

#Community Pharmacy Expert Advisory Group Agenda

Monday 18th May 2026 19.30 – 21.30 By teams

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Meeting ID: 381 384 510 108 15

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Phone conference ID: 238 586 10#

1: Welcome, Apologies and welcome Led by Janice Perkins 10 mins

Description	To welcome and note apologies.
Outcomes	Attendees Janice Perkins (Chair) Fiona McElrea Gary Evans Sarah Passmore Paul Jenks Patricia Ojo Amul Mistry Alwyn Fortune (RCPharm staff) Regina Ahmed (RCPharm staff) Apologies Waqas Ahmed Shilpa Shah Jon Smith

2: Responsible Pharmacist (RP) rules and standards – guidance discussion 35 mins led by Regina Ahmed

<p>Purpose</p>	<p>To gather practical insight from community pharmacy professionals on where the proposed changes to responsible pharmacist (RP) rules and standards may create uncertainty, operational challenges, or support needs in practice.</p> <p>The discussion will focus on identifying:</p> <ul style="list-style-type: none"> • Where additional clarity or guidance may be needed • Which aspects of the proposed changes may be interpreted inconsistently • What pharmacy teams would need to implement the changes safely and confidently • How the existing RP guidance could better support day-to-day practice <p>This session focus is on identifying the areas where guidance and practical support will matter most ahead of implementation.</p>
<p>Outcomes</p>	<p>Presentation provided by RA around key changes to GPhC regulations, rules and standards</p> <p><i>Where might teams interpret RP rules different across pharmacies? Where do we need clearer guidance?</i></p> <ul style="list-style-type: none"> • Highlighted that within the RPS guidance if you can sign in remotely, then it is being interpreted you don't need to come to the pharmacy • Not the intention – GPhC have made it clear that RP has to be on premises to sign in – RA assured this would be reviewed as part of the process • Understanding difference between signing out as an RP and recording an absence for a defined short period (e.g. leaving the pharmacy to purchase lunch and then immediately returning) • Confusion around the terms “signing out” and a short “period of absence” • Impact on pharmacy opening hours and NHS terms of service, now RP can delegate responsibility, so where traditionally may have closed for lunch for 30 mins, now perceived can remain open which may affect opening and trading hours • Need to be careful around language in terms of ‘RP rules have changed’, fundamentals remain the same • Share guidance with NHS teams • Practical examples/scenarios to help people work though the guidance • Regulation changes can be confusing for pharmacy teams; language needs to be kept simple • Simple grid of what you can and cannot do - simple tools to refer to in a pharmacy

- Bullet points, simple language and simple format with a worked example/scenario to make it easy for people to follow
- Separate out what's happening in a community pharmacy to what is happening in a GPhC registered hospital premises
- **Important owners, who may always not be a pharmacist understand the changes and enablers**
- Clarity where there may be two RPs in a pharmacist at a particular day – case study where pharmacist A leaves at 3pm and pharmacist B signs in at 3pm

What are the biggest risks on day one (operational or patient safety)?

- Consider locum pharmacists – who are RP in pharmacies where they may not be familiar with the capabilities of the staff in terms of authorisation
- How do we help locums take on and understand these additional changes when SOPs are all digital and they may not have access to them at a particular pharmacy
- Safeguards for the wider pharmacy team and how we support staff who may be working with different pharmacists regularly – for example, uncertainty for pharmacy staff if a particular RP is unduly absent on a regular basis.
- Staff will need transition and support during any potential changes; pharmacy staff are always used to a pharmacist being on site. Supporting pharmacy technicians around competency and thresholds of what is permissible.
- With system changes such as Neighbourhood Teams there is perhaps greater potential for pharmacists to need to attend local meetings
- **Technology enabling changes – important these are considered when writing the guidance**
- Risk lies in how people interpret the rules – allow people to think them through with practical examples and frequently asked questions
- Training and development and support community pharmacists to deliver training and empower people.
- **Why are we having these changes? – maximise the clinical skills of pharmacists to deliver clinical services for patients whilst the dispensing and safe supply of medicines can continue to operate for patients. Important the guidance is done through the lens of this principle.**

What would help teams apply this in practice?

- PMR and web-based systems now often record all RP details
- Merit in having examples of what an RP log and template look like.

- Some multiples still use a physical paper bound book that RPs write in – so still some variety – so need to acknowledge there are different ways RP sign in.
- Reminding people who work in online pharmacies that RP must sign in and changing the physical RP log in practice.
- Authorisation log for the future changes? – Does the RCPHarm need to produce a template authorisation log?
- PMR systems can be very slow to change and there is no financial incentive for PMR suppliers to implement RP logs etc. It comes down to their level of customer service and/or desire to be market leading.
- Most importantly there is a process, and it is recorded – what works for individual pharmacies in terms of recording authorisation may differ – whether the recording of authorisation may be linked to the RP log or separate
- Needs to be clear there is more than one way to demonstrate compliance with legislative changes.

Challenges

- Challenges with what different pharmacies do and what the public experience is when visiting different pharmacies – public messaging remains very important.
- In addition, for different members of the public the experience may be different in the same pharmacy, depending on the nature of the medication dispensed
- What’s happening is permissive, not mandatory, so choice is there for owners, SP, RPs etc.
- Misinterpretation and lack of clarity around controlled drugs, and if the legislation permits these to be handed out in the absence of a pharmacist. This is linked to other legislation.

Top 2-3 updates needed

- Grid
- Case studies
- Legislation is permissive and enabling (not mandatory)
- Guidance needs to be all-encompassing to support SP, as well as RP, acknowledging these may be the same person performing both roles.

Highlighted that the RPS policy on strengthening pharmacy governance is out of step with legislation in terms of the sale of P medicines. There are different thresholds for P medicines, some P medicine sales need to be a pharmacist only sale.

3: Discussion on implementation of the Human Medicines Order 2025 – Supervision by pharmacy technicians guide, 35 mins, led by Regina Ahmed

Purpose	<p>To gather practical insight from community pharmacy professionals on the implementation of the supervision and authorisation changes introduced through The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 and identify where additional guidance, clarification and implementation support may be needed from day one.</p> <p>The discussion will focus on:</p> <ul style="list-style-type: none"> • Areas where the legislation may create uncertainty or inconsistent interpretation in practice • Potential operational, governance or patient safety risks during implementation • What pharmacists, pharmacy technicians and pharmacy teams will need to apply the changes safely and confidently • Practical tools, examples and safeguards that would support implementation • How existing guidance and Responsible Pharmacist (RP) resources may need updating to support day-to-day decision making <p>Particular attention will be given to delegation, authorisation, escalation, accountability and operational decision making.</p>
Outcomes	Will be revisited at the July meeting due to time constraints

4: AOB – led by Janice Perkins, 5 mins

Description	To discuss AOB, please inform chair prior to the meeting
Outcomes	July meeting date will be changed to 6 th July.