

# Inspection decision making framework

January 2026



# Introduction

This framework is an operational tool to support consistent decision making. It provides examples that may demonstrate four different types of outcome. It is not an exhaustive list and should be used as a guide and not as a checklist.

In some instances not all columns have examples of areas for improvement or good practice. This may be because the standards are more binary, or do not lend themselves to being partially met, or no such examples have yet been encountered.

The four columns contain the following types of examples:

## Standards not met

Examples that may be identified during an inspection and are likely to result in a standard being failed.

## Standards met

Examples that may be identified during an inspection demonstrating that standards are being met. Not every example will need to be in place for a pharmacy to receive a rating of standards met.

## Areas for improvement

Examples that may be identified during an inspection where the standard is met, but specific areas for improvement have been identified. Areas for improvement are highly dependent on the context and the circumstances found in each pharmacy, so it is not possible to provide examples for every standard. Typically, areas for improvement will not have an impact

on patient safety, and will have factors that lessen the impact of any deficiency. In these cases we have identified ways the pharmacy can further improve practice.

## Good practice

Examples that may be identified during an inspection which show the pharmacy going above and beyond what is expected under the standards for registered pharmacies, and which may not have been widely adopted by other registered pharmacies. Over time what may have once been good practice may become standard practice and expected of all registered pharmacies.

## Other resources

In addition to this inspection decision making framework, inspectors use guidance which supports the **standards for registered pharmacies** to assess compliance with standards. This guidance can be found on our website at **[www.pharmacyregulation.org](http://www.pharmacyregulation.org)**. It includes the following:

- **Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet**
- **In practice: Guidance for pharmacist prescribers**
- **Guidance for registered pharmacies preparing unlicensed medicines**
- **Guidance to ensure a safe and effective pharmacy team**
- **Requirements for the education and training of pharmacy support staff**
- **Equality guidance for pharmacies**
- **FAQ: self-selection and open display of Pharmacy medicines**
- **NHS Data Security and Protection Toolkit**

# Our approach

A pharmacy must meet all the standards for registered pharmacies every day and not just during an inspection, to receive an overall outcome of 'standards met'. If a pharmacy has not met any standard, this would result in a 'standards not all met' rating overall.

Inspectors use their professional judgement based on the evidence they collect during an inspection to decide whether a standard has been met or not.

When making a judgement on whether a standard has been met, the inspector will consider the impact and scale of the weaknesses or areas for improvement identified. The greater the impact on patient safety, the more likely it is that the standard will not be met. While relatively minor issues are unlikely to result in a standard not being met, there may be a cumulative impact of relatively minor multiple individual shortcomings.

Areas for improvement will be included in the inspection report so that pharmacies can act on them to improve.

This framework cannot substitute for the professional judgement of inspectors and their managers, and the context of each pharmacy will be different. This document should be read as a general guide to making judgements about compliance with pharmacy standards using the examples provided in the tables below.

## Principles that guide our approach to assessing compliance with standards

**Proportionality** - we aim to respond appropriately and take the right action to secure compliance. This will generally involve taking account of the risk posed by any concerns or weaknesses identified.

We take action that we consider to be proportionate in the circumstances of an individual inspection. We expect pharmacy owners to consider all the findings set out in our report, and to take appropriate action to address these. Similarly, there may be circumstances where, although a legal requirement is not completely being complied with, the overall evidence supports a judgement that the pharmacy meets the relevant standard.

The pharmacy context and the scale and nature of the risks to people using pharmacy services will always be our overriding consideration. Again, we would always expect to take action to ensure compliance with legal requirements, even where it is not sufficient to fail a standard.

**Consistency** - we aim to take a similar approach in similar cases to achieve similar outcomes within which a degree of discretion is available.

We aim to be consistent in applying our inspection judgement by, as far as possible, dealing with similar cases in a similar manner. However, it is important to note that the facts in one case are rarely replicated exactly

in another case. Even though we aim to achieve broad consistency, we will take different decisions in cases where the facts are not the same.

We train and support our inspectors and others involved in the decision-making processes to promote consistency in our approach and we have a range of oversight and quality assurance processes in place. We also collaborate with other regulators where appropriate, to promote consistent approaches.

**Transparency** - we aim to support pharmacy owners understand what is required of them at the outset, including at registration. This means that we are open and transparent about our approach to assessing compliance, clear about what we expect, and how we approach cases where registered pharmacies are not meeting our standards.

We publish relevant information including the processes for making representations against our decisions, inspection reports, and learning from inspection activity to drive continuous improvement in pharmacy practice.

**Targeting** - We use strategic and operational risk assessment and modelling to focus our resources where we believe they are most needed. We concentrate on the activities and pharmacy services which create the most serious risks to people.

We select the most appropriate type of inspection, for example focused or intelligence-led, to give assurance to the public that pharmacy services are safe and of high quality.

**Accountability** - Our inspection activities are open to public scrutiny. This means that we are accountable to the public and our actions are judged against the principles and approach in our inspection materials.

Pharmacy owners have the opportunity to highlight any factual inaccuracies in draft inspection reports and can request a review of the overall judgement where not all standards are met. Pharmacy owners are also able to make a complaint about the service they have received via the GPhC's formal complaints procedure.

### Criteria for assessing compliance with standards

There are a number of factors that we consider when deciding whether a pharmacy is meeting our standards, which include:

- The context of the pharmacy
- The level of risk to people and the public
- The nature and seriousness of the concern(s)
- The impact and scale of the concern(s)
- Whether it is an isolated incident or involves repeated or multiple failures
- Whether it is easily rectified
- The willingness and ability of the pharmacy owner to meet the standards, including any remedial steps already taken
- Any nationally recognised guidance, or guidance produced by GPhC

- Any other relevant considerations

When making a judgement, inspectors consider all of the evidence, weighing up all the strengths with all the areas for improvement.

While some standards are more specific, such as standard 1.5 (Appropriate insurance arrangements), the majority require a more rounded judgement, based upon evidence obtained across the whole

inspection, such as standard 1.1 (Risks identified and managed) and 2.4 (A culture of openness, honesty and learning).

The greater the impact on patient safety, the more likely it is that a standard will not be met. Relatively minor issues and technicalities are unlikely to result in a standard not being met. For example, minor omissions in records or cluttered storage areas which do not present significant risks.

# The framework

## Principle 1 - The governance arrangements safeguard the health, safety and wellbeing of patients and the public.

'Governance arrangements' includes having clear definitions of the roles and accountabilities of the people involved in providing and managing pharmacy services. It also includes the arrangements for managing risks, and the way the registered pharmacy is managed and operated.

**Table 1: Standard 1.1**

Standard 1.1 - The risks associated with providing pharmacy services are identified and managed			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the pharmacy does not effectively assess the key risks associated with its services or does not have any risk assessments for the services provided</li> <li>things go wrong because risks are not appropriately managed</li> <li>the same things go wrong repeatedly because the pharmacy team does not review the risks and learn from them</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy demonstrates that it assesses the risks before introducing new services or systems</li> <li>the pharmacy's risk assessments are proportionate to the nature of the services being provided and are regularly reviewed</li> <li>the pharmacy demonstrates how risk assessments are updated when national guidelines change, or new information is issued about a medication</li> </ul>	<ul style="list-style-type: none"> <li>some SOPs are past their date of review, or some staff have not signed a record to demonstrate they have read and understood them, but the staff have a clear understanding of their role and how to carry out activities safely</li> <li>there are written procedures for team members to follow, but they do not cover some of the services or activities undertaken at the pharmacy</li> <li>risks have been identified and managed, but this has</li> </ul>	<ul style="list-style-type: none"> <li>staff have input into the development of SOPs, and there is a clear procedure for making local amendments to ensure they are tailored to the pharmacy's activities and context</li> <li>there is evidence of shared learning about risks, using information from other pharmacies and other organisations, sharing its own learnings with others as well as using the learning internally</li> </ul>

### Standard 1.1 - The risks associated with providing pharmacy services are identified and managed

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| <ul style="list-style-type: none"> <li>• Standard Operating Procedures (SOPs) are not available</li> <li>• SOPs are not being followed, or processes relevant to the pharmacy's core services are not covered in the SOPs</li> <li>• the pharmacy operates a prescribing service, but its prescribing policies are not available or not being followed</li> <li>• the pharmacy cannot provide assurance that the service providers it works with are operating safely</li> <li>• the pharmacy does not appropriately risk assess higher-risk medicines that it prescribes or supplies</li> <li>• there are no service level agreements between the pharmacy and third-party providers for services such as online prescribing and</li> </ul> | <ul style="list-style-type: none"> <li>• the pharmacy completes independent due diligence checks and reviews the service providers it works with to make sure they operate safely</li> <li>• the pharmacy team explain the key risks to patient safety and show how they are managed</li> <li>• pharmacy team members give examples of action they have taken to manage identified risks</li> <li>• all the pharmacy's services are underpinned by up-to-date SOPs</li> <li>• the pharmacy regularly reviews its SOPs and has records to show who signed them off and when they were implemented and reviewed</li> <li>• the pharmacy can demonstrate that team members understand the</li> </ul> | <ul style="list-style-type: none"> <li>not been documented adequately</li> <li>• risk assessments may be in place but have not been regularly reviewed, or opportunistically updated in response to incidents or changes to guidance</li> </ul> | <ul style="list-style-type: none"> <li>• business continuity plans are regularly tested, for example through exercises or simulation tests, and updated to address any areas for improvement</li> </ul> |
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### Standard 1.1 - The risks associated with providing pharmacy services are identified and managed

- hub and spoke across different companies
- the pharmacy works with a prescribing service that deliberately circumvents UK regulation or oversight and has not taken any steps to mitigate the additional risks this poses
- SOPs, and that they are being followed
- third party SOPs are available to the pharmacy team for reference, including for online prescribing and hub and spoke services
- the pharmacy has business continuity plans to deal with possible disruption to services, this includes with third party providers such as in hub and spoke across different companies
- the pharmacy demonstrates that the prescribing services it operates or works with are regulated within the UK and follow relevant UK guidelines



**Table 2: Standard 1.2**

Standard 1.2 - The safety and quality of pharmacy services are reviewed and monitored			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the pharmacy cannot show how it learns from things that go wrong</li> <li>members of the pharmacy team do not know what to do if things go wrong or who to report this to</li> <li>the pharmacy cannot provide assurance that prescribing services it works with are operating safely</li> <li>the pharmacy does not share incidents with other healthcare professionals involved with the person's care, including pharmacies working within a hub and spoke model</li> <li>the pharmacy has not carried out any audits of its prescribing practice</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy team knows what to do, and who to tell, when things go wrong</li> <li>the pharmacy records things that go wrong and uses the records to identify learning points and systemic weaknesses</li> <li>pharmacy team members give examples of learning from mistakes and the actions taken to prevent them happening again</li> <li>the pharmacy carries out regular audits to make sure that its procedures are being properly followed and demonstrates any changes resulting from the audit</li> <li>the pharmacy regularly reviews all its services to make sure they are provided safely and demonstrates any changes or improvements made as a result</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy team make records of near misses, but records do not always contain a sufficient level of detail to help team members review and identify trends to support learning</li> <li>the pharmacy keeps records of errors, but it doesn't regularly review these to spot patterns or trends and prevent recurrence</li> <li>team members make changes to the way they provide services following reviews, but these are not documented</li> </ul>	<ul style="list-style-type: none"> <li>staff describe a no-blame / learning culture where they feel empowered to speak up when they are concerned something might go wrong</li> <li>clinical audits are undertaken for particular services or patient groups to evaluate the outcomes delivered for people and to identify areas for improvement</li> </ul>

### Standard 1.2 - The safety and quality of pharmacy services are reviewed and monitored

- the pharmacy carries out clinical audits and demonstrates changes or improvements made as a result
- prescribers working with the pharmacy regularly have their prescribing audited and monitored by a suitably qualified person, to provide assurance they are working safely, effectively, and in line with national/local guidance
- the pharmacy shares significant incidents with other healthcare professionals involved with the person's medical care. Including pharmacies working within a hub and spoke model

**Table 3: Standard 1.3**

Standard 1.3 – Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>• members of the pharmacy team do not understand</li> </ul>	<ul style="list-style-type: none"> <li>• all members of the pharmacy team have their</li> </ul>	<ul style="list-style-type: none"> <li>• some roles and responsibilities are not clearly set out in SOPs (e.g.</li> </ul>	<ul style="list-style-type: none"> <li>• there are regular audits to provide assurance that members of the team are</li> </ul>

### Standard 1.3 – Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability

their roles and responsibilities

- there is no framework to define how non-pharmacist accuracy checkers operate
- the pharmacy operates within a hub and spoke model but is unable to clearly define responsibilities and accountabilities of all parties
- members of the pharmacy team hand out prescriptions in the absence of the RP without a clearly defined framework authorising them to do so

roles and responsibilities clearly documented

- pharmacy team members explain what they do, what they are responsible for, and when they would seek help
- the pharmacy demonstrates how it manages risks when tasks are delegated to other members of the pharmacy team
- the pharmacy team knows what to do in the absence of a responsible pharmacist
- a notice is prominently displayed so that people can identify the responsible pharmacist
- the pharmacy has audit trails to identify who was responsible for any professional activity
- non-pharmacist accuracy checkers work within clear protocols

the circumstances in which a member of staff who is not a pharmacist may give advice about medicinal products), however staff have a clear understanding of their role and receive appropriate supervision

operating in accordance with their agreed roles and responsibilities and any development needs are identified

- when more than one registrant is present there are clear arrangements in place to identify who is taking overall responsibility for each individual activity

### Standard 1.3 – Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability

- hub and spoke models have clear arrangements between the hub and spoke, setting out responsibilities and accountabilities for each step within the process
- pharmacies working with other service providers have formal agreements in place to explain the roles and responsibilities of each party

**Table 4: Standard 1.4**

### Standard 1.4 – Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate

Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>• there are no systems in place to deal with complaints or feedback</li> <li>• members of the pharmacy team fail to respond, or respond inappropriately,</li> </ul>	<ul style="list-style-type: none"> <li>• the pharmacy has a clear complaints policy and deals with all complaints promptly, fairly, openly and effectively</li> <li>• the pharmacy clearly advertises how people can</li> </ul>	<ul style="list-style-type: none"> <li>• the responses provided to people following queries or concerns do not always adequately address the queries raised, making it harder to show they are</li> </ul>	<ul style="list-style-type: none"> <li>• the pharmacy proactively encourages feedback from service users, for example by inviting them to join a local patient forum which they routinely engage with</li> </ul>

**Standard 1.4 – Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate**

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| <p>when complaints or feedback are received</p> <ul style="list-style-type: none"> <li>• the pharmacy does not share significant feedback or complaints with other healthcare professionals involved in the person's medical care</li> </ul> | <p>make complaints and give feedback</p> <ul style="list-style-type: none"> <li>• pharmacies working within a hub and spoke model provide clear information to people about the service and who to raise a concern with.</li> <li>• the pharmacy team encourages feedback and shows how this is used to improve the quality of services</li> <li>• pharmacy team members give examples of things they have done in response to feedback the pharmacy has received</li> <li>• the pharmacy shares feedback and complaints, including the actions taken in response, with all healthcare professionals involved with the patient's medical care</li> </ul> | <p>responding to all queries appropriately</p> <ul style="list-style-type: none"> <li>• the pharmacy is not easily contactable, for example the website doesn't display any contact details, or the pharmacy does not actively provide people with different methods of contact. This makes it more difficult for people to provide feedback, report concerns and actively engage with the pharmacy team</li> </ul> | <ul style="list-style-type: none"> <li>• the pharmacy can demonstrate how it has used feedback from wider stakeholders or system partners to improve the safety and quality of services provided</li> <li>• the pharmacy prepares an annual report on learning from complaints and other feedback, which it shares widely</li> </ul> |
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**Table 5: Standard 1.5**

Standard 1.5 – Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the pharmacy does not have professional indemnity arrangements to cover all its services, including from its first day of operation</li> <li>the pharmacy's professional indemnity cover is not enough to meet potential claims</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy demonstrates that it has professional indemnity cover for all its services, and that it is sufficient to meet potential claims</li> </ul>		

**Table 6: Standard 1.6**

Standard 1.6 – All necessary records for the safe provision of pharmacy services are kept and maintained			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the pharmacy cannot produce complete and accurate records to demonstrate the safety and effectiveness of its services</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy keeps all the records required by law, and other records as appropriate, to demonstrate that its services are provided safely and effectively</li> </ul>	<ul style="list-style-type: none"> <li>the private prescription record has a small number of incomplete records in the previous few months, for example missing or incorrect date of the prescription, the</li> </ul>	<ul style="list-style-type: none"> <li>records are kept of advice given to people when counselling them about the prescription medicines they are collecting, or have been previously prescribed</li> </ul>

### Standard 1.6 – All necessary records for the safe provision of pharmacy services are kept and maintained

- prescribers associated with the pharmacy do not keep appropriate records of the consultations they carry out
- prescribers associated with the pharmacy do not keep records to justify their decisions to prescribe medicines that require extra safeguards, following an online consultation
- the pharmacy holds its records securely, and they are easily accessible
- the pharmacy has contingency plans for maintaining electronic records in the event of IT failure
- the pharmacy records running balances of CDs and they are regularly checked against physical stock
- the pharmacy keeps detailed records to show when patient returned CDs are received and destroyed
- the pharmacy keeps records of unlicensed medicines showing exactly what was obtained and supplied
- the pharmacy keeps accurate records of medicines supplied against private prescriptions
- Patient Group Directions (PGDs) are in date and signed and valid for use by the prescriber's address or the quantity of medicine or the incorrect prescriber's details
- the controlled drug register is maintained with monthly audits of the running balance, but some details are omitted from the register, for example headers
- for emergency supplies made, the nature of the emergency and type of request are not always recorded in the emergency supply records

### Standard 1.6 – All necessary records for the safe provision of pharmacy services are kept and maintained

pharmacy professionals  
working with them

- where a pharmacy offers a prescribing service, it keeps records of the consultation with the patient, the treatment prescribed and any follow-up action or monitoring. There is a clear record of how the prescribing decision was made
- where a pharmacy offers a prescribing service there are records of refusals and reasons for the refusal documented in the patient consultation
- if records need to be altered, it is clear what was altered, when the alteration was made, and who made it



**Table 7: Standard 1.7**

Standard 1.7 – Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the pharmacy exposes confidential information or shares confidential data, without authority</li> <li>the pharmacy does not respond appropriately to a data breach</li> <li>pharmacy team members do not understand how they should handle sensitive information</li> <li>confidential waste is not effectively identified, managed, or destroyed</li> <li>care or treatment is provided without the valid consent of the relevant person</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy has a clear information governance policy which is read and signed by all staff, regularly reviewed, and monitored for compliance</li> <li>all pharmacy team members receive information governance (IG) training when their employment begins, and have regular refresher training</li> <li>the pharmacy keeps its records securely and regularly backs up its electronic records</li> <li>pharmacy team members have working knowledge of data protection requirements and explain how they protect confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>team members sometimes use an NHS smartcard belonging to another team member</li> <li>some confidential information stored in the consultation room is not always kept securely and may be visible or accessible to people using the room</li> <li>pharmacy team members have access to confidential information, but they have not read the procedures or signed a confidentiality clause</li> </ul>	<ul style="list-style-type: none"> <li>pharmacy team members complete information governance assessments to provide assurance that they understand their responsibilities</li> <li>there are regular IG audits, with records of the findings and evidence of any action taken</li> <li>the IG policy has been developed and improved using feedback from pharmacy users</li> </ul>

## Standard 1.7 – Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services

- pharmacy team members explain what a data security breach is, how they might identify one, and how they would deal with it
- people's dignity and privacy is protected. Health concerns and questions are discussed in the consultation room or a private area.
- appropriate systems and safeguards prevent inappropriate access to confidential information
- care and treatment are only provided with the valid consent of the relevant person
- people's privacy and dignity needs are understood, respected, and promoted including during physical or intimate care and examinations
- the pharmacy informs people how it uses their data and

## Standard 1.7 – Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services

explains how it protects their confidentiality. A privacy notice is prominently displayed

- accidental breaches of confidentiality are recorded and reported appropriately
- the pharmacy has procedures to protect confidentiality when medicines are supplied at a distance
- confidential waste is identified, separated, and disposed of responsibly
- confidential information is only accessed by team members who need it
- pharmacy websites have secure facilities for collecting, using and storing personal information, and a secure link for processing payments
- the pharmacy tells people when services take place at different locations, and gets

## Standard 1.7 – Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services

- their consent to share information between them
- the pharmacy shares prescribing information with relevant healthcare professionals, with the patient's consent, via a secure mechanism

**Table 8: Standard 1.8**

Standard 1.8 – Children and vulnerable adults are safeguarded			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>• pharmacy team members do not understand their role in safeguarding vulnerable people</li> <li>• the pharmacy team fails to safeguard vulnerable people using their services, and this increases the risk of services being accessed or medicines being supplied inappropriately or unsafely</li> </ul>	<ul style="list-style-type: none"> <li>• there are arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements. Contact details for local referral agencies are readily available</li> <li>• the pharmacy team undertakes safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>• team members have some awareness about how to safeguard vulnerable people, but not all team members have undertaken safeguarding training</li> </ul>	<ul style="list-style-type: none"> <li>• there is a clear culture of protecting the safety and wellbeing of children and vulnerable adults, including support for staff when they raise concerns</li> <li>• safeguarding is a regular item for discussion at team meetings</li> <li>• pharmacy team members are familiar with safeguarding</li> </ul>

### Standard 1.8 – Children and vulnerable adults are safeguarded

training appropriate to their role

- pharmacy team members give examples of how they safeguard vulnerable individuals
- the pharmacy has a clearly advertised chaperone policy
- the pharmacy team know who to refer to in safeguarding situations
- relevant or tailored training is given for different pharmacy models and activities e.g. aesthetics / remote / online

issues in the local community, such as human trafficking, modern slavery and female genital mutilation (FGM)

## Principle 2 - Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public.

Staff members, and anyone involved in providing pharmacy services, must be competent and empowered to safeguard the health, safety and wellbeing of patients and the public in all that they do.

**Table 9: Standard 2.1**

Standard 2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the pharmacy does not have enough suitably qualified staff to operate safely and effectively for the duration of its activities</li> <li>the pharmacy does not have appropriate contingency arrangements to cover staff absences, which impacts on the safe provision of services</li> <li>staff feel pressurised and cannot complete tasks properly or take appropriate breaks</li> <li>patient safety is put at risk because appropriate</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy team has an appropriate skill mix for the services it provides</li> <li>work rotas ensure staffing levels always remain appropriate</li> <li>staffing levels and skill mix are regularly reviewed to ensure they remain appropriate, including when new services are introduced or there are changes to the workload</li> <li>pharmacy team members manage the workload</li> </ul>	<ul style="list-style-type: none"> <li>sometimes because of the way in which trained staff have been deployed, the full range of services are not available or are impacted</li> <li>the pharmacy team are working safely but are working consistently longer hours or when the pharmacy is closed to complete all their work</li> <li>the pharmacy's team members are well-trained and work closely together to provide safe services to people. But they sometimes</li> </ul>	<ul style="list-style-type: none"> <li>there is evidence that staffing levels and skill mix are continuously reviewed to ensure the needs of people using pharmacy services are met</li> <li>the pharmacy has a good skill mix of staff and encourages their development to support service delivery in the pharmacy</li> <li>there is evidence of effective team working to achieve common goals</li> </ul>

Standard 2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided			
recruitment practices have not been followed	<ul style="list-style-type: none"> <li>without undue pressure and get support when needed</li> <li>the pharmacy has contingency arrangements to cover staff absences</li> <li>recruitment practices and procedures protect the safety of people, including background and ongoing checks (e.g. Disclosure and Barring Service or Disclosure Scotland checks and equivalents)</li> </ul>	<ul style="list-style-type: none"> <li>find it hard to complete all the housekeeping tasks within the time available and there is limited contingency to cover absence</li> <li>the pharmacy doesn't have a regular pharmacist or pharmacy manager. This means there is a lack of leadership and accountability, and some core tasks are overlooked</li> </ul>	<ul style="list-style-type: none"> <li>there is a contingency plan in place for changing workloads and there is short, and long, term succession planning for key positions, as appropriate</li> <li>workloads are reviewed and technology or different ways of working are used to increase the efficiency of the team. For instance, using robotics or other time saving technology</li> </ul>

**Table 10: Standard 2.2**

Standard 2.2 – Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>pharmacy team members are not trained in accordance with GPhC</li> </ul>	<ul style="list-style-type: none"> <li>pharmacy team members are trained appropriately for their roles, in line with GPhC</li> </ul>	<ul style="list-style-type: none"> <li>trainee team members have been enrolled on appropriate training courses. However, the pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>skills and competence are defined for each role and audits undertaken to assess ongoing competence</li> </ul>

**Standard 2.2 – Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training**

minimum training requirements

- team members perform duties that they are not appropriately qualified or trained for
- prescribers associated with the pharmacy prescribe medicines and treatments for which they do not have the appropriate skills and knowledge

minimum training requirements

- pharmacy team members have completed all necessary training for the specific services they provide, and the tasks they undertake
- trainees are appropriately supervised and supported
- pharmacists, and other team members, keep their knowledge up to date including best practice guidance and are aware of national and local guidelines
- team members' individual learning needs are identified and addressed
- opportunities for training and development are based on individual needs and free from unlawful discrimination and both conscious and unconscious bias

does not provide them with allocated time to complete training

- team members have the right training for their roles, but ongoing training is not regular or structured
- the team do not have appraisals or performance reviews to help identify individual learning and development needs
- pharmacist independent prescribers are unable to provide evidence of their training, or the completion of peer reviews, so the pharmacy is unable to show its prescribers are always working within their scope of competence

- staff are encouraged to develop their skills and there are clear career progression opportunities
- protected time is provided for staff to learn while they are at work
- planned learning and development is actively encouraged and relevant and useful learning and development is arranged for the staff to access
- the pharmacy team participates in joint training with other local healthcare professionals and teams. For instance, with local GP practices and shares learnings with pharmacy colleagues
- training is designed with the interests of staff members in mind, not only covering what is essential and required



**Standard 2.2 – Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training**

- the pharmacy has records showing that staff complete regular ongoing training, relevant to their roles, to help keep their skills and knowledge up to date
- the pharmacy provides assurance that the prescribers it is associated with have appropriate skills, knowledge, and qualifications for the medicines and treatments they prescribe
- team members' learning styles are taken into consideration and training is adapted for team members who prefer to learn by shadowing other team members, or for those who prefer online e-learning modules
- team members are trained in both hub and spoke operations, when they routinely work in either a hub or a spoke exclusively
- pharmacy technicians are encouraged to develop within their role, for example being involved in the provision of private PGD services

**Table 11: Standard 2.3**

Standard 2.3 – Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>pharmacy team members cannot exercise their professional judgement</li> <li>pharmacy team members are pressurised to sell products or provide services in an unsafe way</li> </ul>	<ul style="list-style-type: none"> <li>staff receive appropriate support, training, professional development, supervision and appraisal to enable them to comply with professional and legal obligations</li> <li>team members ask appropriate questions and provide suitable advice when selling medicines, and know when to ask for help</li> <li>team members give examples of clinical and professional interventions</li> <li>pharmacy professionals are comfortable making professional judgements and do not feel pressurised to compromise their professional opinion</li> </ul>	<ul style="list-style-type: none"> <li>prescriptions written by a pharmacist prescriber are routinely clinically checked by the same pharmacist, soon after issuing the prescription</li> </ul>	<ul style="list-style-type: none"> <li>pharmacy professionals are encouraged to share their professional views and contribute to the development of policies and procedures</li> <li>pharmacy professionals are supported for revalidation e.g. support for CPD through dedicated resources, facilitation of peer discussion and encouraging reflection upon the standards for pharmacy professionals</li> </ul>

**Standard 2.3 – Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public**

- the pharmacy team knows who the local accountable officer is and how to report concerns about controlled drugs

**Table 12: Standard 2.4**

Standard 2.4 – There is a culture of openness, honesty and learning			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>• poor relationships within the pharmacy team create risks of people being disadvantaged or adversely affected</li> <li>• the pharmacy team hides errors or things that have gone wrong</li> <li>• there are examples of safety incidents which have not been properly investigated and / or reported</li> </ul>	<ul style="list-style-type: none"> <li>• there is an open no-blame culture where staff feel supported to learn from mistakes or incidents</li> <li>• staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• the pharmacy misses some opportunities to promote a continuous culture of openness and honesty</li> <li>• team members do not always feel informed how their feedback is acted upon.</li> <li>• the pharmacy does not provide its team members with learning opportunities or regular feedback</li> </ul>	<ul style="list-style-type: none"> <li>• members of the team talk freely and openly about their own mistakes and weaknesses, and can explain why it is important to share learning</li> <li>• there is evidence that individuals' learning and development needs have been identified and addressed</li> </ul>

Standard 2.4 – There is a culture of openness, honesty and learning			
	<ul style="list-style-type: none"> <li>team members understand the importance of reporting mistakes and their duty of candour</li> <li>team members regularly discuss their performance and areas for development</li> <li>pharmacy policies and procedures are clear about expected standards of behaviour and demonstrate commitment to openness, transparency and learning</li> </ul>		<ul style="list-style-type: none"> <li>there is regular feedback to staff about their performance</li> <li>there is evidence of a mentoring culture where colleagues identify and support the learning and development of other team members</li> <li>the team is open to learning and proactively responds to external incidents</li> </ul>

**Table 13: Standard 2.5**

Standard 2.5 – Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services				
Not met	Met	Areas for improvement		Good practice
<ul style="list-style-type: none"> <li>the pharmacy takes insufficient action when team members raise legitimate concerns</li> </ul>	<ul style="list-style-type: none"> <li>pharmacy team members know how to raise concerns</li> <li>the pharmacy has a whistle blowing policy which is regularly reviewed</li> </ul>	<ul style="list-style-type: none"> <li>some team members are not familiar with the procedure for raising concerns</li> <li>the pharmacy has procedures to receive</li> </ul>		<ul style="list-style-type: none"> <li>there is a confidential helpline available to support anyone wishing to raise a concern with details</li> </ul>

## Standard 2.5 – Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services

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| <ul style="list-style-type: none"> <li>team members are discouraged from raising concerns because of threats or fear of reprisals</li> </ul> | <ul style="list-style-type: none"> <li>the pharmacy team feels comfortable raising concerns and making suggestions</li> <li>the pharmacy team has regular meetings to share ideas and discuss feedback or concerns</li> <li>the pharmacy team give examples of action taken in response to feedback or concerns</li> <li>pharmacy team members have direct access to the superintendent pharmacist or senior management, if they need to raise concerns</li> <li>pharmacy team members contact prescribers associated with the pharmacy, if they want to raise concerns about prescriptions</li> </ul> | <p>feedback, but the pharmacy team are not always updated on the action taken in response</p> | <p>prominently displayed in the pharmacy</p> <ul style="list-style-type: none"> <li>there is active engagement with staff to proactively share ideas and identify any concerns</li> <li>regular staff surveys are undertaken and there is evidence that follow up actions are identified and carried out</li> <li>regular team meetings are held at which feedback and concerns are discussed and minutes are recorded and shared</li> <li>members of the pharmacy team have regular appraisals and one to one meetings with their line manager</li> </ul> |
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**Table 14: Standard 2.6**

Standard 2.6 – Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>• services are provided for financial reward rather than in the best interests of people using services</li> <li>• the pharmacy has incentives in place that encourage inappropriate sales of medicines or take up of services, e.g. a 'buy one get one free' promotion on medicines that are liable to misuse</li> <li>• pharmacy team members are put under undue pressure to meet targets, which has an adverse effect on patient care</li> <li>• prescribers associated with the pharmacy have a financial incentive to issue</li> </ul>	<ul style="list-style-type: none"> <li>• pharmacy team members explain how their approach to meeting targets serves the best interests of people using services</li> <li>• targets are applied reasonably so that the pharmacy team can exercise discretion</li> <li>• targets and incentives are applied so that people and the public will benefit if they are met</li> <li>• targets and incentives are regularly reviewed to ensure they remain appropriate</li> <li>• incentivised services are person focused and lead to positive outcomes</li> <li>• prescribers associated with the pharmacy do not have a</li> </ul>		<ul style="list-style-type: none"> <li>• the pharmacy has a clear incentives policy approved by senior leadership that explicitly prioritises patient safety and professional judgement over commercial outcomes</li> <li>• all staff receive training on ethical practice, conflicts of interest and how to raise concerns about pressure or inappropriate incentive</li> </ul>

**Standard 2.6 – Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff**

prescriptions that may not be appropriate

- discounts are offered for prescription only medicines in contravention of MHRA and ASA guidance

financial incentive to issue prescriptions that may not be appropriate

### Principle 3 - The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public.

It is important that patients and the public receive pharmacy services from premises that are suitable for the services being provided and which protect and maintain their health, safety and wellbeing. To achieve this you must make sure that all premises where pharmacy services are provided are safe and suitable. Any associated premises, for example non-registered premises used to store medicines, must also comply with these standards where applicable.

**Table 15: Standard 3.1**

Standard 3.1 – Premises are safe, clean, properly maintained and suitable for the pharmacy services provided				
Not met	Met	Areas for improvement	Good practice	
<ul style="list-style-type: none"> <li>there are areas of structural damage that present a significant risk to people using the pharmacy</li> <li>there are significant health and safety risks (for example, blocked fire exits, dangerous electrics, or significant trip hazards)</li> <li>the pharmacy premises are unsuitable for the services provided, for example, where they are too small to safely manage the volume of work, or the size of the consultation room presents safety concerns</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy premises are clean, tidy and in a good state of repair</li> <li>there is enough floor space and bench space to work safely and effectively</li> <li>pharmacy team members know what to do if repairs or maintenance are needed</li> <li>the pharmacy's design and layout are suitable for the nature of its services</li> <li>the pharmacy premises meet the needs of people with different protected characteristics, including those with mobility or comprehension issues</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy is generally maintained to an acceptable standard but there are some outstanding maintenance concerns that have not been acted on in a timely manner</li> <li>the pharmacy is generally clean and tidy but there is some clutter in the dispensary or the consultation room which reduces the workspace available to the team</li> </ul>	<ul style="list-style-type: none"> <li>notably high standard of premises and fixtures and fittings to meet the needs of all pharmacy users</li> <li>premises are designed to provide an ideal environment for specific additional services to be delivered</li> </ul>	



### Standard 3.1 – Premises are safe, clean, properly maintained and suitable for the pharmacy services provided

when considering the treatments or procedures being carried out

- the pharmacy website or its digital platforms contain information that is inaccurate or misleading
- the pharmacy website does not meet GPhC distance-selling guidance

- the pharmacy website prominently displays:
  - the pharmacy’s GPhC registration number
  - the name and owner of the pharmacy
  - the name and address of the premises
  - relevant contact details
  - Superintendent details (if applicable)
  - how to check the registration status of the pharmacy
  - the responsible pharmacist and the superintendent (if applicable)
  - details of how feedback can be given and concerns raised
  - a privacy policy
- pharmacy websites offering access to prescribing services are clear and transparent about who provides the services. This includes providing:
  - the name of the prescriber
  - the address of the prescribing service and their contact details
  - whether the prescriber is a doctor or a non-medical prescriber

- the pharmacy has a website which provides some inaccurate or out-of-date information
- people can have a conversation with a team member in a private consultation room. Although the room is usable, it is being used as a storage area and does not present a professional environment fitting with the provision of healthcare

### Standard 3.1 – Premises are safe, clean, properly maintained and suitable for the pharmacy services provided

- information on how to check the registration of the prescriber and the prescribing service

**Table 16: Standard 3.2**

### Standard 3.2 – Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services

Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>• pharmacy team members cannot overcome any limitations in the structure, design or layout of the premises to protect privacy and dignity</li> <li>• the facilities for private and confidential consultations do not effectively protect dignity and confidentiality</li> <li>• pharmacy digital platforms are not secure and / or there is a risk of data breaches</li> </ul>	<ul style="list-style-type: none"> <li>• the pharmacy has a consultation room or private area that is appropriately screened, which can be used for confidential conversations, consultations, examinations or specialist services such as substance misuse services</li> <li>• the consultation room is suitably constructed and equipped for the purposes it serves</li> </ul>	<ul style="list-style-type: none"> <li>• the pharmacy has a consultation room that is suitable for delivering its clinical services. But the door to the consultation room has a clear glass window facing the retail area</li> </ul>	<ul style="list-style-type: none"> <li>• notably high standard of consultation room with effective sound proofing and privacy measures</li> <li>• the availability of the consultation room is actively promoted by staff, and there are signs encouraging people to ask for a confidential space if they would like one</li> </ul>

### Standard 3.2 – Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services

- the dispensary is screened to provide privacy for the dispensing operation
- the medicines counter has a screened area to provide greater privacy for routine activities
- the pharmacy website has effective security safeguards in place

**Table 17: Standard 3.3**

### Standard 3.3 – Premises are maintained to a level of hygiene appropriate to the pharmacy services provided

Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>• the pharmacy does not have appropriate hygiene and infection control measures to safely provide its services, including facilities for handwashing or cleaning of equipment</li> </ul>	<ul style="list-style-type: none"> <li>• the pharmacy is equipped with suitable sinks in the dispensary, staff room and toilets, with hot and cold water, soap and hand drying facilities available</li> <li>• toilet facilities are clean and well maintained</li> </ul>	<ul style="list-style-type: none"> <li>• there are suitable hand-washing facilities, but no provision for drying hands</li> </ul>	<ul style="list-style-type: none"> <li>• the pharmacy is thoroughly and comprehensively cleaned daily, with a cleaning rota in place and detailed cleaning logs kept</li> </ul>

### Standard 3.3 – Premises are maintained to a level of hygiene appropriate to the pharmacy services provided

- work areas are unclean and represent a risk of infection to people or staff, or a risk of contamination to medicines, medical devices or equipment
- medicines or medical devices are stored in the toilet area
- there is evidence that vermin or pests are not being appropriately dealt with
- the pharmacy's work areas are regularly cleaned
- there are suitable hygiene and infection control arrangements in place for services offered (for example vaccination services and point of care testing)

**Table 18: Standard 3.4**

### Standard 3.4 – Premises are secure and safeguarded from unauthorised access

Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>• the premises are not secure (for example a faulty lock or broken window)</li> <li>• unauthorised persons can access controlled drugs</li> </ul>	<ul style="list-style-type: none"> <li>• the pharmacy premises are secure and vulnerable entry points are appropriately protected</li> </ul>	<ul style="list-style-type: none"> <li>• security measures are in place, but they are not always used or understood by staff</li> </ul>	<ul style="list-style-type: none"> <li>• there is evidence that security arrangements are actively reviewed and tested to ensure they provide protection</li> </ul>

### Standard 3.4 – Premises are secure and safeguarded from unauthorised access

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| <ul style="list-style-type: none"> <li>the pharmacy is within a shared use premises and access by other users of the property is not adequately restricted</li> <li>the pharmacy has failed to respond to previous security incidents</li> </ul> | <ul style="list-style-type: none"> <li>the pharmacy has appropriate security measures in place to meet its needs, which might include alarm systems, CCTV, panic buttons or security guards</li> <li>there is a physical barrier to prevent unauthorised access to restricted areas</li> </ul> | <ul style="list-style-type: none"> <li>staff train and practise drills so that they know what to do in the event of an incident</li> <li>the pharmacy team works with local police and the local retail consortium to understand and respond to local security risks</li> <li>security guards are trained to protect the safety of staff, people using services, the public and themselves</li> </ul> |
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**Table 19: Standard 3.5**

### Standard 3.5 – Pharmacy services are provided in an environment that is appropriate for the provision of healthcare

Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the design, maintenance and use of facilities and premises do not keep people safe</li> <li>temperature extremes within the pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>all areas of the pharmacy are well lit and ventilated</li> <li>room temperatures are appropriately maintained to keep staff comfortable and</li> </ul>	<ul style="list-style-type: none"> <li>lighting could be improved to reduce the risk of mistakes being made</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy fosters a professional and clinical environment offering additional access to healthcare professionals and</li> </ul>

### Standard 3.5 – Pharmacy services are provided in an environment that is appropriate for the provision of healthcare

adversely affect the staff or medicines

- the pharmacy has products for sale that are not appropriate for a healthcare environment (e.g. tobacco products)

are suitable for the storage of medicines

- the pharmacy layout allows effective supervision of staff and pharmacy activities
- the appearance reflects a professional healthcare provider
- areas where people receive clinical services are suitable and safe for the services provided
- dedicated separate space, which reduces distractions, is made available for the clinical check and accuracy checking of prescriptions

healthcare services working with other healthcare providers such as doctors, nurses, chiropodists or physiotherapist

- the environment is made more welcoming and comfortable for people, taking into account feedback provided and knowledge of the local community and their particular needs

## Principle 4 - The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public.

‘Pharmacy services’ covers all pharmacy-related services provided by a registered pharmacy including the management of medicines, advice and referral, and the wide range of clinical services pharmacies provide. The management of medicines includes arrangements for obtaining, keeping, handling, using and supplying medicinal products and medical devices, as well as security and waste management. Medicines and medical devices are not ordinary commercial items. The way they are managed is fundamental to ensuring the health, safety and wellbeing of patients and the public who receive pharmacy services.

**Table 20: Standard 4.1**

Standard 4.1 – The pharmacy services provided are accessible to patients and the public				
Not met	Met	Areas for improvement		Good practice
<ul style="list-style-type: none"> <li>there are avoidable barriers to accessing pharmacy services, which prejudices the care of people using services and may contribute to health inequalities</li> <li>the pharmacy does not make reasonable adjustments or arrangements to allow people with specific needs to access its services</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy informs people about the services it offers, and signposts people who need services it does not provide</li> <li>the pharmacy takes steps to make its services easy to access for all people</li> <li>the pharmacy carries out regular risk assessments and makes reasonable adjustments to improve access for people with protected characteristics</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy does not always clearly signpost people to the most appropriate services</li> <li>there is not always accurate and up to date information about the operational hours of the pharmacy and the services available</li> <li>whilst the pharmacy is accessible to the public it does not have appropriate signage to indicate it is a</li> </ul>		<ul style="list-style-type: none"> <li>the pharmacy carries out equality impact assessments before making changes to its services</li> <li>there is evidence that the pharmacy team have actively considered the possible barriers to accessing services, by engaging with the local community and taking suggestions and feedback, for example for people with a disability or language difficulty</li> </ul>

Standard 4.1 – The pharmacy services provided are accessible to patients and the public			
	<ul style="list-style-type: none"> <li>pharmacies offering services at a distance provide their contact details, and make clear how and when people will receive their medicines</li> <li>the pharmacy makes it easy for people to ask questions about its services and get information about treatments and medicines</li> </ul>	pharmacy, or describe what services are provided	<ul style="list-style-type: none"> <li>the pharmacy team reach out to the community to promote health and wellbeing and their services</li> <li>specific needs of the local community are proactively identified and addressed, for example flu vaccination services offered in schools, places of work and care homes</li> <li>the pharmacy offers access to an extended range of healthcare related products or specialist therapies</li> </ul>

**Table 21: Standard 4.2**

Standard 4.2 – Pharmacy services are managed and delivered safely and effectively			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>there is evidence that the pharmacy provides its services in a way that puts patient safety at risk</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy has effective audit trails to identify the individuals involved at each stage of a service</li> </ul>	<ul style="list-style-type: none"> <li>when supplying medicines in multi-compartment compliance packs changes to individual sheets listing</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy uses advanced dispensing equipment e.g.</li> </ul>



## Standard 4.2 – Pharmacy services are managed and delivered safely and effectively

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| <ul style="list-style-type: none"> <li>• opportunities for clinical intervention are missed and, as a result, medicines are supplied that are not safe or appropriate for people</li> <li>• the pharmacy sells P medicines in the absence of the responsible pharmacist</li> <li>• the pharmacy's delivery arrangements for medicines do not have adequate controls, or safeguards resulting in medicines arriving in an unfit state, or the pharmacy not knowing if medicines were supplied successfully and correctly</li> <li>• the pharmacy supplies medicines unlawfully</li> <li>• the pharmacy supplies high-risk medicines without having appropriate safeguards in place</li> <li>• the pharmacy makes excessive or inappropriate supplies of medicines that are liable to misuse</li> </ul> | <ul style="list-style-type: none"> <li>• information about medicines awaiting collection is effectively highlighted so that appropriate checks can be made, and people can be suitably counselled</li> <li>• the handing out of checked and bagged prescriptions is carried out by a trained and competent team members in line with the pharmacy's documented processes</li> <li>• repeat prescription services involve rigorous checks to confirm the required medicines are correctly supplied</li> <li>• delivery services are effectively managed to ensure medicines are supplied safely. Failed deliveries are dealt with appropriately, people are informed and provided with details on how to rearrange a delivery</li> <li>• the pharmacy has a system to manage situations when full quantities of medicines cannot be immediately supplied</li> <li>• the pharmacy has a system to manage compliance pack dispensing</li> </ul> | <p>medication details are sometimes made by crossing information out or writing over it. This can make the information hard to read and may increase the risk of errors</p> <ul style="list-style-type: none"> <li>• patient information leaflets are not always supplied, so there is a risk that people may not always have all of the information they need to take their medicines safely</li> <li>• the pharmacy places dispensing labels over the braille on a medicine's packaging. This makes it harder for someone who relies on braille to identify what the medicine is</li> <li>• members of the pharmacy team do not always know when higher-risk medicines are being handed out. So, they might not always be able to check that</li> </ul> | <p>robotics, and can show how this has improved patient safety</p> <ul style="list-style-type: none"> <li>• records are kept of all communications and contact with GPs and care homes which improves the quality of people's care</li> <li>• the pharmacy records instances where they have provided advice to people, which has resolved their issue, and where no medicines have been supplied</li> </ul> |
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## Standard 4.2 – Pharmacy services are managed and delivered safely and effectively

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| <ul style="list-style-type: none"> <li>• the pharmacy supplies medicines to people at a distance without effectively checking their identity</li> <li>• medicines that require extra safeguards are supplied following an online consultation, without informing the patient's usual prescriber</li> <li>• high-risk medicines are supplied without independently verifying the information provided in online questionnaires</li> <li>• pharmacies offering a prescribing service do not have appropriate follow-up arrangements for treatments that require ongoing monitoring</li> </ul> | <p>to ensure people receive medicines safely and have access to information leaflets</p> <ul style="list-style-type: none"> <li>• the pharmacy shows how it provides a substance misuse treatment service safely</li> <li>• the pharmacy follows the relevant legal framework for supplying prescription only medicines without a prescription (such as emergency supplies, PGDs, or a national protocol)</li> <li>• hub and spoke arrangements are managed safely and effectively, and consent is obtained from people when their medicines are assembled offsite</li> <li>• in a hub and spoke arrangement, the dispensing label clearly shows where the supply has come from</li> <li>• a notice is conspicuously displayed at the premises at (or on the website of) a spoke pharmacy using a hub-and-spoke model which includes the name and address of the hub pharmacy and a brief description of</li> </ul> | <p>medicines are still suitable or give people advice about taking them</p> <ul style="list-style-type: none"> <li>• the pharmacy has the correct written procedures for supplying high risk medicines, but these are not always followed, for example, not highlighting prescriptions for medicines such as warfarin and methotrexate</li> <li>• pharmacy team members understand that some prescriptions are only valid for 28 days, but they are not always highlighted to help the team to identify these easily</li> <li>• the pharmacy uses an online questionnaire to obtain information from people accessing its services, and the answers can be changed mid-completion</li> </ul> |
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## Standard 4.2 – Pharmacy services are managed and delivered safely and effectively

- the effect of the hub and spoke arrangement
- the pharmacy has systems to identify inappropriate requests for medicines – including combinations of medicines and requests that are too large or too frequent
- pharmacy team members make checks when handing out medicines, to make sure they are supplied correctly
- the pharmacy provides appropriate information and counselling to ensure people use their medicines safely
- the pharmacy highlights medicines such as valproate, warfarin, methotrexate and lithium so that people are appropriately counselled
- the pharmacy carries out audits of people on high-risk medicines to assess the need for clinical interventions or counselling
- the pharmacy demonstrates that it is following **GPhC Guidance for registered pharmacies providing**
- pharmacy team members do not sign the dispensed and checked by boxes on dispensing labels. This means there may not always be a clear audit trail to identify which team members are involved at different stages of the dispensing process
- the pharmacy generates letters for a person's usual GP containing details of medicines that are prescribed by its pharmacist-led prescribing service, but these are not always sent successfully to the person's usual GP

## Standard 4.2 – Pharmacy services are managed and delivered safely and effectively

### pharmacy services at a distance, including on the internet

- prescribers associated with the pharmacy prescribe medicines and treatments in line with UK national and best practice guidance
- the pharmacy has appropriate safeguards in place when prescribing certain medications (antimicrobials, medicines liable to misuse, medicines which have a higher risk of fatality or serious harm if taken in overdose, medicines and long-term conditions that require ongoing monitoring or management, medicines where there needs to be a physical examination of the person to support a safe prescribing decision, medicines used for weight management, medicines labelled with a black triangle)
- for medicines that need additional safeguards, the pharmacy does not rely on a questionnaire model alone
- when supplying medicines used for weight management, the prescriber independently verifies the person's

## Standard 4.2 – Pharmacy services are managed and delivered safely and effectively

weight, height and/or body mass index

**Table 22: Standard 4.3**

## Standard 4.3 – Medicines and medical devices are: Obtained from a reputable source, safe and fit for purpose, stored securely, safeguarded from unauthorised access, supplied to the patient safely, and disposed of safely and securely

Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>patient returned medicines are not disposed of safely, or there is evidence of them being stored with current stock medicines, or being reused</li> <li>the pharmacy does not have effective procedures to identify and remove out-of-date stock medicines and medicines that have reached their expiry date once opened</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy obtains medicines from licensed wholesalers or authorised suppliers</li> <li>all stock medicines are in-date and short-dated medicines are highlighted.</li> <li>records are kept showing that pharmacy stock is regularly and systematically checked to ensure it is in date and fit for purpose</li> <li>medicines are stored or supplied in line with the</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy occasionally does not record the temperature of its pharmaceutical fridges, or reset the thermometer to ensure readings are accurate, but readings were in range at the time of inspection</li> <li>the pharmacy has fallen behind on date checking its stock, however no out of date stock was found on the shelves</li> </ul>	<ul style="list-style-type: none"> <li>there is evidence that the storage environments of all medicines are continuously monitored and controlled</li> <li>full audit trails are in place to confirm when medicines are supplied to people</li> <li>the possession of CD cabinet keys is recorded with a continuously updated audit trail</li> </ul>

**Standard 4.3 – Medicines and medical devices are: Obtained from a reputable source, safe and fit for purpose, stored securely, safeguarded from unauthorised access, supplied to the patient safely, and disposed of safely and securely**

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| <ul style="list-style-type: none"> <li>• the pharmacy supplies short-dated medicines to people that pass their expiry date before the course of treatment has finished</li> <li>• the pharmacy has stock medicines that are not appropriately packaged or labelled</li> <li>• the pharmacy has counterfeit medicines or unlicensed imported medicines present in stock</li> <li>• controlled drugs are not stored in accordance with safe custody requirements</li> <li>• medicines that require refrigeration are not stored in appropriate conditions, including during delivery</li> <li>• the pharmacy stores medicines in areas where there is a significant risk of unauthorised access</li> </ul> | <ul style="list-style-type: none"> <li>• manufacturer's recommendations, and if they are not, the risks have been assessed and documented</li> <li>• the pharmacy regularly checks the temperatures of its medicine fridges, and that appropriate storage conditions have been maintained. When temperature excursions occur, the pharmacy demonstrates the appropriate actions taken</li> <li>• controlled drugs are stored in accordance with safe custody requirements</li> <li>• the CD keys are kept safe and secure and under the appropriate control</li> <li>• the pharmacy's delivery service protects temperature sensitive medicines and controlled drugs and there is evidence to support the</li> </ul> | <ul style="list-style-type: none"> <li>• the pharmacy stores some medicines removed from the manufacturer's original packaging but does not routinely use verified resources to confirm the storage conditions are appropriate</li> <li>• the pharmacy keeps an audit trail of medicine home deliveries, but it does not always obtain the recipient's signature or request proof of their identity for deliveries of CDs</li> <li>• some opened bottles of liquid medicines with a shorter expiry date are not marked with the date of opening.</li> <li>• key members of the team do not have oversight of purchasing arrangements, for example the superintendent pharmacist,</li> </ul> |
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**Standard 4.3 – Medicines and medical devices are: Obtained from a reputable source, safe and fit for purpose, stored securely, safeguarded from unauthorised access, supplied to the patient safely, and disposed of safely and securely**

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| <ul style="list-style-type: none"> <li>the pharmacy allows people to self-select pharmacy only medicines without sufficient safeguards to facilitate their safe sale or to refuse when appropriate</li> </ul> | <p>effectiveness of the measures used</p> <ul style="list-style-type: none"> <li>appropriate procedures and safeguards are in place to facilitate the sales of pharmacy-only medicines when they are offered as self-selection</li> <li>patient returned medicines and medical devices are screened at the time of receipt and are immediately separated and quarantined in a safe environment or area</li> <li>the pharmacy segregates patient-returned controlled drugs medicines and stores them appropriately in line with safe custody requirements where applicable</li> <li>the pharmacy disposes of patient returned controlled drugs safely and they are rendered unusable and</li> </ul> | <p>increasing the risks of diversion</p> <ul style="list-style-type: none"> <li>pharmaceutical waste containers are left unsealed, increasing the risk of unsupervised access to the contents</li> <li>waste medicines are not always kept securely and inaccessible to members of the public</li> </ul> |
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**Standard 4.3 – Medicines and medical devices are: Obtained from a reputable source, safe and fit for purpose, stored securely, safeguarded from unauthorised access, supplied to the patient safely, and disposed of safely and securely**

- irretrievable before disposal  
in line with legal requirements
- the pharmacy has appropriate arrangements to handle and dispose of hazardous waste

**Table 23: Standard 4.4**

**Standard 4.4 – Concerns are raised when it is suspected that medicines or medical devices are not fit for purpose**

Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the pharmacy fails to act when there are concerns that medicines or medical devices are not fit for purpose</li> <li>the pharmacy does not receive drug alerts or does not have a system to deal with them</li> </ul>	<ul style="list-style-type: none"> <li>pharmacy team members explain how drug alerts are received, checked and can show how they have promptly actioned the alert</li> <li>in the event of a patient level recall, the pharmacy can show that all people affected have been</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy receives safety alerts and drug recalls, or similar information, however, there is no audit trail of the action taken, to show what the pharmacy has done in response</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy routinely shares the information it receives more widely, checking that other healthcare professionals they work with, such as doctors or nurses, are also aware of any alerts or recalls</li> </ul>



#### Standard 4.4 – Concerns are raised when it is suspected that medicines or medical devices are not fit for purpose

- contacted and given appropriate advice
- members of the pharmacy team know what to do if they receive damaged stock, or if a patient returns a faulty medicine
- the pharmacy team knows what to do if people report unexpected side effects from their medicines

## Principle 5 - The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public.

The availability of safe and suitable equipment and facilities is fundamental to the provision of pharmacy services and is essential if staff are to safeguard the health, safety and wellbeing of patients and the public when providing effective pharmacy services.

**Table 24: Standard 5.1**

Standard 5.1 – Equipment and facilities needed to provide pharmacy services are readily available			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the pharmacy does not have the necessary equipment or facilities to provide its services safely and effectively</li> <li>the pharmacy team cannot access appropriate up to date reference material</li> <li>the pharmacy provides a vaccination service without having appropriate anaphylaxis resources</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy team uses appropriate resources, equipment and facilities to provide services safely and effectively</li> <li>the pharmacy has the necessary equipment and facilities for each of the services it offers</li> <li>specialist services, such as vaccination services and point of care testing, have appropriate equipment and facilities for infection control</li> <li>PMRs are backed up regularly and securely</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy's hard copy reference sources are not always current</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy has, or subscribes to, additional information resources to provide enhanced learning and knowledge to the pharmacy team</li> </ul>

**Table 25: Standard 5.2**

Standard 5.2 – Equipment and facilities are: Obtained from a reputable source, safe to use and fit for purpose, stored securely, safeguarded from unauthorised access, and appropriately maintained			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>pharmacy services are not provided safely because equipment or facilities are not appropriately managed, including electrical and fire safety checks</li> <li>the pharmacy team uses measuring or dispensing equipment that is not fit for purpose</li> <li>the pharmacy team uses equipment that has not been properly calibrated or has passed its expiry date</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy obtains its equipment from reputable suppliers</li> <li>the pharmacy team demonstrates that equipment and facilities are appropriately maintained and fit for purpose</li> <li>all measuring equipment is 'government stamped' to verify accuracy</li> <li>pharmacy team members know how to use equipment and facilities relevant to their roles, and know what to do if anything does not seem to be working properly</li> <li>the pharmacy demonstrates appropriate electrical and fire safety checks have been carried out</li> </ul>	<ul style="list-style-type: none"> <li>the pharmacy doesn't have a sufficient range of calibrated measuring cylinders for measuring liquid medicines</li> <li>although equipment is not dangerous or past calibration or service dates, it needs maintenance</li> </ul>	

**Table 26: Standard 5.3**

Standard 5.3 – Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services			
Not met	Met	Areas for improvement	Good practice
<ul style="list-style-type: none"> <li>the pharmacy team does not use equipment and facilities effectively which means the privacy and dignity of people using pharmacy services is compromised</li> <li>the pharmacy team uses devices that hold personal confidential information in a way that results in a significant risk of unauthorised access or where it can be seen by the public</li> </ul>	<ul style="list-style-type: none"> <li>access is restricted to the PMR and other clinical records including prescribing and consultation notes and other IT</li> <li>computer screens are positioned so they are not visible to the public</li> <li>the pharmacy team takes appropriate precautions when making private phone calls or talking about confidential matters</li> <li>NHS smart cards are used responsibly, and access to national care records or other equivalents is appropriately restricted</li> <li>where a pharmacy has an arrangement with another pharmacy, to provide</li> </ul>		

**Standard 5.3 – Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services**

services or has services  
provided to it by another  
pharmacy, the IT  
arrangements ensure private  
data is shared securely



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