that there would be both a positive and negative impact on the groups, with this being more pronounced for pharmacy owners and employers (31%) and being less applicable to other healthcare professionals (15%).

Organisational respondents felt that the only groups that would have no impact from the proposals would be other healthcare professionals (15%), and patients and the public (4%).

Only a small proportion of organisational respondents (between 4% and 8%) held the view that the proposals would have a negative impact on the groups listed above. However, 8% felt that there would be a negative impact for Chief Pharmacists.

Please see section 5 in the main body of the report for the chart showing the overall responses and further analysis.

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