

Temporary Absence Consultation [December] 2018

December 2018

Considered by PSI Council on 14 February 2019

INDEX

Introduction.....	4
Background.....	4
About the Consultation.....	5
Response to the Consultation.....	5
The Survey.....	7
Analysis and Results of Survey.....	9
Thematic Discussion.....	22

APPENDICES

Appendix A – Response to Consultation Survey Question 11.....	27
Appendix B – Response to Consultation Survey Question 12.....	32
Appendix C – Response to Consultation Survey Question 13.....	75
Appendix D – E-mail Responses to the Consultation.....	109
Appendix E – Survey Responses via E-mail to the Consultation.....	125
Appendix F – Stakeholder Responses/Organisational Responses to the Consultation by E-mail.....	304
Appendix G – Draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018.....	317
Appendix H – Chronology and Overview of the Development of Temporary Absence.....	322
Appendix I – Information note on Pharmaceutical Assistants.....	324
Appendix J – PSI Public Consultation on the Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [July – August].....	328
Appendix K – Expert Group Report.....	667
Appendix L – Expert Group Terms of Reference.....	676
Appendix M – Public Consultation Survey.....	678

Public Consultation Report: Public Consultation on the Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 [December]

Version 1

January 2019

Introduction

This report summarises the feedback received during the 2018-2019 consultation process on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]. It includes the outcome of the online survey.

Background

Under the Pharmacy Act 2007 it is an offence to operate a retail pharmacy business other than in accordance with particular conditions, one of which is that the sale and supply of medicinal products must be carried out by or under the personal supervision of a registered pharmacist at all times (Section 26). However, the Act also provides that no offence is committed where a registered pharmaceutical assistant acts on behalf of a registered pharmacist during the temporary absence of the registered pharmacist (Section 30).

This same section of the Pharmacy Act provides the PSI Council with the ability to define what the temporary absence of a pharmacist is, and what may or may not be done by a pharmaceutical assistant when acting on behalf of a pharmacist during that period of temporary absence. The Council can do this by making statutory rules, subject to ministerial approval.

The PSI Council considered the matter of temporary absence and a proposed draft set of rules under section 30 of the Act at its meeting in March 2017. The Council decided to reject the proposal presented at that time, and requested further examination of the issue of temporary absence, and what would be covered within the scope of the rules.

A Working Group was then established to examine and produce a report, which was submitted to Council on the 17 May 2018 (available on website). The considerations of the group were informed by a number of documents including an independent NARIC report placing the Pharmaceutical Assistant qualification on the qualifications framework in the UK, and were contextualised on patient safety, public protection and risk in proposing how long a pharmacist may be absent from a pharmacy.

At their meeting on 17 May 2018, the Council considered the matter and accepted the Working Group report and its recommendations. It was agreed to proceed with developing draft rules under section 30 of the Act, based on this proposed policy. Draft Rules were issued for public consultation and at its meeting on 20 September 2018, the Council considered the feedback received during the public consultation process, and the context and parameters of the matter for decision. The Council agreed that the proposed PSI (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018, without change, be submitted to the Minister for Health for his consent so that they might be made into law.

Subsequently a delay arose in the submission of the approved Rules to the Minister for his consent. This arose in the context of an element of the drafting framework used in the Rules, and it required that the tasks that might be undertaken during a pharmacist's period of temporary absence were to be incorporated within the Rules.

Arising from this, proposed amendments were made to Rule 8. The amendments were informed by:

1. A risk matrix, which had been previously drawn up as part of the Working Group report on temporary absence, for the Council's consideration in May 2018. This matrix of tasks assisted in the development of the proposed activities that may be carried out by a pharmaceutical assistant when acting on behalf of a pharmacist, in their temporary absence.
2. The PSI met with the Irish Pharmacy Union and the Pharmaceutical Assistants Association to engage with them in the context of the drafting of the amended Rule 8.
3. An expert group was also constituted in November 2018 and asked to critically assess on the basis of risk, patient safety and public protection the provision/s contained within Rule 8 of the draft statutory rules which provides for what can be done by a pharmaceutical assistant during the temporary absence of a pharmacist, with such assessment having due regard to the principles of necessity, effectiveness, proportionality, transparency, accountability and consistency. The Terms of Reference and the Report of this Group are appended to this document.

The revised SI was presented to the Council of the PSI at their meeting of 6 December 2018 and approved for public consultation. It was agreed that the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December] would be issued for public consultation.

About the consultation

The public consultation opened on December 13, 2018 and closed on January 11, 2019.

The consultation was notified to the public on the PSI website and through social media.

Pharmacists, Pharmaceutical Assistants, and approximately 100 stakeholders were made aware of the consultation through email. A reminder e-mail was issued on Tuesday January 8, 2019.

Response to the consultation

In total **n=937** responses were received to the public consultation.

890 responses were received to the online survey.

20 responses were received via email ([Appendix D](#))

23 responses were received via email with the online survey attached ([Appendix E](#))

2 submissions were made by stakeholders by email ([Appendix F](#))

i) Irish Pharmacy Union (IPU)

ii) Pharmaceutical Assistants Association (PAA)

2 survey responses were received by post and were recorded in the online survey (891/892)

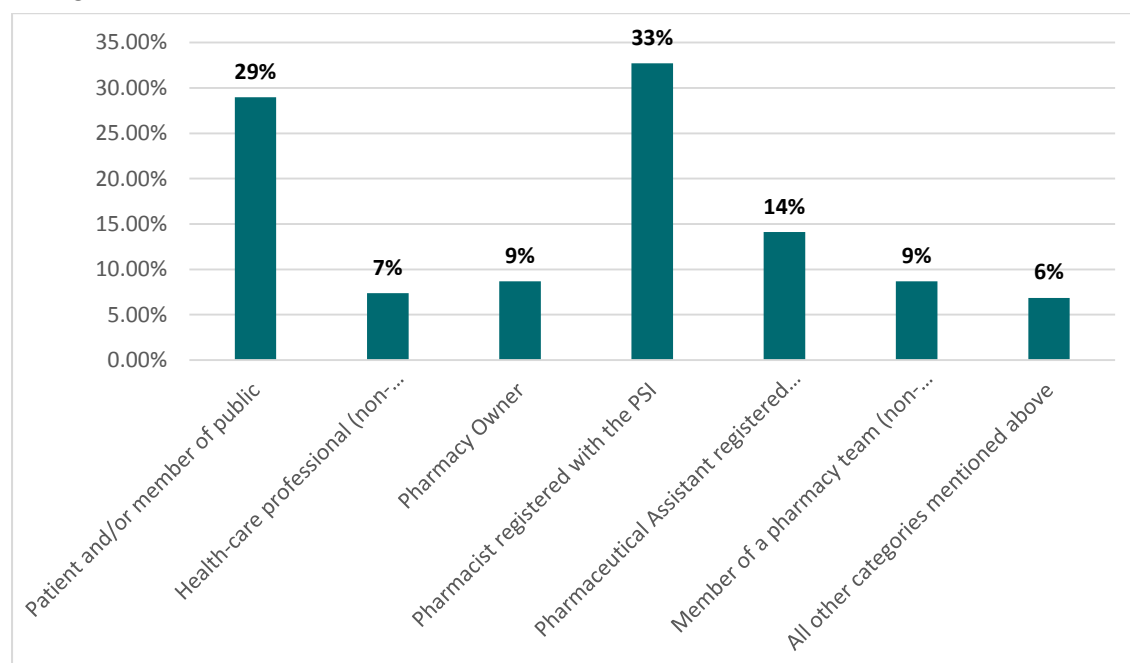
Survey Question 2

The profile of respondents is indicated in the table and graph below

Patient and/or member of the public	224
Healthcare professional (non-pharmacist)	57
Pharmacy Owner	67
Pharmacist registered with the PSI	253
Pharmaceutical Assistant registered with the PSI	109
Member of a pharmacy team (non-pharmacist)	67
Pharmacist retired/not registered with the PSI	4
Pharmaceutical Assistant retired/not registered with the PSI	2
Involved in healthcare education or training	12
Representing public/patient interests	10
Representing interests of healthcare professionals	3
Employer of healthcare professionals	3
Government body or department	4
Regulator	0
Industry	2
Other	13

Table 1a: Breakdown of consultation respondents

n=773



*Note, there is a 7% skew due to 57 individuals identifying with multiple categories.

Figure 1b: Breakdown of consultation respondents (Survey Question 2)

The survey

Prior to completing the survey, respondents were asked to review the documents below and to provide their comments to the survey. The online survey comprised of 13 questions ([Appendix M](#)) and the following documents were provided with the survey:

- A copy of the draft Rules ([Appendix G](#))
- A chronology and overview of the development of temporary absence ([Appendix H](#))
- An information note on pharmaceutical assistants ([Appendix I](#))
- The Public Consultation report on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 [July – August] ([Appendix J](#))
- The expert group report ([Appendix K](#)) along with the expert group report terms of reference ([Appendix L](#))

Additionally, due to the legislative definitions in Rule 8, examples in common terminology were provided to assist in answering questions 5-10.

Responses are anonymous, except where the respondent wished to be identified.

Responses were also accepted by email to consultation@psi.ie.

Survey Question 3

As demonstrated in figure 2, 97% of respondents responded on their own behalf.

n=767

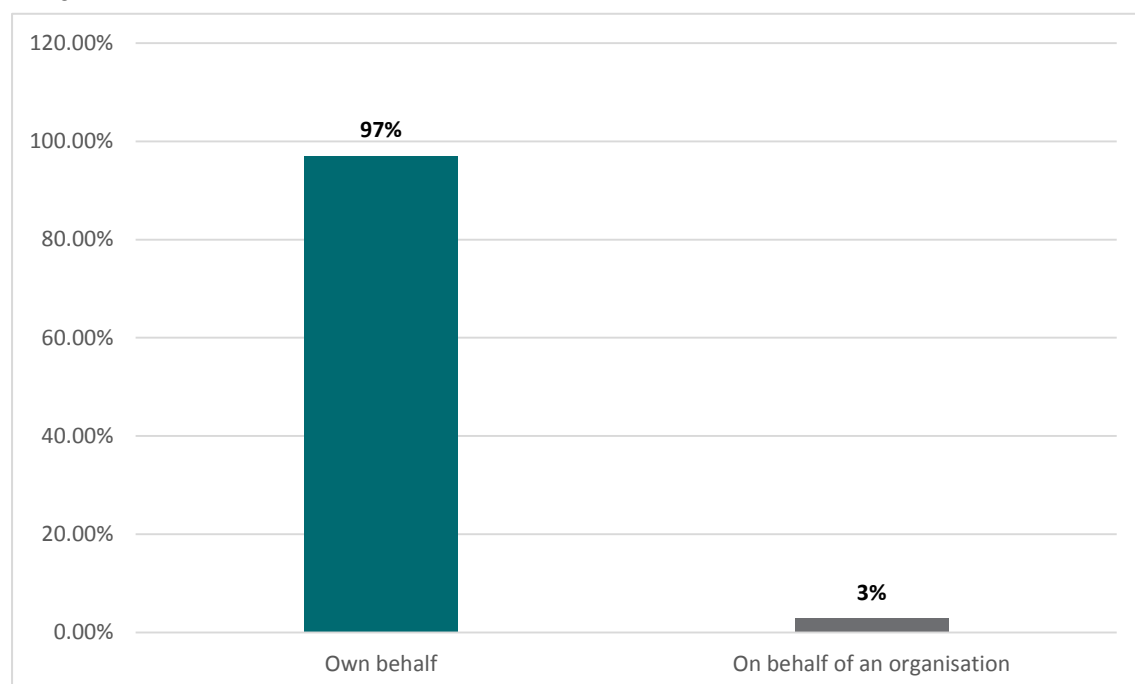


Figure 2: Responding on own behalf/behalf of an organisation

Survey Question 4

As demonstrated in figure 3, 56% of respondents participated in the previous Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 in July – August 2018.

n=768

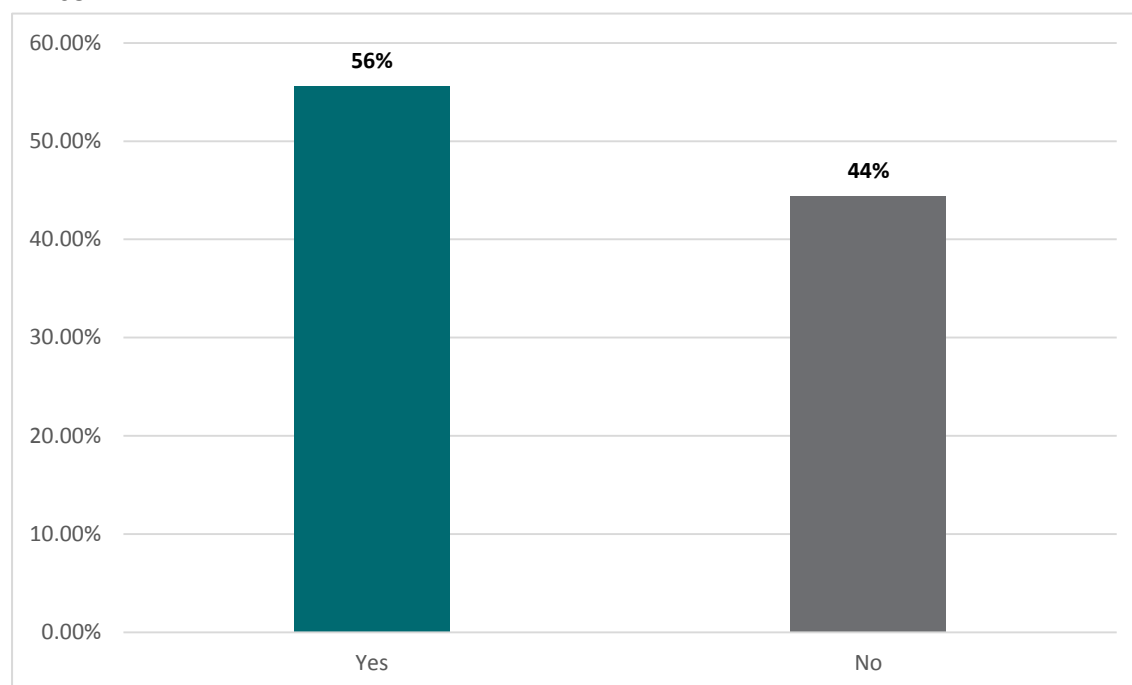


Figure 3: Participated in July-August 2018 Consultation

Analysis and Results of Survey

Question 5

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

Do you agree in the absence of a registered pharmacist, a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

As demonstrated in figure 4, 38% strongly disagree, 3% disagree, 5% neither agree nor disagree, 8% agree and 47% strongly agree.

n=760

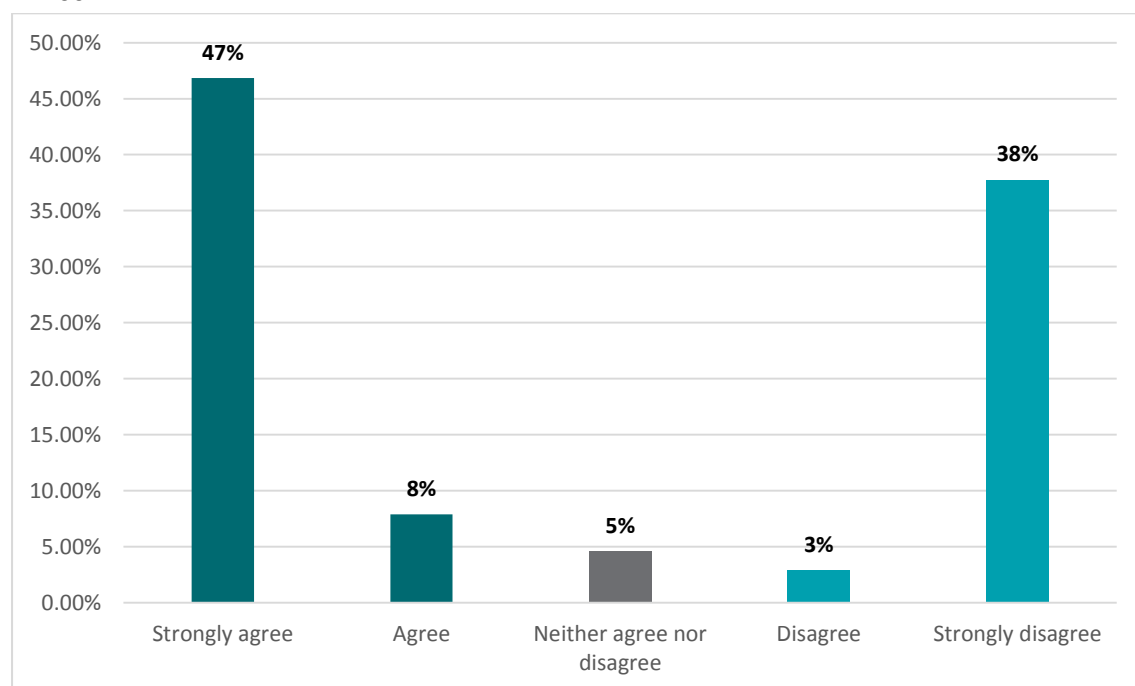


Figure 4: “Registered pharmaceutical assistants may dispense a repeatable prescription where it is not the first dispensing in the absence of a registered pharmacist”

Question 6

Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

****High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub).***

As demonstrated in figure 5, of those who responded to this question in the consultation survey, the majority 73% strongly disagreed with the proposal.

n=777

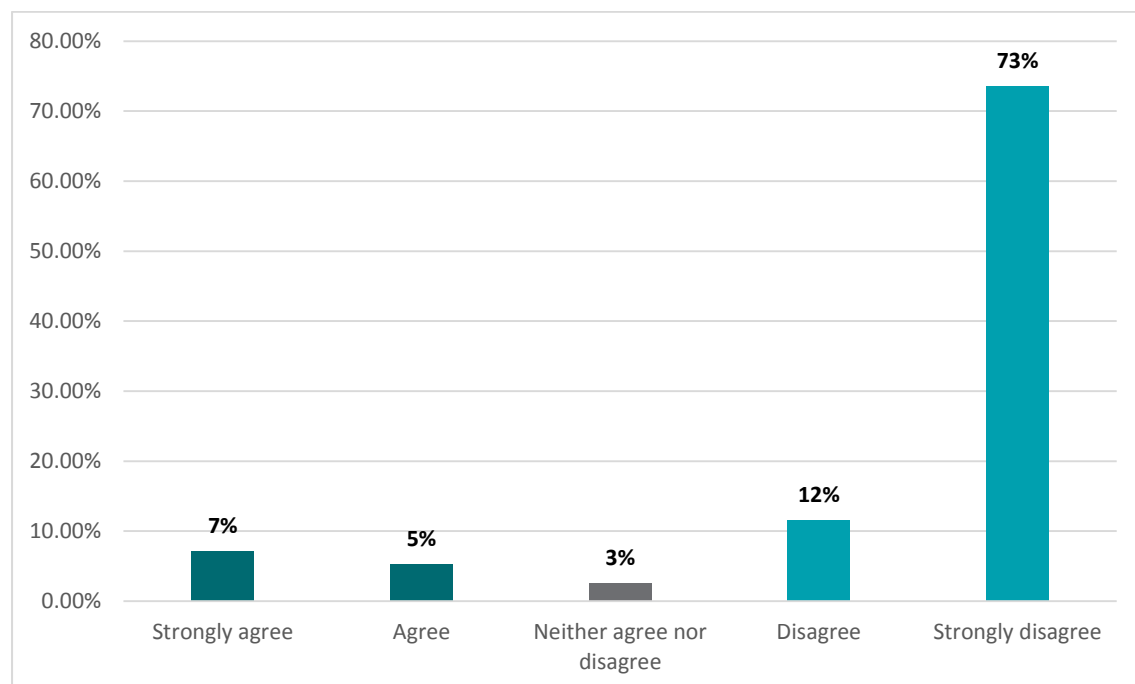


Figure 5: Do you agree a pharmaceutical assistant may not dispense a prescription for a high tech medicinal product in the absence of a registered pharmacist?

Question 7

Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

****Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate).***

As demonstrated in figure 6, of those who responded to this question in the consultation survey, the majority 75% strongly disagreed with the proposal.

n= 775

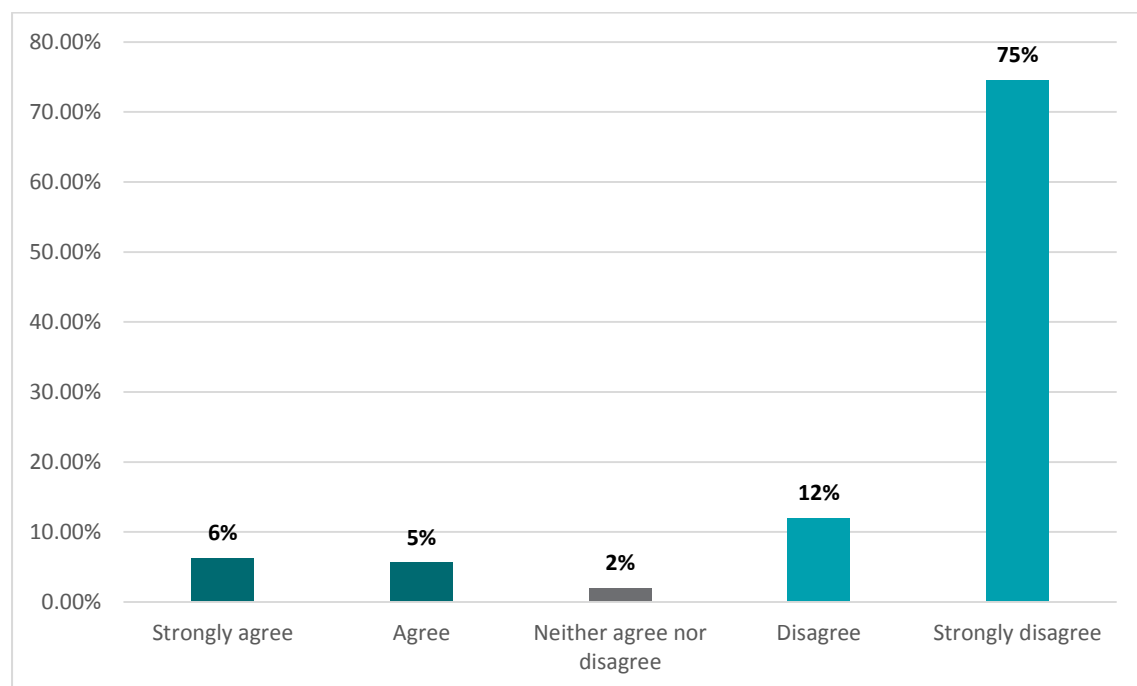


Figure 6: Do you agree a pharmaceutical assistant may not dispense a prescription for a cytotoxic medicinal product in the absence of a registered pharmacist?

Question 8

Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

****Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium).***

As demonstrated in figure 7, 7% strongly agree with this principle, 4% agree, 3% neither agree nor disagree, 11% disagree and 75% strongly disagree.

n=775

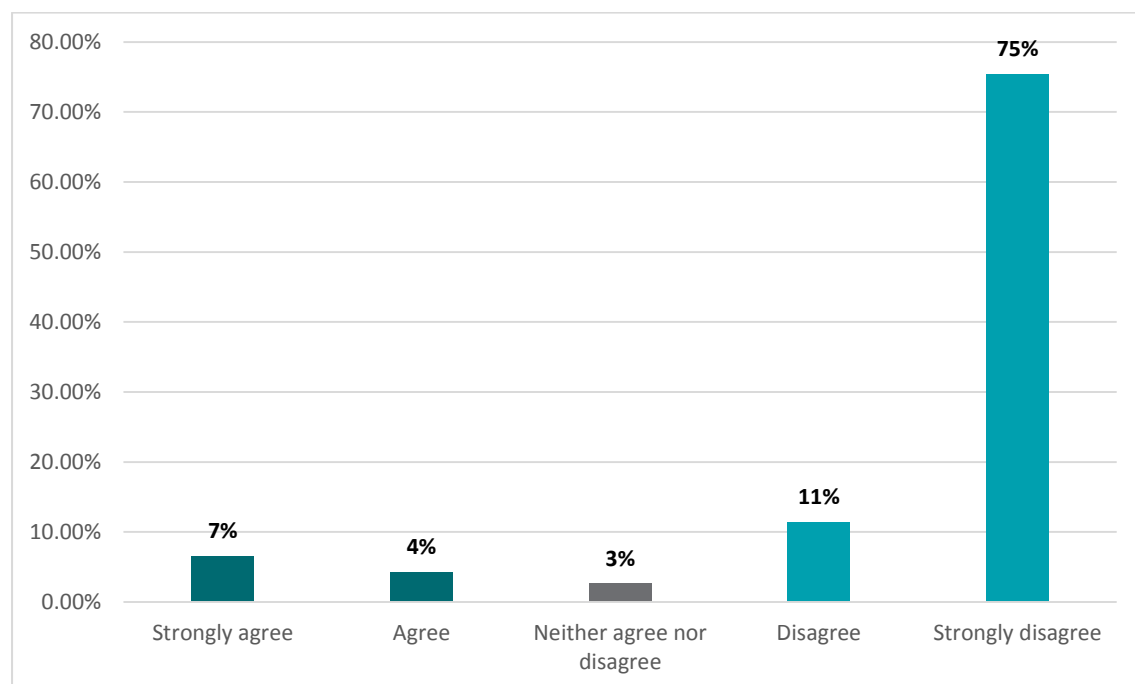


Figure 7: Do you agree a pharmaceutical assistant may not dispense a prescription for a narrow therapeutic index medication in the absence of a registered pharmacist?

Question 9

Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

**General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (e.g. Gaviscon liquid)*

As demonstrated in figure 8, 84% strongly agree with this principle

n=775

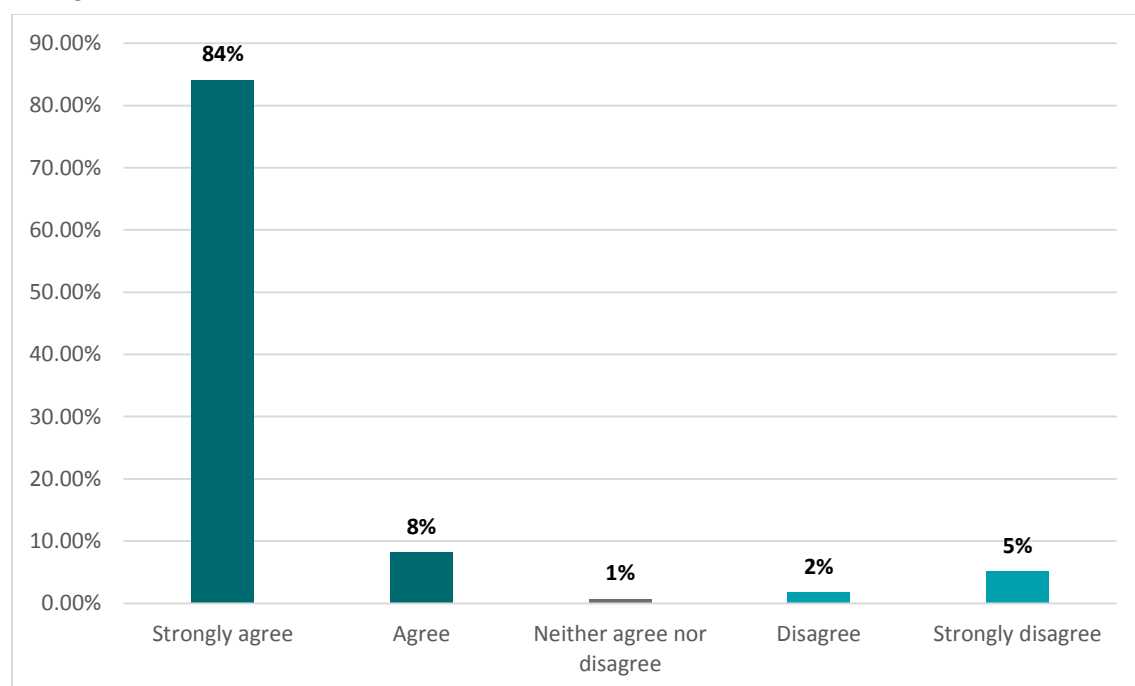


Figure 8: Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense and/or sell pharmacy-only and general sale medicinal products?

Question 10

Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

****General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without supervision of a pharmacist (e.g. Gaviscon liquid)***

As demonstrated in figure 9, 85% strongly agree with this principle

n=776

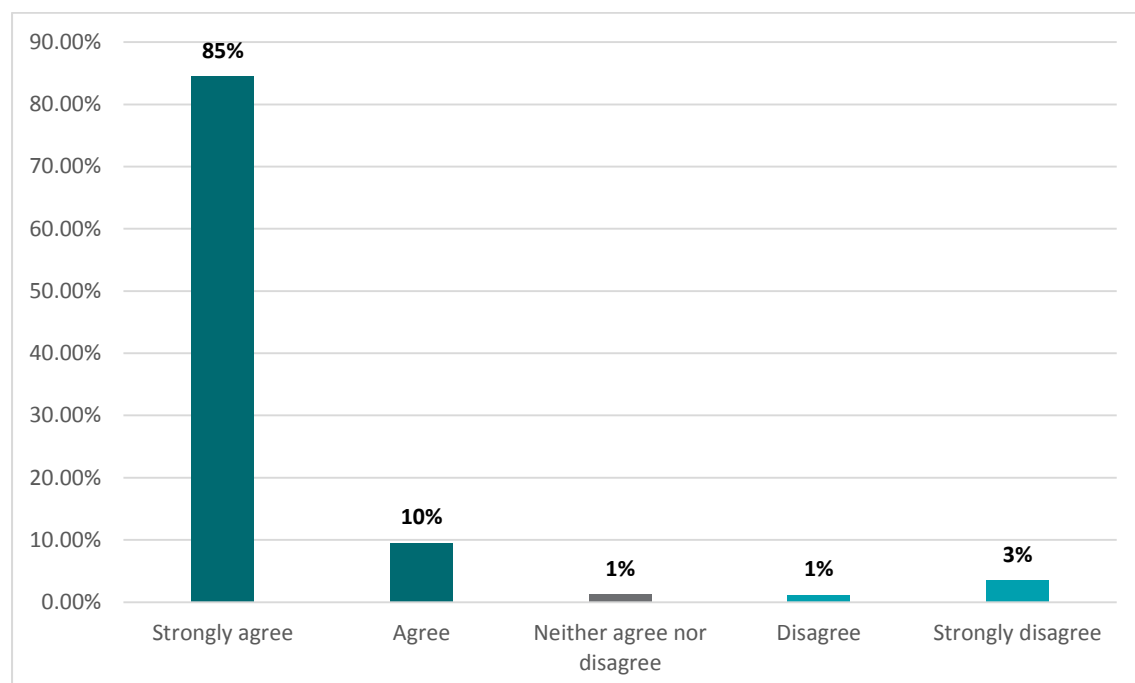


Figure 9: Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the dispensing and/or sale of pharmacy-only and general sale medicinal products?

Question 11

Rule 8 (2) contains specific legal definitions which must be made clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners

- “Cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant
- “General sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007)
- “High tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive
- “Narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions
- “Pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007
- “Repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003)

Do you think the following definitions are clear?

As demonstrated in figures 10a-f the majority of respondents found the definitions to be clear. Additional comments can be found in [Appendix A](#)

n=516

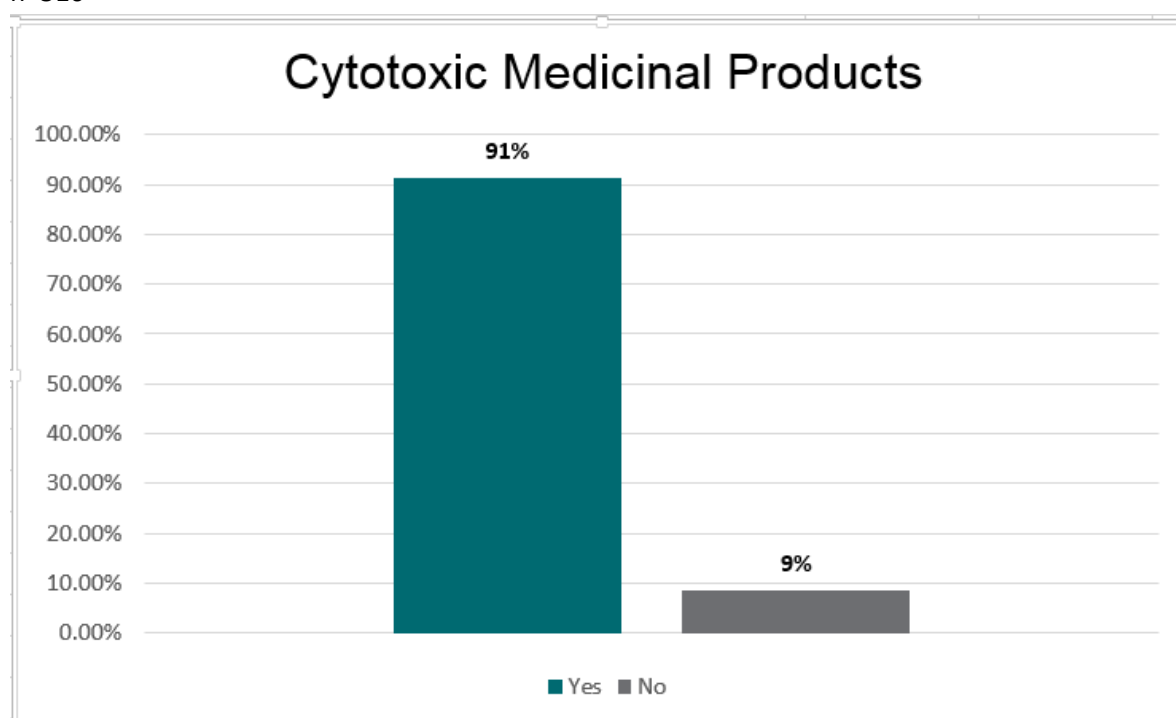


Figure 10a: Do you agree the definition of “cytotoxic medicinal products” is clear?

n=516

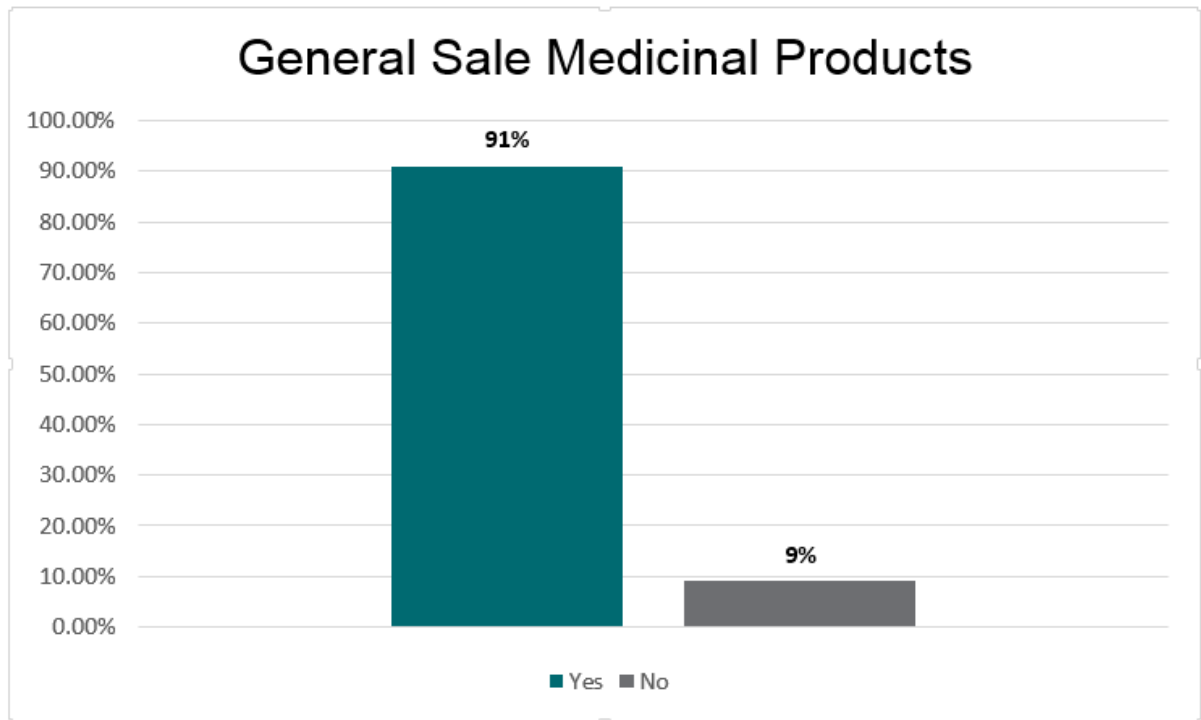


Figure 10b: Do you agree the definition of “general sale medicinal products is clear?

n=516

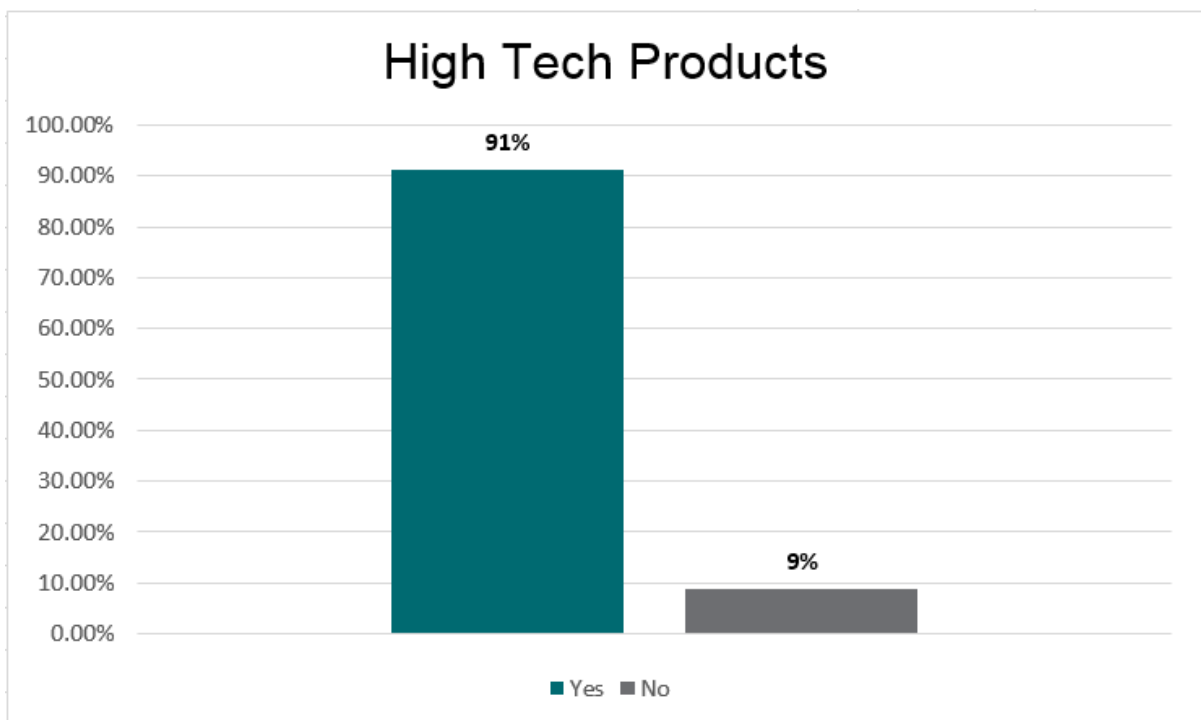


Figure 10c: Do you agree the definition of “high tech products” is clear?

n=516

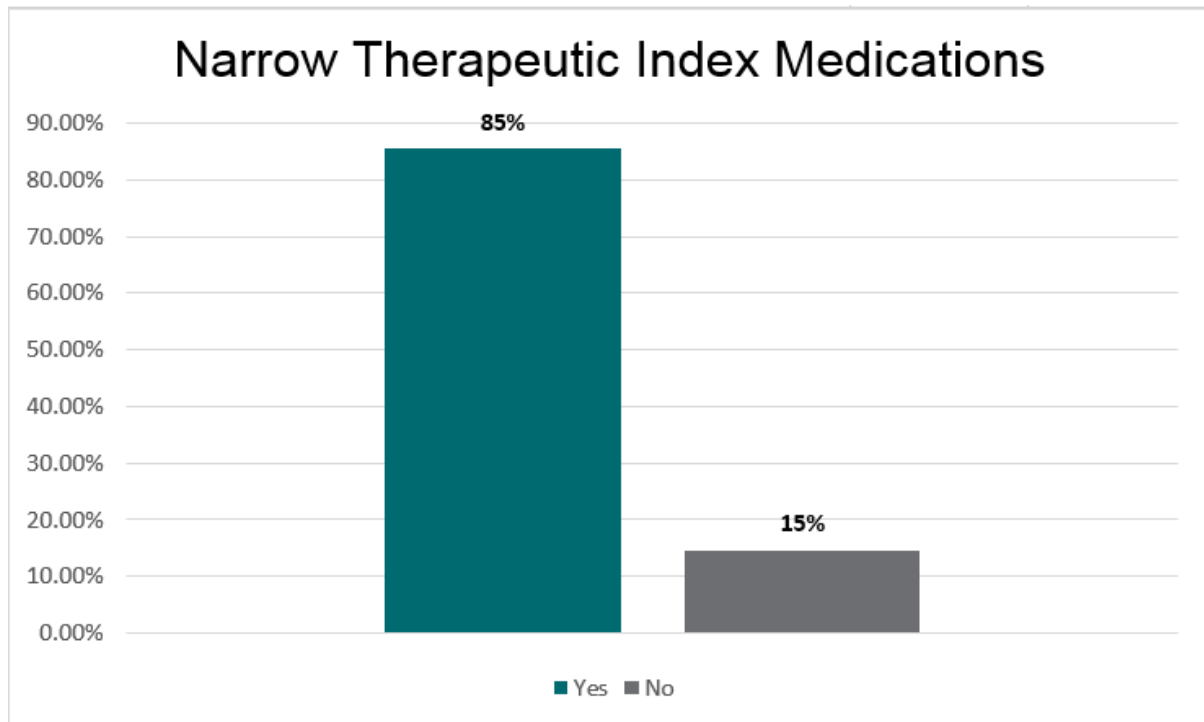


Figure 10d: Do you agree the definition of “narrow therapeutic index medications” is clear?

n=516

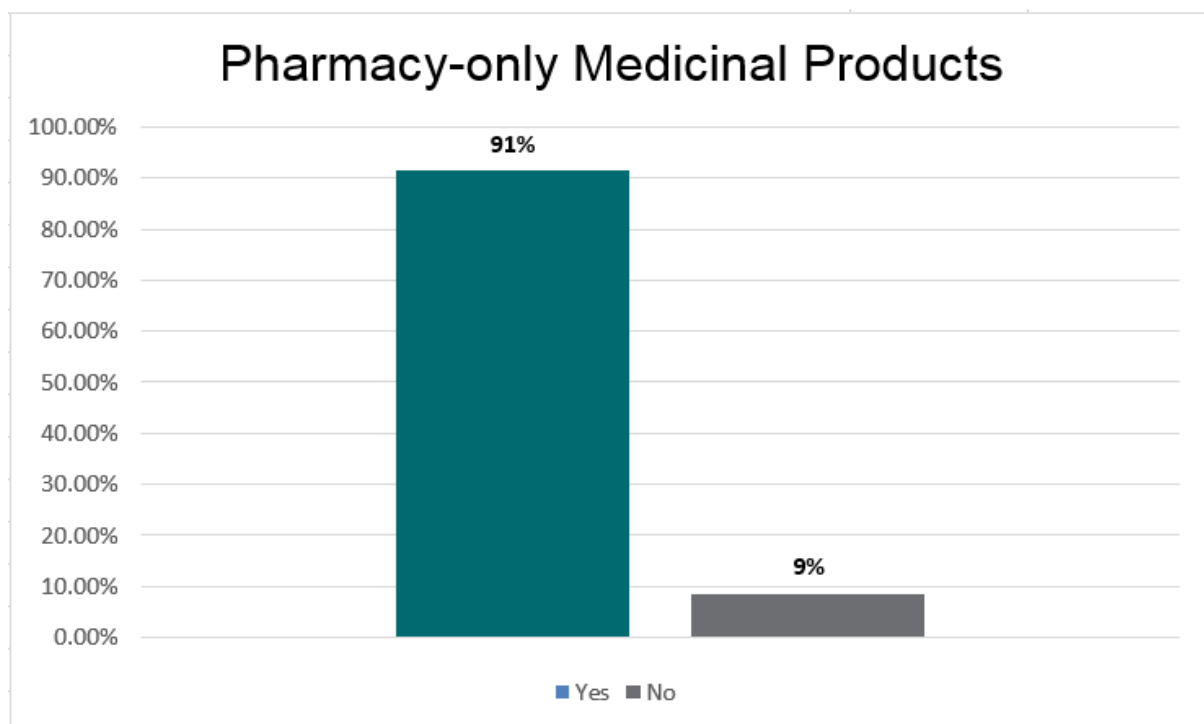


Figure 10e: Do you agree the definition of “pharmacy-only medicinal products” is clear?

n=516

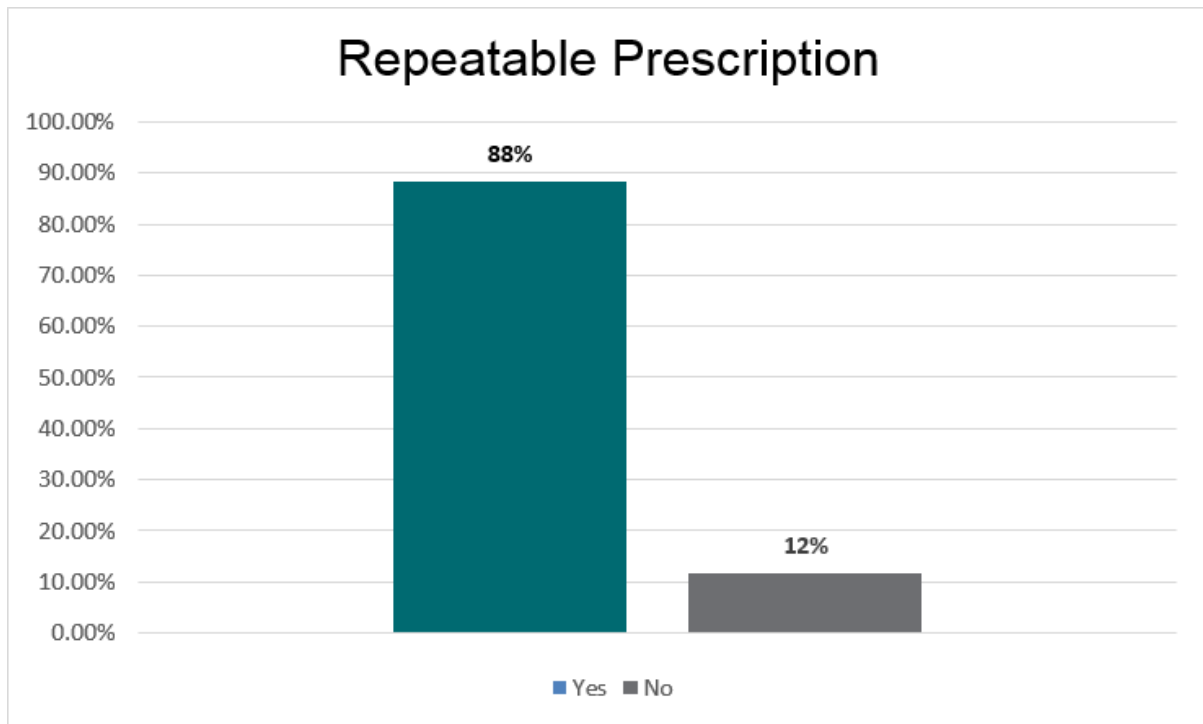


Figure 10f: Do you agree the definition of “repeatable prescription” is clear?

Question 12

Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018?

As demonstrated in figure 11, of those who responded to this question in the consultation survey, approximately 51% provided additional feedback in the comment section. A full list of responses is included in [Appendix B](#)

n=748

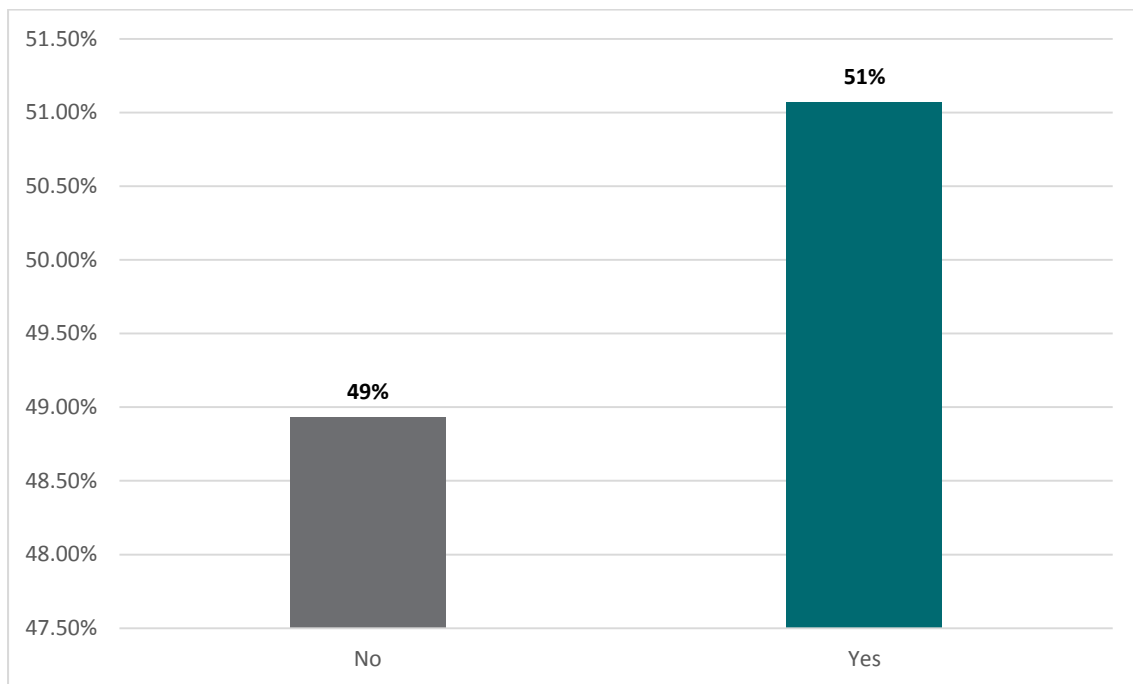


Figure 11: Do you have any additional information or comments you would like to provide in relation to draft Rule 8?

Question 13

Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 as a whole?

As demonstrated in figure 12, of those who responded to this question in the consultation survey, approximately 46% provided additional feedback in the comment section. A full list of responses is included in [Appendix C](#)

n=735

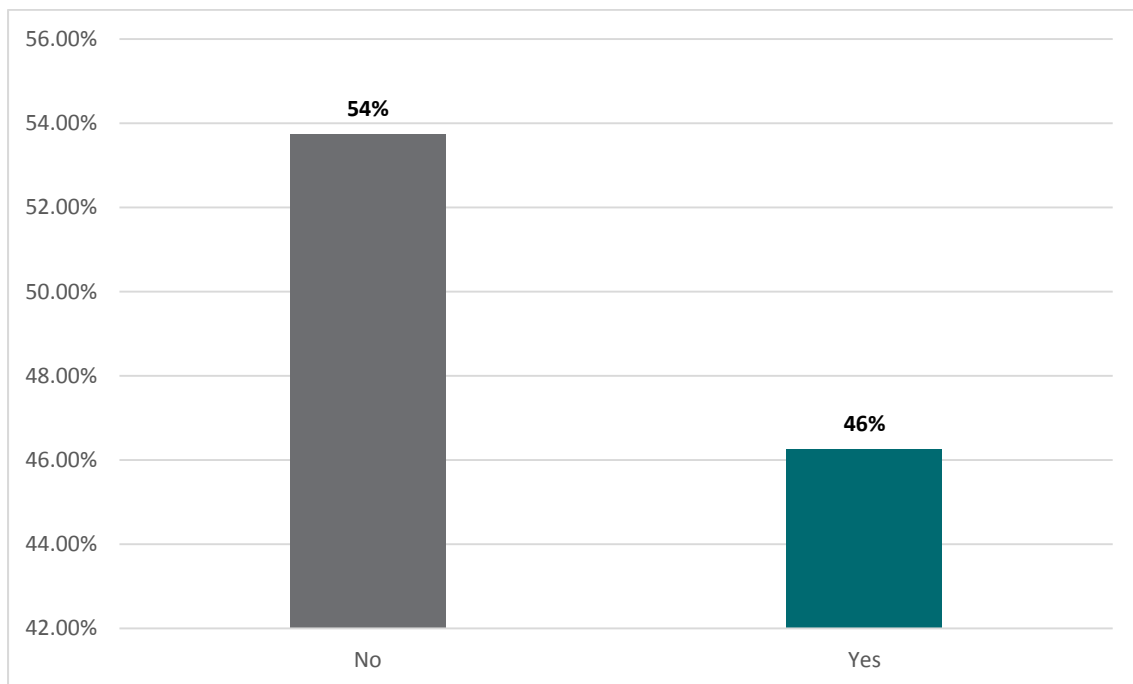


Figure 12: Do you have any additional information or comments you would like to provide in relation to the 2018 draft Rules as a whole?

Conclusion

We have noted all responses with thanks. The feedback and comments will be provided to the Council of the PSI for their consideration.

Appendices

A	Response to Consultation Survey Question 11
B	Response to Consultation Survey Question 12
C	Response to Consultation Survey Question 13
D	E-mail Responses to the Consultation
E	Survey Responses via E-mail to the Consultation
F	Stakeholder responses/organisational responses to the consultation by email
G	Draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018
H	Chronology and Overview of the Development of Temporary Absence
I	Information note on Pharmaceutical Assistants
J	PSI Public Consultation on the Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [July – August]
K	Expert Group Report
L	Expert Group Terms of Reference
M	Public Consultation Survey

Thematic Discussion:

Public Consultation on the Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 [December]

Version 1

January 2019

Background

A thematic analysis was performed on the 'comments' data collected from the online survey during the consultation process using NVivo 12 qualitative analysis software¹. This software allows the user to categorize and qualitatively analyse data. Some responses contained more than one theme, and it was not possible to categorize all responses, where a theme was not identifiable, where the comment made did not relate to the question, and/or where the theme was not recurring. All comments received from the online survey however are available for review at [Appendices A – C](#) of the Consultation Report.

Questions 1 – 10 of the consultation survey did not provide for free comments to be made by respondents. Hence these questions are not included in this thematic discussion document.

¹ A full record of the data and its categorization is available from the PSI on request.

Thematic Analysis

Question 11

Q11. The Rules contain specific legal definitions which must be clear. In the interest of public safety it is very important that the technical definitions can be understood by relevant practitioners:

- **“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant**
- **“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007)**
- **“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive**
- **“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions**
- **“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007**
- **“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003)**

Do you think the following definitions in Rule 8(2) are clear?

A total of 84 comments were received in relation to Rule 8(2). (Appendix A)

Theme/Category	Comments
Comment on “cytotoxic medicinal products”	7
Comment on “high tech products”	4
Comment on “narrow therapeutic index medications”	13
Comment on “repeatable prescription”	2
Comment on ‘first-dispensing’	3
Definitions are clear	4
Definitions are unclear/misleading	9
Develop a list of high tech/cytotoxic/ narrow therapeutic index medications	8

There was strong sentiment amongst the responses that the restriction on prescriptions a Pharmaceutical Assistant (PA) may dispense in the temporary absence of a registered pharmacist was ‘impractical’ in the running of a pharmacy and ‘too restrictive’. Some respondents who believed the definitions to be clear, noted that they were opposed to restrictions on Pharmaceutical Assistants.

Question 12

Q12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018?

A total of 382 comments were received. (Appendix B)

Some comments provided feedback on Rule 8, as had been asked in question 12. Themes arising in these comments are set out in the first table below:

Theme/Category	Comments
Comments on “repeatable prescription”	38
Comments on “high tech medicines”	14
Comments on “cytotoxic”	14
Comments on “narrow therapeutic index”	13
Calls for evidence for Rule 8 development	14

Other comments, relating to the Rules in their entirety, were also provided in response to this question. Themes arising in these comments are set out below, for completeness:

Theme/Category	Comments
Calls for CPD and/or Fitness to Practice for PAs	33
Rules do not account for PA’s experience	58
PAs preferred over locums	10
Pharmacies, pharmacists, and public will suffer without PAs	32
PAs are qualified to dispense all prescriptions	53
Retain status quo	27
Too restrictive	11
Will make PAs unemployable	55

The majority of responses were in disagreement with the proposed Rule 8. Many responses called for the recognition of Pharmaceutical Assistant’s experience, skills and capabilities. Respondents questioned the changes proposed given that Pharmaceutical Assistants have been dispensing many of the restricted medicines for years. Respondents believed that the proposed Rule 8 would introduce barriers and delays to patients wishing to access medicines. There was concern that

Pharmaceutical Assistants will be made redundant as a result of the proposed changes, and concerns for pharmacist staffing and recruitment in rural areas.

Some respondents noted that they were opposed to the one hour period for temporary absence and many respondents requested “upskilling” and access to continuous professional development for Pharmaceutical Assistants. Others queried the benchmarking of their initial qualification. Some made the recommendation that the public be informed when being served by a Pharmaceutical Assistant to give them the choice of accepting their medication or returning to see the registered pharmacist. A suggestion was made by a few respondents that the pharmacist should be available remotely during a period of temporary absence. Many respondents were critical of the PSI.

Question 13

Q13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 as a whole?

A total of 340 comments were received with similar sentiments as found in Question 12.

A number of key themes were identified in the responses to this question:

Theme/Category	Comments
Disagree with definition of “temporary absence”	46
Does not account for PAs’ experience	30
Evidence for development of Rules	16
Introduce CPD/Fitness to Practice for PAs	31
Retain status quo	22
Will have negative impact on pharmacies, pharmacists, and/or public	22
Will make PAs redundant/unemployable	32

Many themes identified in the responses to question 12 were common to question 13.

The majority of respondents were in disagreement with the proposed definition of temporary absence being restricted to one hour and the restrictions on tasks a Pharmaceutical Assistant can undertake. In addition to the themes noted above, there were recommendations to provide “upskilling” courses for Pharmaceutical Assistants. Concerns were expressed in relation to recruitment and workforce issues. Many believe the proposed Rules to be ‘unfair’ and would result in redundancy for many Pharmaceutical Assistants. It was noted that many PA’s are close to retirement and female. Criticism of the PSI was expressed and some respondents felt their submissions in previous consultations had been unheard.

Appendix A

Q.11 Rule 8 (2) contains specific legal definitions which must be made clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners

- “Cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant
- “General sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007)
- “High tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive
- “Narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions
- “Pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007
- “Repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003)

Do you think the following definitions are clear?

Please provide additional comments, if any, in relation to the definitions below:

6	pharmaceuticall assistants have at least 30 years experience
9	These are legal definitions and will be understood only by certain health care practitioners. If feedback is to be invited from the general public, who will be affected by these changes, then an alternative and clearer definition must be provided alongside the legal one.
16	The definitions are clear but there is no need for them. They are an unmitigated insult to the capabilities and professionalism of people who are over 40 years performing a role. They have paid annual registration fees for all this time and are thin on the ground. Why not let them serve out their time till they retire and provide those of us who are working in rural areas with adequate cover so we may have the odd day off and may get a week's Holiday also?
17	This consultation is a sham and the public will have not ability to understand the rules
18	"High-Tech" is a definition that exists ONLY for the purposes of administrative requirements for the terms of reimbursement by the HSE. It does not necessarily have any bearing on that medicine's potency or hazards, and has no place in regulation of this nature.
23	although the definitions are good their interpretation would be up for debate, what drugs are to be included in the narrow therapeutic index, will psi be providing a list.
33	there should be legal sanctions for the pharmaceutical assistant and the pharmacy owner as well as the supervising and superintended pharmacist set up clearly in case of any breach of these regulations (which will occur regularly if the consequences will not be clear enough)
44	Very disrespectful to assistants to have such limited abilities. Test their competency like pharmacists,ensure doing CPD. Unfair to limit now after years and years. Where is the evidence of harm/errors/risk

Appendix A

45	Why does this rule have to be complicated? Cytotoxic agents and high tech medicines are clearly defined and should suffice without all the long-winded inclusion of all medicinal products on the market. Why insert first dispensing. Is a qualified assistant unable to dispense a regular prescription?
53	Obscene to restrict a qualified healthcare professional. If they require training in this area then just provide the training and allow them work
54	It is easy to define and identify pharmacy only and general sale medicines and high tech medicines, however will there be a list of drugs provided which fall under the definition of 'cytotoxic' or 'narrow therapeutic index' medicines to ensure a PA doesn't accidentally break the law? Or will it be open to the discretion of the PA on duty? Does the point that they can only dispense repeatable prescriptions mean that they cannot dispense controlled drugs? By restricting the medicines that can be supplied when a PA works, you are restricting the pharmacy service. Patients should be able to expect to get full service from a pharmacy when it is open and operational, to turn a regular customer away at certain times because a PA is on duty would introduce unnecessary inconvenience and risk to the patient and confuse them as to whether the person in charge is able to provide a safe and effective service. I do not understand the rational for restricting supply to these categories of medicine.
55	The definitions are clear.
57	Have meds been dispensed previously in Another pharmacy . How is QA to know ?
58	definition of High Tech meds ought to be expanded further
62	If PA is allowed to dispense repeatable prescriptions it should be for ALL prescriptions previously dispensed for that patient with a valid prescription or consent of prescriber.
63	All except one category of medicinal product have a defined list which can be used as a reference source, and is regularly updated. The category described as 'narrow therapeutic index medications' needs to have a defined PSI-approved list which can be consulted by a registered pharmaceutical assistant in the event of presentation of a prescription during the absence of the pharmacist.
77	Citing of regulations is cumbersome
79	High Tech Medicines are an arbitrary grouping of medicines based on cost ultimately, will little relation to the complexities around patient care.. I fail to see why an PA wouldn't be qualified to dispense a significant proportion of the medicines in this grouping, especially those falling within the "repeatable prescription" definition.
81	I think it is important to realise the vast breadth of experience of these professionals should be considered more strongly
95	With regards to a medicine which has a narrow therapeutic index, what is meaning of the term "small" in the definition? This is a vague term and open to widespread interpretation.
100	in narrow therapeutic index the clause "may lead to dose and blood concentration dependence" makes no sense to me. under that definition of cytotoxics etanarcept would be cytotoxic? is this the intention?
102	I have been dispensing all these prescriptions since 1981 and do not understand why i am no longer qualified to do so as it was the PSI who gave me my qualification to do so in the first place.
107	Cytotoxic products too vague - must have a defined list
111	Ridiculous to place more complicated rules and regulations in place . Obviously thought up by people who have limited practical experience
112	I would prefer if a list could be drawn up for the cytotoxic and narrow therapeutic index drugs in question. This could be left with the pharmaceutical assistant(s) each day and make things as clear as possible for everyone.

Appendix A

125	in my experience many pharmaceutical assistants have much more experience than a student a few years out of college, have more common sense and are more diligent. these restrictions are far too onerous considering in the future the PAs will be phased out as PAs retire.
132	I believe that Pharmaceutical assistants are coming towards the end of there careers and should be left to finish their careers as they do at present
144	As these people, women in the main have been upskilling constantly I think that they are very aware of the meanings of each. This rule is very patronising and shows no understanding of their experience or prior knowledge
148	No Comment
165	As a retired lecturer I strongly feel that any qualification achieved and certified by me and my institution should be honoured...particularly by the body initially sponsoring the programme...any less is blatant treachery to, not only your graduates, but also your integrity and honour
169	one can purchase general sale medicinal products in supermarkets yet you question a qualified health care licensee selling these products.?????? Am I missing something here ????? Is this a serious question? Maybe your definition is confusing.
195	Where I have answered no, there is no actual definition, just a reference to another piece of documentation. This is why I don't think they are clear.
236	na
257	Yes I understand what all these terms mean and the use of these medicines
322	i disagree with rule 8 and its restrictions on pharmaceutical assistants, so how these terms are defined is irrelevant
323	The definitions are ok the rule is not, the question is poor
332	Hi Tech Medicines/ products may benefit from a more clinically specific definition.
337	A registered pharmaceutical assistant should be able to dispense ALL Medicinal Products in the temporary absence of a pharmacist. Anything else is unworkable.
343	Pharmaceutical Assistants should be allowed to continue to dispense all types of medicine, unless the PSI has any EVIDENCE that this is the wrong thing to do. I have worked alongside a large number of PAs and there has never been an issue in all that time. The role of the Supervising Pharmacist is to determine whether his/her staff are fit for purpose. To remove this diminishes the role of the pharmacist as it is basically saying that we don't understand our role.
352	List of NTW & cytotoxic drugs should be stated to ensure it's clear if this goes ahead
353	A Pharmaceutical assistant should be free to dispense all prescriptions
357	There is absolutely no reason why a qualified assistant should not be allowed to dispense these items . When a pharmacist encounters new drugs or procedures, whether the pharmacist has done the Masters degree or the Old BSc degree, they too have to be updated by means of CPD hours and courses. There is no reason why the qualified assistant should not be treated in the same way. We have always kept up to date with training and CPD. The pSI did however make it difficult for us when they took over the continuous education training. We were treated equally under the old system: Invited to partake in all pharmacy related training. It is as if this was all in the 'plan' I'm sorry to say.
371	The definitions are clear. However I strongly disagree with the proposal not to allow a Pharmaceutical Assistant acting in the temporary absence of the pharmacist to dispense cytotoxic medicinal products, high tech products, or medications with a narrow therapeutic index, or a repeatable prescription when it is the first dispensing. This is completely impractical and unnecessary.
379	Where does narrow therapeutic index begin/ end? Insulin, Anticoagulants, Digoxin, Opioids, NSAIDs- all could be described as narrow therapeutic index. How will this be implemented?

Appendix A

385	Cytotoxic drugs - perhaps a list (understandably not complete) would assist - will all assistants know which drugs are cytotoxic NTI drugs - as above
393	need to define exactly which medicines constitute cytotoxic and NTI
402	What the hell is the point of this question? The main issue is about PA not your stupid definitions
408	Qualified Assistant Pharmacists are very capable and I would trust them much more than some of the newly qualified pharmacists
425	Registered Pharmaceutical Assistants were and are trained to dispense all above and are certified by The Pharmaceutical Society of Ireland and have been doing so since qualification.
458	Question 5 too unclear to answer. If I write agree it means I also agree to not being allowed dispense a first dispensing of a S1A(where doctor specifies it may be repeated) and S1B first dispensing. For clarity my qualification specifies I may dispense all medication in the Temporary Absence of a Pharmacist. If I disagree it for the previous points am I then agreeing to not being allowed dispense 2nd 3rd etc dispensings. This question is very unclear . A public consultation question should be extremely clear in order to decide on the outcome of the replies. No matter what reply the consultation gets it will not be a valid consultation.
460	n/a
461	N A
469	Where is the clinical evidence where this is needed.
476	Waffle on the part of the PSI. Presume the definitions are standard anyway so what is the relevance
483	TOTALLY NOT RELEVANT TO THIS ISSUE THE DOWN GRADING OF THE PHARMACY ASSISTANT.
493	don't know what this has to do with pharmaceutical assistants
538	not relevant to assistants as they work within the rules either way the same as any pharmacist would!!!!
554	I believe the Qualified Pharmaceutical Assistants (expert generalist) should be allowed to continue dispense given their decades of experience
563	I don't believe in good conscious I can answer question 5 as it is unclear. I don't agree that a PA can't dispense in the first dispensing thus the question is misleading. It appears the PSI are leading people to agree that PAs can't dispense the first prescription which is what PAs are actually trained and qualified to do already and are in fact doing so at the moment.
585	Could be clearer
607	NOT CLEAR ENOUGH , NOT ENOUGH INFORMATION
612	not easy to understand if you are just a member of the public. It appears that you dont really want ordinary people to understand what you are saying.
614	It is quite disconcerting that this statement is so misleading. The phrasing is geared for a biased response and is incoherent. Did NALA approve this statement to gobbledegook it? It's very interesting that the phrasing of questions 5-8 for the prescription only questions will provide false negative answers. The questions 9-11 are farcical as pharmacy technicians and OTC staff (unregistered!!!) are selling medicines often unsupervised while the pharmacist is completing vaccinations or the like in the consultation room!!! Get your house in order Regulator!
632	I am at a loss as to why there is further consultation at this point, if an assistant pharmacist is qualified to take responsibility for one hour, how are they not competent to dispense for longer? I have dealt with a number of assistant pharmacists over the years and can categorically state that I have found them to be very competent, I have never had any issues with regard to errors/lack of knowledge and I feel that over all this cohort of people

Appendix A

	have a huge amount of experience going back over many years. My understanding is that as a body of people they are willing and able to upskill themselves taking into consideration their wealth of experience. This is the 4th consultation, why? is any regard being taken of previous survey, it would appear not.
653	How relevant is this question- Surely if an assistant is covering in the temporary absence of the pharmacist they should be able to dispense all drugs. As a customer i can not see the sense in this so it is not clear to me what answer i should give
657	Cant see the relevance of this question
665	Too many categories developed will lead to confusion
666	cant tick these boxes as i dont know what i am agreeing to
667	not relevant
746	With respect to General sale meds and Pharmacy only meds the definitions given in questions 9 and 10 are better. A definition for High tech products should refer to the fact that they are always consultant initiated and are used under specialised medical supervision only.
786	The definition of narrow TI medications does not make sense (at least not to me!). I think the word dependent instead of dependence should be used in the following sentence.....'may lead to dose and blood concentration-dependent, serious therapeutic failures or adverse drug reactions' not 'may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions' I would also suggest that and/or should be used in the same sentence as theoretically serious therapeutic failures and adverse drug reactions can occur simultaneously.....'may lead to dose and blood concentration-dependent, serious therapeutic failures and/or adverse drug reactions'
798	This question is quiet ambiguous. ????
807	Don't see purpose of this question
808	????
815	PA training and experience has been and is part of what made community pharmacy what it is today. We trained and respected our role at all times and many a pharmacist would not be where they are today without a good Qualified Pharmaceutical Assistant running the dispensary.
843	N/a
844	Whether the definitions in the proposed rules are clear or not is hardly the real issue
852	The narrow therapeutic index medications should be listed.
884	What is the question?
885	narrow therapeutic index - is a debatable list and open to argument and if going to make a rule need to specify exactly what can and cannot dispense, although they should be allowed to dispense all meds in the absence as provide a valuable service
889	Don't really understand all these terms

Appendix B

Q.12 Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

Yes. Please include any additional information or comments below:

1	this is a crazy crazy system ---there is no need to introduce these changes --words cannot accurately describe my frustration at this callous cold hearted non caring approach the psi have taken to 'fix 'a problem that does not exist shame on you
2	I think it is unfair to put restrictions on what pharmaceutical assistants can do when the pharmacist is absent. They have been dispensing medicines safely for years, to say that they can only dispense repeat prescription is a joke. What happens if a patient presents with a prescription for an antibiotic that they have never had before? Can that be dispensed? What use will the Pa be to the pharmacist if they can't even dispense a simple prescription for an antibiotic? PA's have been dispensing narrow therapeutic index, cytotoxic, hi tech drugs etc. for many years (30 plus years in most cases). They are currently dispensing these medicines. To restrict what they can do when the pharmacist is absent will undermine their capabilities and put their jobs at risk. It is terrible to see how the PSI are treating valuable members of the pharmacy profession in Ireland.
3	I don't think pharmaceutical assistants should be permitted to operate in the temporary absence of a pharmacist
6	P A 's have more than enough knowledge to cover the temporary absence as limited by the above restrictions. They have the language experience and local knowledge to adequately cover a pharmacist in a temporary capacity , Dare I say far better than some of the fully registered pharmacists that exist today. The profession is hemorrhaging good pharmacists and replacing them with grossly inadequate expensive locums, at best who, in my personal experience cannot even speak the local dialect or language . We cannot afford to discard them because, for no other reason, we have not got any reasonable replacements to hand.
7	Leave the rules as they are. There is already a huge shortage of Pharmacists, locums & assistants. If the rules become law this will worsen patient care.
8	Assistant should be allowed dispense s1A , why not? Why is assistant not allowed dispense high tech? Lanoxin? These are highly competent professionals with many years of experience, it is demeaning and unnecessary to curtail them.
9	As a pharmacist working full time in a community pharmacy I have never had a lunch break or any other statutory break to which I am legally entitled. I am not alone in having to work non stop and I would very much like the Pharmaceutical Society to address this issue which affects far more pharmacies and look at temporary absences for pharmacists taking their legal breaks. I would be delighted to have a qualified assistant cover my statutory breaks but that is not going to happen.
15	These people are close to retirement so that in 5 years they will probably be gone They have and still provide a valuable service This is not a pleasant way to deal with them I understand the regulations but have you no heart

Appendix B

16	As above, I feel these rules are a case of using a Sledgehammer to crack a nut. There is no need for them. We Pharmacists need all the assistance we can get to cope with the administrative burden that has been placed on us especially in the last two years. In February we will be begin scanning medicines in accordance with the Falsified Medicines Directive. However noble the aims of this legislation ,this will take up a lot more of our time. The stress level for staff in Pharmacies has gotten very high from speaking to colleagues from all over the Country. I have an excellent Pharmacy Assistant working in this shop for twice as long as I am Supervising. For her Qualification to be so devalued after 40 years of hard work is baffling. In Rural Ireland we do not get many younger graduates so what am I supposed to do to get a Saturday off to spend with my family? In summary I really wish you would go back to the drawing board and scrap these rules full stop. I honestly cannot see why it is a priority for the PSI
17	This has been a complete waste of time on behalf of the public, the PSI has acted disgracefully and disproportionately and has not advanced the interest of the public or public safety in any manner whatsoever during this exercise.
19	The basic problem is not with the dispensing rules; it is with the definition of temporary absence. A full time assistant should be allowed to work for 6 days in the temporary absence of the pharmacist.
20	I completely disagree with your proposal . You are effectively taking away the ability to earn a decent living from mainly women. You are ignoring their many years of experience. Will you do the same in 20 years to pharmacists who don't have a MPharm? Why not let the Assistants take part in CPD and be assessed by IOP?
21	The proposed rule change in my opinion completely eviscerates the qualification of Pharmaceutical Assistant.Given the age range and mainly female gender of this cohort,it seems to me very unfair after a full lifetime of work their qualification is being rendered null and void.Where is the fairness and natural justice in this proposed rule change?
22	The PSI having public consultations is a scam. PROVIDE EVIDENCE OF ASSISTANTS ERROR RATES BEING ABOVE THAT OF PHARMACISTS PLEASE. DO THE PSI HAVE SUCH EVIDENCE? IF NOT WHERE DID THIS STUPID WITCH HUNT COME FROM? The PSI have clearly made up their mind and proceed with stupid actions in spite of an overwhelming majority of their professional peers telling them otherwise. The bureaucrats in the PSI will drive people away from the profession as witnessed by their meddling in the pharmacy degree course & no pay for interns. No pay for the PSI I say, let's have a consultation on that.
23	assistants should be able to dispense anything legally, they are an 'old' group that has been practicing for many years, its not like there will be new grads coming out unexperienced.
25	Any person dispensing a prescription should have knowledge of the medications therein regardless of the number of times it was previously dispensed or who dispensed it.
33	there should be a clarified way in which the patient will be informed that a pharmaceutical assistant is operating in the pharmacy without the supervision of the pharmacist. Legal sanctions should be set up if this is not followed (I can not imagine a situation when a pregnant woman or a mother collecting medicines for her child is not aware that her prescription is being prepared by a pharmaceutical assistant or that she is being consulted by a pharmaceutical assistant.
34	this will be the role of the pharmaceutical assistant very limited. patients will have to call back for prescriptions that the assistant is not allowed to dispense, this will make the running of a retail pharmacy business during this time difficult. will it stop the patient getting timely access to drug treatment on their prescriptions? While it seems that the role is to allow the pharmacist a lunch break, this is not achieved as it may be easier for the pharmacist to simply work through lunch hour rather than inconvenience patients and the efficient running of the pharmacy. At present assistants can dispense all prescriptions without exclusion, by recommending these rules we are reducing the assistants role and

Appendix B

	making an entire profession less/unemployable. This is at a time when there is a shortage of pharmacists in community pharmacy. Also assistants have dispensed for years without serious incident that i am aware of. indeed they have much more experience in the dispensary than a newly qualified pharmacist fresh out of college
41	Absolutely believe pa are fully competent to cover for pharmacist under current recommendations for pharmacist Day off holiday cover, given that they are working within strict sops and are fully experienced and qualified to do so. I find it appalling that they should be limited to new proposed regulations
42	I disagree completely with the restrictions under the proposed Rule 8 which are being considered. Regarding the dispensing of certain types of prescriptions, it is inconceivable that in a busy pharmacy where a pharmacist is temporarily absent to eat or attend a nursing home or patient at home that a prescription would not come in to the pharmacy which might fall under the proposed exclusions for PAs. In which case this will completely interrupt the normal workflow within the pharmacy. PAs are qualified healthcare professionals who, up until now have not been so restricted and are, in many cases practicing at least 30 years. It will create confusion and more importantly is dismissive of the expertise and experience of PAs.
44	Too limiting. Assistants are very capable. First time dispensing, high techs etc. They have been doing for years.
45	Proposed Rule 8 should be completely redrafted and simplified.
48	I have worked in pharmacy for over 40 years and that experience is invaluable I have carried out every aspect of dispensing so am I now being told that what I was trained for I am no longer allowed to do? It just does not make sense to disregard me my qualifications and my experience and the suggestion that the public are told that it's me in charge is demeaning.i am just as capable to do the job I have been doing for over 40 years and have in fact trained several pre reg students in pharmacy practice. I have attended the academy courses even though I was not obliged to but did so to keep up with anything new in pharmacy Someone needs to take off the rose tinted glasses and realize the asset pharmaceutical assistants are to pharmacy practice and allow us do the job we were trained for in a realistic time frame of "temporary absence "
54	As said above, Patients should be able to expect to get a full service from a pharmacy when it is open and operational, to turn a regular customer away at certain times because a PA is on duty would introduce unnecessary inconvenience and risk to the patient and confuse them as to whether the person in charge is able to provide a safe and effective service. I do not understand the rational for restricting supply to these categories of medicine. If a PA is deemed safe to practice in the absence of a pharmacist, as they have been for the years gone by, why are they suddenly not safe to supply the categories of medicines included in Rule 8? They must comply with the same legal requirements as the pharmacist for counselling the patient and ensuring the product is safe and suitable for the patient therefore why restrict supply? The last thing a patient needs when they get discharged from hospital with a list of new medicines is to be told that they cannot be dispensed until the pharmacist returns, as the repeat medicines have not been dispensed before! We are supposed to be streamlining the healthcare service to make it easier for patients not introducing barriers.

Appendix B

55	<p>These new rules will make Pharmaceutical Assistants unemployable in the jobs they have been doing for the last 40 years. An hour a day of temporary absence is unreasonable. What happens when a pharmacist is taken ill or has to go to a funeral or one of their children gets sick suddenly and can not come into the pharmacy for a number of hours. An assistant has always been able to cover these times. Because an assistant cannot cover these times, why would a pharmacy owner employ them. The new Rule 8 downgrades the qualification of Pharmaceutical Assistant to a technician which is disgraceful when it was the PSI who gave the qualification in the first place. This is the fourth consultation that the PSI have put to the public. They have not taken any of the results under consideration because if they had listened to the majority of the feelings of the people who answered the consultations we would not be here. There are only a few Assistants left on the register who have worked hard and given their working lives to taking care of their patients and families over many years. Now the PSI are taking all of this and throwing it on a garbage heap and making it worthless.</p>
57	<p>I think it is a disgrace the PSI want to make a number of people- nearly exclusively women nearing retirement- virtually unemployable. It was the PSI who provided and approved this course in the first place and should honour it for the duration of these QA's working life.</p>
63	<p>The absent pharmacist should remain contactable throughout the absence, and be prepared to return to duty if requested. A full record should be maintained by the pharmaceutical assistant of all medicines of any category supplied during the pharmacist's temporary absence, so that the pharmacist has the opportunity to follow up on any area of concern. A protocol should apply to the supply of any Codeine-containing preparations during the temporary absence of a pharmacist. Any communications about medicines from a doctor or hospital that are received during the temporary absence of the pharmacist should be noted, and the pharmacist should return the call upon his/her return to duty.</p>
69	<p>Pharmaceutical Assistants have been ably dispensing all of the above types of medication for decades!!!! This has always been accompanied by considered and valuable advice gained through years of experience. They provide this to both familiar and unfamiliar customers and patients. Personally, as a customer, I will where possible, seek the advice of the most experienced member of staff in a pharmacy which often is that of a pharmaceutical Assistant. Their qualification is no less relevant today than it ever was!!! When this group of Pharmaceutical Assistants retire, we will lose a generation of empathetic, experienced PROFESSIONALS that served their communities, customers and patients with the utmost dignity and care. To even consider stripping them of THEIR qualifications and dignity as they near retirement is totally shameful and an utter disgrace!!!!</p>
72	<p>The majority of my colleagues will certainly lose their jobs if these changes to the regulations are made. I would like to know who will compensate us for loss of income? Our employers who are members of the Irish Pharmaceutical Union have shown that they strongly disagree with these changes so who will compensate us for the annihilation of our qualifications and careers?</p>
73	<p>I strongly disagree with the restrictions the proposed rule 8 would potentially bring to the practice of pharmaceutical assistants. In practice it would make it impossible for the supply of medicines to be provide to patents in a timely manner in the temporary absence of a pharmacist if cover was provided by a PA if this proposed rule 8 were to become law. Perhaps the PSI could better safe guard public safety by not restricting the work of persons with a PA qualification, decades of pharmacy experience coupled with continuing professional development and support any persons registered as PA with with PSI with educational support to bring their qualification in line MPharm. I feel restricting the duties of PA will only further stretch an already pressured pharmacy to possible unsafe practice. Over the past ten years , pharmacy has had many changes adding pressure to the entire</p>

Appendix B

	pharmacy team, FEMPI cuts, services provided in pharmacies that are poorly reimbursed such as the flu vaccination, EHC, hardship scheme couple this with the dispensing leads to a high pressure environment . As a pharmacist I endeavour to give the best care & advice to each person that comes to the pharmacy. As the pharmacy regulator please do not restrict by colleagues who endeavour to give the same level of care to our patients but instead support them and if necessary provide an equivalence exam .
77	These rules are going to cause extreme hardship to patients. Pharmaceutical assistants have many years of experience and are trusted by the general public. To suggest that patients should have to wait for their prescriptions for high tech medicines, cytotoxic medicines, narrow therapeutic medicines or new prescriptions until the pharmacist returns from lunch is ludicrous.
79	The lack of competent Dispensing manpower is an increasing source of error in community pharmacy from my perspective. A full time experienced PA is an often a much safer pair of hands to trust a dispensary too, than an often inexperienced locum pharmacist (if you are lucky to source one!) unfamiliar with their surroundings, and patients. I would urge the PSI to consider this issue holistically, and fully appreciate the potential consequences to patient care by constraining this source of competent manpower to the degree outlined.
80	I think it is very unfair that no consultation with the pharmacists assistants has taken place with regards training (CPD) and thus their qualifications are rendered useless. They become unemployable at 1 hour per day!
81	I think this is a serious threat to community pharmacy, in particular rural premises. The experience of these professionals had not been considered. I think these new draft rules are disgraceful and insulting to QAs
91	HOW can it be right that a pharmaceutical assistant that has worked full time for 30+ years doing all of the above should now suddenly be deemed unfit to do so?/
94	They should be allowed to continue with all current duties, otherwise they will be no real help to pharmacists and will be made redundant. Although that's what you're hoping for, isn't it?
95	Define the term "small" in the narrow therapeutic index definition. An assistant should also not be allowed, in the temporary absence of the pharmacist, to supervise the sale of a pharmacy only medicine where that medicine is to be provided to a patient on a high tech, cytotoxic or narrow therapeutic index medicine.
96	I have 50 years experience of working with pharmaceutical assistants and they are very capable of looking after a pharmacy in the temporary absence of a pharmacist. their knowledge is in my opinion equal to most pharmacists and in some cases even better than the pharmacist. I feel it will be to the detriment of pharmacy if the role of the pharmaceutical assistant is altered in any way.
99	In my experience a good pharmaceutical assistant who has been practising for years has a very good knowledge of drugs and is quite capable of dispensing on their own. In most smaller pharmacies only one pharmacist is available to cover and cannot be expected to cover six or seven days. Also in rural areas, it is very difficult to get locum pharmacists so some pharmacies depend on weekly cover by a pharmaceutical assistant for eg one day a week. Also, most assistants are of an age where they are close to retirement and I think that this is an insult to them and totally unnecessary as they will eventually be none left within a few years.
100	I note previous results of consultations on the role of the pharmaceutical assistants have been totally ignored by the PSI. One wonders why we are being asked about this again. The very concept of deciding that a qualification that the PSI invented doesn't map to a framework that did not exist at the time of its invention and announcing that these people are no longer capable of doing the job that they have been doing for the past 35+ years is probably a world first. It really beggars belief. It will be the new generation of

Appendix B

	pharmacists graduating from a programme where their practical "training" involves specifically not working who will be more likely to make errors.
102	How is it possible for me to be qualified to dispense and cover for a Pharmacist since 1981 and now under the new proposals i will not be able to do so? EXCEPT UNDER SUCH DEMEANING CIRCUMSTANCES. Why is this issue now being addressed in such an aggressive manner? i did not give myself this qualification, it was bestowed on me by the PSI having completed my course as set out by the PSI. How was it possible to make rules in the 1990's that i could perform all duties for periods longer than one hour and now cannot? This appears to be ageist and therefore unconstitutional and in breach of EU law.
105	I am a Qualified Pharmaceutical Assistant and I have been dispensing all of the above for over 35 years . Never at any stage would anything be dispensed without due care for the public and without checking each item thoroughly before dispensing . Have we all of a sudden become a danger in the dispensary ? Good God it's hard to believe we are being labeled unfit to practice. Why don't you offer us mandatory CPD? Thank you
107	This is a shame. Basically a small group of mostly women, who have done a admirable job with no issues for many years are to be made unemployable. A scandalous solution to a "problem" that doesn't exist. SHAME
109	I feel the restrictions on what pharmaveutical assistants can do in the absence of the pharmacist are too extreme and undermine the value and ability of a pharmaceutical assistant. They are a valuable part of the pharmacy sector and it is ridiculous to think that they are being disregarded and underrespected with this restrictive rule.
111	Absolutely ridiculous ideas . Again too complicated. It would be impossible to explain to a member of public as to why a certain item can or cannot be dispensed . They just will not understand
115	I think registered pharmaceutical assistants should be allowed to continue in their current role until retirement. I think it's an insult to a very experienced group of professionals and unnecessary in terms of patient safety.
117	This proposed regulation seeks to limit the scope of PAs practice. They have been dispensing cytotoxic medicines, narrow therapeutic medicines, high tech medicines for years and now it seems that the PSI wish to prevent this. If they were qualified to dispense these in past years I see no reason why they should not continue. Their level of training has not diminished. Their levels of experience has only increased.
120	Rule 8 and entire consultation is a joke.
125	rule 8 is unfair on patients who may be unable to get new prescriptions due to the absence of a pharmacist.
129	I have been dealing with the same pharmacy for the last 40 years with the same pharmacist and assistant. I would say there has been no difference between the two people in regards to the way they treated me with regards to my medical needs. I have always treated them equally and never thought there was any difference in their professionalism. These new rules will make assistants unemployable. The PSI gave them their qualification and now they are downgrading them and after all these years of working in pharmacy it is very demoralizing. By introducing these new rules, it makes it look as if pharmacists don't trust the pharmaceutical assistants to continue working as they have been for countless years.
130	PAs are a very diligent responsible body of people who have vast experience. In general PAs are good at going to cpd talks and any on going training available. It is a complete insult to them to suggest that after 30 to 40 years they are no longer capable of carrying out the tasks outlined in Rule 8 while covering.
135	This legislation is unnecessary

Appendix B

137	The PSI needs to catch a grip of reality. The draconian rules it employs are downright disgraceful and put too much pressure on the pharmacist, jeopardising patient care. Many dispensing errors can be attributed directly to external pressures taking valuable time away from the dispensing process and as such the PSI has blood on its hands. The blood of the old and the vulnerable.
139	All Pharmacy Assistants in practice have upwards of 30 years experience. For the past 18 years, I have worked as a Locum Pharmacist in nearly thirty Pharmacies in Dublin, Kildare and Meath. I have worked with seven Pharmacy Assistants. All are highly competent and TRUSTED by the public they serve. I am a member of the IPU and I agree with the submissions by the IPU. I note in their December 2018 submission, there is reference to European Commission Proportionality Test. The PSI needs to take this into account.
140	The qualified assistants have immense experience and as most of them are around 60 years of age they have been in the pharmacy sector for over 30 years and this experience is immeasurable. I strongly disagree to the proposed new rules which will see many QAs out of a job and their right to employment is threatened.
144	The fact that this entire document is based on an English company working out their qualification as leaving very equivalent makes it invalid and flawed. This has already been argued and won by German dentists that qualified by apprenticeship. There has also been no recognition given for the study in college or in pharmacy training. This is a group of approx 300 women that you are targeting. Women that are close to retirement and that had an expectation of retiring at their chosen age not being forced out by the PSI. These rules do not look at the people and the work. This is also not a public consultation as I have been in 4 pharmacies looking for it or an ad about it but there's none. As such unless you come to the website you won't find it. Not a place "the public" generally visit. As a member of the public I would like it to be known that I will advise all of the assistants I know to join a union and take a legal case against the PSI as you are forcing unemployment on them by using a report from a British company that failed to include college, apprenticeship, experience and cpd when citing the qualification as level 5 LC equivalent. This all seems like a foolish case for the PSI to take when the precedence was already set in Germany. In 10 years max they will all have retired but the PSI will have had to pay compensation for destroying careers. The pharmacists have all said they don't want a change and they are on the ground working with these women. To any normal person this would seem like bullying of elderly women so an equality case on at least 2 grounds not to mention the case for the incorrect level of education awarded to them. Shame on you as a representative body. There is a clear agenda in the docs posted with this survey. I will now be sure to share far and near.
146	The proposed new rule 8 is a sham proposal that renders the qualifications and more importantly, vast experience and capabilities of these dedicated professional absolutely redundant. This process exposes the ivory tower thinking that pervades the council, at a time of an already severe manpower crisis in community pharmacy, and which should itself be considered an urgent patient safety issue a priority. But here we have a group of dedicated healthcare professionals who have served pharmacy so well for so long, and with much more dedication than most of the newer graduates, and a PSI council that reinforces its determination to render them disposable, worthless, unemployable. The IPU proposal, as recently submitted, is pragmatic, fair and workable. The submissions made by huge numbers of the profession, in support of a reasonable solution for fair and equitable treatment of pharmaceutical assistants display their considered knowledge of the qualified assistants capabilities, but it is obvious that the council has no regard for the wisdom of the profession. In its disingenuous attitude to the profession, to which it is doing a huge disservice on this issue, it principally serves itself.

Appendix B

148	The Rules directly conflict with Section 11(4) of the Pharmacy Act 2007, in line with Section 18(1)(b). To proceed with such would be 'ultra vires' and leave the way open to strike down the Statutory Instrument. This, inter alia, is one area with represent a grey area surrounding the Constitutional rights of all professional Pharmaceutical Assistants. A more holistic approach will be to leave serving Assistants, most of which are approaching retirement, to serve out their tenures. In the absence of any other solution put forward by the PSI, I fail to see how this will not lead to a lengthy Judicial Review process.
149	Pharmaceutical assistants have years of experience which is worth any amount of paper qualification. They should be allowed to finish their careers doing the job they were trained and experienced to do.
150	It is a very prescriptive regimen. There is little room for error in these regulations.
152	It is truly unbelievable that these Rules could be approved... Pharmaceutical assistants have been an integral part of pharmacy for the last 35 years and implementing these rules means their role in pharmacy is finished... Its an insult to all working assistants and will mean they will lose their jobs and ability to earn a living
154	PAs have a PSI qualification and at least 35 years experience. These draft rules amount to a downdrading of their qualification and there is no proof to show that this is necessary. If passed it will have an impact on their jobs and on the pharmacies they work in. Their training focused on building a level of knowledge and competency and skill to cover the pharmacy in the temporary absence of the pharmacy which means dispense all of the above drugs as a pharmacist would.
159	They have been dispensing these medicines since they qualified so I think that they should be allowed to continue working in this way, I can't see a valid reason for this to be changed.
160	I have been dispensing these prescriptions since i qualified in 1980. I don't see the point in suddenly taking away that responsibility now.
161	You should only do a public consultation if you are prepared to take on board the views of the majority of respondents. The last number of surveys were a complete waste of time money and effort. I do not think this one will be any different.
162	These proposed rules clearly alter the qualifications of a pharmaceutical assistant - it would be like telling me (a qualified physician with 12 years of experience) that I suddenly can no longer see a new patient without a supervisor or prescribe certain types of medications - in essence, demoting me back to an intern. How can it be legal to completely change someone's scope of work decades after they qualified? How can the PSI say with a straight face that a PA can no longer dispense the first of a repeat prescription for say a statin when they have been doing exactly that for years without a problem? As for cytotoxic or high tech meds, I fail to see how that should suddenly carry more risk if dispensed by a PA than a supervising pharmacist, given that these PAs have been overwhelmingly working for decades at this point and keeping up with continuing education measures. I agree with all prior public comments saying that if someone is deemed competent to work for an hour, why are they not competent to work for a day? Two days? A week? Either you can do the job or you can't, and these women have been doing the job for years.
164	This rule implies that PAs are no longer to assess the clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered ,but to blindly dispense repeat prescriptions and ignore SOPs that require a repeat prescription to be taken out each time it is dispensed ,and be reviewed in the context of any new information and be judged for clinical appropriateness . A further implication of this rule is that where an error in a prescription has been entered e.g incorrect dose,a PA is to adopt a technical approach and not use their judgment but repeat as pharmacist did on initial dispensing.Each dispensing requires making a judgement on the appropriateness of the medication and is not just a technical operation . I have been dispensing these items for nearly 40 years now . Are the PSI suggesting that I am a danger to the patient now ! This is

Appendix B

	so insulting! My father retired at the age of 80 and he was very fit and able even at that age ! Shame on you all .
165	It somehow appears to other professions that you are somehow trying to raise your standing within the professional community by cutting away what has always been a vital service to your customers...shame on you...you will not be admired elsewhere
166	Question 5 Strongly disagree No PA employed in my Pharmacy would just repeat a prescription without reviewing it first and using their skills and judgement to assess the prescription ,not automatically repeating it. Question 6 Strongly disagree .Any PA I employ has had ICCPE training along side pharmacists and has been dispensing High Tech medicines up to now therefore are quiet capable of continuing that role. Question 7 Strongly disagree The qualification give by the PSI provided PAs with the necessary skills to dispense the medicines. Question 8 Strongly disagree Some of the most widely dispense drugs are of a narrow therapeutic index which PAs have been dispensing since their qualification therefore should continue to do so in the temporary absence of a pharmacist.
168	In Reference to Q5 above: PAs undertook a education and training programme focused on building the level of attainment of knowledge, skills and competence, including making judgements to qualify them to transact the business of the pharmacist in their temporary absence –the main business of the pharmacist is safely dispensing medication for patient, that is what PAs are trained to do, and have practiced in this role since the current cohort qualified at least 35 years. This rule implies that PAs are no longer to assess the clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered, but to blindly dispense repeat prescriptions and ignore SOPs that require a repeat prescription to be taken out each time it is dispensed, and be reviewed in the context of any new information and be judged for clinical appropriateness A further implication of this rule is that where an error in a prescription has been entered e.g. incorrect dose, a PA is to adopt a technical approach and not use their judgement but repeat as pharmacist did on initial dispensing. . Each dispensing requires making a judgement on the appropriateness of the medication (dosage, interactions, side effects) and is not just a technical operation With Reference to Q6: Strongly disagree with this. PAs are included in the ICCPE training and education programmes along with pharmacists. The assumption therefore is that up to now PAs have had the competency ,including skills, knowledge and judgement to dispense Hi Tech medicines. With Reference to Q7 The course developed by the PSI provided PAs with the competencies, skills, knowledge and judgement to dispense these items. Historically PAs have been dispensing these items since qualification. With Reference to Q8 In the USA, the FDI list of NDI drugs include warfarin, levothyroxine, carbamazepine, digoxin, lithium carbonate, phenytoin, and theophylline. These medications formed an integrally part of education and training programme for PAs as they represented some of the most commonly prescribed drugs in the 70s and 80s. According to the HSE Primary Care Reimbursement Scheme Levothyroxine is the third mostly commonly prescribed medication under the GMS and DPS, so in effect this prohibition on dispensing NDI drugs in temporary absence will mean PAs will no longer be able to practise their profession.
169	To question the safety of a person dispensing these drugs now having been allowed to do so for over 35 years speaks volumes of the PSI ineptness.
170	you don't listen so why ask.
177	In my opinion this proposed "list" is completely ridiculous. Pharmaceutical assistants have been working for more than 30 years providing ALL aspects of pharmacy services to patients both in the presence and absence of pharmacists. There should be NO restrictions on the duties carried out in the temporary absence of a pharmacist.
180	I feel the reference to Pharmaceutical Assistants should use capital letters for the 'P' and 'A' - it shows they have a qualification- many people would think that you are simply referring

Appendix B

	to assistants in pharmacies which is a completely different situation and undermines the role of Pharmacists in general by implying that any assistant in a pharmacy could be dispensing
183	I think after 4 years study a pharmaceutical assistant is very qualified to dispense all medicines.
184	After 4 years study pharmaceutical assistants are well qualified to dispense all medicine.
187	In relation to the proposed new rule 8 .This rule restricts pharmaceutical assistants in daily work as High Tech ,cytotoxic and narrow theraputic drugs are now everyday occurrences.
188	PA's have been qualified for 35 years + and have been acting in the absence of pharmacists , how can they suddenly be unqualified now ?? . PA's are included in ICCPE training and education programs to dispense HI-TECH medications.
193	I think it is ridiculous that temporary absence is now going to be 1 hour a day, the PA is perfectly qualified to run the pharmacy for a longer period - I would like to know where this time period has come from. Why must a qualified practitioner now dispense less medication than they were able to do until now? Have they not been trained in new medication? If not then why not. . . Or has it just been decided that they are no longer allowed to do the job they trained for and have worked at for a number of years? What kind of an organisation takes skills away from their registered practitioners? I have worked in 3rd level education for years and it is the practice across all other areas of healthcare to up-skill their workforce, not forcibly make them redundant by reducing their ability to do their job.
195	I'm not sure why a qualified technician with relevant experience and training cannot dispense certain medicines. It makes very little sense to me.
196	Pharmaceutical Assistants were trained, and given our qualification by the PSI up to circa 1979. We have been dispensing all medicines safely for years (in my case, 41 years) both alongside and in the temporary absence of pharmacists. How is it possible that we are suddenly considered to be incapable of continuing to do this and have our earning power pulled from under us like the proverbial rug?
200	FOR MORE THAN 35 YEARS PHARMACEUTICAL ASSISTANTS HAVE BEEN SAFELY DISPENSING MEDICINES . THEY WERE CONFERRED WITH A QUALIFICATION AND THEY HAVE BEING DISPENSING FOR MANY YEARS. IT MAKES NO SENSE THAT SUDDENLY THEY ARE NOT QUALIFIED. THEY ARE A MUCH SAFER PERSON TO BE IN CHARGE THAN A LOCUM PHARMACIST WITH LIMITED EXPERIENCE AND NO KNOWLEDGE OF A PATIENT AND THEIR MEDICAL NEEDS.
202	PA s have been qualified for a minimum of 35 years and with the qualification provided by the PSI they have been well within the law to cover for the pharmacist. So how can this new rule if it is passed be workable in any form? A PA will be no better than a technician and would only be employed as such if they do indeed secure a position. Totally maddening and yet another case of gender inequality at its finest
206	PSI qualified PA s to dispense all iteams including repeatable rxs Hi Tech meds cytotoxic med and narrow therapeutic medications what has changed all of a sudden PA s have been trained pre and post qualification to make judgements regarding reading Drs rxs which may be misleading to say the least and will always go the extra mile to check and recheck any misleading information
207	Psi qualified pa with the knowable of hi tec and cytcotoxin and all other medicine how can they unqualified these people now
210	It is a disgrace that Paa's that have worked for 40 years can be downgraded in this manner. Paa's know their customers and doctors prescribing habits and in my opinion are well capable of carrying on in the absence of a pharmacist. I have worked with locum pharmacists and a customer would prefer to do business with their familiar staff.

Appendix B

211	I strongly object to proposed rules. I have worked as a qualified assistant continuously since 1982.i have availed of cpd courses each year . I strongly disagree with the suggestion that I'm somehow suddenly unable to make an intelligent informed desicion to dispense or supply a medicine.
215	In relation to rule 8, I completely disagree with Q 5- Q 8.. The qualification given to me by the PSI provided me with the skills and knowledge to dispense Cytotoxic medicines . The ICCPE training and educational programmes provided me with the knowledge to dispense High Tech Medicines. As for question 5 ,I would never dispense a repeat prescription without due diligence . Each dispensing requires proper judgement.
222	I am a member of the public and have attended my pharmacy for years and been safely supplied my medication by both the pharmacist and her pharmaceutical assistant and I totally disagree with the suggested new rules which would mean a loss of a job for her for no reason other than ticking the boxes. What is the reason for the change ? None have been given in the survey !
224	The certificate we received having completed 3 year apprenticeship, one year of lectures in college of pharmacy and passing exam succesfully clearly states we are fully qualified to carry out all duties in temporary absence of Pharmacist.
233	The registered assistant has more experience than some of the newly qualified pharmacist. Do not dismiss the valuable knowledge gained by registered assistants
234	These rules are an unaccptable diminishing of the qualification of a pharmaceutical assistant. I understand they are to manage risk to public safety, but they are disproportionate given that the PSI has not presented any data to demonstrate that PAs, by virtue of their training compared to a pharmacist trained in the same era, propose any such risk. The tone of the PSIs reports to date suggests that the PAs are somehow inherently less competent than pharmacists, which is very insulting. If the working group had included someone with expertise in higher education teaching and learning in general (as opposed to expertise in current day pharmacy education), the discourse would have centered around recognition of 20+ years of on-the-job ongoing learning, in addition to the original training. It would have also scrutinised any report which came to a conclusion that the original training was not at the level of a BSc. Of course this would have required generation of data through interviews with supervising pharmacists of the era, given the nature of the apprenticeship and the reduced academic Quality assurance in relation to assessment in those days. This would undoubtedly have revealed that upon completion of the PA qualification, the graduate was competent to make decisions on unstructured problems in dispensing, and to operate independently without supervision - the hall mark of degree level education. A lazier or ill-informed approach to preparing the evidence for a curriculum mapping has instead been carried out, leading to a convenient but clearly underestimated outcome from the curriculum mapping exercise. The PSI should reflect upon the ethics of this work. Adding to this the 20+years of further experiential learning, it is appalling that the PSI are seeking to effectively make redundant these professionals, instead of putting in place the CPD and fitness to practice required to allow then to continue to dispense all medications.
237	This survey is clearly designed to mislead the participators into selecting the answers the PSI want. Pharmaceutical assistants have been doing a wonderful job for over 30 years. There aren't many of them. Back off and leave them to serve out their time till they retire.
244	This survey is a cynical exercise deliberately constructed to elicit the responses the PSI wishes. It's an insult to public intelligence . As a practicing nurse in residential care I would have been lost without the caring professionalism of my local pharmaceutical assistant . In her absence over the years I have always found the efforts of a come day go day locum to fall very short of our needs. My PA like all of her practicing PA colleagues is approaching retirement in the next 2 years. WHAT IS YOUR PROBLEM??????

Appendix B

245	This survey is a joke. The PSI obviously for some incomprehensible reason wish to deliberately deceive the respondents of this survey . The PSI are fully cognisant of the answers they are seeking and have formulated this survey in such a manner as will glean those responses. My organisation at local level (I am a district nurse with the HSE) has been fortunate to work with some of the finest pharmaceutical assistants for over thirty five years. The PSI's strenuous efforts to dequalify these caring, wise, professionals is short sighted and just plain stupid not to mention unjust , unfair and shows a callous disregard for the public they claim to CARE for. All of the practising PAs are approaching retirement . This exercise of the PSI seems ridiculous .
246	If you want the pa's out have them do cpd as a matter of urgency and remove those not up to scratch but don't insult people working all their lives by reducing their employment to 1 hour a day
249	When a pharmaceutical assistant qualified the exam questions were similar to the exam questions which appeared on the exam papers of a pharmacist. When the CPD was introduced more than 10 years ago most assistants kept up to date with developments as did many pharmacists. In addition assistants have a wealth of experience and local knowledge which is being totally ignored here. In my own experience I have been on duty on the day after a locum covered for our full time pharmacist as I was unable to cover the day. I spent many hours rectifying errors made by FULLY QUALIFIED LOCUM PHARMACIST. Many errors were simply an incorrect strength of a medication being dispensed, which were thankfully not an overdose however others were more costly. For example a HI TECH drug, Neulasta, being checked by the locum pharmacist and left in the drawer for collection. As we all know, this is a fridge item and had to be destroyed because correct storage conditions were not adhered to and when I discovered it in the collection area more than 24 hours later it had to be disposed of.
257	As no Assistants have been trained in the last number of years there are very few assistants of working age so why change anything now as they are a dying breed
259	A Pharmaceutical Assistant was trained to be able to transact the business of Pharmacist in their Temporary Absence when we did our 4 year Apprenticeship (for me that was between Sept 75 to Sept 79). I have gone to the ICCPE training since it started and try to keep up my knowledge of Pharmacy in order to be confident enough to work in the Temporary Absence of the Pharmacist. If these new rules are implemented in the near future there is no doubt but PA's will not have jobs and speaking personally, I am a widow and need to work for the next 6 years and if I cannot cover for the Pharmacists day off a locum will have to be employed in my place, so my employer will not be able to afford my wages and the locums. PA,s only have another 8/9 years to work, we will be extinct within 10 years definately. I am sure if we are deemed not to have the competency to cover in the Temporary Absence of a Pharmacist that it will be up to the Superintendant Pharmacist to decide. Hopefully the PSI will re-think these new rules. Thank you.
260	If these restrictions are placed on our qualification PAAs will no longer be employable. There is no clinical evidence to support the proposed rule changes. Surely a better way to protect the public would be for Assistants to be included in mandatory CPD and Fitness to Practise. Owner pharmacists in rural areas will have to close in the event of these proposed rule changes. Even in Scotland they are proposing to expand the role of technicians wheresin Ireland we are moving in the other direction.
268	My widowed mother has worked as PA for 40+ years and if these rules are implemented my mother will no longer be employable or will need to work as a technician with a huge reduction in salary. Who will compensate her for loss of earnings?
270	PAs received a qualification validated by the PSI to undertake the dispensing of medicines to patients in the temporary absence of a pharmacist ,therefore following on there is no need for rule 8 to be implemented to

Appendix B

271	Rule 8 should be abandoned.Pure nonsense .
272	I cannot answer question 5 as it is very unclear what is meant and this rule could be interpreted in two ways. If I say I strongly agree it could be taken to mean I only agree to allow PAs repeat the 2nd 3rd etc dispensing and not the first dispensing which I cant agree to. If I say I strongly disagree it could be interpreted that I disagree to allowing PAs dispense repeatable prescriptions. To clarify my position Pharmaceutical Assistants are qualified under the terms of the qualification formulated by the PSI and have a legal entitlement to dispense all medication in the temporary absence of the pharmacist. I believe that the Regulator of pharmacy in this country should ask questions in a public consultation that are clear and unambiguous.Pharmaceutical Assistants were trained and qualified by the PSI Qualification to assess the clinical appropriateness and use of medication on each dispensing of all prescriptions including repeatable medications. The qualification required this level of ability as each dispensing must be looked at as a separate entity taking in to account preexisting condition and any new conditions and medications that may have occurred since the previous dispensing. The qualification entitled the graduate to perform all the functions of a pharmacist and transact the business of the pharmacist in their absence and therefore the PA is qualified to act autonomously. This means that a PA does not act in a technical role as seems to be suggested by this public consultation as their role has always been to make clinical decisions independently whilst transacting the business of the pharmacy in the temporary absence of the pharmacist.
274	I strongly disagree with Q5-Q10 ,the implementation of such would have a detrimental effect on both the running of a pharmacy and the health and safety of patients.
276	I feel that making changes at this stage is absurd. Pharmaceutical Assistants have been serving us the public well for many years. My understanding is that this qualification has not been offered since the early 90's so that any Pharmaceutical Assistant dispensing drugs has approx. 30 years + experience. If I had a choice regarding who would take care of my needs at the pharmacy, a Pharmaceutical Assistant with 30 years experience or a pharmacist of little experience I would choose the Pharmaceutical Assistant hands down. This really is a no brainer as Pharmaceutical Assistants will all come to retirement age in the near future anyhow. Please allow these dedicated professionals to complete their career with dignity.
279	I believe that it is unfair and impractical to try and limit the activity of these group of professionals who have been dispensing all drugs for decades. Many have employment contracts that will be affected by these changes. It would be easier to ensure they were subject to the same rules of CPD as pharmacists. These changes would leave the society and the state open to legal challenges that would cost the exchequer. It is unclear what the motivation for this new regime is as this has not been outlined or explained.
280	I am a pharmacist and this is unfair on assistants. They have been working for years. They are dispensing high tech, S1A etc as we speak and have kept themselves up to date. Now they will be grand for an hour and at 61 minutes are a danger to the public? Seriously? This is not what pharmacists want. Allow them to do our CPD.
281	I had to read Q 5 several times and still could not make out what was being asked. Poor showing from a Regulatory Body that a survey question is so ambiguous. Rule 8 is proposing to limit the professional activities Pharmaceutical Assistants have been conducting for decades. This is an unjust process from start to finish. These people have dispensed prescriptions containing these particular items over their careers and have done so with professional diligence.
283	I really think that this rule is ill-concieved and ill-advised. As a Pharmacist, I have worked with PAs and found them to be extremely knowledgeable, professional and never afraid to consult with a Pharmacist if they have a query. Even if a Pharmacist is absent and with modern communication methods e.g a mobile phone, why can't PAs continue to be

Appendix B

	thrusted as they have in the past to provide the utmost care to patients and contact the pharmacist when required?
284	As a qualified pharmaceutical assistant for the past forty six years I feel humiliated that the rug should be attempted to be pulled from under me all these years later, by members of your council. When my colleagues and I were presented with certificates of qualification having completed a four year course and passed exams set out by the Pharmaceutical Society of Ireland, we agreed to undertake a serious career where the careful dispensing of prescriptions were the backbone of our daily jobs. There were no prescribed items that were of more importance than others. All prescriptions were treated in a serious fashion. The needs of all patients were attended to safely and with competence. This has always been the case to this day. In the 1970's and 1980's the drugs with narrow therapeutic indexes were on the market so we were then and still are today very aware of carefully checking these prescriptions for proper dosage and drug interactions etc. High tech and cytotoxic drugs, being such important drugs to very ill members of the public, will of course always be handled carefully and their prescriptions dispensed methodically by caring, well educated members of our profession. If I have been capable of first dispensings over the past forty six years, as have my very capable colleagues, it is absolutely ludicrous and humiliating to change this ruling now. While acting in the temporary absence of the pharmacist, it's my opinion that the qualified assistant is always on alert to what is being recommended by staff to customers at the counter and so is supervised at all times.
287	Rule 8 is non workable
288	Pharmaceutical qualified assistants have in the past and are still extremely conscientious in the carrying out of all their duties concerning temporary absence, so pose relatively no risk to patient safety.
291	This draft will make a PAs unemployable.
292	This draft will make PAs unemployable and is a total discrease
293	I did not mark Q5 as the way it is formulated is very confusing. This is disgraceful. The response to this cannot be taken seriously or as a true response. Surely a regulatory body should ensure all questions are clear and unambiguous. Rule 8 totally dismisses the fact that Pharmaceutical Assistants have been trained to dispense all prescriptions presented in a pharmacy. This is done skillfully ,making appropriate judgements in relation to the prescription presented. Pharmaceutical Assistants have been specifically trained and educated and are qualified to do this. PAs have up to now been accepted as having the skills, judgement and expertise to dispense Hi-Tech, cytotoxic, narrow therapeutic index medication. These skills have been developed over many years (40+ in some practicing) always learning and keeping updated . The PSI tested and awarded the qualification to PAs, therefore they have been dispensing many of these items since qualification.
298	I find that q5 is ambiguous. If I say yes it gives the impression that I agree that PAs can only dispense repeat prescriptions. If I say no it gives the impression that I agree that PAs are not capable of dispensing any prescriptions during temporary absence of pharmacist. I have retired this December even though I am quite as competent as a pharmacist. I have taken part in continuing education and feel I am as competent as any pharmacist. After all, any pharmacist who has qualified 20 years or more ago would have had to learn, through continuing education, about most hi tech and cytotoxic drugs. I find it quite insulting that ,after doing a Pharmaceutical Society course that said I was competent to work in the temporary absence of a pharmacist, you are saying I am now incompetent. Where is the evidence that we are a risk to public safety? Are you going to keep doing Public Consultations , hoping that eventually the public will agree with you. We are willing to do any CPD you ask us to do.

Appendix B

299	Yes I think it is terrible how you are treating the remaining assistants who have been nothing less than superb in all my dealings with them. Why are you trying to change this rule now?
300	I believe a person who is qualified to do a job or task for one hour is qualified to do it permanently I believe a person who has worked in pharmacy continuously for over forty years has skills way above what is required I believe changing the rules now is totally wrong
301	Every time a prescription is dispensed it should be as though it is the first time.this goes against sop's which requires repeat prescriptions to be taken out and reviewed.
304	Why do we have a new rule 8? Have there been problems with qualified assistants? I received a qualification from the pharmaceutical society 36 years ago and have been working and keeping up to date with new laws and drugs since then. This is my livelihood and I need this job and I enjoy my job but now you are taking away my ability to keep my job. Please have some respect for me and tell me why? My name is Ann Blaney 2669A
306	I believe that there should be absolute clarity from the regulators when defining what activities must be carried out under the direct supervision of a qualified pharmacist. I also believe that a pharmacist cannot and should not be responsible for medicines dispensed or advice given by another person in the absence of the pharmacist, as has been the case up to now. I therefore believe that the proposed new Rule 8 is a step in the right direction. These sentiments do not undermine in any way the professionalism, knowledge or commitment of Qualified Assistants.
308	1.why now after 40years working in pharmacy ,36 soon to be 37 years as a qualified assistant with 8 years to the end of my working life ,am I and my fellow assistants being put through this hell. 2.psi states a duty to regulate,my boss has always known that if a mistake is made under my watch ,he/she is held accountable,he/she has happily left me covering on many occasions with this knowledge.(as was pointed out to me many years ago by 3.why did the psi leave the drawing up of these draft rules to a committee consisting of person/persons who knew nothing of the work done by we qualified assistants . 4.how can I continue to work and best serve my community if you the psi limit what I can dispense in any given hour that the pharmacist is not on the premises. 5. You the psi realized that your pharmacists needed to avail of cpd ,why were we assistants who work equally as hard not afforded the same courtesy. 6. Why do the psi not take the public consultation replies into account when making decisions as I know for a fact on communicating to Pharmacists that the biggest majority of them do not agree with these draft rules ,I would have expected the psi to give more credit to the opinions expressed on this matter by their members. 7.I wish you the psi to realize that my feeling of self worth is almost completed eradicated by what I have been through ,sadly I don,t believe you or your council members care much about me or my fellow qualified assistants .only one thing keeps me sane and that is the feedback I get from my customers on a daily basis.I do realize from having attended the council meeting when the council members voted on these draft rules that the impact of these rules on our livelihoods is not really of concern to some of them or most of them with the exception of two ,so maybe you the psi might give some thought to the fact that you very well could be taking our jobs and our only means of earning a living from us,this is the only job I am qualified to do,please think about that. Phil Crerand asst 2646a.
310	This consultation pre-supposes agreement with the insertion of Rule 8 although the previous consultation found the majority of respondents were opposed to the insertion of these restrictions in any form. The supervising pharmacist and the PA are the best placed persons to make decisions on the tasks that can safely be carried out in the absence of a registered pharmacist, having regard to the particular circumstances. The inclusion of PAs in the CPD and Fitness to Practice arrangements would allow them to safely carry out the role they are legally entitled to under the Pharmacy Act. The imposition of these rules would

Appendix B

	make it impossible for a PA to work in the temporary absence of a pharmacist, regardless of how short that absence was.
311	The lady who has been dispensing my medication in my local pharmacy has been attending to my medical needs for many years. She is a qualified assistant and I have found her to be very knowledgeable, professional and helpful. On occasions when she was on holiday or day off I have had some experiences with locum pharmacists and I can only say that there have been many errors made in dispensing my prescription in her absence. I fail to understand how the pharmaceutical society can take the means of earning a living from her and her colleagues. When they have provided a very valuable service to the community for years why are they being thrown on the scrap heap now when they are nearing the end of their careers. Surely the proper and decent thing to do would be to provide training and opportunities to upskill to these assistants. Personally I feel much safer in the hands of this lady than I do when dealing with a locum. Do the pharmaceutical society have any facts or figures to back up their implication that in the interests of safety these people are unsafe?? It is a shameful way to treat these vulnerable professionals.
312	Question 5 in my opinion is totally ridiculous. P A's are a qualified competent work force who have dispensed medication for 35 years plus and a repeatable prescription is treated the same as a first dispensing taking into account dose, interactions, side effects etc. There is no difference between a first dispensing and subsequent repeat dispensing.
316	Assistants have provided a good service up to now. Why change? Remember the girl who died when a Dublin pharmacy observed all the rules when a little common sense would have saved her life!
319	It is unrealistic to expect that any Qualified Assistant could be employed with these restrictions in place. Are they really necessary? Why not include them in current CPD and fitness to practice and provide extra tuition if the PSI deem it necessary. The PAs I have encountered always worked in a very professional capacity and always put patient safety first in their work practices. The treatment of these professionals is deplorable and it is embarrassing that our professional body is going to make them unemployed. Rule 8 is not a workable solution and how does the society really believe that QA can provide cover with these restrictions is beyond belief. The PAs are very experienced professionals and I would much prefer having a PA covering my dispensary than any newly qualified pharmacists. Have the PSI any plans to introduce similar rule 8 restrictions for the first 3 years of post MPSI qualification?
320	I find it hard to understand why the first dispensing of a prescription can not be dispensed by an assistant who has more than 20 years experience which up to now was allowed
322	Pharmaceutical assistants are qualified highly experienced individuals who have years of on the job training and are a valued member of the health care system. I abhor these new rules and disagree with them.
325	not sure what you are asking in rule 5 it is a wee bit ambiguous. I agree assistants should be allowed to dispense the repeat rx's but in this question by agreeing do you take it that they cannot dispense it the first dispensing. If that is the question then I would strongly disagree.
329	I feel that this is a group of professionals that have a huge wealth of experience and provide invaluable cover for rural pharmacists. I think some of the proposed new rules are too harsh and restrictive, rendering these (largely female) professionals unemployed. It has been a shocking way to treat people that have served our profession exceptionally
331	I feel the proposed rules are of unnecessary severity and very strict on a group of qualified experienced Pharmacist Assistants. The group of professionals affected are within the last decade of their working life and it feels like this is a set of rules that are being brought forward with no long term foresight.

Appendix B

332	I have worked for almost 20 years in various locations across the state with a variety of Qualified Pharmaceutical Assistants. I have found all I have worked with to be extremely professional deciated to the job and extremely thorough. I employ one currently and I would rate her as being more qualified than a lot of newly qualified Pharmacists. The lady has worked with us for over 25 years. She often attends CPE events and laments that it is not compulsory for all Qualified Pharmacists and Assistants. I, When I can dip out of the Pharmacy for a quick sandwich or coffee and occasionally an under 6 football match across the road. I have complete and utter confidence in my Assistant and why wouldn't I.
336	I do not agree with this process at all.
337	A registered pharmaceutical assistant should be able to dispense ALL Medicinal Products in the temporary absence of a pharmacist. Anything else is unworkable. If a patient presents a prescription with multiple items it is hugely off putting and confusing to the patient if certain items can't be dispensed from that prescription
340	Pharmaceutical assistants should be subject to CPD to show competence to cover absences. If they are they should be able to cover more than one hour per day also
341	Pharmaceutical assistant are trained and knowledgeable colleagues please treat them as such. You are limiting their scope of practice for no apparent reason. They are happy to be subject to fitness to practice and CPD requirements. This is a better way forward.
343	The proposed new rule is completely unnecessary. The PSI have provided no evidence whatsoever that this new rule is required or even desired. The vast majority of pharmacists do not support the change and the response by the huge majority of people responding to the first consultation should have told the Registrar and his Council that this is completely unwarranted. If the PSI wanted to do something to help the profession, it would be to try to put in legislation for pharmacists to get a lunch break, whilst keeping the business open. This would be irrespective of the Pharmaceutical Assistants as they would not be connected to this.
345	I cannot believe we are revisiting this again. We are a highly responsible professional group who value our patients above all else. We have worked in this industry alongside our pharmacist colleagues for all this time. We are ALL constantly learning, updating and are happy to do so formally. The agenda to 'get rid of us', for that is what will ensue, is totally wrong and shortsighted. So I'm ok working alone for 1 hour per day, but at 1.01 I'm not capable anymore?? Do not implement this. It will destroy lives.
346	This is a disgrace to the hard working pharmaceutical assistants who provided cover for years and have been tossed aside by the PSI
348	I strongly believe in the competence and professionalism of the Pharmaceutical Assistance and I also strongly believe that they should be able to dispense all forms of prescriptions. As a supervising Pharmacist I would fully trust the judgement and competence of a Pharmaceutical assistance to fill my position in my absence.
349	I believe specifying the tasks which a pharmaceutical assistant is too limiting and defeats the purpose of the temporary absence. For example, if a patient taking Warfarin (a narrow therapeutic index drug) for many years presents their regular repeat prescription into the pharmacy, then they would not be allowed to dispense this prescription under these new rules. In addition, they would not be allowed to dispense new items for patients, even if they are very safe medicines for low risk healthy patients. Pharmaceutical assistant's should be trained when to refer to the pharmacist when they feel that they do not have sufficient expertise, rather than specifying the tasks in the legislation. Therefore, I do not support this proposed rule 8.
353	I feel strongly that all Pharmaceutical Assistants should be free to dispense all prescriptions. I have worked along side these people for nearly 20 years in Ireland and have never come across one who I didn't feel was fully competent. However I have worked alongside many newly qualified pharmacists with whom I would have serious reservations about their ability

Appendix B

	to dispense safely. In addition I have never come across a serious dispensing error or across any fraud from the HSE made by a Pharmaceutical Assistant. I feel that the Assistants should be allowed to see out their careers in peace and should be made subject to practice reviews by the profession like the rest of us.
355	I believe pharmaceutical assistants should be allowed to finish out their careers without having their jobs cut from under them which is what will happen if these regulations are implemented. Why not provide training on the above areas in rule 8 and give PA's free access to IPU academy courses, perhaps employers could support them in giving paid time off to attend - this would be a more reasonable approach than the draconian measures being suggested above.
356	I strongly feel that as a supervising pharmacist who has the support of a pharmaceutical assistant in my pharmacy that the proposed reduction of their hours and proposed restrictions are awful. They have been practicing as pharmacists for 40 years and have a wealth of information and experience. I have nothing but positive things to say about the pharmaceutical assistant working here They should be brought under the umbrella of the new CPD requirements to make sure they're knowledge is up to date and their hours should be left alone Kind regards
360	I HAVE WORKED WITH A PHARMACEUTICAL ASSISTANT FOR TWENTY YEARS AND SHE IS MORE THAN CAPABLE OF CARRYING OUT THE DUTIES THAT SHE HAS BEEN EMPLOYED TO DO OVER THE LAST THIRTY YEARS.IN MY EXPERIENCE IN THIS PHARMACY THE PHARMACISTS SEEK HER ADVICE AND EXPERIENCE REGULARLY.
361	they have been allowed to do this ie dispense and manage in temporary absence for years so it shouldnt change now - they (assistants) should be compelled to do mandatory CPD
365	I think that after 30+ years of service and an immaculate record that you are rendering my Assistants qualification null and void. I am now looking at the possibility of working 6 days a week with no break as I cannot afford to pay the inflated locum rates at present. How is this the safer option for the Patients?
368	I AS A PHARMACEUTICAL ASSISTANT AM WELL CAPABLE AND HAVE BEEN WORKING IN PHARMACY WITH 40 YEARS.I QUALIFIED UNDER THE ILLUSION THIS IS WHAT I WOULD BE CAPABLE OF DOING FOR MY REMAINING LIFE.
371	However I strongly disagree with the proposal not to allow a Pharmaceutical Assistant acting in the temporary absence of the pharmacist to dispense cytotoxic medicinal products, high tech products, or medications with a narrow therapeutic index, or a repeatable prescription when it is the first dispensing. This is completely impractical and unnecessary. These people have been performing these tasks capably in the pharmacist's temporary absence for years, and should be allowed to continue to do so for the remainder of their careers.
373	I believe there is no basis for this change
374	The primary issue to be addressed on community pharmacy is expanding the role of pharmacists by introducing supplementary prescribing and a minor ailment scheme. You should also focus on protecting pharmacist by following the UK model that a pharmacist must take an hour break. I have made dispensing errors because I'm over worked and sometimes work an 11 hour shift without having time to eat or drink. You as my professional body should be doing something to address this issue
376	The wealth of experience that PA's have far outweighs any thoughts of restrictions in dispensing.We are an invaluable asset to any pharmacy.
378	There is no logical reason for this rule change. It looks to me like it is bullying of group with a weak voice for themselves. Aging women as these are the people who make up pharmaceutical assistants.

Appendix B

379	<p>I strongly disagree with limiting the scope of practice of PAs in this way. Repeatable prescriptions: Is the implicit meaning that the pharmacist will have dispensed it once, and therefore the PA can simply "repeat" without putting any thought into it? This is a really dangerous precedent to set- regardless of the qualification (PA or pharmacist) all of the safety checks and clinical screening of interactions, dose etc should occur on each dispensing, independent of the last dispensing. Otherwise there is the danger that an error occurring on the first dispensing will be perpetuated. All prescriptions (S1A, S1B, repeats, once-off) should be subject to the same rigorous checks. These checks can be done by a suitably qualified pharmacist or by a registered pharmaceutical assistant. There is a risk of patients missing out on crucial medication or having delays to their therapy if there is a long list of medication which cannot be dispensed by the PA. High tech medication is typically required for a serious condition, and an unnecessary delay in dispensing could have an adverse effect on the patient's well-being. By singling out the medication classes in Rule 8, it is implied that other medication is "safe". What about the use of statins with fusidic acid? This would not be picked up by any of the measures described in Rule 8. The PA is either capable of dispensing and checking all prescribed medication or none- it is not possible to single out groups of medication for exclusion, and thereby suggesting that all other medication is lower risk.</p>
389	<p>My comment, whilst not entirely related, is such that public consultations should take place at times of the year when the public are Not on holiday- physically nor "mentally". Summer time & Christmas time being such periods.</p>
393	<p>Being able to dispense selectively for a one hour period and restricting which medicines can be dispensed in this time frame is totally impractical and unworkable in real life setting. It would be far better to shut the pharmacy doors while the pharmacist is having their lunch break, which they are mandated to take, thus denying customers of other pharmacy services.</p>
397	<p>The benchmarking exercise of the PA qualification should have been undertaken by Quality & Qualifications Ireland (QQI), the relevant experts in Ireland to clarify the appropriate level on the National Framework of Qualifications (NFQ) of the award achieved by so many PAs 20/40 years ago as a base to the ongoing PSI review. It is a real loss to the ongoing process that the PA qualification is not listed on the NFQ. Educationalists would certainly raise ethical questions on how the curriculum mapping was exercised. The absence on the working group of members with expertise in higher education, teaching and learning is evident. The focus of the group should have offered a more appreciative and supportive understanding of PAs as the PSI review pharmaceutical practices in Ireland. The original education with ongoing training and experience as a result of up to forty years working responsibly in pharmacies has been belittled by PSI. The proposed rules are extremely disproportionate in an aim by PSI to manage a 'possible' risk to public safety. This is particularly extreme when there is no evidence from PSI, of data exhibiting that PAs, due to their training, propose any such risk. The proposed changes would prevent PAs dispensing practically everything and block them from carrying out the role they qualified for and have been doing for 40 years. Pharmacists require PAs in a pharmacy as an important part of the team. If implemented these changes to work practices would devalue the input from PAs. In days of modern management when employers and employees commit to ongoing training and development as a measure of positive management practice it is very disappointing to see a regulating body in the form of PSI changing the conditions of staff to such an extreme. This is a retrograde step in the pursuance of continuous professional development. PSI are aiming to force redundancies to professional healthcare workers rather than implementing CPD and fitness to practice to allow them to continue to dispense all medications as they have over 40 years.</p>

Appendix B

402	This proposed changes are absolutely ridiculous. Ye clearly did not listen or take any note of what the majority of people have already said regarding this issue in the first survey issued in 2018. This is an absolute disgrace and the proposed changes are nearly the complete opposite of what the people wanted. Ye are completely undermining the Pharmaceutical Assistant and the whole Pharmacy profession. How in the name of god do ye think a PA, with over 30 years experience, is not able to dispense for example an antibiotic or a new prescription for aspirin?
404	In relation to question 5, I wish to clarify my answer I answered "strongly disagree" as I do not believe that dispensing should be restricted to the repeat parts only. I strongly agree that assistants should be allowed to dispense the repeat parts. I also strongly agree that assistants should be able to dispense the first part of a repeat prescription, and items that are non repeatable, if they have previously been dispensed to that patient on a prior prescription.
405	This draft ruling is totally unworkable and unfair. Pas will be able to do very little in the one hour that they will be supposedly in employed in a pharmacy.
406	can you outline the number of incidents that have occurred over the past 18 yrs where QA have made such errors that would indicate that they should be excluded from carrying out the normal function for a pharmacy, ie the dispensing of prescribed drugs, in the temporary absence of a pharmacist? is this list available to view on the PSI forum ?
407	I feel it is entirely disrespectful to pharmaceutical assistants who have been dispensing all of these items for their entire working professional lives. In particular I see no justifiable reason why it is proposed that they may now only dispense repeat prescriptions. Furthermore suddenly drawing the public's attention to the fact that they are working in the temporary absence of a pharmacist is not in anyone's interests , why is there a sudden issue 30 odd years down the line?. It is a disgrace that the pharmacy regulator sees fit to treat qualified assistants in this manner given the years of service they have given to the public and to the service of pharmacy. They are not being given any choice in the matter, nor no offer of engaging in future education should the pharmacy regulator see that as the issue
408	Temporary absence is not a workable proposal. Qualified Assistents will take a High Court Action and I believe will win.
419	I do not think that the proposed rule is appropriate and summarily dismisses the Pharmaceutical Assistants (PA's) original training followed by their 30+ years of practical experience. They provide a key support role in their CURRENT capacity of providing dispensing support and covering for the pharmacist on their day. PA's have never been summoned for a fitness to practice issue that I am aware of and do not pose a threat to public health. More of a threat is the closure of pharmacies at weekends or odd week days when pharmacist cover is not possible to obtain.
422	Why are the PSI going through this sham public consultation again? It is obvious that the PSI have an outcome in mind and are determined to achieve their result no matter what opinion any other interested party has. These people have served Irish pharmacy for decades, why now treat them so harshly when most are coming near the end of their careers. The PSI should be facilitating these people in undergoing CPD rather than hounding them out of their careers.

Appendix B

423	<p>Temporary Absence means exactly what it says TEMPORARY - LIMITED TIME NOT PERMANENT - so why do we have to go through all this. We have worked alongside chemists and pharmacists for decades and now we are being pushed out. We were always TEMPORARY whether 5 minutes in the morning, 1 hour lunch, day off, holidays, sick leave, family problems, golfing etc. This lead to Locums so are all locums to have the same process. We are well capable to, (more so than Locums): In the absence of a registered pharmacist, dispense a repeatable prescription where it is not the first dispensing of the prescription. In the absence of a registered pharmacist, dispense a prescription where the prescription is for a high tech medicinal product. In the absence of a registered pharmacist, dispense a prescription where the prescription is for a cytotoxic medicinal product. Some of us take these medications so we are well aware of the problems they bring. In the absence of a registered pharmacist, dispense a prescription where the prescription is for a narrow therapeutic index medication. In the absence of a registered pharmacist, dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products. In the absence of a registered pharmacist, to supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products.</p>
425	<p>The enrolment in ICCPE training and education programmes are supposed to ensure competency in all the above dispensing of medicines for both Pharmacists and Pharmaceutical Assistants. The expertise Pharmaceutical Assistants have built up over years of experience should be valued not wiped out as if they were never trained by The Pharmaceutical Society of Ireland who specifically allowed their skills to be used in the absence of a registered pharmacist.</p>
427	<p>Q5: In my opinion Question 5 ignores the fact that Pharmaceutical Assistants are a qualified, competent and professional group with an average of 38 years experience. As skilled and knowledgeable professionals are we to blindly repeat prescriptions just because they have already been dispensed. Do we dispense them without notice as to whether ;1. They were originally dispensed with errors e.g. incorrect dosage etc. and if we correct them, does it make the prescription a new script to be dispensed as though its the first time. 2. Interactions; should a new interaction be found with one of the drugs on a repeat prescription since it initial dispensing, does this make it a new prescription? 3. Do we ignore SOPs which require that repeat prescriptions need to be reviewed? We as professionals know that each prescription; new or repeat needs to be treated as a new prescription and accessed for dose, interactions, side-effects etc. To say that we are allowed to dispense only repeat prescriptions in the temporary absence of the pharmacist is illogical as repeat prescriptions should be dispensed with the same care & pharmaceutical considerations as a first dispensing each and every time. This question is flawed and ambiguous and therefore I strongly disagree with the implication that there is any difference between a repeat & first time dispensing. This being the case there is no reason we should not be allowed to dispense a new prescription in the Temporary Absence of the Pharmacist. Q6: PAs are included with Pharmacist in training programmes for High Tech drugs. It would follow therefore that we have the skill competency and judgement to dispense High Tech medication in the temporary absence of the Pharmacist. Q7&8: I have dispensed cytotoxic drugs and drugs with a narrow therapeutic index since I qualified in 1980. As these drugs were widely used at that time & still are they constituted an important part of the course I qualified from, a course which was developed by the PSI. It seems incongruous that I have been dispensing these drugs for the past 38 years and suddenly it has become an issue. Considering how commonly prescribed these drugs are, not being able to dispense them in the Temporary Absence of the pharmacist will have a devastating effect on my ability to practice in my profession</p>

Appendix B

428	My local chemist employs a pharmaceutical assistant and I believe that the society removing and changing the qualification and responsibilities of the assistants is a travesty and an insult to the hard work that these assistants have diligently provided for decades. Saying that people are only qualified to work an hour but somehow not qualified to work after that arbitrary limit is idiotic and hurts only the patients and customers. The duty of care that all medical professionals have dedicated their lives to providing is being hampered by the stupid and short sighted ego of some of the PSI. Pharmaceutical assistants have done everything to maintain the standards and practices that the society has set for its members and after years of dedicated work study and service are being sold out by the very society they were proud to be a part of. They are losing their jobs and livelihoods. This should not stand.
430	This is a savage attack on a minority group of highly qualified well respected group
431	I do not agree with the proposed new Rule 8. I think it is ridiculous to remove certain drugs from what an assistant can dispense. I think that this new rule would create a patient safety risk that was never there until now. A patient may not receive one/more of their drugs because of this rule, with all the associated patient safety risks. This new rule will lead to confusion, errors and ultimately compromise patient safety rather than ensuring patient safety. PAs need to be subject to the exact same CPD requirements as pharmacists if they are to cover in any form of 'temporary absence'. It needs to be the responsibility of the superintendent and supervising pharmacists as to what duration of 'temporary absence' their PAs cover.
433	If rule 8 is implemented besides changing the cover we provide i will be unemployable.
437	Re: question 5 - As a member of the public, I would have assumed that repeat prescriptions would be checked and assessed as a new prescription on each dispensing. Therefore, I believe each prescription should be treated as a new prescription each time, checking for errors and so on. This being the case, I believe that qualified assistants should be allowed to dispense all prescriptions, both new and repeat, in the temporary absence of pharmacists. Re: questions 6, 7 and 8 - As pharmaceutical assistants are qualified, competent and knowledgeable, I don't understand why there would be a change in their work practice with regards to high-tech, cytotoxic drugs, and drugs with a narrow therapeutic index. The assistant I deal with has never given me any reason why she wouldn't be capable of dispensing any drug.
438	Rule 5; It is not very clear exactly what you are asking. Any rule that is not clear and unambiguous is badly worded. Assistants are competent to dispense all prescriptions and every prescription should be dispensed as if it were the first dispensing. Should there be an error made on the first dispensing it could be picked up on a repeat but not if the dispenser just repeats what was dispensed the first time. The error would also be repeated.
439	The rules don't need to be changed and will lead to an unnecessary court challenge and cost to the PSI which will be paid for by the PSI members. Pharmaceutical assistants have performed their duties to an exceptional level over the last 30 years. If we change the law now, are we saying to the public that their medications were not dispensed at a professional level previously.
441	I feel that I'm capable of dispensing these types of medication as I have been doing for many years. If my employer thought that I wasn't he would not employ me or trust me to do so.
442	When I qualified as a pharmaceutical assistant 41 years ago I could dispense prescriptions whether a pharmacist was there or not. My qualification should not change. No-one has the right to take my livelihood away from me. Who will compensate me for loss of earnings till my retirement age! Will the pharmaceutical society of Ireland refund my annual fee to allow me to work as qualified assistant if this becomes law!

Appendix B

443	With regard to Question 5 why is it that Pharmaceutical Assistants are only allowed to do repeat prescriptions during temporary absence? Surely every prescription is checked for errors and clinical appropriateness on each occasion. This being the case what is the difference between a new and a repeat prescription? It seems illogical to me that a Pharmaceutical Assistant should be allowed to do one and not the other. Therefore this question does not make sense and I strongly disagree with it. With regard to Question 6 the Assistant I deal with attends Continuing Education lectures. I therefore strongly disagree with Question 6. With reference to Questions 7 and 8 as these drugs have been available since Assistants qualified surely the Assistants received lectures on the said drugs. They are therefore as qualified as any pharmacist to dispense these drugs. I therefore strongly disagree with Questions 7 and 8.
444	My family and I have been using our local chemist shop for the last 40 years, getting a first class service from the Pharmacist and his assistant Chemist. Imagine my surprise when the Pharmacist told me that he will have to close shop, because the chemist shop regulators in Dublin are changing the work conditions for Assistant Chemists. in effect making the assistants unemployable. We are a small village in the west of Ireland, with an ageing population, and if the chemist shop closes, the next nearest one to us is 18 miles away. So I would like to say "thank you" to all you smug bastards in Dublin for shitting on rural Ireland once again
445	It's a disgrace that the PSI is proceeding with this attempt to remove the ability of pharmacy assistants to effectively work in the absence of a pharmacist. This is a group of people the last of whom qualified in the early 80s who will all be retired in the next few years anyway. This does not have the support of myself or any other pharmacists I have discussed it with.
450	Once again I am compelled to state how awful this ruling is. It will be detrimental to the pharmacy industry losing people with years of experience because of someone in the PSI(who clearly has never worked with an assistant) deciding they are suddenly no longer qualified. Furthermore there is a very clear legal case for the assistants against this and pharmacists all over the country will support them. There will be strikes again. The PSI have gone too far this time and have disgusted the entire community.
451	The public should be made aware if their medicine is being dispensed by a someone who is not a fully qualified pharmacist.
454	The proposed changes will no longer allow PA,s to carry out their work as they have been doing for the past 30 odd years on a daily basis. We have carried out these duties with care competency and professionalism and with a stroke of a pen you will leave us without the ability to continue to work . It must be noted that we gained out qualification as outlined by the PSI which taught us the knowledge skills judgement and competency required which has been acceptable for the past 35 years. Absolutely devastated .
456	It is my opinion that Question 5 is ambiguous. Why can Pharmaceutical Assistant only do repeat prescriptions in the temporary absence of the pharmacist? Surely whether a prescription is new or a repeat they must both be checked for inaccuracies as the details of repeat prescriptions may have been entered incorrectly initially or interactions between drugs missed. Repeat prescriptions must be treated as new prescriptions and therefore this distinction is an artificial one. Hence the premise of this question is flawed and I strongly disagree with it. Let us now move to Question 6. The Pharmaceutical Assistants partake in continuing education and are therefore fully knowledgeable with regard to these drugs and are highly competent in the dispensing of them. Addressing Question 7 these drugs have been in existence since the Assistants undertook their training and were awarded their qualification by the PSI. I therefore fail to understand the perceived concerns put forward by the PSI. Moving on to Question 8 as with the drugs referred to in Question 7 the same argument applies.

Appendix B

457	I think the experience some pharmaceutical assistants have is invaluable to the patients they help everyday. I don't think that there is a need to restrict their role.
458	How is it possible to make comments when I disagree with this rule and also totally disagree to the one hour proposal. This will invalidate my qualification and the fantastic work and contribution made to the pharmacy profession by myself and all my colleagues. I am a qualified person under the 1890 Pharmacy Act and later the 2007 Act. How can we agree to proposals which diminish my qualification to such an extent that I will be rendered useless and redundant. The PSI formulated this qualification, charged me and my family hard earned money to attend this course, examined me in all the relevant subjects, registered me on completion of the 4 year course, provided I passed all the exams. Now 44 years post graduation of continuous employment in the pharmacy profession, without any just cause you have decided that the qualification you validated is worthless. We as a profession should actually be suing for damages having had to put up with such mental torture for many years not knowing what direction our careers would take. This damage to our lives and careers is disgraceful bearing in mind that it is being done by the PSI to graduates of its own course.
460	A pharmaceutical assistant is a very capable trained person. If he / she is TRAINED to dispense these medicines when the pharmacist is on the premises why are they being prevented from doing the same responsible job when the Pharmacist is absent temporarily.
461	The Pharmaceutical Assistant is a very responsible part of my local pharmacy. I believe that the qualification and experience she has makes her more than capable of dispensing my medicine whether it be the first dispensing of a new prescription or a consultant prescribed drug. If my pharmacist is temporarily absent where do I get my high tech or cytotoxic medicine prescription ?
466	where is the clinical evidence that this is required in the first place? Why is there a need for this proposal if they have been completing this job without these restrictions for so many years. When was it decided there was a need?
472	Pharmaceutical assistants have served the public of Ireland with efficiency, integrity and professionalism throughout their existence. Our family prescriptions have been meticulously administered by a number of pharmaceutical assistants whom we have always had reason to trust.
474	I think PAs are well qualified to continue on the same basis as currently in existence
476	Can't understand the vindictive and bullying attitude being adopted by the PSI. As a customer I prefer to see the lady (qualified assistant) as I feel much more confidence in her abilities than in any locum I've met. Also do the PSI demand a lack of people skills as a necessary requirement for their new graduates. Although judging from how they are treating the assistants this obviously comes from the top. And is it actually true that the head of the PSI is not a pharmacist and has no pharmacy experience. The assistant where I get my prescriptions has always been professional and indeed has picked up doctors (and locum) mistakes more than once. I feel very angry on her behalf and intend to write to the Minister and the committee for public expenditure as I feel the waste of time and money on a power trip by the society merits investigation. If there has been no problem for over 100 years and assistants will be retired in about 10 years what is the point of this. I hope the assistants take you on and expose the utter stupidity. Shame on you. No doubt the PSI will do as before and ignore the feelings of the respondents (and that's if they actually manage to count the submissions accurately this time)
480	The course developed by the PSI provided PAs with the competencies, skills, knowledge and judgement to dispense these items. I have been dispensing these items since I QUALIFIED. I believe these potential new rules to be a ridiculous waste of time and money I also believe that this is an utter shame that any regulatory body should feel the need to put people out of their jobs essentially after providing years of excellent service. To my knowledge no PA

Appendix B

	has every been in trouble for mis dispensing or dispensing in error ,i dont think this is the same for many Pharmacists
481	IN MY OPINION AND AS I HAVE PREVIOUSLY STATED QUALIFIED PHARMACEUTICAL ASSISTANTS HAVE PROVIDED A STABLE PROFESSIONAL SERVICE TO HUNDREDS OF PHARMACIES THROUGHOUT IRELAND.PHARMACY AND INDEED MANY PHARMACIES HAVE UNDERGONE HUGE CHANGE SINCE I QUALIFIED IN 1980.WE HAVE DEVELOPED OUR SKILLS ALONGSIDE OUR PHARMACISTS AND WE HAVE GIVEN THE CUSTOMER CONTINUED SUPPORT IN A PROFESSIONAL MANNER .I HAVE WORKED IN THURLES FOR ALMOST 40YEARS SO MY LOYAL AND NEW CUSTOMERS KNOW I WILL DO MY UTMOST TO WALK BESIDE THEM AS THEY JOURNEY THROUGH LIFE.ASSISTANTS HAVE TO WORK WITH PHARMACISTS WITH POOR ENGLISH POOR SKILLS AND ONLY FOR THE WATCHFUL EYE OF THE ASSISTANT MANY MISTAKES WOULD BE MADE.AS ALWAYS THE PHARMACEUTICAL SOCIETY OF IRELAND SHOW A TOTAL LACK OF RESPECT TO QUALIFIED ASSISTANTS EXCEPT WHEN WE PAY OUR ANNUAL FEE .THESE NEW PROPOSALS WILL MEAN WIPE OUT FOR ME AND MY COLLEAGUES AS WE ARE BEING DEMOTED TO COUNTERHANDS.IT WILL MEAN A LOSS OF EARNINGS FOR ME PERSONALLY AND I WILL EFFECTIVELY BE UNEMPLOYABLE.THE PHARMACEUTICAL SOCIETY OF IRELAND SHOULD RE CONSIDER THESE RIDICULOUS PROPOSALS AND TREAT ASSISTANTS WITH THE RESPECT WE TRULY DESERVE.
483	SELECTIVE DISPENSING WILL NOT WORK IN ANY CIRCUMSTANCES.AN ASSISTANT HAS BEEN QUALIFIED TO DISPENSE ALL RX WITHOUT EXCEPTIONS FOR THE LAST 50 PLUS YEARS,WHY IS THIS ANY DIFFERENT NOW. THIS IS MAKING A BAD ISSUE WORSE.
490	Pharmaceutical assistants have been very competent in their work all these years so why doubt their competency now? They play a vital role in many pharmacies around the country and I feel that all this rule is doing is belittling their title that they studied hard for and should be allowed to continue working as they were.
491	I feel that pharmaceutical assistants have a vital role to play in community pharmacy. They have a wealth of knowledge that, I found when working as a newly qualified pharmacist especially, is invaluable. They allow for safer work practices including breaks for pharmacists to take place which reduces the risk of dispensing errors. Working with a pharmaceutical assistant is always of benefit, I have never found it to be a disadvantage. Like any healthcare professional any assistants that I have worked with know the limits of their knowledge and use relevent reference sources or seek advice from colleagues if unsure of a situation.
498	Upskill the pharmaceuticals assistants rather than taking responsibilities from them
499	Rule 8 is pure nonsense ,obviously the same rule would have to apply to a pharmacist trained in the same era .
500	Pharmaceutical assistants were deemed qualified for more than 50 years. They studied the actions ,uses , and side effects of many of these drugs which you are trying to imply that they cannot dispense now. What about pharmacists who qualified around the same time? Will you come after them next?
502	Why stop now as these people are highly qualified
504	Rule 8 in as far as it includes PAs should be scrapped
505	I strongly disagree with the proposed new Rule 8. My reasons are many. The qualified assistant that is employed in my pharmacy has been employed with me for more than 30 years and has always been under the supervision of a pharmacist. The rule of 1 hour a day is unreasonable because though we rarely had a situation whereby this was ever exceeded there have been times of illness or unexpected absence of the pharmacist whereby my assistant has safely and professionally supervised the pharmacy. In order to help the PSI with their concerns, I strongly believe that CPD be offered to experienced qualified assistants and that this be a requirement for any non pharmacist supervision of the pharmacy. Instead of a blanket and strict 1 hour rule, there should be a general rule

Appendix B

	whereby a set number of hours should not be exceeded in one year and this should cover an estimated total of 1 hour per day plus extra hours based on geographical surveys of the extra approximate hours needed or experienced in general. It is morally wrong to retrospectively reduce the employment opportunities of people who have been gainfully employed in their chosen profession particularly when many of them don't have many years left to work and need all the pre retirement income and savings that they can muster. Proper CPD and reasonable absence cover should suffice any concerns the PSI or public may have.
506	Highly qualified people it should go ahead
510	The pharmaceutical assistant has been a very professional person whose ability to assist patients is so important. They should be allowed to continue to provide their long term knowledge when the pharmacist is temporarily absent as they were trained to do.
512	Rule 8 should be amended to include all activities normally carried out by the pharmaceutical assistant as agreed in writing with the supervising pharmacist of the retail pharmacy business and should not restrict the pharmaceutical assistant to the activities listed and prohibit the dispensing of non repeatable prescriptions etc. the supervising pharmacist should specify the activities having knowledge of the experience and capabilities of the pharmaceutical assistant concerned.
513	These draft rules will compromise at least 300 people who have worked and given loyal service in this industry . It is total madness
516	the experience of min of 45 years that pharmacist provide should not be disregarded and is vital for the safe and efficient running if pharmacy
519	I qualified as a Pharmaceutical Assistant in 1974 and I have worked in the same company since then.I have always carried out my duties with the utmost of professionalism and always with the patients safety in mind.I have served the same patients and their families and they have always appreciated the service I gave them.The PSI now propose to make me redundant and disregard the years experience and knowledge which I have attained since qualifying.I will be deemed not capable of dispensing prescriptions with the competency,skill,knowledge and judgment with which I have always used.I have attended the majority of CPE courses in the ICCPE training courses and kept up to date at all times with all new drugs. I cannot understand how I capable of doing a professional job for 44years and now my qualifications are being reduced to zero.As there are a limited number of Qualified Assistants still working and a limited time until we are all retired maybe including us in CPE along with pharmacists will ensure that Qualified Assistants can continue to dispense as we have done since qualifying at least 35 years ago.
521	Why start this at all . Most people are due to retire soon. The PSI should be held up for inspection for spending all our money on this proposal which will be redundant within a few years. It appears the burocrat has nothing better to do. We can all stand on the High Gound and justify our standpoint but how much money has been spent on this and will it be transparent in the annual report as a separate expense ? If you are at the top then you can expect too toppled. Perhaps this wont bring you down but sometime you will be chopped down and then you can feel what you are doing to these PA's Perhaps a letter to the Times is needed to highlight this misuse of funds.
523	Rule 8 is very demeaning to PAs
526	I do not agree with this narrow definition of what a pharmaceutical assistant can and cannot do. The assistants have always been considered capable of acting in the full capacity of a pharmacist when the pharmacist wasn't present. They have always done so and, to my knowledge, there has never been any problem with this. They have provided a valuable service to Irish Pharmacy,they are no longer being produced and those that are left in practise should be allowed to work as they always have done.

Appendix B

527	i feel that Q5 is misleading and ambiguous. I cannot understand why you cannot accept that we do Continuing Education and CPD ,and that we are completely up to date with Hi Tech and Cytotoxic medicines,just like all Pharmacists who qualified at the same time as us.We understand the importance of keeping up to date and,like Pharmacists,are willing to do so.
528	All existing registered pharmaceutical assistants should be allowed to continue practice as they are currently. They are as knowledgeable as any member of the pharmacy team.
529	Totally unworkable and against women who have been qualified for 35 years +
533	THIS IS DISGRACEFUL TREATMENT OF YOUR PHARMACY COLLEAGUES . PHARMACEUTICAL ASSISTANTS HAVE BEEN DISPENSING MOST OF THESE DRUGS SINCE QUALIFICATION WITHOUT ISSUE AND ARE COMPETENT TO RESEARCH NEW DRUGS AS THE COME ON THE MARKET AND DISSEMINATE THAT INFORMATION AS APPROPRIATE. I SEE NO NECESSITY FOR THESE CHANGES AND ABHOR THE ANXIETY IT IS CAUSING . THE PHARMACEUTICAL ASSISTANT IN THE PHARMACY I USE IS EXTREMELY PROFESSIONAL AND ON NUMEROUS OCCASIONS HAS CONTACTED THE DR AND CONSULTANT REGARDING MY PRESCRIPTIONS BECAUSE OF ERRORS AND DRUG INTERACTIONS. I TRUST HER IMPLICITLY AND SO DOES THE PHARMACIST WHO EMPLOYS HER. THAT'S ENOUGH FOR ME. THE PHARMACEUTICAL SOCIETY CERTAINLY DOES NOT REPRESENT ME AS A MEMBER OF THE PUBLIC ON THIS MATTER. LEAVE THESE GOOD PEOPLE ALONE
535	How can the PSI deprive a person of their right to work in a position that they have held for almost 40 years, by putting in place a draft of so called ammendments that someone in said PSI committee dreamt up without due diligence, thought and care for others. Ok I can still 'work' as Qualified Pharmaceutical Assistant, but who is going to employ me for 4 hours on one day a week? For a supposedly intelligent crowd of people, you are very very insulting, ignorant and impossibly thick. I hope you all have pleasant little lives, backpatting and feeling pompous in your achievements. Good luck with that.
536	I would like to see these much valued people continue in their roles without imposing restrictions on them. They have served the public and the industry well for many years .
538	this argument is such a waste of public resources and time, i imagine that the psi would have more pressing issues to deal with and perhaps a better way to spend funds within our community rather than attacking individuals that have worked in this field their whole lives, its very disappointing that this is what our pharmacy regulator now stands for and that you have the right to strip anyone of their qualifications and confidence is disgraceful and no one should be made to feel that they are no longer valued after 40 odd years, this rule is a load of crap and a waste of every ones time and energy. i have worked with new pharmacists out of college that could do with a few classes on communication with patients.
540	I have worked with pharmaceutical assistants for over 30 years. I have always found each of them to be highly professional and knowledgeable. Unfortunately I can't say the same about some if the pharmacists I have had contact with in this time. I admit I am confused about the vision of the pharmacy profession future which is being driven by the Pharmaceutical Society. I think that their biggest success so far has been to alienate most iof their membership.
541	This is purely unnecessary! I'm disgusted with the policies you are trying to regulate. There has never been a problem with the assistants over the last number of years, I would like to see the evidence of any issues now
546	Pharmacy assistants have been dispensing for years without restrictions, I don't see why after years off them doing so with so much. experience that the rules are being changed.

Appendix B

547	<p>Firstly, I refer to the ambiguous wording of question 5 on this survey in that it implies that a registered pharmaceutical assistant did not do the first dispensing on the prescription, therefore, by answering yes, the writer is in agreement with Rule 8 (1)a(i). This rule ignores the competency and experience that all registered pharmaceutical assistants possess, to dispense first time and repeatable prescriptions. It ignores the fact that PAs are competent to assess eg, interactions with other drugs, side effects, age appropriateness relating to dosages, dispensing intervals etc. It implies that PAs ignore the SOPs regarding the dispensing of repeat prescription in relation to any new information and the review thereof. Should an error have been made in the first dispensing of the prescription by the pharmacist, this rule further implies that the RPA repeat the prescription (including the error) and not research or question it. Each dispensing of a prescription requires, review, assessment and judgement, relating to new information etc. PAs have spent their working lives doing all of this, since qualification. It ignores the fact that PAs, on a daily basis, continue to do Continuing Professional Development and implies that we have suddenly caught some kind of disease and decided to disregard all of our professional duties.</p>
548	<p>This is unnecessary bullshite, PSI has no proven that there is any risk with assistants. If they feel that strongly about it....Why did it take 10 years to address it??</p>
550	<p>The proposed changes reduce the status, and consequently, the earning power of Pharmaceutical Assistants. Never before in Employment or Labour History in Ireland, has an individual been robbed of their qualification. One has to wonder if the majority of us were men, would this same downgrading be imposed upon us? I have worked as a Pharmaceutical Assistant since I qualified in May 1966, and always considered that The Pharmaceutical Society, to whom I paid my annual Fee, and in whom I placed my trust and confidence, was there to protect my rights, and I cannot accept that this catastrophe is happening to my career, and indeed to my sheer identity. Since "Continuing Education" started away back in the 80s, I have attended 90% of all lectures available in the Sligo area, in order to keep up to date at all times. This fact can be checked out on all the attendance registers. My employers and their patients have the utmost confidence in my dispensing, advice, experience, and help. I am professional, competent, patient, kind, dependable, capable, experienced, caring, respectful, and I want to go on working while I can. Please do the decent thing, and let us (PAs) die out, rather than take away our dignity, and our life-long identity. This is going to happen sooner rather than later anyway! Thank you, Helen Devaney, 2013A.</p>
551	<p>I find question 5 ambiguous. I have said I strongly disagree with it because I believe that the pharmaceutical assistant I deal with should not be confined to dispensing repeat prescriptions only in the temporary absence of the pharmacist. She is a very knowledgeable and highly skilled professional and has been dispensing my families prescriptions both new and repeat for many years, I am at a loss to understand how a regulatory body would differentiate between the dispensing of a new prescription versus repeat, Surely they both need to be checked in the same way as repeat prescriptions could contain errors or side effects that weren't noticed when previously dispensed. Logically it follows that pharmaceutical assistants should most definitely be allowed to dispense both new and repeat prescriptions in the temporary absence of the pharmacist. Question 6: I am aware that the pharmaceutical assistant I deal with attends continuing education lectures. This fact plus her qualification and the many years of experience she and her colleagues have make them all well qualified to dispense High Tech drugs in the temporary absence of the pharmacist. Question 7 and 8: Pharmaceutical Assistants are a qualified group of people awarded their qualifications by the Pharmaceutical Society of Ireland. As these drugs have been dispensed for years by this qualified group of people are the PSI now saying that the qualification they awarded was not fit for purpose. I am aware that drugs such as eltroxin and warfarin for example were on the market when pharmaceutical assistants working now</p>

Appendix B

	were in college and therefore they were included in their curriculum. How can they now not be qualified to dispense them in the temporary absence of the pharmacist. It makes no sense to me.
553	UNFAIR TO DOWNGRADE QUALIFICATION ALREADY GIVEN WHY ,WHEN SO FEW LEFT DETRIMENTAL TO ABILITY TO FIND EMPLOYMENT AND EARN A LIVING MOSTLY FEMALE AND MAIN EARNERS HARDER FOR PHARMACISTS TO FILL VACANCIES AND SO GIVE BEST SERVICE TO CUSTOMERS WHICH IN HEALTHCARE IN PARTICULAR IS VERY IMPORTANT NEW PROPOSALS UNWORKABLE ESPECIALLY IN SMALLER COMMUNITIES WITH ONLY ONE PHARMACIST IN AN ALREADY STRESSFUL JOB,THE MANDATORY BREAKS ETC. DUE TO ALL WORKERS ARE EVEN MORE IMPORTANT
554	I would question the validity of introducing such measures it undermines decades of experience by the expert generalists, it could be viewed as discriminative towards age and gender as the majority are over 55 and female. Would this be happening if it was a male dominated profession?
555	Totally unworkable and against women who have been qualified for 35 years +
557	Totally unworkable and against women who have been qualified 35 years +
562	The professional ladies who have had a spotless record for the past 30 years deserve to keep their jobs and livelihoods. This proposal has already been pushed back and should not be going ahead
563	I don't agree with the previous public consultation on the issue of PA responsibilities which restricts a PA covering in a pharmacy for 1 hour. This drastically reduces their responsibilities and the work they have been conducting in pharmacies all of their careers. I don't understand why this these responsibilities have to be taken away from qualified professionals. On a personal level I have dealt with many PAs and always find they conduct themselves with knowledge and in an extremely professional manner.
565	The pharmaceutical assistants have been dispensing since qualifying and have more experience with most of these medications than newly qualified pharmacists. They know their customers and are less likely to make a mistake than a locum who may dispense incorrect meds to a patient, especially if two patients have same name
566	Pharmaceutical assistants are qualified professionals who are fully capable of carrying out all the duties of the pharmacist in their absence. This has been the case for many years and I value their extensive knowledge and experience. The new rule limits the positive impact an assistant may make.
571	Assistants should be allowed to dispense all medications in the absence of a pharmacist
573	With regard to question 5, my reading of it is that Qualified Assistants will only be allowed to do repeat prescriptions and not new prescriptions which have never been dispensed before during the temporary absence of the pharmacist. It is a very confusing question and should have been written more clearly but if my reading of it is correct then I categorically disagree with it. What is the difference in dispensing practice? Are both repeat and new prescriptions not checked for interactions (in case there are new ones since the last dispensing in the case of repeats)? Are both not checked for errors in dosage & strength (especially repeat prescriptions in case they have been inputted incorrectly on previous dispensings)? Are name and address not verified and in the case of children their ages checked? If these checks are done for both repeat and new prescription what is the problem. Pharmaceutical Assistants have years of experience dispensing thousands if not hundreds of thousands of prescriptions. In my opinion there is no valid reason to stop pharmaceutical assistants from dispensing both new and repeat prescriptions in the temporary absence of the pharmacist. With regard to question 6, As Pharmaceutical Assistants take part in continuing educational development (though they do not receive recognition for it) I do not understand why they would not be allowed to dispense High Tech drugs With regard to question 7, Pharmaceutical Assistants have been dispensing

Appendix B

	cytotoxic drugs during the temporary absence of the pharmacist since their qualification. To the best of my knowledge Pharmaceutical Assistants have an average of 38 years experience. I do not understand why this practice should be changed With regard to question 8, Pharmaceutical Assistants have been dispensing medications with a narrow therapeutic index during the temporary absence of the pharmacist since they qualified i.e. an average of 38 years. Changing this practice is downgrading the qualification of a very knowledgeable competent workforce.
574	I feel aggrieved and upset for these individuals who after all their years of service, experience and expertise that at this point in their careers that you are choosing to believe they are surplus to requirements that seems to be driven by foreign multi nationals. Why now?????
575	I believe that the temporary absence definition currently held should prevail.
576	The new rule 8 seems to downgrade Pharmacy Assistants making them redundant in a qualified position they have held competently for the last 40 years or longer.
579	is question 5 suggesting that Pharmaceutical Assistants should only be allowed to do repeat prescriptions and not new prescriptions during the temporary absence of the pharmacist. This is what I took from question 5 & for that reason I strongly disagree. Pharmaceutical Assistants should be allowed to dispense both new & repeat prescriptions during the temporary absence of the pharmacist. This question is very ambiguous & should have been written in a much clearer way.
584	Pharmaceutical assistants have been providing an excellent service so it seems totally unfair now to limit what they can do . They are very capable individuals who kept this country going so it seems totally unfair to not allow them to dispense an eltroxin prescription. Leave things alone . They will all be retired in five years anyway . Or give them the option to retrain etc . Don't just change it
586	Adoption of this proposed rule 8 would have the following negative effects 1.Prevent the PA from carrying out his/her job in a busy pharmacy....unable to dispense a new prescription... 2. Patient unable to access service from a known and trusted member of staff 3. Rule assumes no knowledge of Hi Tech medicines,Cytotoxic drugs etc by the PA. PA has same access to CPD as registered pharmacists and can keep up to date in the same way. Only difference is CPD is not compulsory for PA. 4. If proposed rule is adopted any PA who provides cover for pharmacist on a regular basis is now in danger of being unemployed. Value of their qualification certified by PSI is effectively being removed denying them ability to earn in the same way as before. 5. PA with over 40 years experience certainly more valuable than a locum pharmacist to a regular patient on any medication. PA will have more knowledge of patient history and understanding of patients individual needs than any locum providing cover in the temporary absence of regular pharmacist. 6. Patient much more likely to trust PA who has worked in pharmacy than locum pharmacist covering odd days with no local knowledge
587	Question 5 is unclear. I have strongly disagreed as I firmly of the view that QPAs should continue the established practice of providing full pharmaceutical cover in the pharmacists' absence. There is a serious danger that to do otherwise will destroy an academic qualification and, thereby, breach natural justice.
588	I do not see any problem with a registered pharmaceutical technician, who usually has many years of experience of dispensing unsupervised continuing to do so. I have not heard anyone complaining about the service provided by people who are effectively great pharmacists by experience rather than by paper knowledge.
589	These draft rules are most unfair and will end up in job losses. PAs have been working for 35 years+ and are fully qualified to dispense medication
590	My mother has worked for 42 years in the pharmacy industry & she is now facing a forced retirement , with no private pension,she still has mortgage repayments along with been a

Appendix B

	widow & still only 61 years old. Do the PSI have any compensation packages in mind? Thank you, Hazel Blanchfield
596	My comments appear below in question no.13
598	This is an unnecessary restriction and is interfering with the pharmacy service for patients. It means that a RPA cannot dispense a prescription for an antibiotic for a patient, even if that patient has taken that antibiotic previously. It means that a RPA can't dispense a Palliative Care prescription for someone on home Palliative Care even if that prescription is only a renewal of an existing regime and is going to be administered by the patient's GP or a member of the Palliative Care Team. There are many other examples of S1A medications which a patient may take over an extended period and which - under this proposal - they would not be able to get because the pharmacist was at lunch. Provision of an efficient, safe, prompt dispensing service is at the heart of good patient care and is being undermined by this proposed rule.
605	I think this is all madness there are only 300 odd assistants left in the country highly qualified individuals who have worked all their lives and now someone in the PSI has triggered this witch hunt to completely devalue their lives work - what a waste of time and resources disgraceful !
607	UNFAIR TO IMPOSE SUCH STRINGENT RULES ON THESE WORKERS EFFECTIVELY RENDERING THEM UNEMPLOYABLE.
608	Not answering question 5 as it's unclear. These professionals have been dispensing in a competent & expert manner for the last 40 years.
609	This proposed draft new ruling is overly restrictive. The RPA cannot dispense a new prescription for the Contraceptive Pill or an Antibiotic in the absence of the Pharmacist. Equally the RPA cannot dispense a prescription for a patient on home Palliative Care, even if it is a renewal of an existing prescription to be administered by a GP or a member of the Palliative Care Team. Provision of an efficient, prompt and safe service is at the heart of Pharmacy Care, and patient care is being limited by these restrictions on the dispensary service
610	These draft proposals are a complete joke there has nt been any meaningful discussion with the people that it affects and there has nt even been any consideration of the last online survey which was not in favour of the downgrading of the qualification awarded to PA s by the PSI themselves It really would be considered a joke if it was nt so serious How can a qualification be taken away from a person when mostly people are upgraded in every career it defies logic and is a frightful abuse of power
612	no matter what anybody says you are going to ignore them , the whole so called consultation is a joke. A complete waste of time
614	Why is this only happening 12 years after the Pharmacy Act 2007???? There is an anomaly and there must be an equitable and fair solution to this. Public Consultation matters - it is interesting to note that this public consultation was openly secret? Not made publicly available? Perhaps there are other matters that should be addressed such as why this has not been attended to before now. Has HIQA conducted a report into this as part of the HEA contract regarding staff training and CPD/CPE and what is the feasibility study report on this??
615	Pharmaceutical assistant provide very valuable role and are competent and professional and qualified and work providing good service for many years
617	This rule is discriminatory and has not been drawn up on an unbiased analysis of all available evidence. A full unbiased evidence based assessment of the Pharmaceutical Assistant equivalency with other EU based qualifications as those in the Netherlands etc. should be undertaken.

Appendix B

619	I think the decision that reputable pharmaceutical assistants who have been applying their training and knowledge very very successfully over the last number of decades are having their livelihoods seriously threatened and this is a travesty for them. By all means make them more accountable with more training, if the PSI sees this as the correct path to follow but to remove the ability they have to earn a living in the way they have been entitled in the past to do, to do is morally wrong in my opinion.
623	I believe a registered pharmaceutical assistant should be able to continue to work as usual without further restrictions. The position is one of responsibility and always has been, to restrict they're abilities is to undermine their position.
624	I Think it's disgraceful. Harassing someone who has been doing a Job so well for so long.
626	I feel as thought to take away these people's ability to work would be a highly gendered issue as it was primarily women who would to have been trained for this role and men would have been more likely to become full pharmacists. It seems as though these women have been working successfully for so long at there is not many of them left that it would be ridiculous to take their jobs away.
630	I do not feel that it is reasonable or justified to impose restrictions on this category of professionals who have operated in their capacity for so many years, without any justifiable reason or desired outcome.
631	I do not agree with the proposed limited list of tasks that a Pharmaceutical assistant can carry out. This will restrict the care patients can receive in the pharmacy when the Pharmaceutical Assistants are on duty which is not something that should be encouraged.
632	See comments in box 12 above.
635	From their years of clinical experience it is my opinion that pharmaceutical assistance are as qualified, if not more so, than graduate pharmacists to dispense all degree of drugs required to the public.
639	It is incredulous that after many years service and experience that the HSE/PSI are considering demoting the status of a healthcare professional, stripping them of their responsibilities that they have been thus far carrying out with due care and attention. It is degrading and an unnecessary waste of time and money conducting such an exercise (especially as most will retire within approx. 10 years? Is this really the most pressing issue to date?). I have seen first hand, as a pharmacy intern, how invaluable the PA's role in the assurance of the safe sale and supply of medicines and assisting other pharmacy team members (interns, tech's, OTC staff) learn the ropes, and the relief they afford pharmacists (especially in rural or one-pharmacist practices) to allow them take a break or, God forbid, pop out for an appointment or a walk to shake off the stress of an incredibly pressurized profession. The competent authorities would be better served focusing their attention, time and not to mention resources (i.e. the small fortune no doubt spend on this public consultation) on matters that are truly affecting patient outcomes and the safe supply of medicines. Digitized prescriptions systems direct from GP to pharmacies? A health mail that is actually fit for purpose? Digitizing unnecessary paperwork? Lowering threshold for GMS patients? Improving working conditions for healthcare professionals to keep them in the country? But no, I gather THIS was the pressing issue - a quick fix, railroading solution to, essentially, non-problem. A might I add, a very complex questionnaire to boot, that I feel may be designed to coax the "correct" responses out of the unwitting public who may not grasp the full meaning of what they are agreeing too, ultimately the language used was not aimed for the general public. -Yours etc. Despairing Intern, who values the help and experience of the PA Wexford
640	It is absolutely shocking that PSI can decide to take away a person's qualification after 45 years. The experience alone is worth so much more than a piece of paper with a qualification on it. It is outrageous that the PSI can take away a person's career after working as a professional for 45 years.

Appendix B

641	These rules will make it impossible for a PA to cover the shop even for 1 hour . Therefore will have a huge impact on their jobs and the pharmacies they work in. There is no basis for these restrictions and does not take their long experience into account
644	This rule is unethical, degrading and disheartening for all Pharmaceutical Assistants who have dedicated their lives to this profession. This is the work I have been doing all my working life and the PSI want to literally strip us of our Qualification leaving us with nothing in the final years of our working lives. DON'T DO THIS.
645	I HAVE RECEIVED CONTINUOUS REGISTRATION AS A PHARMACEUTICAL ASSISTANT FOR THIRTY EIGHT YEARS FROM THE PHARMACEUTICAL SOCIETY OF IRELAND. AT NO POINT DURING THIS PERIOD HAS THERE BEEN ANY REASON TO DOUBT MY PROFESSIONAL CAPABILITIES.
646	These Draft Proposals are going to render a group of mainly women unemployable when they still have a lot to contribute to the industry Along with the humiliation of dismissing a qualification that was made possible by the PSI themselves it will also impact financially on them How can it be that a course can be taken in good faith and this then to happen?
649	I strongly disagree with the proposed new rules. I have dispensed all of the above medicines for the last 40 years without incident. I have seen no evidence of facts in relation to dispensing errors by pas. I have kept up to date with cpd and my qualification allows me to cover in the temporary absence of the pharmacist. These proposed rules will wipe out my qualification with the stroke of a pen and render me redundant. I find it incredible that the PSI have consistently failed to engage with PAs. Just because the PSI have failed to include me in mandatory cpd does not mean I have not done it.
650	Question 5 is totally ambiguous. I strongly believe that Pharmaceutical Assistants should be able to dispense all items while working in a pharmacy. The idea that they can only dispense certain items will render their qualification useless. They should be able to cover in the temporary absence of the pharmacist. What if the pharmacist has entered a prescription for a narrow therapeutic drug incorrectly and the assistants spots this, do they just repeat the mistake or what. Most assistants have thirty to forty years experience surely this amounts to something. The survey is very negative and the questions are not clear
651	The rules are ridiculous given that pharmaceutical assistants do all of this work now
653	Question 5 is totally not clear. I believe an assistant should be able to dispense all drugs even if its the first dispensing.
654	PAs qualified to dispense all medication therefore rule 8 is very demeaning to all PAs
656	5, QUESTION, IS BADLY PUT, NEEDS MORE CLEAR EXPLAINING. IF P HAVE BEEN DISPENSING SINCE THEY QUALIFIED, WHY LIMITED THEM NOW, THEY HAVE YEARS OF EXPERIENCE.
657	Placing restrictions on what i can dispense at this stage of my career is madness. I have worked full time since i qualified and was always in demand. I have worked 50hours a week as i am the main earner and surely the fact that i was never out of work says something. I could provide references from all my employers. What you are trying to do is not fair and you have no evidence to show that the public are at risk while we are covering in the temporary absence of the pharmacist. It would only happen in Ireland. Pharmaceutical Assistants have engaged in dialogue with you all along and we have looked to be included in CPD and Fitness to Practise but to no avail. If we have to we will go further with us as we will all be out of work if this goes ahead
661	how can a qualification be taken away from a person which was validated by the psi themselves its unjust and unfair
662	How can such a valuable qualification be taken away from an important healthcare professional, which was validated by the PSI !! . This is very unjust and unfair ..

Appendix B

663	My local assistant pharmacist is highly capable and competent... she has served the community professionally and with dedication for the past 48 years. She is a valued and trusted member of staff. Sourcing a locum would be incredibly difficult if assistant pharmacists were disqualified from their role. Don't disregard the knowledge base of these incredibly dedicated employees. They are invaluable to the pharmaceutical sector. With only a few assistant pharmacists remaining in the sector don't rob these ladies of their income in the last few years of their employment.
665	Mobile phones and modern communication systems can facilitate absence up to one day. This should be the maximum time for temporary absence-this must be defined or we will continue in the mess we are currently in.
666	Restricting the time an assistant can cover is not right. They could make an error in the first half hour of the time the pharmacist is out of the shop and what then. They should be allowed to attend courses to keep up to date and be held accountable for the time they are on duty
667	i decided to become an assistant as i believed i could act in the temporary absence of the pharmacist. i have forty years experience working and believe if these restrictions go ahead i will be out of a job. If we were such a risk to the public we should have been allowed upskill and sit an exam to become pharmacist. We did approach the society years ago to do this and were turned down. We then wanted to be included in CPD like the pharmacists and were refused too. We were conveniently left out in the various acts. If this were to be looked at by the european courts they would say it was totally discriminatory. The PSI could be looking at what happens in other countries instead of being so narrow minded
671	This is too restrictive. Pharmaceutical Assistants have years of experience and have competently covered Pharmacists days off and holidays for many years. The proposal is an insult to a group of qualified personnel who have served pharmacy well for over 60 years.
673	Question 5 is very confusing. My read of it is that Pharmaceutical Assistant would be allowed to do repeat prescriptions but not dispense a prescription for the first time. That's why I strongly disagreed with it. The question however is seriously flawed as I'm sure others may have taken a different meaning from it.
680	The proposed rule should be removed. In the absence of a registered pharmacist a pharmaceutical assistant should be able to dispense EVERY prescription that presents during that period. This is yet another example of the lack of respect and dignity the PSI is showing towards the pharmaceutical assistants.
684	Rule 8 of the proposed new rule will be unworkable in any real pharmacy situation. It diminishes the role of the pharmaceutical assistant which makes his/ her role redundant in every situation within the retail pharmacy. It is unworkable and a ridiculous to propose such a rule.
687	The QA I have dealt with for years has been fantastic and always extremely approachable with questions or concerns and very knowledgeable. I have complete trust in them. I don't see why even though they keep updating their skills and knowledge to help others that there is now an attempt to get rid of their position and therefore livelihood.
688	I don't understand how somebody can be competent and qualified for 30 or 40 years and suddenly be a danger to others. My QA has been every bit as much help to me as my pharmacist.
689	Question 5 is seriously flawed. My reading of it is that pharmaceutical assistants can only dispense repeat prescriptions during the temporary absence of the pharmacist and cannot dispense prescriptions that have not been dispensed before, though this is not actually stated. For this reason I strongly disagree with it. However I am sure other people read it in a different way. The question is not clearly written & in my opinion causes serious confusion. You would need to know what people read from it before you could understand why they answered the way they did. This being the case I suggest that this question should

Appendix B

	be excluded from consideration in the survey. Question 6,7 &8 I do not understand why pharmaceutical assistants should not be allowed to dispense high tech drugs, cytotoxic drugs and drugs with a narrow therapeutic index. They attend continuing education lectures and have years of experience. Did the PSI not award them there qualification in the first place? Why would an institution downgrade its own qualification? Surely it should be doing everything possible to ensure its robustness.I am at a loss to understand why pharmaceutical assistants are being treated in the manner. To downgrade & disparage these people is disgraceful.
691	Since I qualified as a pharmaceutical assistant given a certificate from the psi to act in the temporary absence of a pharmacist over 30 years ago I have dispensed all of the above without a problem so why now am I been questioned as to my capability to carry out my job as i am qualified to do
693	a pharmaceutical assistant is employed in our local pharmacy, She covers in the temporary absence of the pharmacist e.g. days off and holidays etc, I find her to be very competent and capable of transacting the business of the pharmacy. I find it difficult to understand why such a person could be restricted in dispensing certain drugs for the first time, while I totally disagreed with question 5 meaning that an assistant can only dispense a repeat prescription for certain drugs , and not a completely new prescription, this does not make sense. I feel that the question is very badly worded and misleading. I think the question should be phrased in a different way.
696	It is clear that since it's inception, the PSI have been intentionally or recklessly negligent by choosing to omit PAs from the governance it seeks to provide to the profession. The proposed new Rule 8 will not reduce any perceived risks. By continuing to exclude the PAs from the CPD framework, the PSI are compounding the issue (if any such issue exists) rather than solving it.
697	're Q5 If someone is capable of dependsing a repeat prescription using their skill knowledge and expertise they are surely capable of despensing a new script. Surely you would not suggest that repeat scripts are dispensed without due care and attention. 're Q6 As P.A attend CPD with pharmacists I see no reason why they should not dispense high Tech drugs during temporary absence of pharmacist. 'Re Q7-As P.As have been dispensing these drugs since qualifying why would they now not be able to so. 're Q8 - As above for Q7.
698	The pharmaceutical assistant at my local pharmacy has always been excellent and extremely helpful with any concerns or questions I have had about any of the medication I have been taking through the years. I don't see why pharmaceutical assistants are suddenly a danger to the people they have been helping for the last 30 - 40 years.
699	I feel the course I completed which was developed and certified by the PSI plus the CPD and experience I have gained over 40 years give me the knowledge and judgement to dispense safely .I have been dispensing most of these drugs since qualification and do not understand how suddenly the QA is perceived as an unsafe member of the dispensing team.
700	Having dispensed during the temporary absence of a registered pharmacist during lunch hours for the last 35 years I do not understand why now we are not competent to carry on . We always put patient safety first in a professional manner . My boss is fully confident in my ability and we always stay within the guidelines.
701	I have worked with both pharmacists and pharmacist assistants.. Both to be on par with experience knowledge and excellent care and attention to patients.. The pharmacist assistant had more than 35 years experience and was incredibly knowledgable in her profession and if I hadn't of known there was such a thing i would never have questioned her being a pharmacist
703	An experienced assistant is well able to carry these tasks out

Appendix B

704	I understand that by passing this rule the assistant at my local pharmacy will not be able to dispense many medications in the pharmacist absence. This person has been doing so for many years and is highly thought of by the pharmacist and the patients alike .She has years of experience and a good knowledge of each patient and has on more than one occasion picked up a mistake made by another health professional on my prescriptions. I think its a disgrace if this rule makes it impossible for her to continue working and lose her job
708	A sad way to thank a very committed group of professionals who have served pharmacists well over time and are now in the autumn of their careers
709	The Pharmaceutical Assistants are a dedicated cohort of professionals who are an asset to the pharmacy industry. Many of them have been practising for almost 40 years and have considerable experience. They deserve our support. The prospect of removing their ability to work and provide for their families is wrong.
710	I think it is scandalous to treat these professionals in such a manner. They qualified and were conferred with a qualification which you are now trying to take away from them. You may be taking a means of making a living from these people, mostly women. surely they are as capable of engaging in CPD as any other member of the pharmaceutical profession. If this measure is intended to improve patient safety you have it totally wrong.
711	Context for Q5: In responding strongly disagree, I do not agree with PAs having any restriction on their professional practice. On qualifying over 37 years ago, my certificate states that I can transact the business of the pharmacist in their temporary absence, dispensing prescriptions, constitutes the main business of a pharmacist. My certificate does not distinguish between initial or repeat. The PSI have not provided any evidence to legitimize the need for restricting my practice now. Q6,7,8 PAs like pharmacists, undertaken continuing professional education and other training to keep updated on medications including Hi-tech and cytotoxic. Narrow therapeutic index medications such as levothyroxine, warfarin, lithium, phenytoin and theophylline are medications that constituted an integral part of the education and training programme for PAs. There is no logical or rational reason to justify prohibiting PAs from dispensing these medications 35 or more years later. if implemented, Rule 8 will mean PAs will no longer be able to dispense common medications, such as levothyroxine, causing inconvenience to patients.
712	For high tech if not first dispensing as for S1B ass Pharm in general could dispense in absence of pharmacist eg epo, ivf meds Oral chemo for everyone's protection- Patient, Ass Pharm & pharmacist would restrict to pharmacist only
713	It is a disgrace that you're considering making the PA role void. They are valuable members of the pharmacy team.
717	In the pharmacy I go to, the pharmaceutical assistant looks after me and my medication. I am on 8 medicines and from what I have heard, she now won't be able to give me my thyroid tablets or if I get a prescription for an antibiotic or a cream for my rash, she won't be able to give these to me either. I am very worried about this, as I get the bus into town and I need to get all my medicines at the same time, as I try to keep them synchronized and find it confusing if I end up skipping a day because I ran out. I don't understand why all these new changes are needed, I have had a wonderful service for over 30 years in this pharmacy and it now looks like they will have to leave this girl go, it is all very upsetting.
718	This is the most ridiculous change of law I think I've ever came across these pharmaceutical assistants have offered so much to communities and pharmacies across the country for the last numerous decades. I feel the PSI should be ashamed of themselves and taking on better more pressing issues like regulation of aseptic services in Ireland instead of just copycat our UK counterparts.
720	I think of it as a great loss to the pharmacy community that pharmacy assistants have been robbed of their career due to these imposing regulations.

Appendix B

722	Question 5 above is not sufficiently clear to be answered. I certainly believe a PA can dispense as above and I certainly DO NOT believe that they can only dispense as above.
724	I am concerned that A grave mistake will be made in dispensing my medication if my assistant will no longer be able to work in my local pharmacy. I have attended the same pharmacy all my life and have known and been cared for by this lady for over thirty years. I have had experienced with locums and do not feel confident that they are a safer option than an assistant. On many occasions mistakes have been made when an unfamiliar locum dispenses my medication. I have been dispensed medication for another lady with a name similar to my own. I think that the health service in this country was ruined when staff who had worked their way up through the system were replaced by managers and consultants who may have a degree but haven't a clue. Don't do this to our local pharmacies
728	In my experience, pharmaceutical assistants are more than capable of dispensing in the temporary absence of a pharmacist.
735	whats right today will be wrong tomorrow...? who is coming up with these stupid ideas ? we are practical people ...we will question scripts contact doctor if necessary....we wont dispense if there is a query in relation to a script...we have years of training practice and experience.
738	I fail to understand why a Pharmaceutical Assistant who is qualified to dispense in the Temporary Absence of a Pharmacist should now without good reason be disqualified from dispensing a range medicines that they traditionally have been able to dispense.
744	I do not agree with the restrictions on what a pharmaceutical assistant can dispense. I my experience I found them to be very competent and knowledgeable.
746	The proposed definition of Temporary absence of a pharmacist from a pharmacy as being one hour per day is neither realistic nor practical. While it may allow for a lunch hour for the pharmacist, it does not allow for unplanned absences such as illness, bereavement, accident on the way to work, car breaking down etc. In many cases the first dispensing of a repeat prescription is not the first dispensing of the item or item(s) to that patient. It is often simply a new prescription for an item or items that the patient has already been taking. I do not see the logic in allowing a Pharmaceutical Assistant to dispense the last repeat on a prescription and then to prohibit them from dispensing the first repeat on a new prescription for the very same item or items.
749	I find the survey confusing and misleading and see very little value in it. The registered pharmaceutical assistant is a valued member of the pharmacy profession. The regulator is trying to marginalise this group of employees for its own purposes. All assistants are in their fifties or older now and are as competent as their pharmacy colleagues.
757	Question 5 is very ambiguous. I strongly disagree with being restricted to dispensing repeat prescriptions only. I am qualified to dispense all prescriptions at all times, as is stated on my Certificate, which was organised, taught and examined by the PSI.
765	I can't see why you are regulating pharmacy assistants role in the pharmacy when they have been doing this job for years I think the public will not be happy that they have been getting scripts dispensed by a pharmacy assistant who now need to be regulated the public will have concerns about what they have and been getting off them all the years gone by as it looks like the pcrs after all the years are questioning there professional ability also I think it's very unfair cause all these changes if they go ahead will make the pharmacy assistants unemployable so that means people that have worked 25years plus could lose there jobs
769	Why are these new rules necessary? Pharmaceutical Assistants have all been practising for many years & are near retirement. Any reduction in their role potentially puts them out of a job
774	I dont think the new proposed legislation is fair. There is a shortage of locums at the moment already. If the new legislation passes then it will be harder to cover pharmacist days off, which will lead to a very stressful , unsafe situation.

Appendix B

777	Registered pharmaceutical assistants have many years experience dealing with the public and have years of experience dispensing prescriptions.
779	This whole change to the role of the Registered Pharmaceutical Assistant is deeply concerning for all PAs as it will impact on our ability to earn a livelihood. The proposed new draft Rule 8 is discriminatory and very prejudicial and breaches constitutional rights. There has been a complete failure by the PSI to address the position of PAs in a fair and reasonable manner. Further marginalisation of the PA will result in loss of jobs and will render PAs unemployable. It is ludicrous to suggest that someone is capable and qualified to dispense for a limited period (1hour) and that the capacity does not extend beyond that. The PSI has been unsupportive and punitive towards a small group of vulnerable women. The action of the PSI is deeply disturbing and worrying. The proposed new Rule 8 is unworkable
786	Just to clarify, I strongly disagree with point 5 (5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)), not because I disagree that pharmaceutical assistants (PAs) should be able to dispense a repeatable prescription in the absence of a registered pharmacist, but because I disagree with the fact that PAs should only be able to dispense a repeatable prescription where it is not the first dispensing of the prescription. I think that PAs should be able to dispense the first dispensing of a repeatable prescription too.
796	pharmaceutical assistant should be allowed to dispense every prescription not just repeatable ones
797	Pharmaceutical Assistants should be allowed dispense ALL prescriptions, not just repeatable prescriptions.
798	Phar. Assistants have always dispensed these type of medications with care and consideration since they qualified . I see no reason for the introduction of draconian regulations to put an end to Qualified Assistants dispensing this group of drugs (It is my understanding that Warfern, Digoxin, Lithium and Theophylline are included in this drug group). Assistants have full experience and a track record of safe dispensing of these drugs without any issues arising in the past. I cannot understand why ye propose to "Shaft" this well qualified group of Pharmacy Professionals who have served the Pharmacy industry in an exemplary fashion.
799	The PA should be advised to follow up with the Supervising pharmacist on any issues they may have concerning Rule 8 . Documentation should be made where necessary .
803	I have worked as a qualified pharmaceutical assistant for the last forty years and in that time I have covered temporary absence of the pharmacist . The new rule proposed of one hour hardly covers a lunch break . In that time I have given advice and am aware of the various safety implications involved with dispensing the various categories of medications listed .I think this public consultation has one issue and one issue only to prevent qualified assistants of continuing their employment under the previous arrangements . At the end of the day customer safety with their medication is everyone's concerns but to prevent us from practicing and dispensing various medications as listed under the rules is the death knell for me personally continuing in the career chosen and loved over the last forty years . I thought the course developed by the PSI had provided us with the skills , knowledge and judgement to dispense these items under the various schemes . If these rules are passed as I said I will no longer be able to practice my chosen profession . It will create job losses in our sector and a lot of us are dependant on our employment as it is There are only about 300 qualified assistants in the country like myself and are nearing retirement in a few years . I just can't understand why this public consultation is justified at this time ? I would hope that a fair outcome can be reached with regard to every aspect of this consultation and I personally can continue in my career . Thank you

Appendix B

804	I think Rule 8 clearly outlines that a patient has a right to expect a clinical service in a pharmacy and provides that if a pharmacist has not therapeutically reviewed a prescription previously that this should not be supplied by a pharmaceutical assistant when covering in temporary absence. While a pharmaceutical assistant is a very skilled technical professional the clinical and therapeutic responsibility remains always with the pharmacist. I struggled with circumstances where a pharmaceutical assistant is working in the same pharmacy for a number of years but the fact that a patients health and circumstances can change in a matter of hours means that the safety element of clinical review of any new prescription is vital and needs to be in place. Thinking of the categories of excluded items I would agree that these are correct - High tech items are complex and a patient attends a nominated pharmacy for clinical care and pharmacist review. Having in practice seen issues with cytotoxic medicines I would agree a pharmacist needs to supervise the supply of these products to a patient. Medicines and therapy are becoming more complex and individualised, and this in itself would support a patients right to expect pharmacist care any time they get a new prescription.
805	I think pharmaceutical assistants should be able to practice as they have been for decades. I strongly and whole heartedly disagree with the new proposal, which will effectively make pharmaceutical assistants redundant in their practice. I think the PSI has miserably failed in their protection of pharmaceutical assistants, the majority of whom have been registered for 30 years or more. I cannot comprehend why the rule is being brought in, instead of just allowing pharmaceutical assistants to practice until they retire, which will be in the near future as most PAs are well into their 50s or 60s at this stage. This new rule will cause PAs to loose their jobs and put undue financial hardship on them and their families. I would suggest if this rule has to come into effect, it is postponed for a number of years to allow PAs to study to become technicians or pharmacists or retire if they wish.
807	The changes proposed are unnecessary as PA's are qualified and have been dispensing the range of drugs in question without issue or danger to the public for years. Their particioation in voluntary cpd ensures they keep up with the changing landscape of medicines and drug treatments alongside their pharmacist colleagues.
808	Totally over the top, the Psi have failed to show any evidence to support the proposed new rules. I'm alarmed at the ambiguity of the survey questions and believe it to be weighted to achieve a certain biased outcome.
809	Pharmaceutical assistants each have 30+ years of experience behind them, ridiculous to invaludate tbeir current role dispensing....also will lead to.unprecedented queues in pharmacies without them..
810	I am very opposed to the psi's proposals. in my experience pharmaceutical assistants have the requisite knowledge and expertise to carry out the functions of the pharmacist. they should be invovled in continuing professional training . in the event that pharmacuetical assistants cannot dispense these drugs they would not be able to work. this in my opinion would constutute and entirely unwarranted interference with their right to work.
811	I believe that if you have employed such a person to work - in your temporary absence - you need to me and in my experience I would be confident of all of the above. Your questions use the word absence rather than temporary absence - I wonder why?
812	Registered pharmaceutical assistants are in general a valuable resource. It is a resource in Pharmacy that in some instances may have been misused. In our pharmacy setting we have three pharmacists and one qualified assistant. Very often 2-3 pharmacists are on duty together. On rare occasions our qualified assistant would cover a quiet Saturday on her own, maximum two a month. She has 40 years experience, often patients preferred choice even with a pharmacist in duty. I feel each pharmacy setting should be treated individually.
813	Over my 30 years in community pharmacy I have worked with many Pharmacy Assistants . I have found everyone of them to be as professional as Pharmacists. Their many years of

Appendix B

	experience cannot be ignored, given that so many changes have taken place in pharmacy over the last years
814	I strongly disagree with any time limit on the meaning of temporary absence. PA's are more than qualified to dispense drugs and medication and I am unaware of any incident arising out of the present regulation.
815	All PAs trained under PSI guidelines and standards. One cannot take away that qualification which was duly recognised and given by the same PSI. Are you implying that those Pharmacists that trained pre degree time should be knocked off the register? While allowing for progress and change, this attitude towards PAs is so negative in many ways and especially that the majority of PAs are hard working loyal women. In HR issues this is not good.
816	I have worked safely in retail pharmacies since qualifying in 1979. This change will deprive me of my career as a registered pharmaceutical assistant. I received this qualification from the PSI. I feel very upset that you are now trying to downgrade me.
820	PA s have been dispensing since qualification as developed by the PSI and they are now suggesting we are not now able to practice our profession, we have been safely dispensing medication for at least 35 years as we were trained to do and now we are being asked to forgo all our training and experience and judgement
822	I personally think that the changes suggested are an insult to the loyal, hardworking, longstanding, totally confidential small group of people, who have given wonderful backup to their employer and the public they dealt with.
825	I find the persistence of the PSI to try to denigrate a group of experienced , knowledgeable, professional and conscientious people a thorough disgrace. Shame on you for your bullying tactics.
829	Seems an unnecessary change to make after 40 years
831	I have worked as a community pharmacist for the past thirty years and have worked beside several qualified assistants over the years. I have never had any concerns with regard to their ability to replace me on a temporary basis. I feel that a qualified assistant with over thirty years experience is far better qualified to replace a pharmacist, than is a newly qualified graduate who has no experience.
839	In my experience in the public sector, lobby groups acting on behalf of professions or similar generally seek to exclude those less qualified than themselves in the interests, they say, of protecting the clients or patients. In reality, it's a move to strengthen their own positions, to create relative scarcity, and to drive their worth upwards. Witness architects, driving instructors etc. Policy makers would do well to resist this trend. It drives up costs ultimately for clients/patients and deprives perfectly competent people of a livelihood. Moreover, it's likely to create absolute chaos and stress to patients in less populated areas
843	In my opinion every pharmaceutical assistant I have encountered fills an essential role within the pharmacy, and with years of experience are extremely capable of filling the pharmacists role in their temporary absence, and to work alongside the pharmacist. (as they have proven themselves to be and have been trained to be)
844	Why is the PSI shafting the Pharmaceutical Assistants in such a manner after all this time ? Why does the PSI propose stripping them of all rights to work as defined in the 1908 act Why the one hour time limit ?
850	It is my opinion that pharmaceutical assistants should continue to practise in the manner that they have done since receiving their qualification, and that the situation on temporary absence, dispensing duties should remain unchanged. It should be within the ability of the psi to regularise continuing education and cpd requirements for the remaining registered assistants

Appendix B

851	Ridiculous rules being implemented on assistants who have been practicing their current job for years without these restrictions. Patient safety should be at the forefront of any changes. I would much prefer to have a pharmaceutical assistant who has knowledge of the pharmacy itself and the patients medicines to cover my relief hours rather than have a locum who has no prior knowledge of patient histories. These restrictions will ensure that pharmaceutical assistants will be unable to cover a pharmacist whilst maintaining all pharmacy services we provide our patients. Those implementing these rules are quite clearly ignorant to the needs and processes on the ground at pharmacy level. I would suggest that it is time to come out from behind your desks and educate yourselves.
856	i have worked in pharmacy for over 40 years and feel it is an insult to downgrade us. we have ample experience and knowledge to continue as we were
857	I see no reason to limit the powers of a Pharmaceutical Assistant. They all have years of experience and their initial training was not so dramatically different in content in my view to that of Pharmacist.
858	I feel by implementing these laws you are discriminating against a cohort of competent qualified professionals.
859	Strange that people who have been qualified heretofore are now being targeted ,demeaned and downgraded for no logical reason and their years of experience not being properly recognised.
860	These restrictions are ridiculous and not workable in any Pharmacy If a patient arrives at a Pharmacy for example aHigh tech drug an assistant will not be able to dispense it if the pharmacist is absent so the patient is left without vital drugs so where is patient care ? When I received my qualification in 1983 I understood that I would cover in the temporary absence of the pharmacist and carry out his /her duties in their absence as I have done for the last 35 years There should not be a restriction on those duties and if these rules come in It will be the patient who will suffer
861	Question 5 is very confusing.In my opinion this question should not be included in the results of the survey.I believe that pharmaceutical assistants should be allowed to do both repeat & new prescriptions in the temporary absence of the pharmacist hence I have strongly disagreed.This question ignores the dispensing of new prescriptions & implies that repeat prescriptions should be dispensed as they were on the previous occasion.What if there was a problem with the prescription that was missed when originally dispensed.Is it to be ignored.This question is flawed & could be interpreted in many different ways therefore it should be excluded from the survey Q6 7 & 8 I believe that pharmaceutical assistants should be allowed to dispence high tech cytotoxic drugs & drugs with a narrow therapeutic index.They have been doing so for years & are well qualified to do so.
863	I thought that question 5 lacked clarity and was deliberately confusing. I take from it that Pharmaceutical Assistants can only fill repeat prescriptions but not new prescriptions which, if this is the case, I strongly disagree with.
866	I think the pharmaceutical assistants In most cases have vast experience and knowledge. I believe they should be subject to the same cpd requirements but their duties should not be limited
867	I have worked with Pharmaceutical Assistants over the years, I have found them very focused on the professionalism of their job, generally have very good relationships with patients from their years of practical experience. They have over thirty years experience, the new rules would make them unemployable, this indefensible to those who have served pharmacy well.
868	Pharmaceutical assistants are qualified to perform to perform the duties of a pharmacist in their absence and should be allowed to work to their qualification. There is a high safety record for qualified assistants and their scope of work should not be restricted so unfairly

Appendix B

869	a qualified assistant should be able to dispense medication and assist in the same way as a qualified pharmacist and can make capable decisions
873	These QUALIFIED professionals have been trained and working in their industry for many years. These new roles are undermining their qualification and are potentially making these people are unemployable thus highly affecting their quality of life. Surely a continuing education system would better improve the situation if that is an issue.
875	I have been dealing with a PA for more years than I care to remember as a patient where this lady works. In fact I find her easier to deal with than the owner as she explains everything to me in much simpler language than her boss. She always goes the extra mile for me and if there are any changes in my medication she makes sure they are correct and not a mistake by the Doctor or the receptionist that may write the form. I don't know what I would do without her if she ever lost her job
876	As a qualified pharmaceutical assistant, I am fully qualified to carry out ALL of the duties of the registered pharmacist during their temporary absence. I have worked full time in pharmacy since qualifying in 1982. During this time there have been many new drugs and drug treatments introduced, but I have always kept up to date. Patient care and safety have always been at the forefront. These proposals are not about patient safety at all. I find the suggestion that I or my PA colleagues would possibly be putting patient's safety at risk, insulting, demeaning and totally undermining my qualification, making a mockery of the almost 40 years of dedication to this profession
878	I was a PA for all my working life only about 30 years but I would have worked for 10 more years but my boss retired me as he was not sure what was going on. He could not get any sense out of the PSI when he contacted them and so he left me go without any great redundancy as he said it really was not his fault. So as I needed to work I had to find work in the local Tesco which was fairly embarrassing but needs must. Am I entitled to any compensation now? It's a far cry from the day I picked up my cert when on the notice board there were plenty of jobs doing cover for Chemist holidays and we were encouraged to apply for them. If I had known how this would all end up I would have done the teacher training that I had also been offered. I would be retired now also but with a big lump sum and a good pension for the rest of my life
880	In terms of employment it will not be feasible for small independent pharmacies to employ qualified pharmaceutical assistants. It will lead to job losses in rural areas in particular. The experience of qualified assistants is invaluable in terms of the contribution they make to communities to include relationships with customers and the experience they can offer.
881	The proposed new rule would prevent me from acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist because of the restricted activity listing as stated in the new rule 8. I currently perform all dispensing activities without any restriction and have done so professionally for the last thirty six years as a qualified Pharmaceutical Assistant. The introduction of the new proposed rules will destroy my livelihood, career and render my qualification meaningless. The aggressive introduction of these new rules which predominately affect women towards the end of their career must be questioned to determine the ultimate objectives in doing so. Statistics and logic would clearly demonstrate that there is no requirement for such rule changes at this time.
882	I have worked with a PA in my present job for the last number of years in fact she has worked all her working life in this job. In fact she is well liked and is sought out a lot by the patients. She is a very caring person and goes the extra mile for the client. I can only imagine how they will all feel if these draft rules become law. This lady is in her early 60s and not married and she does intend to work as long as possible as she needs to until she is able to draw the state pension

Appendix B

884	I have employed several PA s since taking over my fathers shop . At present I have my current PA working part time with me and she does all my days off and holidays I would nt dream to bring in a locum pharmacist as I did on one occasion and did I learn my lesson as the customers could nt get him at all did nt seem to care and read the paper for the day and did nt engage with staff or customers never again. I won t let my PA go and I intend to work along the way that I have been doing as I dont think there has been any meaningful discussion on this matter and the whole thing is being railroled along
885	they should be allowed to dispense all meds in the absence as provide a valuable service and allow pharmacists to have a break or go to bank etc, otherwise you have overworked pharms with no breaks and lead to erros such as the UK Elizabeth Lee case. These people are not being educated anymore, let them work til retirement with dignity. If you insist then include them in cpd requirements (with amendments)
886	I owned and ran a Family Pharmacy for over 40 years where my son now carries on. I was a tutor in the day and I trained half a dozen ladies and about half of them came back and worked with me Two in particular spent many years with me and I was never afraid to leave my shop in their hands while I took my family holidays All ran smoothly in my absence and with the help of the local Drs everything went on as normal
887	PAs would not be allowed to dispense medication .The consequence of this would mean that PAs professional qualification would be down-graded.PAs jobs would definitely be jeopardized if we could only cover for one hour what is the pharmacist supposed to do on his/her day off.
888	I have been working for the last 20 years and I have worked with several PA s I have found each of these ladies very careful to work with. Patient safety is uppermost with them and if ever there is a question about a change in medication that they are unsure about they will always go the extra mile to check and recheck They are well able to run a dispensary and stay calm and cool and know all the procedures that are to be gone through every day
889	My mother was a PA all her life and encouraged me to do Pharmacy But I really am disgusted with this latest survey I thought the last survey had been the end of all this vendetta Why did the survey not go with the majority of thoughts Anyway it is not a true reflection as a lot of people who would be interested to answer the questions if they could understand them don t even know this survey is taking place
890	I fear that my local pharmacy may close on Saturdays as the owner takes that day off and up to now it is being run by his Qualified Assistant who has been working there for years and is most helpful
891	These Drat Proposals were put up at a very busy time of the year - between mid-December and mid-January when most people do not have the time or interest to open emails not to mind to answer them! How is it that a Qualification can be taken away from a person when in fact in most cases they would be up-graded. There are still Pharmacists working from the era where PA's were trained and qualified and they are not being downgraded. I wonder why? And how long will it take before they are? Response Q5: This is a double meaning statement. For the last 35 years PA's have been acting in the temporary absence of a pharmacist. PA's have been "able" to read Rxs from the word go. These draft Rules implies that PA's will act as technicians not capable of making decisions. Response Q6: PA's are included in ICCPE training and education programmes up to now and PA's have had the competency to dispense Hi-Tecs. How all of a sudden can you unqualify a person. The qualification was done in good faith! Response Q7: The PAA course was developed by the PSI providing PA's with the knowledge and judgement to dispense these items. PA's have been dispensing these items since qualification. Capable of ringing consultants verifying any problems that may be present. Response Q8: These drugs include Warfarin, Levothyroxine (3rd most commonly prescribed drug) phenytoin, digoxin, which were the most commonly dispensed in the 70s & 80s during the training of PAs. These drugs are the

Appendix B

	most common metrexlen, the G.M.S & DPS. If PA's can't dispense these meds - they will no longer be able to work in their present status.
892	Does the PSI have a God given right to give and take away people's qualifications, as it wishes. Other professionals i.e. nurses and teachers who qualified in the same era as PAs continue to work unhindered in their field. Furthermore these nurses now work i a high tech environment. PAs have a moral and legal right to CPD and further education yo maintain their qualification. They chose this career on a job description which allowed them to work in the temporary absence of a pharmacist. The PSI is now trying to break it contract with these people. Response Q5: In my opinion this question does not arise as PAs are qualified to dispense a prescription from the start.

Appendix C

Q.13 Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 as a whole?

Yes. Please include any additional information or comments below:

1	this is a crazy crazy system ---there is no need to introduce these changes --words cannot accurately describe my frustration at this callous cold hearted non caring approach the psi have taken to 'fix 'a problem that does not exist shame on you
2	I think only letting the PA's cover for one hour in the pharmacists absence is ludicrous. Pharmacies rely on the cover PA's can offer for half days, Saturday's, holidays etc. I think that they should be allowed to cover a period of one working day (8 hours) in the pharmacists absence.
3	As above
8	One hour cover is ridiculous, doesn't even cover pharmacist's legal break in a 9/10 hour day. It feels like the aim here is to force them to retire? Financially it won't make sense to employ them if additional pharmacist cover is required for a long day/day off. Assistants are more than capable to cover a longer absence than one hour. Their skills should be embraced, not sidelined so disgracefully.
9	Given the small number of pharmaceutical assistants and their advancing age I think this legislation is unfair to them. How can they earn a living and improve their skills if these restrictions are imposed. I believe that the Temporary Absence of pharmacists trying to have a lunch break would be a matter more pressing and more relevant for legislation.
12	The time length that a PA should cover should be temporary but more than an hour's length. Possibly not longer than a standard shift- so one day a week.
18	The task list and time periods are so restrictive as to effectively reduce the role of a Pharmaceutical Assistant to that of a technician or dispensing assistant. I think the regulator needs to reflect again on whether this is a fair and reasonable solution to defining temporary absence.
19	The whole problem is with temporary absence. The other items mentioned are just red herrings. A pharmaceutical assistant who is working full time should be able to work for a maximum of 6 days in the temporary absence of the pharmacist. A pharmaceutical assistant who only works one day a week should only be allowed to work for one day in the temporary absence of the pharmacist. And pro rata in between.

Appendix C

23	The time limit should be more than 1 hour - suggest 4hours, wouldnt even get a driving license in one hour, or a trip to the bank.
24	There is a need for a double check to be implaced to avoid errors.
25	The QA should be required to do CPD .
30	I disagree with the fact that this legislation may put people out of a job. I'm sorry I did not express an opinion in the first draft consultation on this matter. There is no doubt that P.A.'s are not Pharmacists however, their life experience of working in pharmacies with, and alongside pharmacists mean they are have immense experience which should not be discounted so easily as would have been and may still be set out by this legislation. Could a system not be designed where Pharmaceutical Assistants are invited to sit an exam set by a competent authority/institution to assess their competency. If they do not meet the standard, it could be shown they have no role in the dispensary to cover the absence of a pharmacist and may only act as support during working hours alongside a pharmacist. However, if they meet the competence and maintain their CPD thereafter, then I feel they could and should be enabled to provide full short-term cover for pharmacists without restriction.
33	the uniform of a pharmaceutical assistant should inform the patient that they are speaking to a pharmaceutical assistant
41	Think it appalling that profession Of pAs is being undermined and fully believe that they are professional and experienced to competently to lcover for pharmacist day off/ holidays. They are have superior experience and more familiar with pharmacy sops and have an in-depth knowledge of patients and pharmacy procedures which, in my opinion allows them to serve in superior manner to Locum with no local experience
42	I do not agree with these proposals. I am a qualified pharmacist entering my eighth year of post registration. In all that time I have worked alongside a PA colleague who is, in my opinion, as good,if not better than many pharmacists I have worked with. I regularly defer to her experience and expertise gained during nearly 40 years of working in Community Pharmacy. PAs should not be so restricted as this proposal would have it so. The time restriction of one hour defining 'temporary absence' is too narrow and is unfeasible. It will push pharmacists to carry out nursing home visits, delivery visits to patients, etc., outside of the working day, further stretching pharmacists workload because the PA cannot be alone for more than one hour. I also find it hard to believe that a PA cannot dispense a repeatable prescription unless it is after the first dispensing. Does this relate to the very initial time the patient receives the medication or does it apply to the first time that the prescription is dispensed at the start of each 6-month cycle? I disagree entirely with these proposals. It is belittling of their professionalism and years of experience. PAs are educated, qualified, healthcare professionals. They are not technicians. If these rules are passed they will be relegated to the rôle of technician and many will feel forced to leave the workplace which will be a disaster for the profession.
44	Extremely unfair legislation. Picking on a mainly small group of elderly women. Extremely capable professionals.
45	Some of the proposed new rules are so petty and ill-defined that it will lead to plenty of litigation over the next few years. The last of the Qualified Assistants qualified in the 70s so why, when most of them are at retirement age, bring in all these ridiculously petty bureaucratic rules. Leave the present regulations as they are. This whole exercise is a charade and apart from the waste of public money indicates that the PSI and/or staff have too much time on their hands.
53	This legislation should be scrapped

Appendix C

54	I do not agree with the introduction of the new restrictions on the hours a PA can work in the absence of a pharmacist or the category of medicine a PA can supply, they have been supplying these products for years and covering short periods of absence safely, where is the evidence of risk to patient safety which justifies the introduction of these restrictions? Other options should be explored more thoroughly for example the introduction of mandatory CPD for PAs and fitness to practice. Restricting service provision does not make a safer system and will only lead to poor and disjointed patient care.
55	This new rule will stop me from doing the job that I have been doing for the last 41 years. What is the difference in my expertise on the day before and after this new Rule comes into law. Over the years I have kept up with all the changes in pharmacy and with all the continuing education. None of this has been taken under consideration by the PSI. I think what needs to be done now is for the PSI to listen to Assistants and remember the valued contribution they have made to pharmacy over the last number of years. There are not many of us left and the expertise we can pass on to new pharmacists is invaluable.
59	These rules are condescending and unnecessary. Any pharmaceutical assistant I have have the pleasure of working with has been as, if not more competent, than any pharmacist. These people have years of experience and complete as much CPD as all registered pharmacist. I strongly disagree with this proposal.
62	Make sure that there is a sound and practical definition of Temporary absence.
63	As above in Section 12
69	I am ENRAGED that such a regressive measure is even being considered against a group of mainly women in this day and age!!!!
71	Why were we sent bills to pay our yearly fees when we are going to lose our jobs. After working in a pharmacy for 45 years. It is so unfair to be treated like this.
72	Why is the council making these proposed changes at this time after all the years of practise a Pharmaceutical Assistant has given to their respective employers who would not have given this responsibility of trust in the daily operation of a community pharmacy if they did not trust their qualified Pharmaceutical Assistant to carry out their duties in a professional manner and with duty of care. These new proposals smack of Elitism and nothing less. Shame on you.
77	What if the pharmacist suddenly takes ill? A locum would have to be found within an hour - not very practical in rural areas. If the pharmacist has already taken an hours break that day a locum would have to found immediately. What is the option in this scenario? Close the pharmacy and leave patients without essential medications? Those on the High Tech scheme cannot just go to another pharmacy. Are such patients to go without their anti-rejection medications, or cancer treatment? What if a patient presents with a prescription for a new medication which needs to be started immediately and the pharmacist has just gone to lunch. Is it safer to ask the patient to wait an hour, or allow a qualified assistant with 30 years experience to dispense it? Maybe the PSI think pharmacists should not take breaks? How safe is a tired and hungry pharmacist going to be? Maybe the PSI think a newly qualified pharmacist with a poor grasp of English is safer than an experienced qualified assistant? These regulations are poorly thought out, have nothing whatsoever to do with improving patient safety and seem to be only about depriving experienced qualified assistants of their livelihood, leaving the PSI open to a constitutional challenge.
79	Has it been considered to have qualified assistants supported by qualified pharmacists remotely? In my experience this is how assistants currently operate when without a pharmacist alongside them and confronted by a prescription they feel beyond their competencies. Would there be a way of formalising such a requirement within the Pharmacy register?

Appendix C

84	Pharmaceutical Assistants are of a course which is no longer available to be studied in Ireland so they won't be any of them working in a few years time. Most assistants have worked in pharmacies for a long time and are extremely knowledgeable, they add an emense amount of value to their respective pharmacies (as I have worked two assistants) and are undoubtably qualified to dispense in the absence of a registered pharmacist. To diminish their role is an attorcity. They should be allowed work for the rest of their careers in the exact same way they have done since they started their careers. They have a lot more experience than newly qualified pharmacists and are, in my opinion qualified to dispense in the absence of a pharmacist.
94	They should be allowed to continue with all current duties, otherwise they will be no real help to pharmacists and will be made redundant. Although that's what you're hoping for, isn't it?
95	Pharmacy Assistants should not be allowed to dispense prescriptions in the absence of a pharmacist.
96	in my opinion the role of the pharmaceutical assistant should be left unchanged as they have served well over the past 50 years and will continue to do so in the future.
99	yes-see above comments in previous question
105	Yes I do ! Do you all ,in complete honesty , think your proposal is fair ? Have the people proposing these rules have any idea how careful everyone is in a working dispensary ? This is an insult to me personally and an insult to my Father [REDACTED] who retired at 80 and who trained me very well
107	Use your common sense. Most are nearing retirement age
109	It is too restrictive and robbing people of a livelihood which they have worked hard for. It undermines all the pharmaceutical assistants years of experience and the fact that they complete cpd in the same way pharmacists do.
111	Crazy idea absolutely ridiculous. Needs to be totally re thought
114	I think it is a disservice to Pharmacy as a whole that at a time when female empowerment is to the fore, that it appears that we are going in reverse.
117	PAs are entitled to act in the temporary absence of a pharmacist. The Act does not distinguish which parts of a pharmacist's role that they may or may not perform and I do not believe that the PSI has this power either. As for definition of temporary this has been established by custom and practice over more than 100 years, in not just a pharmacy setting and again the PSI does not have the power to arbitrarily change this. Also I believe it is a reckless act by the PSI to effectively remove several hundred from a workforce that is already under pressure.
121	one hour is too short a period for temp absences. It should be a longer period. I understood it previously was allowable for a QA to cover a pharmacists' annual leave period. This is too large of a downward shift.
122	i dont agree with the these changes and i think that the psi should take on board the recommedations of the ipu and reconsider the matter
125	a temporary absence of 1 hour is useless for a pharmacy manager for replacing staff particularly in the event of unexpected absenses.
126	I am of the opinion that when a supervising pharmacist is in whole time charge of the dispensing operations in a pharmacy it is their duty to ensure that there are adequate and appropriate procedures in place to facilitate safe dispensing. This shouldn't mean that the pharmacist has to undertake every task themselves, as professionals they should be allowed to delegate tasks to pharmacy assistants or technicians that are qualified and capable of dispensing/providing advice to patients. Pharmacists are more than dispensers and to allow them to spend meaningful time with patients it's necessary that other tasks are delegated to other experienced members of the pharmacy team. The PSI don't seem to understand this and have an unrealistic view that a pharmacist must oversee every single

Appendix C

	task undertaken in a pharmacy. Responsibility is wider than looking over staff members shoulders and never leaving the dispensary to even take a toilet break! Good pharmacists will train and empower their staff which in turn leads to improved patient outcomes, it's time the PSI recognised what a good pharmacy service looks like.
129	You cannot define temporary absence as just one hour or two half hours. A pharmacist can be absent for any reason, which can be 10 minutes, 20 minutes, half hour, a quarter of a hour, two hours , 4 hours. It can be, caught in traffic, had a puncture, feeling unwell, family emergency, had to collect an urgent prescription for the nursing home that the pharmacy are dealing with. Many things happen in day to day running of pharmacies. Pharmaceutical Assistants have always been available to help in any situation that arises,so that pharmacies can give the best care to all their patients.
130	Reducing Temporay Absence to one a day will have a detrimental effect to the jobs of many PAs and the Pharmacies they work in. Pharmacists who rely on PAs to give them days off etc will have to look for locum who will be strangers to the customers and the businesses. Locums are not that freely available so this could be a problem. It will mean the loss of jobs for many PAs. It is regrettable that PAs who have given huge service to Pharmacies in Ireland for many decades and who took the qualification in good faith are been treated in this manner by the PSI.
135	Pharmaceutical assistants are perfectly well able to carry out their duties as they always have
137	The PSI needs to catch a grip of reality. The draconian rules it employs are downright disgraceful and put too much pressure on the pharmacist, jeopardising patient care. Many dispensing errors can be attributed directly to external pressures taking valuable time away from the dispensing process and as such the PSI has blood on its hands. The blood of the old and the vulnerable.
139	My reading of the Working Group report is that the only problem identified by PSI Inspectors is that some P.As. were not complying with the 1994 agreement. If that is the case then correct that problem. All Pharmacy Assistants working at present will have retired in the next 5 to 10 years., so what is being proposed is un-necessary.
144	The fact that this entire document is based on an English company working out their qualification as leaving very equivalent makes it invalid and flawed. This has already been argued and won by German dentists that qualified by apprenticeship. There has also been no recognition given for the study in college or in pharmacy training. This is a group of approx 300 women that you are targeting. Women that are close to retirement and that had an expectation of retiring at their chosen age not being forced out by the PSI. These rules do not look at the people and the work. This is also not a public consultation as I have been in 4 pharmacies looking for it or an ad about it but there's none. As such unless you come to the website you won't find it. Not a place "the public" generally visit. As a member of the public I would like it to be known that I will advise all of the assistants I know to join a union and take a legal case against the PSI as you are forcing unemployment on them by using a report from a British company that failed to include college, apprenticeship, experience and cpd when citing the qualification as level 5 LC equivalent. This all seems like a foolish case for the PSI to take when the precedence was already set in Germany. In 10 years max they will all have retired but the PSI will have had to pay compensation for destroying careers. The pharmacists have all said they don't want a change and they are on the ground working with these women. To any normal person this would seem like bullying of elderly women so an equality case on at least 2 grounds not to mention the case for the incorrect level of education awarded to them. Shame on you as a representative body. There is a clear agenda in the docs posted with this survey. I will now be sure to share far and near.

Appendix C

146	As a member of the PSI, I have yet to see any indication that the council takes any cognizance of the views of the hard-working professionals that it governs. The majority of the council, the registrar, and the pharmacist employees of the PSI have little current or relevant experience of the actual workings and operational challenges of the community pharmacies that it regulates, or the real value of the input of qualified assistants to the provision of community pharmacy services. In this instance, the council is wilfully ignorant of the dangerous void that will be created through the manpower loss that it is determined to execute, and that, to my mind, is a dereliction of the duty of the council, to ensure the safe provision of community pharmacy services. This agenda must be put on hold until there is adequate manpower resources to cover the loss that this will generate so as to properly service the needs of the profession in its obligations to the public that it serves.
147	1. The P.A association had the previous PSI guidelines ,& were not happy with it!!! 2.Is that what that association wants now ie previous guidelines? 3.Should Ph.Technicians with similar experience to P.A.s be entitled to similar recognition on the grounds of experience & education?? 4.There work is essential to the running of a pharmacy, so i do not think their careers are in jeopardy. 5.PA association put their proposal forward on 'temporary absence' .
148	See previous comment
149	I think it is appalling that the PSI would hound these professionals in the closing years of their career. Shame on you
150	There is a sense of overkill here. These are mainly female employees in the twilight of their careers in Pharmacy. They are being downgraded to technician status. This perceived risk to the public will not exist in ten to fifteen years time as 99% of them will have retired by then. In my 37 years as a pharmacy owner I have employed four different Pharmaceutical Assistants and they have been excellent employees. Is this what public safety coming to now? I do not feel good over this. Legally this might be the right move but morally is almost reprehensible.
151	As a qualified assistant I am appalled.IN 2018 as we celebrated the centenary of women"s right to vote we have THE Irish Pharmaceutical Society striving to demean us,a small group of senior women,whom that same society deemed qualified half a century ago.It beggars belief .Having worked in the business for over 50 years do I now know less? We were there for it all every Rule and Regulation every Scheme and plan. ,For me its been since 1966.
152	Please do not approve these rules as it will mean lost jobs and real difficulty for the future of pharmaceutical assistants
154	There will be Pharmacists particularly in rural towns, who depend on a PA to cover their day off etc., that find it very hard to get locums instead. This will have a huge impact on them, their business and the PA they employ.
159	Covering for pharmacists' absence for only 1 hour a day is of no help to pharmacists who employ assistants. This would be an unfair rule to implement which would effectively make the assistants' jobs redundant and leave pharmacists that employ them with very little flexibility in working hours due to the difficulty of finding a locum replacement.
160	These rules would make me redundant. They would take away my livelihood and affect my standard of living.this is a human rights issue.
161	The PSI have made a right dogs dinner of this entire long running saga. The Pharmacy act was passed in 2007. If it took 12 years in any other job to do a few pages of rules the people involved would be sacked. Maybe this is why we have had so many registrars and "acting" registrars over the last few years. Just stand back for a minute and take a long hard look at yourselves. Shame on all of you.

Appendix C

162	These PAs are a small group of extremely competent, experienced women who have the equivalent skills to a pharmacist at this stage given their years of work. They are well aware of the existing regulations surrounding what they can and cannot do compared to a supervising pharmacist and attempting to limit their scope of practice at this stage when they are close to retirement is ridiculous. Which is better for a community pharmacy - to have the same PA working there who has covered for years, knows the area, the GPs, the hospitals, and most importantly the PATIENTS - or some locum pharmacist who qualified yesterday and is flying in from Amsterdam to cover for the day? I can tell you for a fact, I would rather deal with the long term PA if I need to communicate something about a patient than a locum. The PSI has treated the PAs absolutely disgracefully - just look at their complete disregard for the overwhelmingly negative public comments on their last public consultation. This is a solution in search of a problem, and the PSI seem determined to push through these rule changes with no care for the years of service provided by PAs. This is a power play and complete bully boy tactics and I can only hope the PSI gets raked over the coals in the public press if they continue this attempt to dehumanize and disrespect the PAs. Pharmacist members of the PSI should overwhelmingly protest what their organization is doing.
164	To say this is so shameful on the part of the PSI is an understatement. I have loved and respected this wonderful business of ours since I was born into it and I have loved every minute serving the public and helping them out . Why ... we will all be retired in a couple of years anyway . Can you not leave us with a little dignity . Why have you it in for us now ? I don't understand the vitriolic nature of all this .
166	I have employed a PA for the last 40 years and I completely object to the PSI proposals .their qualification allows them to dispense medication and therefore can cover temporary absence . There is no evidence to support a one hour rule. My PA allows the pharmacist to have regular breaks ,days off etc which is both good for the pharmacist and patient safety .
168	I and many other Pharmaceutical Assistants sent submissions on previous consultations in March 2016 and August 2018. It appears our concerns and opinions raised at that time have been ignored and the new draft rules as proposed is proof of same. I wish to highlight the following; I am a Qualified Pharmaceutical Assistant and have worked as a Qualified Pharmaceutical Assistant for 37 years. This has been a successful and rewarding career to date. I object to the proposal to limit my working cover to one hour per day. This proposal if implemented will have a detrimental impact on my employment status. I object that the proposed draft rules contain a professional task list that I am excluded from performing during Temporary Absence. This proposal if implemented will have a detrimental impact on my employment status. I object to Sect 8 (4) which states: The Council shall review the professional task list referred to in Paragraph (1) at intervals not exceeding five years. This proposal if implemented will have a detrimental impact on my employment status. To ignore the fact that the above proposals will not impact on my employment prospects and my ability to earn a living as I have done for the past 37 years is absurd. The H.S.E and the P.S.I are involved in promoting Health Awareness and Mental Health Awareness in Ireland. Have these bodies considered for one moment the wellbeing of the Pharmaceutical Assistants in this whole process? Yours, [REDACTED]
169	It is pointless having public consultations when you don't pay a blind bit of notice to the vast majority of replies
170	This entire process is deplorable and a terrible indictment of the disrespect the present PSI is showing to thier predecessors
177	These draft rules are unrealistic and completely unfair both to assistants and to the many patients they have been diligently caring for over the past 30 years. The rules will impact

Appendix C

	pharmacies negatively and will certainly impact patient care in a very negative way as pharmacists have less time to spend with patients due to increased work load....
180	Please see note above . Pharmaceutical Assistants played a huge role in pharmacies and although they would not and never did hold a Supervising Pharmacist role (even before that title was invented) - they learnt and continued to learn throughout their careers. I expect the last qualified are in their 50s and so would have a wealth of experience . It is unfair to bestow upon people a qualification and then keep changing the goalpost as they go through their career.
187	If this new draft of the Pharmaceutical Society of Ireland comes into force my job will be changed to pharmacy technician as my employer feels he can no longer employ me as I cannot cover his day off. It is a pity after all these years .
188	The course was developed by the P.S.I and has been recognised all those years with no reports of a danger being committed
193	I have a comment about Q5, it is very misleading - I also strongly agree that they can dispense new prescriptions if they have been doing so until now.
196	We have a right to continue to use our qualification which you granted to us on achieving our results!
198	The experience and insight of pharmaceutical assistants is invaluable and is not something that can be just disregarded and they also have a right to job security. I have a son with complex medical needs and rely on my pharmacists and the assistants to make our life bearable. If I had to wait around for scripts for cytotoxic drugs and biologics etc I would spend my entire life in the pharmacy waiting. My son requires 24 hour care and I need the pharmacy to dispense meds efficiently and quickly. I would hate there to be red tape like this. Life is hard enough.
200	AS A PHARMACY TEAM MEMBER HAVING WITNESSED THE HAPPENINGS WHEN A LOCUM PHARMACIST IS IN CHARGE IN THE DISPENSARY I FEEL IT IS IN THE PUBLIC INTEREST TO ALLOW THE PA'S TO UNDERTAKE CPD AS THE PHARMACISTS ARE ALLOWED TO DO AND TO ALLOW THEM TO CONTINUE TO COVER TEMPORARY ABSENCE AS THEY WERE TRAINED TO DO AND UNDER THE TERMS THAT ARE CURRENTLY IN PLACE. IN MY OPINION THEY ARE MUCH MORE SUITED TO PROVIDE A SAFE DISPENSING OF MEDICATION THAN A LOCUM WITH NO LOCAL KNOWLEDGE AND LIMITED YEARS OF EXPERIENCE
202	PA S are included in ICCPE training and education programmes and up to now PA s have had the competency to dispense Hi Tech .and it is a known fact that PA s will go to more rounds to get the job done sometimes better than a Locum that will just do the necessities
206	If this rule becomes law it will make a group of women who have worked in this profession for 35 years plus and will leave the locum market scarcer than it is already Not to mention the downgrading of a profession which has been very important to a whole cohort of women which has meant a lot to women both from the financial and emotional point of view
207	This new rule will total take jobs away from pa and it will add to local short fall
211	Please go back and start again. These rules are over the top restrictive and unworkable
215	PAs qualification allow them to dispense medicine and by extension they can cover the temporary absence. By its nature temporary absence cannot be defined. It is nonsensical that a PA can cover for one hour but not for one hour and 10 mins.
222	Why can't the pharmaceutical assistants be assessed by the body who assess pharmacists as to are they fit to practice?? Why lose all this knowledge and expertise ? It looks to me as if this survey is only a box ticking exercise and of no benefit to anyone !
224	As a PAA registered with PSI I am fully prepared to attend CPD courses .
231	I regularly deal with a pharmaceutical assistant in my local pharmacy. I find her very knowledgeable and helpful with all my medical queries.

Appendix C

232	Done
233	Do not loose the valuable experience from registered assistants
234	The rules should not be signed into law. CPD and fitness to practice should instead be put in place to manage any risk to public safety, whilst also protecting the professional of the PAs.
237	See above. This ridiculous exercise of the PSI has all the hallmarks of when the government didn't get the vote they wanted in the Lisbon agreement so they got us all to vote again so they'd get the answer they wanted. We in the public are not fools.
242	Again I ask for the reasons behind to proposed rule changes. I have already answered this survey and can think the only reason for its repeat is a negative result for you. Why would you ask for a public survey to take place over the Christmas period??
244	See above
245	See above
249	If the proposed recommendations are implemented it mean that Pharmaceutical assistants will no longer be able to practice their profession and will not be able to provide for their families. It does not make sense that a person can be qualified on one day and on the next day they are not qualified to do what they have done for more than 35 years. I
260	Being able to cover for one hour a day while the pharmacist is on their lunch break is madness. How could you explain this to a customer that you have been dispensing to for twenty years that all of a sudden its not safe for you to continue doing this. Yet you see pharmacists form abroad doing locums with not fluent english and this is okay. Also pharmacists work twelve hours a day without a lunch break and this is considered safe. Why cant the PSI police this if they are genuinely concerned about public safety
268	Without justification how can somebody not be allowed to do a job they have held for 40+ years?
270	Temporary absence should not be defined
271	No need to define temporary absence.
272	I cannot agree to the one hour per day rule as I have stated in my previous submissions. I feel there are far better methods of achieving a better outcome to address any perceived public safety issues as I have outlined in all my other consultations e.g CPD overseen by the PSI, fitness to practice regulations including practice reviews already outlined. I cant think of saying it in any other way than I have already stated on 3 other public consultations on this issue. This has been the comment by the vast majority of participants in all other consultations. Please heed the views of the majority and do not. keep asking these questions in the hope of achieving a different outcome .
274	Temporary Absence should not be defined
278	This hole campaign is a joke why after all these is it being changed when these people have the necessary experience and expertise to do the job the past several decades.
281	The Draft Rules are a joke ..people who have been working in pharmacy for decades and contributing to the welfare of the general public should not be subject to this demeaning of their qualification. They have a proven record of taking seriously the health and well being of the patients they deal with and are trusted by the pharmacists who employ them. This is regulating for regulations sake nothing more !!
283	How come it has taken 10 years to spot the anomaly from between section 26 and section 30 of the Pharmacy Act? How many complaints have the PSI reviewed that were a direct result of a PA dispensing error? This consultation is yet another example of how far removed the PSI is from operating a community pharmacy

Appendix C

284	<p>Qualified pharmaceutical assistants having been passed and approved by the Pharmaceutical Society of Ireland. In our four year course and subsequent exams we were given the tools of knowledge and hands on capabilities to qualify us to transact the business of the pharmacist in his temporary absence. To say now, at the minimum of thirty five years later (for no justifiable reason) that we are incapable of this is hurtful at the very least and a blow to our confidence and possibly in some cases to mental health. If we are capable of being professionals in charge of the pharmacy for one hour per day, surely the same would apply for the rest of the day. Repeat dispensings only, could lead to one becoming reliant on the person (deemed to be more qualified and capable) who dispensed the prescription originally and lead to a robotic effort without checking dosage and interactions as would normally be the procedure. We are dispensings cytotoxic drugs carefully for a minimum of thirty five years and close to fifty years in some cases! Qualified pharmaceutical assistants are included in ICCPE training and education with pharmacists. Hi Tech drugs were always handled with care due to their important nature for very ill patients so there is no reason to believe that we will not always handled them with competence. Narrow therapeutic index drugs were widely dispensed in the 70's and 80's so we have grown up with knowing the importance of being especially vigilant while checking dosage and interactions of these drugs.</p>
287	<p>Temporary absence should not be defined . These rules are totally diminishing of the qualification of PA s</p>
288	<p>If these rules are enforced Assistants will have no viable role for temporary absence in any pharmacy with all the restrictions that will be imposed.</p>
290	<p>The change of permissible "short absences" that a PA may cover within the new regulations are excessive. I am concerned that 1) Chemists shops will not be able to remain open for as long as they currently do. 2) Chemist shops will close sporadically when the Chemist must be absent for short periods such as attendance at medical appointments, school meetings, funerals etc. 3) A lot of PAs will be redundant as their working hours will be dramatically reduced. 4) The role of a PA will no longer be a viable employment option.</p>
291	<p>Totally unworkable</p>
292	<p>The questions are very double meaning and are actually very badly put.</p>
293	<p>The PSI awarded the qualification to Pharmaceutical Assistants allowing them to act in the temporary absence of a pharmacist from their pharmacy. If these rules are passed the qualification becomes defunct. PAs are well known and trusted by their employers and the patients they deal with regularly. There is no justification for these rules . Many pharmacists in rural areas find it difficult to get locum cover and rely on the PA to give them time off. Historically this included not only days off but emergency situations or holidays. No pharmacist would leave an individual they could not trust or rely on or is not suitably qualified in charge during their absence. PAs have been educated, trained and have the experience to do this. PAs have lobbied for inclusion in CPD and Fitness to Practice along with pharmacists. PAs already take responsibility for keeping up to date with medications seriously. There has been no evidence shown that PAs are a public health and safety risk, making CPD and Fitness to practice mandatory would mitigate any perceived public safety issue. It would seem the PSI are regulating for regulation sake and not willing to look at alternative solutions to this issue. This is the fourth public consultation in recent years, the resounding results from all of them was in support of PAs continuing their careers as they have from time of qualification. Why has the PSI ignored these results?</p>
298	<p>I have said in last paragraph</p>
299	<p>I believe a person who is qualified to do a job for one hour is qualified to do it permanently.</p>
300	<p>See above</p>

Appendix C

301	P A's sat&passed exams set by the PSI and were thereafter awarded their qualification by the PSI which entitled them to transact the business of the pharmacist in their temporary absence.
302	I have worked with a Pharmaceutical Assistant for 20 years and she made less mistakes that pharmacist . I feel the pharmacy is safer with the Pharmaceutical Assistant in charge.
304	As above
308	As above
310	I have already provided my comments to the previous consultation and am disappointed that they appear to have been ignored with no reasons offered for proceeding with these rules despite the majority of respondents opposing them.
311	I believe the pharmaceutical society are making a grave error and also the they are treating these professionals in a despicable manner.
312	Pharmaceutical Assistants qualification has been awarded by the PSI to transact the business of a Pharmacist in their temporary absence. We have been an integral part of the Pharmacy team for upwards on 40 years. We are included in the ICCPE training and education programmers and have the competency ,skill and knowledge to dispense all medication. We are considered to be an expert in our role according to the PSI Expert Group so why not amend the Pharmacy Act and extend mandatory CPD and FTP to all PA's. Rule 8 will restrict the professional practice of Pharmaceutical Assistants and diminish our qualification. A qualification that was awarded by the PSI .We should be allowed to finish out our working life without any change to our qualification.
316	No change is needed. The existing system is not broken.
319	I feel the PSI have ignored all the input from the last public consultation regarding pharmaceutical assistants and the PSI don't want to engage with pharmacists on this issue. I'm angry that this group of hard working professional women are going to be humiliated by our society at the end of their careers and made unemployed without having done anything wrong. I certainly don't feel proud of our profession when other options exist to allow these professionals to continue working and contributing to pharmacy.
320	I feel that the Pharmaceutical Assistants have worked equally as professional as any pharmacist I have worked with and to restrict their conditions of work now is undermining there professional judgement and years of knowledge. A more suitable approach would be to make CPD compulsory or offer courses where upskilling would refresh knowledge
322	The PSI have not published any data that demonstrates that there is a need for this new regulation. I am unaware of any data that demonstrates PA's are more likely to cause an error than a pharmacist, I suspect that the evidence is in fact that there are more errors and complaints (proportionally) against pharmacists. There has been no consideration given to the impact on qualified cover and the impact on the assistants themselves , and the removal of so many highly experienced people from our health service. This solution is not fit for purpose. It solves an issue for the PSI, but causes problems for the profession, and the PA's. Seems to me the priorities of the PSI are flawed, who are they meant to serve , the public and the greater good or themselves.
325	The reason for writing rules is that people know what they are or are not permitted to do. Making rules that can be interpreted differently by various people means that the rules are badly written. This I think is the third public consultation on the same subject. That speaks volumes for the poor quality of work here.
329	I feel that this is a group of professionals that have a huge wealth of experience and provide invaluable cover for rural pharmacists. I think some of the propsed new rules are too harsh and restrictive, rendering these (largely female) professionals unemployed. It has been a shocking way to treat people that have served our profession exceptionally
332	see no 12

Appendix C

336	What you are doing is despicable. Clear unambiguous fair rules that take account of public safety could have been made years ago if you had made a real effort to do the right thing. How many times and by how many people do you have to be told what you are doing is wrong. This is not the way to assure public safety. Shame on you.
343	Please see my comments in the previous question. I note the timing of this consultation is done at a time when most people are too busy to look at the PSI website. Therefore I would hope that this is repeated at a time when it does not appear to be so 'hidden'. It does seem very peculiar that this is being looked at again. Pharmacy and indeed most of healthcare works under the premise of evidence. We would never start using a new medicinal product unless the evidence stacked up in support of its use. Therefore to make a change to the status quo where all the evidence points that it should continue goes against all that I have learnt over the years. I would go so far as to say that this change will be damaging to patient safety if anything. It will increase pressure on pharmacists (by removing their time off) and will definitely lead to more dispensing errors. At a time when pharmacy is under severe pressure from many factors, notwithstanding Brexit, this is an extremely bad avenue for the PSI to try and head down. The PSI always used to be the main drivers on improving pharmacy standards and therefore public health. This goes against that in a very significant way and should be parked until such time that evidence shows that it is needed. That time is clearly not at this moment.
345	I work in a busy pharmacy and we have a regular locum with me 2days a week. I carry her. She has the qualifications and officially covers me legally but it's so frustrating that she isn't up to speed on what goes on in dispensary. We are highly professional and very aware of shortcomings in our knowledge and so safer to have in the dispensary. We do not take chances and always defer potential problematic queries to our pharmacist colleagues. The quest for getting rid of us is shortsighted and totally unnecessary
346	as above
348	I believe that the draft rules should remain the same and should no be changes to the guidelines that the PSI are trying to introduce.
349	I believe the one hour definition is too restrictive and it is impractical to notify all patients when a pharmacist is temporarily absent.
354	Pharmaceutical assistants have been a valuable asset to the profession and their qualifications and role should be honoured and they should be allowed continue in their roles until retirement.
356	I strongly feel that as a supervising pharmacist who has the support of a pharmaceutical assistant in my pharmacy that the proposed reduction of their hours and proposed restrictions are awful. They have been practicing as pharmacists for 40 years and have a wealth of information and experience. I have nothing but positive things to say about the pharmaceutical assistant working here They should be brought under the umbrella of the new CPD requirements to make sure they're knowledge is up to date and their hours should be left alone Kind regards
357	I strongly disagree with these proposals. In implementing these rules , the PSI has shown a total lack of respect for a whole section of the pharmacy profession. The PSI obviously wants to get rid of Pharmaceutical Assistants, but can these tactics be legal.? What compensation are they going to offer to the hundreds of newly unemployed people. These people have worked as relief pharmacists all their working lives, what category do the fit into now, if this goes ahead? Unqualified technicians? There is a whole social aspect to this as well as economic.
358	If pharmaceutical assistants are to continue to provide cover for pharmacists they should be subject to the same rules regarding continuous professional development and should have to complete a portfolio just the same as we do. They're currently exempt from having to upskill or improve their knowledge and in the case of the assistant who covers for me, it

Appendix C

	really shows. Everyone should always have to improve their skills and knowledge and there is always more to learn.
360	I THINK ITS RIDICULOUS ESPECIALLY AS THERE ARE SO FEW LOCUM PHARMACISTS AVAILABLE .
365	I think that after 30+ years of service and an immaculate record that you are rendering my Assistants qualification null and void. I think it is completely unnecessary and disgusting. I am now looking at the possibility of working 6 days a week with no break as I cannot afford to pay the inflated locum rates at present. How is this the safer option for the Patients?
370	Pharmaceutical assistants are qualified staff and have been working in their jobs for a considerable length of time. To change their status at this stage is ridiculous .
371	See also my answer to question 12 above. Also, I completely disagree that the period of time that the pharmaceutical assistant be allowed to act in the pharmacist's temporary absence be confined to 1 hour per day. I think the present arrangement, where the pharmaceutical assistant could cover `(in the pharmacist's temporary absence)1 hour per day, 1 day per week, and normal annual leave, should be left in place, and not changed as suggested in this proposal.
378	Terrible waist of resources trying yo change this when it will be gone in a number of years anyway. Shameful
379	I am unclear as to the benefits this will bring to patient care. It would be helpful to know why this has become a focal point at a time when there are other pressing patient safety issues: lack of a universal health identifier, the continued use of hand-written prescriptions, the communication deficits between primary and secondary care, the dangerous transcription step that is undertaken for every GMS patient who gets a hospital prescription, the lack of documentation/ measurement of community pharmacy interventions on prescription errors, the shortages which plague our healthcare system and promise to worsen with Brexit, the fact that a large proportion of pharmacy under-graduates would rather be studying medicine and may well never practice as pharmacists, the extortionate fee structure that has been introduced in order to allow completion of the 5 year programme. If some justification were provided by the PSI for the focus on pharmaceutical assistants, it might be easier to accept the extreme measures that are being introduced in this rule change.
380	The Human Rights of pharmaceutical assistants and pharmacists and the public must be considered. Has the PSI considered it's duties and obligations under their Public Sector Equality and Human Rights Duty ? Will the proposals eliminate discrimination and promote equality of opportunity and treatment of its staff, persons affected by the policy and the persons to whom it provides services; protects the human rights of its members, staff and the persons to whom it provides services as provided for under section 42 of the Irish Human Rights and Equality Act 2014?. Will pharmaceutical assistants be entitled to compensation in respect of the loss caused by this interference in their employment opportunities? Has this been costed? Has the provision of CPD opportunities for PA been considered? What core competencies should a pharmaceutical assistant have?
397	Refer to points noted above
402	Ye clearly did not listen or take any note of what the vast majority of people have already said regarding this issue in the first survey issued in 2018. This is an absolute disgrace and the proposed changes are nearly the complete opposite of what the people wanted. Ye are completely undermining the Pharmaceutical Assistant and the whole Pharmacy profession. It feels like ye are trying to hope we just forget about it, then ye can railroad the PA out of a job which the have for over 30 years. PA are especially important in rural areas where is it very difficult to get a Pharmacist, either in a permanent, part-time or locum capacity. Without the PA, rural pharmacies, may have to close their doors due to the availability or

Appendix C

	lack of a Pharmacist on any given day. There have been very very few, if any issues regarding PA and their ability to dispense and general day to day working of a pharmacist over the years and now all of a sudden they are being viciously attacked regarding their work performance and abilities. Ye have no idea what is involved in the everyday, practical running of community pharmacy especially, which coming from the Pharmaceutical Society of Ireland is extremely worrying and may have a lot to do with my the profession is in severe decline.
404	As per my previous contribution, I strongly disagree with the proposed time limits on an assistant covering for a pharmacist (section 4), and that reasonable provision should be made for emergency cover e.g illness or family bereavement. I also disagree with the proposed rule on notifying members of the public (section 7), as I believe it will undermine confidence of the public in the role of the assistant to carry out their duties.
405	PAs have been working 35 years plus. Does this experience amount to anything at this stage?
406	all the questions on the survey are phrased as if the recipient is in agreement with the over riding statement but just digressing over the detail. this doesn't seem to reflect the over whelming opinion of the profession that the regulations are overtly discrimination to begin with
407	As a whole the process is in my opinion, unjust to qualified assistants. The pharmacy regulator is in effect taking away their entitlement to earn a living in the area in which they are qualified in , and where there has until now, never been a problem. Furthermore they are being offered no way to engage in further education (which is what seems to be the crux of the matter)
419	PA's should be included in the IOP regime and allowed participate in continuing education to maintain their knowledge and skills rather than forced out.
420	This proposal is cruel beyond belief.Why are you going after the Qualified Assistants like this. Why dont you give them what they ask for .They do not deserve this level of attack.
423	My certificate says I am qualified to If the proposed changes are imposed I will lose all employments as no pharmacy is willing to pay me to work alongside a Pharmacist for any unnecessary hours. Each Pharmacy believes that 'temporary absence' is that TEMPORARY – they WILL return to the pharmacy. "Pharmaceutical assistant" means a person who before coming into operation of section 4(1) of this act was competent, under section 19 of the Pharmacy Act, (Ireland) Amendment Act 1890 to transact the business of a pharmacist in his or her temporary absence" (Part 1. 2(1) of the Pharmacy act 2007). The qualification of Pharmaceutical Assistants was formulated, validated and examined by the Pharmaceutical Society of Ireland and entitled those who passed the exam to "to transact the business of a licentiate of the Pharmaceutical Society in his temporary absence but shall not be entitled to conduct or manage a business or to keep open shop on their own account". (Pharmacy Act, (Ireland) Amendment Act 1890) This is the context within which I as a pharmaceutical assistants have worked for the past 39 years. The training course for pharmaceutical assistants ceased in 1979, with the last examination in 1984. There are now less than 400 pharmaceutical assistants on the PSI register, all of whom are over 50 and 99% women. Since 1890 'Temporary absence' clause has been open to a wide range of interpretations. Custom and practice of many of our colleagues highlight how it varies from holiday cover of any pharmacist to weekly days off, late night opening, sick leave, maternity cover, unscheduled short absences and the myriad of situations that can occur in life. This is what I was qualified by P.S.I. to work under and no proposed changes can affect my Certificate .
425	As stated above : Expertise gained over 38 years working as a team with Registered Pharmacists has been completely ignored in the decision-making concerning the work of the Pharmaceutical Assistant in the temporary absence of the Registered Pharmacist. We

Appendix C

	have no difficulty with keeping updated educationally on all aspects of patient care and it should be the priority of the Pharmaceutical Society to harness the registered personnel to the good of the profession rather than reduce the years of experience and training to nothing.
427	I have worked as a Qualified Assistant for the past 38 years. I am appalled at the way we as a group of hard working ,professional,competent people have and are being treated. We have given our all to pharmacy & to be treated in such a shoddy & insulting manner at this stage of our careers is unforgivable. We have been portrayed as a risk,a risk to public health & safety. Where is the evidence??? Our crime seems to be that we are not included in CPD. That is not to say that we haven't participated in CPD. just that we are not recognised for it. The Draft Rules set out by the PSI downgrade our qualification and diminish us personally. It is incredulous that the PSI some 38 years after they awarded me my qualification now intend to make it meaningless. There have been so many options put forward by PAs i.e. regulated CPD, inclusion in Fitness to Practice, the introduction of the Grandfathering clause, and yet time after time our suggestions have fallen on deaf ears. I can honestly say I know of no other profession where people are awarded a qualification & then disparaged and denigrated for having it. Defining Temporary Absence is illogical. Life in the real world does not take account of rules & regulations i.e. a sick child or one who needs to be collected, a funeral, a traffic jam etc. I have already commented on the questions relating to Rule 8 in detail in the box above & as is obvious from my response, I find questions 5 to 8 degrading both to us as professionals & to our many years of work in Pharmacy. The Draft Rules are draconian, put in place with no regard whatsoever for the consequences they will have on a loyal, hard-working, professional, qualified workforce. It says much for Pharmacy as a caring profession.
428	I only hope that a journalist with enough sense for a story picks up on what the PSI has done to a loyal group of its members. To completely derail and stop experienced members of the PSI from doing the job that the PSI itself deemed them qualified for because of some idiotic decision will make for some very good reading. These rules and arbitrary limits that the society has imposed to stop assistants from doing their job only show how much disregard and contempt the PSI have for the hard work and dedication of pharmaceutical assistants. These are not rules and guidelines. They are roadblocks and dictates designed to make it as awkward and convoluted for pharmaceutical assistants to provide care to people.
430	Shame on you
431	I totally disagree with the one hour maximum rule. It should be the responsibility of the superintendent and supervising pharmacists as to the duration of cover provided by any PA. All PAs need to be subject to the same CPD requirements as pharmacists.
432	This is an unbelievable move on the part of PSI.Did we not just do a public consultation which was in favour of Assistants
433	Yes as previously stated i will be unemployable.
434	What a disgraceful action on the part of Psi. You ought to hang your heads in shame. Bullying...awful tactics
436	Pharmaceutical Assistants are part of a very valued group of professionals and should be treated as such. There is no need for the measures being proposed which will very effectively decrease/remove their ability to earn a living. By all means include Pharmaceutical Assistance under the continuing education legislation - they have never objected to this.
437	I do not understand the necessity for these draft rules. I have being dealing with a qualified assistant for as long as I have been going into pharmacies. I have been dealt with professionally and competently on all occasions and see no reason why their work practices should be changed. I have never considered myself at risk when dealing with them.

Appendix C

438	A health care professional is either competent and fit for practise or they are not. It cannot be that after a specific number of hours a person becomes unfit and then fit again the next day. I would compare it to saying a band aid will hold a gaping wound together for an hour and sure it will be grand (fingers crossed). Not a good patient safety protection policy. This should be reviewed. If this is a genuine patient safety issue why has the Pharmaceutical Society waited so long to address it. The pharmacy act has been with us since 2007. Rules have been on the agenda since 2013. If the PSI really believe there is a real risk to patients then you are a disgrace to your profession. How many prescriptions are being dispensed at present by assistants with your blessing. Patient safety is just an excuse for another agenda.
439	Please see comments above It is unnecessary to change law which is working exceptionally well presently
441	I think this is like taking a sledgehammer to crack a nut.Pharmaceutical Assistants would be more than willing to come under fitness to practice and continue professional development.
443	As Qualified Assistants received their qualification from the PSI it seems to me to be totally lacking in logic that the PSI would now downgrade that same qualification. Why is the continuing education engaged in by the Assistants not recognized by the PSI? The PSI perceives a risk in the situation as it exists at the moment yet this supposed risk would be eliminated by the recognition of the CPD currently undertaken by the Assistants. With regard to defining temporary absence, how can someone be qualified to do a job for one hour and not all the rest of the time they are working?
450	As above,this ruling is a disgrace showing a lack of respect for colleagues and clearly the opinions of registered,fee paying pharmacists are not being taken into account at all.
454	Absolutely devastated
456	For at least the last 38 years I have been served well by the Pharmaceutical Assistants in the pharmacy near me. I have always found them highly professional, highly competent and unfailingly kind. I always feel assured that they are vigilant and knowledgeable when dispensing any medication. It is with this in mind that I am shocked by the changes proposed by the PSI. I see absolutely no reason for this. I have been told that it is because of a perceived risk to my safety. the most important word in that sentence is "perceived" as I have never, nor has anyone I have ever spoken to felt anything other than safe when dealing with a Pharmaceutical Assistant. I take umbrage on their behalf at the use of such a term in relation to the extremely high standard of professionalism, expertise, knowledge and competency they bring to all their dealings with their customers.
458	It is the duty of all members of this Council to read all these consultations. It is not good enough to make a decision on my life and career without full knowledge of the facts and the economic impact your decision will have on PAs,pharmacists and the profession in general. There is a shortage of professional cover within this profession particularly affecting rural areas.Your decision could mean that over 300 professionals will be taken out of the workforce immediately. With the impact of Brexit looming where do you propose to spirit up enough cover to replace us. Please look at the bigger picture and adopt a sensible approach of CPD and some form of a Fitness to practice programme to allay any perceived fears you might have. I am sure that the Minister and oireachtas would work tirelessly with the Regulator to speedily bring into law any necessary changes to the 2007 Act to impose CPD and Fitness to Practice Regulations but it requires will on both sides to fully co-operate and bring this long running,thorny issue to a conclusion. The law of averages means that as only 50 PAs qualified per year , the course finished in 1984 so the youngest is 56, it means that in 10 years time there will probably be only 50 or less left on the register.This rate of reduction can be built in gradually in to the profession and allow replacement of cover when most of us have retired. Until then allow us graduates of your course live out our professional lives with dignity and pride following the terms and conditions specified by you the PSI when you formulated this course.

Appendix C

460	I believe the Pharmacy Assistant is an experienced person who should be permitted to do the job they were trained for when the Pharmacist is temporarily absent.
461	My local Pharmacy is my first choice when I require advice about the medicine my doctor prescribes. Why are the Pharmaceutical Society preventing the Pharmaceutical Assistant from doing the job they trained them for ?
466	I strongly disagree with the entire proposal of altering the way in which this now minority group work. I again feel very strongly in stating this that I feel that your group are employing 'bully' type antics and are unjust and unfair. What I do not understand is why the PSI are creating such barriers to now a very time limited group of people when there is no clinical evidence of them having increased medication errors etc. Surely this is an absolute waste of money and to my understanding this money will in part have been paid by the very people you are trying to make unemployable through there subscriptions. Disgusting abuse of power!
473	I believe setting out these new rules to be a ridiculous, waste of time. I place my trust entirely in the PA's as I have done for many years, and in past experience I have always found the PA's that I know professionally and personally to be vigilant and careful in their work. surely the pharmacists of Ireland are confident in the work of the PA having kept them in employment up to now. Pa's have also been included in ICCPE updating alongside pharmacists, having competency including skills knowledge and judgement to dispense medications, therefore if they are being kept up to date with CPD I believe these new rules to be unnecessary. I also believe that this is an utter shame that any regulatory body should feel the need to put people out of their jobs essentially after providing years of service.
476	Read the above and actually try to think outside of your bubble and actually admit you just might have gotten this wrong
481	TOTALLY UNWORKABLE
483	DO THE COMMENTS OF 1300 PLUS PEOPLE CARRY ANY SAY,? READING THE RESPONSE OF THE PUBLIC TO THE PREVIOUS SURVY THE VAST MAJORITY COMPLETELY DISAGREE WITH THE PROPOSED CHANGES SO WHY ARE THE PSI CONTINUING WITH THIS ISSUE. THE PSI ARE UNDERMINING THE PHARMACY PROFESSION WITH THIS COMPLETELY OVER THE TOP PROPOSAL. THE ASSISTANT PHARMACIST WHO HAVE PAID THEIR FEES TO THE PSI SHOULD BE TREATED WITH THE RESPECT THEY HAVE EARNED OVER THE YEARS. THIS ISSUE SHOULD BE DISREGARDED FORTHWITH BECAUSE OF THE NEGATIVE RESPONSE FROM THE PSI MEMBERS.
484	Extremely unfair way to treat very experienced people who have earned their full qualification
485	Disgraceful what the psi are trying to do to the qualified pharmaceutical assistants.they do not deserve the vicious attack. I have to question the motives behind this .
491	See above
496	as far as i am concerned the current situation has worked very well for over 40 years so should not be changed now. As far as i am aware there is a shortage of pharmacists so this would only exacerbate the situation.
499	Very unfair .PAs are QUALIFIED people with years of experience ,no time limit should be put in place to cover temporary absence.
500	Perhaps I'm cynical but I think this survey is deliberately misleading so that you can get the outcome that you want. As a professional healthcare member the PSI has gone down to its lowest level ever in my estimation
502	It should not affect pharmacy as people are highly qualified
504	Any Pharmaceutical Assistant in the workforce at the moment will have 33 years of experience, that should go towards putting a value on the PA qualification and in comparing it with the qualification of a newly graduated pharmacist. The public are in much safer hands with a PA with over 30 years experience than a young newly qualified.

Appendix C

506	Highly qualified professional people
510	The pharmaceutical assistant is a recognised valuable part of the profession. It appears to me you are attempting to reduce the education and long term experience they have to nothing. For the next generation online medicine supply and Google will be advising the patient instead of the personal care that I have experienced from my local pharmacist & pharmaceutical assistant. It's a sad day.
512	the proposed draft rules are excessively restrictive. Pharmaceutical assistants should be subject to the same CPD as pharmacists and if no issues arise during assessment of CPD the current arrangements in place should not be changed.
513	Why not an inclusion in CPD and other training programmes that PAs already take part in
519	Qualified Assistants undertook an education and training programme focused on building the level of attainment of knowledge, skills and competence, including making judgements to qualify them to transact the business of the pharmacist in their temporary absence - the main business of the pharmacist is safely dispensing medication for patients and that is what PAs are trained to do and have done since qualifying under PSI rules .
521	Stop this and let it run its course
523	Temporary absence should not be defined
526	I do not agree with this narrow definition of what a pharmaceutical assistant can and cannot do. The assistants have always been considered capable of acting in the full capacity of a pharmacist when the pharmacist wasn't present. They have always done so and, to my knowledge, there has never been any problem with this. They have provided a valuable service to Irish Pharmacy, they are no longer being produced and those that are left in practise should be allowed to work as they always have done.
527	I disagree with this completely. I believe this survey is misleading , especially Q5
529	There will be a shortage of pharmacist to cover over when brexit kicks in
532	Pharmaceutical assistants have been providing a vital service to the public for many years. By this time they are fully experienced and my experience in dealing with pharmaceutical assistants has taught me that they are very thorough in every aspect of their work. Changing the rules now makes no sense and will not do anything to enhance patient safety.
533	I TOTALLY DISAGREE WITH THE PSI ON THIS MATTER. I THINK IT IS HEAVY HANDED AND UNNECESSARY AND I BELIEVE THE PROCESS TO BE FLAWED AND BIASED.
536	Their contribution to serving the public is too valuable to restrict or let go .
538	this will cause problems in all aspects of pharmacy as the hours will have to be covered by the pharmacist or the pharmacy will have to close and as a result the patients will suffer, also i invite you to prove where the risk lies with the assistants. assistants that i will remind you have been working in pharmacy's across the country for the last 100 odd years and have managed to counsel patients and dispense medication with out mishap, so congratulations on wasting money, time and resources. also when you have bullied these individuals out of their career, how do you plan on paying for the 10 odd years of employment that they would be rightfully due, all because of your insistent need to bully a minority group. i could name a 100 different ways to spend that money that would actually benefit the community and improve out standards of care of a whole.
541	Waste of time and resources and as a regulating body you should be ashamed of yourself and what you stand for
542	Its amazing to see how the psi is trying to downgrade the employment of its own members . All other professional employees societies usually promote their own members interests.
546	Since the majority off assistants are in there mid to late 50's I don't agree that there livelihood should be in jeopardy.

Appendix C

547	I am a qualified pharmaceutical assistant registered with the PSI since 1981 and have over 37 years experience working in retail pharmacy. I worked on many occasions in the temporary absence of the pharmacist. My work ethic and competency has never been questioned. For the past 28 years I worked in the same pharmacy and covered the supervising pharmacist's temporary absence on a weekly basis. The trust and confidence in me by both the supervising pharmacist and the superintendant pharmacist to carry out my professional duties in all aspects of dispensing is without question. The Pharmaceutical Society Of Ireland in going forth with these draft rules, is relinquishing its duty to both the pharmacist and pharmaceutical assistant registrants in its disregard and dismissal of the competency and professionalism of PAs to dispense all level of prescriptions including High Tech, Cytotoxic Medicinal Products, Narrow Therapeutic Index Medications, General Sale Medicinal Products, Pharmacy-only Medicinal Products, Repeatable prescriptions. The Pharmaceutical Society Of Ireland, granted this qualification originally. Having expired it in 1984, did nothing to protect or upgrade its registrants since. It is their duty to find ways to promote instead of down grade this group of professionals who only want to continue working the they always have. These rules are shameful and damning to say the least. If put in place, the majority of PAs will be out of work and made destitute, thus denying our basic right to work in the manner we have done so since qualification. What is questionable is the qualification, experience and level of professionalism of the members of the 'working group who devised them in the beginning.
548	It will mean the pharmacist will have to do additional hours or hire a new pharmacist which may be newly qualified...From recent times this has being a problem instore due to lack of knowledge and needs of the customer.
551	Unfortunately I was unable to participate in the Public Consultation (Temporary Absence) July / August 2018. Both consultations were held at very difficult times i.e. during Summer and Christmas holidays. I am sure it has been a dreadful time for qualified assistants with the extra stress and worry they have had to deal with especially during times which should have been peaceful and restful. I find it very hard to understand how a group of such hardworking skilled people can have a qualification they have held for over forty years in some cases downgraded in such a manner. It is demeaning and I'm sure diminishing for the people involved. I have been told that this whole debacle is about a perceived risk to public health and safety. Where is the risk and better still where is the evidence? Why when pharmaceutical assistants already attend CPD do they not receive recognition for it, To me the answer is simple..recognise the CPD these people do and include them in Fitness to Practice. I am also perplexed as to why temporary absence covers only one hour per day. In my book if you are qualified then you are qualified for all times...how can you be qualified to cover for one hour and not one hour and 5 minutes or one hour and 10 minutes etc etc. I am horrified at the way pharmaceutical assistants are being and have been treated. This is a group of honest ,hardworking,experienced people who have given a lifetime of work to pharmacy and for them to be treated in this way is appalling.
553	SEE ABOVE
554	PSI should use their descretion under S30 to not make these rules binding
555	There will be a shortage of pharmacist who will be able to cover when brexit kicks in
557	There will be a shortage of pharmacists who can cover when brexit kicks in
565	Pharmaceutical assistants have. Been undertaking CPD for many years . They have kept up to date with latest developments and have developed new skills as have the pharmacists. Have the psi any evidence to back up their assertion that pharmaceutical assistants are unsafe?
566	The patients and customers will be hugely disadvantaged and inconvenienced by the new rule that limits the contribution of qualified assistants. New rules are short sighted and do not consider negative impact on community.

Appendix C

568	I agree that pharmaceutical assistants should be able to cover the temporary absence of a pharmacist in a pharmacy where the pharmaceutical assistant is familiar with the pharmacy and it's patients.
571	A qualification has been attained and should not be taken away with loss of income and livelihood
573	This is not my first public consultation on this matter and I can honestly say my heart goes out to pharmaceutical assistants who have had to deal with this situation. It must be devastating to have a qualification you worked for & were awarded downgraded in such a manner especially as the institution who awarded it to you are the ones now saying its not fit for use.To have worked for an average of 38 years giving your all day in day out and be treated now in such a manner must cause great stress and upset.How can the PSI justify any of this? How can someone work at the same job for 38 years and suddenly be a risk.I see no evidence of a risk to anyone. If anything I see a group of experienced professional people. Lack of CPD has been touted as the problem ,I say its lack of recognition for CPD already done is the problem. Defining Temporary absence to one hour per day is ludicrous. Where does reality set in ?. Does a delay with the pharmacist returning to work (the car breaking down or a flat tyre or a sick child) mean the shop must be closed? What happens if someone needs their medication fifteen minutes after the hour is up & the pharmacist isn't back? Has anyone really thought it through.
574	As above. Certainly in my experience I would value their level of assistance, expertise,knowledge and inter personal skills more than some Pharmacists....Least u forget assistants have formal training and served apprenticeships and are constantly attending formal lectures to update their practice.
576	It is difficult to understand how the government can agree to demerit Pharmacy Assistants after sterling service to the community for the last 40 years These people have an experience and expertise over so many years that they simply are invaluable to the pharmaceutical profession. If this professional group are disposed of by pharmacists there will be lots of pharmacy closures and lots of mistakes made!!! You simply cannot let this happen.
578	Ridiculous waste of time and resources . This is a witch hunt of professional people who you trained and qualified . Shameful
581	The previous consultation would appear to have been ignored, the majority of respondents were not in favour of the proposed changes to the legislation. I would like to reiterate my comments from that consultation.
585	Just can't understand the attitude of the Society to registered Pharmaceutical Assistants. Seems to be a witch hunt and when you consider that there are a limited number of assistants left practicing due to the introduction of the technicians. Does this mean that the witch hunt will extend to them? Pharmaceutical Assistants have kept many Pharmacy's trading and therefore employing other staff. Who is calling the shots in the Society because looks to me as if there is a very bitter, shortsighted bully with an axe to grind considering the assistants have a limited work span left anyway due to the introduction of the technician course. Would be interested to have the breakdown of how many assistants have been suspended as opposed to pharmacists.
586	I would like the PSI to genuinely consider the results of the public consultation It is obvious from the results of the recent consultation that most respondents were in favour of PA's continuing as before and being allowed to cover for the pharmacist for one day off per week and annual leave. With the difficulty facing most pharmacies in getting locums some rural businesses will have to close if PAs are not allowed to provide cover PSI is removing qualification from PA that THEY certified in the first place Members of PSI...Put yourselves in position of a patient in your local pharmacy...PA with knowledge of your history or new locum in for the day..who would you trust ?

Appendix C

587	How often have we, the public, been asked to participate in consultation processes such as this on this issue? As I understand it, each and every time you have invited submissions, the public have expressed the view that the status quo should be retained. In this way community pharmaceutical services will not be diminished. Why are you not accepting the findings of your own consultation processes?
588	If the organization wants to halt the technician role, it should offer existing, generally older pharmaceutical technicians a shortened free part-time course to raise their qualification to that of a pharmacist that can be completed before the role is abolished.
589	At this stage I believe that PAs should be entitled to finish out their working lives without this stupid law being enforced.
590	My mother has worked for 42 years in the pharmacy industry & she is now facing a forced retirement , with no private pension,she still has mortgage repayments along with been a widow & still only 61 years old. Do the PSI have any compensation packages in mind? Thank you, [REDACTED]
591	I firmly disagree with the PSI's temporary absence rules and find them undermining and disrespectful. There is no evidence of risk to the public.
596	Pharmaceutical Assistants have provided an excellent service to the Pharmacy Profession in the past and continue to do so .The last examination for Pharmaceutical Assistants was held in 1985 .A large majority of Pharmaceutical Assistants like myself are in their sixties and are more than likely working on a part time basis .We continue to give a great back up service to the ever increasing band of young Pharmacists .We all have good experience of all aspects of community Pharmacy and have gained the trust of our employers and very importantly of the general public who use Community Pharmacies on a daily basis .On examination by the Pharmaceutical Society of Ireland we have been deemed "competent to transact the business of the Pharmacist in his Temporary Absence .Most have been employed in the same Pharmacy for many years (42 years in my own case). The question of Temporary Absence of a Pharmacist from Pharmacy and the role of the Pharmaceutical Assistant in that Temporary Absence will be solved in the next few years by the departure of THE PHARMACEUTICAL ASSISTANT due to retirement and natural ageing. We have as I stated above given sterling service and will continue to do so while we can .Given our collective experience and the common sense that we have attained in our life-time service I feel the Pharmaceutical Society of Ireland should applaud the work we have done and let the Status Quo remain.The Pharmaceutical Assistant is not and has not been a risk to the General Public .I believe that all Pharmacists who have been lucky enough to have a Qualified Pharmaceutical Assistant on their staff will wholeheartedly agree with all of the above comments . In conclusion I wish to state that I am one of the last few Male Qualified Assistants on the register having qualified in May 1972.I have enjoyed my life's work and have always felt I was valued and appreciated and on the many occasions on which I acted in the Temporary Absence of my employers there was never a problem .
598	The 1994 Agreement was achieved by means of discussion between the PSI and PAA. In drafting the 2007 Act, provision was made that the PSI may define temporary absence but a need was not perceived to do so at the time. Otherwise the 2007 Council would have included it in primary legislation. However, in choosing to revisit the matter, the current PSI has adopted a blinkered approach which is impractical and doesn't achieve a realistic outcome. In focussing on time, the PSI is ignoring the many other ways in which quality of service can be assured. The question shouldn't be whether the RPA has been acting in the temporary absence of the pharmacist for 60 or 65 minutes, the question should be as to whether the RPA has adhered to the procedures of the pharmacy in the temporary absence of the pharmacist and as to whether he / she has provided an appropriate standard of care. Providing a prompt efficient service is part of good patient care. So is continuity. So is reassurance. Many patients attend the same pharmacy on a regular basis because they get

Appendix C

	<p>to know the team and they appreciate the team's understanding of their needs and the team's support at difficult times. If someone is a member of that team and is familiar with all the policies and procedures in that pharmacy, it is difficult to understand that they may provide a service for 60 minutes a day, but not for 65. This restriction may mean that a service is delayed for a patient purely because of split second timing issues. Is it realistic to criminalise someone for getting stuck in traffic, having a puncture or even coming down with flu? Is it consistent with good patient care and continuity of care that a pharmacy service may be unavailable to a patient because a pharmacist gets sick or has a family emergency. While in a city or large town it may be possible to refer patients to a neighbouring pharmacy, this may not be possible in rural areas. The role of the RPA as part of the team could be better defined by requirements for appropriate procedures in the pharmacy. It is also difficult to see how this provision could be enforced. There is no indication as to how the PSI intends to enforce the rules and as to the penalties which would be imposed for a breach, if a breach could be established. There is overwhelming support among RPAs for CPD and Fitness to Practice. This is a tribute to their professionalism. Yet this commitment has been ignored in the preparation of these draft rules.</p>
602	<p>The proposed statutory instrument appears to be designing a sledgehammer to crack a small (and shrinking) nut. Should the draft legislation, as it appears in its current form, be enacted it will wipe out the role of the Pharmaceutical Assistant - those that remain employed after the implementation of the legislation will be employed at such a reduced level of remuneration as to render them akin to unemployed or forced to an early retirement. It is important to consider the age demographic and the number of people that are the primary target of this legislation - Generally, women in their late 50s and early 60s, of which there are no more than c.300. It begs the question; why would such resource be wasted on enacting a statutory instrument when a simple program of education (or CPD) and testing/review would suffice? If it is required that the existing primary legislation is amended to include the words "...pharmaceutical assistant..." to enable this, then that is what should be done. The effect of diminishing the role of Pharmaceutical Assistants in such a way deprives the profession and, more importantly, the general public of many thousands of years of combined experience. The Expert Group Report highlights the value that PAs bring to the profession and the Human Rights and Equality Impact Assessment draws attention to both the positive contribution of PAs and the negative impact upon pharmacists, pharmacies and their customers should PAs no longer be able to carry out their role as it is currently understood (and has been so understood for a century!). With no evidence that PAs individually or collectively pose a risk to the public and with the population due to retire in a matter of years, it is astonishing that a solution to including PAs in CPD cannot be found that does not effectively wipe out the role entirely. The fact that such effort is being made to dismantle the role of the PA is morally repugnant.</p>
605	<p>As I said already madness I had the privilege of being trained by and working alongside a qualified assistant and I can say she is responsible along with my father who was a pharmacist for making me the pharmacist I am today .48 years she has worked in our family's pharmacy and now she is to be told sorry no you can't do you job you are no longer qualified -RUBBISH !There is only maybe 10 yrs and all of them will be retired why this witch-hunt?? What a waste of money and time disgusting!</p>
606	<p>Question 5 is worded poorly - I can't opt to say yes to pharmaceutical assistants filling new prescriptions which I would be in support of</p>
607	<p>SEEMS POINTLESS TO COMMENT IF PREVIOUS CONSULTATIONS ARE ANYTHING TO GO BY. I WONDER AT THE COST OF THIS FUTILE EXERCISE AND DON'T CONSIDER IT PRUDENT USE OF PUBLIC FUNDS .</p>

Appendix C

609	As an RPA I have on more than one occasion indicated a willingness to participate in CPD and to be subject to Fitness to Practice. Indeed I have in the past regularly availed of the IPU Academy Lectures, and also read relevant articles in journals. Life Long Learning is recognised as being essential in any profession, and a commitment to life long learning ensures the maintenance of a high standard of service. In addition Pharmacies are now required to have robust SOPs. This ensures a high quality standardised service, provided all the team agree to operate in accordance with the SOPs. If a Superintendent Pharmacist is happy that the RPA is committed to Life Long Learning, and is prepared to operate in accordance with the SOPs, then that Superintendent Pharmacist can be satisfied that service quality will be maintained even in their temporary absence. A regulation focusing on these criteria would have more merit. One would have to question the value of the public consultation process given that on the previous occasion, it would appear that absolutely none of the public comments were taken on board.
610	No meaningful discussion has taken place with PA s and all that happens is tick boxing The longer it goes on it just looks like as if it is designed to wear down the people involved both mentally and indeed emotionally If it is supposed to be about patient care it is a funny way of showing it as people with very little English are left work and locum in this country and there is no thought to the safety of patients in this matter
612	Hundreds of people are telling you what you are doing is wrong. What is it you just don't get.?????
613	I neither agree or disagree with anything the PSI are doing . Lets just hope common sense prevails that someone with a bit of cop on can make you stop doing this . Hang your head in shame
614	Very poor drafting. Did you consult the Pharmacy Assistants for input into this survey before publishing it as it seems very prejudicial towards the Pharmacist - is this appropriate for the Regulator to do so?
617	The rights of the registered Pharmaceutical Assistants are totally undermined by this PSI rule. Instead of using this opportunity to improve the education and competencies of this group of experienced individuals and a valuable limited resource, the Pharmaceutical Society of Ireland continues to denigrate the Pharmaceutical Assistant. This has been ongoing for over 35 years. A total shame.
619	See abovePoint 12
624	I feel that the status quo has been working so well for so long so should be left as it is.
626	I feel as though this issue should get sorted quickly to stop a load of stress on these people lives
627	Pharmaceutical Assistants are included in the ICCPE training and education programmes along with pharmacists. The assumption therefore is that up to now PA's have had the competency, including skills, knowledge and judgement to dispense. They have been dispensing in this way since qualification. They're skill set has not changed, so therefore I believe they should not be restricted or undermined in their ability to carry out their work. Thank you.
631	I do not agree with the proposed time limit for the temporary absence. Pharmaceutical Assistants have been working in the industry for many years and to reduce the time they can work at this point is a mistake. They have a wealth of knowledge from their years of experience which should not be overlooked. Many pharmacists and pharmacies rely on this knowledge and experience in order to best serve their patients.
635	This proposed rule is causing a lot of stress and worry to this hard working population who only have a few years left in their working lives.
639	See response to Q12

Appendix C

641	PAs are covering the Pharmacies in the temporary absence of the Pharmacist as is described in their qualification which they took in good faith. They are well able to keep up to date with the changes in Pharmacy and new drugs as they have always done. This downgrade is insulting and degrading.
645	IF THE CONCERNS OF THE PHARMACEUTICAL SOCIETY WITH REGARD TO THE SAFETY OF PHARMACEUTICAL ASSISTANTS AS INDICATED BY THE WORKING GROUP ON TEMPORARY ABSENCE ARE TO BE SUPPORTED.THE RESPONSIBILITY FOR THE PREDICAMENT THAT I WILL FIND MYSELF IN IS CLEARLY WITH YOUR OFFICE. THE COURSE OF STUDY,THE ACCREDITATION OF THE COURSE AND THE PROVISION OF REGISTRATION WAS ALL PROVIDED DIRECTLY BY THE PHARMACEUTICAL SOCIETY.APPLICATION TO PROVIDE A MECHANISM TO UP SKILL WAS CONSISTENTLY DENIED DOWN THROUGH THE YEARS WHICH IS THE BASIS THAT ALL OTHER REASONABLE ORGANIZATIONS HAVE USED IN SIMILAR CIRCUMSTANCES.IT IS MY BELIEF THAT YOUR OFFICE WILL BE OBLIGED TO PROVIDE FINANCIAL COMPENSATION,GIVEN THE IMPACT THIS PURPOSED RADICAL CHANGE IN THE LEGISLATION WOULD HAVE ON MY ABILITY TO EARN A LIVING AS I HAVE DONE UNDER YOUR OWN SET OF ARRANGEMENTS TO DATE.
646	On numerous occasions PA s have suggested to be included in CPD but to no avail as they were nt even contacted in latter years Ask any Pharmacists how hard it is to get Locum cover and how PA s who work in these shops could well provide this cover If Brexit impacts the way that everybody fears there will be a shortage of pharmacists For the amount of years that is left to all my colleagues what is the problem of letting them finish their working lives?
649	I strongly disagree with the proposed rules and see no evidence presented by the PSI that patient safety is compromised by a pa working in the temporary absence of the pharmacist. I have undertaken cpd and have over 40 years experience in pharmacy.
650	Restricting temporary absence to one hour a day is discriminatory and will render most assistants unemployable
651	Pharmaceutical Assistants are fit to dispense or they are not. Dividing dispensing into categories like this makes their position on a pharmacy team untenable. The wealth of knowledge these women have from working for years in pharmcy is being completely disregarded as is the fact that they currently carry out all tasks in Rule 8 all day every day. Why today but not tomorrow?
652	Back in the 1970s I was invited by the then PSI to act as an extern examiner for the PA course. I signed all the certs of those who qualified at that time and feel the PAs are now being let down and am embarrassed by the PSI reneging on the commitment of that cert. One never sees an invitation to the PAs to be involved in meaningful refresher courses - what are they to do?. I imagine that it will take the courts to settle this one once and for all.
653	The assistant where i get my prescription dispensed covers the pharmacists days off and holidays and sick days and has been doing this for thirty years. I witnessed more errors in my prescription when there was a locum on duty
654	Temporary Absence should not be defined
656	PA'S ARE TRAINED, SKILLED, EXPERIENCED AND SHOULDS BE VALUED, INSTEAD OD BE LITTLED. THIS IS THE FOURTH PUBLIC CONSULTATION , THE PSI IGNORE THESE. HOW MANY PA'S ,ARE WORKING, EXPERIENCED AND CAREING. WE NEED TO VALUE OUR WORK MATES , ALL ARE PART OF A TEAM.
657	Being able to cover for one hour a day will render our qualification useless
659	I'm disappointed that the proposed rules as so restrictive that they will cause job losses to a very highly skilled group of professionals. These rules are unnecessarily harsh. There are many other ways of regulating this Group such as compulsory cpd etc. I think mediation is the way forward.. I understand that the pharmacists union has offered proposals to resolve this situation and they should be listened to.

Appendix C

661	A compensation package should be considered if these draft rule become law
662	A compensation package should be considered if these draft rules go through ...
663	See q 12
666	Question 5 is very difficult to answer. Is the question that is being asked is do i agree that certain drugs can only be dispensed for the first time by a pharmacist and do i agree with this meaning that an assistant can not dispense this items to a patient first time round. Of course i totally disagree with this as it doesnt make sense. Assistants in the pharmacy where i get my prescriptions has been dispensing one of these drugs to me from the start. So i wasnt sure how to answer this. Why wasnt the question put more clearly like saying do i agree that an assistant can not dispense these drugs to patients until the pharmacist checks it. That would mean that i couldnt have got all my drugs together and would have to come back when the pharmacist would be there. By doing this you are casting doubt on the assistants ability to do their job in full.
667	Even the body that represents pharmacists here are opposed to these new rules and pharmacists who employ assistants. Trying to limit the time we can cover to one hour is not fair
669	This public consultation is a disgrace and a waste of time and resources . Pharmaceutical assistants have proved themselves to be capable and are a professional part of the pharmacy framework.
671	This proposal is unfair to Pharmaceutical Assistants who have over 30 yrs experience. Encourage upskilling etc.
673	I do not understand why Pharmaceutical Assistants are being treated in such a dreadful manner.They have served pharmacy extremely well since they qualified.They deserve much better than this.
680	Every member of the PSI who supports this act should be ashamed of themselves. Pharmaceutical Assistants have given 40 years of reliable service to community pharmacy. I personally have learned more from Pharmaceutical Assistants than I did from most of my lecturers in college. They have done more to protect patient safety than the PSI will ever do. If I have a choice between a Pharmaceutical Assistant or a newly qualified pharmacist covering my time off, I would choose the assistant every time.
684	Temporary absence is just as the name suggests, temporary. A pharmaceutical assistant working in this role is capable to fulfill the function of the pharmacist while he/she is otherwise engaged or out of the pharmacy. I do not know of any instance when any serious incident has occurred while an Assistant Pharmacist was on duty and fulfilling this temporary absence role. Please inform me if you have incidences of this.
689	Is it in order to hold consultations during holiday times? I missed the July - August 2018 consultation for this very reason & have only just beaten the deadline on this occasion.I am sure this has happened to many others. To say I am disgusted by the way pharmaceutical assistants are being treated after the many years they have given to pharmacy is mild.I am at a serious loss to understand why they are being treated in such a deplorable manner. Does a lifetime of experience not count for anything? Does a qualification awarded by the PSI not count for anything? Do years of attending continuing education lectures not count for anything? I know of no other profession so ready to downgrade & disparage those on their own register. Health & safety of the public seems to be at the centre of this issue....where is the evidence for any supposed risk. I have searched & I can't find any. Surely the EU must have some laws to protect people's qualifications & livelihoods.
693	Limiting and restricting the hours a qualified assistant could be left alone to one hour is totally unreasonable; and in the long run would render them redundant or unemployable.
697	P.As are a group of extremely knowledgeable competent people with a wealth of experience. Why is there another consultation in place trying to downgrade their

Appendix C

	qualification. If someone is qualified to do something that qualification shouldn't be reduced esp by the people who gave it in the first place.
699	The course provided by the PSI, and the ongoing CPD, gave and continues to give QAs the knowledge and skill to cover the temporary absence of the pharmacist ..But the experience and competence they have acquired in the 35-40 years since qualifying gives them the judgement to dispense safely. In my career I have come across many pharmacist /owners who prefer employing a QA to a young inexperienced pharmacist. I have also met many a pharmacist who learned from the resident QA and were very thankful for their experience and skills. Every QA I know is capable of dispensing HI Techs,Cytotoxics,NDIs and . Passing this rule will impact on the employment of QAs as if we cannot dispense the above drugs in the temporary absence of the pharmacist we will be totally unemployable.
700	As a member of the PAA I have requested to be allowed to be included in a core competency framework that would include Assistants similar to the framework that is currently applied to pharmacists . Amend the act of 2007 to make fitness to practice to be applicable to include assistants and to undergo changes to make CPD mandatory for assistants too . I have attended Academy CPD lectures for many years . My boss has full confidence in leaving me for lunch hour to deal with the workload . Having worked for over 35 years , my livelihood is now in question . Please consider that we have safety as a priority at all times .
701	I think it will be an awful decision to make. You are taking people out of their jobs and careers they have dedicated some much too. You're also taking people away from their families by enforcing this law..
703	It is wrong to do this as most assistants would be retiring sooner rather than later
704	My local pharmacist finds it impossible to get locum pharmacists. Mostly they are young, inexperienced and are there only for a few days so therefore dont know us or our history , thats if they care at all . My local assistant is on the other hand experienced, knowledgeable and actually CARES and the pharmacist relies on her for his day off, which she is well capable of covering. I don't know why you have decided after 40 years that these women are now not capable of doing a job they have done well for so long. It seems very unfair to me after they have served your profession so well that you can now throw them on the scrap heap
710	Shame on you
711	These Rules as a whole will effectively make my qualification worthless. I will no longer be able to practice the profession I qualified in; not being able to cover my employer's day off; unable to dispense a new prescription, the third most common medication prescribed.
718	This is the most ridiculous change of law I think I've ever came across these pharmaceutical assistants have offered so much to communities and pharmacies across the country for the last numerous decades. I feel the PSI should be ashamed of themselves and taking on better more pressing issues like regulation of aseptic services in Ireland instead of just copycat our UK counterparts.
722	These rules are cruel and have zero basis. The Expert Group notes that CPD and FTP are the main concerns that need to be addressed. So address them! Create an SI that addresses the actual issues identified and not these apparent risks for which you have no evidence.
724	Disgraceful!!!!!!
735	its time the psi got real. why take away our qualification now.? any pharmacist who employs a qualified assistant has more value for them above any pharmacist they would employ....ask them assistants will work pharmacist will sit . the people who come into our work places have a great rapport with us....they know us for years . many a night i arrived home after 11pm from limerick after attending a course after a days work.is all this to count for nothing.

Appendix C

737	<p>During my pre-reg year which is almost 20 years ago now it was the Pharmaceutical Assistant that provided me with education on dispensing and checking prescriptions. How is it possible that a law can now say that Pharmaceutical Assistants can no longer dispense prescriptions which are being dispensed for the first time. Have there been medication incidents reported to the PSI which involved pharmaceutical assistants, where, if there was a pharmacist the medication incident could have been avoided? If deemed necessary a 2 to 5 day update / education session should be provided free of charge to the Pharmaceutical Assistants by the PSI to ensure that all are aware of the necessary checks, reference sources, counselling skill/tools etc to ensure safe dispensing of medication. Pharmaceutical Assistants have given many years of service to patients and pharmacies and it is a disgrace that in their twilight years of employment that a law will be enacted which will not allow them to work in the manner that they have done since they qualified. The Pharmaceutical Assistant that had such a positive impact on me during my pre-reg year unfortunately passed away a number of years ago. I have not met any other Pharmaceutical Assistants in my years practising as a Pharmacist but if the Pharmaceutical Assistants are as thorough and understanding to patients and other pharmacy staff as this lady was I can not see the benefit of introducing this new law which restricts their practice, I do not believe that it will improve patient safety.</p>
738	<p>Pharmaceutical Assistants are a competent group of professionals who have more than 35 years of experience. I do not agree with the one hour rule or the restriction on medicines which can be dispensed by the PA during temporary absence. If these rules are implemented they will have a devastating effect on the livelihood of a large cohort of PAs. It will also have a huge knock on effect on community pharmacies where PAs are employed, for the already overworked pharmacists, dispensary staff and the patients alike. We are all aware of the fact that there is a huge lack of available pharmacists to provide cover and yet the PSI wish to take approximately 300 PAs who can provide cover in the form of temporary absence, off the market.</p>
744	<p>I disagree with the one hour rule for temporary absence. Pharmaceutical assistants are professional and competent people with over 35 years of experience. Why should they be stripped of their qualification in such demeaning way? There is a serious shortage of pharmacists at this time and the situation will worsen if these rules are implemented.</p>
746	<p>I have worked alongside Pharmaceutical Assistants right throughout my career as a Pharmacist. My experience is that they are professional and responsible and take their role as healthcare providers very seriously. There are no new Assistants coming into the workplace and those that are currently working will probably be retiring in the next few years. Rather than introducing such restrictive rules, I believe that the Pharmaceutical Society should consider applying Fitness to Practice and Continued Professional Development to Assistants in the same way that it is applied to Pharmacists.</p>
748	<p>Please note that I am completely opposed to the draft rules 2018 as a whole. This puts me in agreement with the vast majority of other pharmacists.</p>

Appendix C

749	As a concerned pharmacy customer I am totally opposed to the above draft rules to be imposed on pharmaceutical assistants. The current drive by the pharmacy regulator to downgrade the registered assistant pharmacist is massively unfair and is unconstitutional. In my view also it is in contravention of EU directives which deals with professional competence. In my local pharmacy the pharmacist and the registered assistant pharmacist manage the shop together and there is mutual respect for the others capabilities. The pharmacist is more than happy to allow the assistant pharmacist cover for temporary absences such as holidays and family emergencies. The assistant pharmacists currently in employment qualified under PSI examinations in the seventies and early eighties and also had to undergo an apprentice period of three years together with one year in college. The definition of temporary absence was never defined in law for the obvious reason that it is impossible to define the length of temporary for every possible scenario. Pharmaceutical assistants are an integral part of the profession and have been covering for pharmacists without health and safety concerns for forty years and longer. Also it is not rational to believe that a pharmacy assistant can dispense a prescription on one day and not on another day? How can it be that if you are dispensing prescriptions without any issue for forty years that overnight dispensing becomes an issue? I am not aware of any pharmaceutical assistant who has been the subject of a professional negligence or misconduct charge. A locum pharmacist who is not familiar with the local pharmacy customers would be more of a health and safety risk. Furthermore a locum pharmacist from the EU with poor language skills and or who is unfamiliar with Irish pharmacy best practice pose an even greater risk. The Irish pharmacist is no fool. They continue to use their assistant pharmacists for temporary cover because they know the customers and their needs best. The regulator should be working to include pharmaceutical assistants as a valued member of the profession rather than exclude them. Many attend CPD courses on a regular basis together with their qualified pharmacy colleagues but this is ignored by the regulator. Registered pharmaceutical assistants pay an annual subscription to the PSI and receive no support from the society. The regulator should encourage the registered pharmaceutical assistant by making CPD mandatory and be subject to practice review just as their pharmacy colleagues are. It seems to me that the PSI is trying to marginalise this group of employees for its own purposes. The health and safety issue is a red herring. All of the pharmaceutical assistants are now in their fifties or older and are as experienced as their pharmacy colleagues. Furthermore I will continue to use my local pharmacy knowing that I am in the safe hands of my pharmaceutical assistant.
750	I didnt answer any of the questions on the daft rules cause you never paid any heed to anything else I ever sent in. yis are a right shower. wasting everyone's time and money doing surveys that you just ignore.
752	"as a whole" you ask !!!!!!!!!!!!!!!!!!!!!!! a whole lot of nonsense
753	I wonder do uz know that uz are making a laughing stock of yourselves.
755	So glad I didn't do pharmacy. Glad I don't have to deal with you lot
756	These rules are somewhat ambiguous so I do not know whether I agree or disagree.
757	The whole campaign is a total disgrace. It is a campaign to destroy Registered Pharmaceutical Assistants. If we were black people it would be deemed to be racism. Because we are mostly women and over 55, it is ageism and misogyny. If the PSI considers us not qualified enough, then upgrade us! I am willing to do more study----- so put on classes in Trinity College, RCSI, Carlow IT or any other venue. I completed a Postgraduate Diploma in Community Pharmaceutical Health Care in Brighton University and I attended ICCPE lectures for many years, to keep up to date with pharmacy and how it has progressed. So UPGRADE, not downgrade. Our continued registration over the past 40 years must count for something. I feel someone at this stage needs to call a halt to this

Appendix C

	discrimination, injustice and misogyny. Remember that evil prevails when good people do nothing.
765	It will make pharmacy assistants unemployable which will mean job losses
774	If the legislation is passed it means that getting cover for pharmacist days off will be impossible and rates will go through the roof. This will lead to pharmacists not getting their holidays when they need them, leading to stressed and tired pharmacists. That would lead to an unsafe working environment.
777	The proposed restrictions are focused on a very small group of people who have served their communities extremely well over the years. The restrictions are ill thought out and discriminatory given the age profile of pharmaceutical assistants.
779	This whole change to the role of the Registered Pharmaceutical Assistant is deeply concerning for all PAs as it will impact on our ability to earn a livelihood. The proposed new draft Rule 8 is discriminatory and very prejudicial and breaches constitutional rights. There has been a complete failure by the PSI to address the position of PAs in a fair and reasonable manner. Further marginalisation of the PA will result in loss of jobs and will render PAs unemployable. It is ludicrous to suggest that someone is capable and qualified to dispense for a limited period (1hour) and that the capacity does not extend beyond that. The PSI has been unsupportive and punitive towards a small group of vulnerable women. The action of the PSI is deeply disturbing and worrying. The proposed new Rule 8 is unworkable
786	I would like to express my absolute horror at the fact that the PSI is trying to strip pharmaceutical assistants (PAs) of their profession! As a registered pharmacist, I have previously worked with numerous PAs in community pharmacy. I found each and every PA which I worked with professional, dedicated, engaged and cautious. I often preferred working with them than with some pharmacists, because they possessed a wealth of real-world experience, something that cannot be learned in university! Most of the PAs are close to retiring age and instead of letting them live out the final days of their working life in peace, the PSI has launched this witchhunt trying to reduce the scope of their job. I would like to know the reason why. Is there conclusive evidence of patient safety concerns with respect to PAs working in the absence of a registered pharmacist? Is theoretical knowledge is the problem) If so, any the PAs whom I know are more than willing to engage in continuing professional development, however, the PSI will not allow them to! I find it a shame that such a measure is being undertaken by the PSI when the time and money which has been invested in this process could be better spent elsewhere!
798	I have responded to all your previous Public Consultations on this issue and for the life of me, I cannot understand why the PSI are once again going to a "Public Consultation". ?? This must cost the Public? If this is in "the name of safety", I find it quiet wasteful as the Qualified Assistants have a past history of safety first and a tried and trusted record in Dispensing meds. The intransigence of the PSI and their refusal to engage with the Pharmaceutical Assistants has me baffled. ? In light of the recommendations made by the PAA and the IPU, there had to have been a more reasonable approach taken instead of going down this disproportionate and plainly unfair route. It also causes me worry that the process undertaken by the PSI who formulate these rules fell short of the standards expected by the general public. (I have followed with interest and great disquiet this issue in the recent past) . The stress that this issue is causing the Qualified Assistants and their employers is quiet unacceptable.
799	I think that a PA should be obliged to carry out CPD and fitness to practice like a registered pharmacist. Many assistants are in their professional roles for years and with continuing education they could work as an assistant to the superintendent pharmacist highlighting all

Appendix C

	of the issues relating to Rule 8. At the end of a working day the PA could document any issues relating to rule 8 and this could be followed up by the Pharmacist.
803	Listed above
804	I am responding as a pharmacist but also as a patient at times, and as a person who has experienced sick family members with very complex medical care needs and complex medication regimes. I believe that as a patient i have a right to expect access to a pharmacist in a pharmacy. These rules give me a choice where for routine matters I can obtain a service but have a choice to return later if I want to speak to a pharmacist. This means I do not have to go to another pharmacy as I think with complex regimes its important to have the one care provider who has complete information. The rules do not stop a pharmaceutical assistant from working in whatever manner a supervising pharmacist determines when she is there with the assistant and this is important as it recognises the importance of this role. in fact pharmacies should where possible have more than one pharmacist on duty at a time and the role of the assistant supports this idea. Pharmacies need more qualified staff
805	I think pharmaceutical assistants should be able to practice as they have been for decades. I strongly and whole heartedly disagree with the new proposal, which will effectively make pharmaceutical assistants redundant in their practice. I think the PSI has miserably failed in their protection of pharmaceutical assistants, the majority of whom have been registered for 30 years or more. I cannot comprehend why the rule is being brought in, instead of just allowing pharmaceutical assistants to practice until they retire, which will be in the near future as most PAs are well into their 50s or 60s at this stage. This new rule will cause PAs to loose their jobs and put undue financial hardship on them and their families. I would suggest if this rule has to come into effect, it is postponed for a number of years to allow PAs to study to become technicians or pharmacists or retire if they wish.
807	I work alongside a Pharmaceutical Assistant as part of a small pharmacy team and I see firsthand, every day, the dedication to patient safety and professionalism of that person. She is highly regarded by the pharmacist who employs us, our customers and the local Gps alike. She is the preferred locum during the temporary absence of the pharmacist as there is continuity of care which has a good outcome for all concerned. She regularly contacts prescribers regarding patient prescriptions, spotting and querying possible errors. She attends cpd seminars and is constantly updating us on relevant issues she has read of and researched. The proposed new rules are unfair, disproportionate and simply wrong. I feel that the PSI are out of touch with reality, have failed to listen to the their pharmacist registrants who in the main support the PAs. Change the law to include PA's in compulsory cpd and fitness to practice and allow them to continue in their chosen careers without the fear and anxiety that this process is inflicting upon all.
808	A display of power for the sake of it, which is unsupported by documentary evidence. Disgraceful treatment of this group of professionals. I sincerely hope that the Minister for Health sees through the dishonesty and vindictiveness behind this process and holds the PSI to account.
810	In my opinion as a member of the legal profession, any attempt to limit or delimit temporary absence to an hour is entirely illegal and outside the scope of the legislation.
811	I believe that the PAs have a right to work and that their exclusion form the CPD/competency legislation , is part of prejudicing their treatment in this regard - which is a pity - as many of the final intake would be ten years from retiring and these moves will ultimately attack their wages/salary and I do not believe they will do anything to improve patient care.
812	High tech, cytotoxic and narrow therapeutic index drugs are areas both pharmacists and qualified assistants all need to exercise due care with during the dispensing process. The pharmaceutical assistant in our setting with her wealth of experience exercises same.

Appendix C

817	I think that pharmaceutical assistants should be given the option of complying with CPD requirements as for pharmacists and possibly other opportunities to upskill in terms of knowledge of medicines currently licensed. Upon successful compliance with CPD, the restriction of covering for a maximum of one hour per day in the temporary absence of the pharmacist should be reviewed and extended to a weekly maximum of maybe 10 hours. Upon successful completion of CPD, the pharmaceutical assistant, in the temporary absence of the pharmacist, should be enabled to dispense certain classes of medicine not regulated in the Misuse of Drugs legislation but regulated in Control of Sale legislation subject to carrying out a series of actions proscribed by an algorithm or similar- these medicines not being repeated but prescribed for the first time. These would include review of other existing medications to identify interactions, side- effects, contra- indications etc. I think the decrease in allowed duties and period of 'temporary absence' is excessive over and above the previous rules & agreements and does not give any option to up-skill to qualified assistants who may have worked in pharmacy to a very high standard for many years.
820	PA s are included in ICCPE training along with pharmacists so up till now PA have the training,competency,knowledge and judgement to dispense all types of prescriptions , so what has suddenly changed
825	The first survey showed by a large majority that Pharmaceutical Assistants have the rightful support they deserve and are entitled to. What is it that you didn't hear or want to hear in the first survey!!
826	Find it hard to believe that the qualifications of an already qualified group of professionals can be voted on by the public. Would not be tolerated in any other profession. Personally I would see it as intimidation and an infringement of human rights
827	Utterly disagree with this whole process to belittle Pharmaceutical Assistants. Outrageous behavior.
828	Have never encountered a public vote on a persons qualification. My longstanding personal experience of the quality of service given to me by Pharmaceutical Assistants over the past 25yrs has been of the highest standard of safety and integrity. I cannot believe what you are doing is legal. If these are the tactics of a professional body, I fear for us all. A real David and Goliath. Shameful.
835	Qualified Pharmaceutical Assistants have been an invaluable back up -working alongside pharmacists on a regular basis ; a wonderful asset knowing the operating system of the shop & familiarity with patients. What event has happened to change the 'status quo' ? Let the regulations stand as is & offer CPD to PAs.
840	I feel it safer for an actual pharmacist to fulfill a prescription (1st time or repetitive). They query doses where a G.P may have got it wrong also the length of time you are on a particular drug. I would not be confident that a registered pharmacy assistant could do same.
843	In my opinion every pharmaceutical assistant I have encountered fills an essential role within the pharmacy, and with years of experience are extremely capable of filling the pharmacists role in their temporary absence, and to work alongside the pharmacist. (as they have proven themselves to be and have been trained to be)
844	Stripping a group of individuals of their right to work and earn a living is a serious matter Why now ?
850	please see comments added to question 12 above,no changes to be made to the original understanding of temporary absence
851	Clearly the responses to these draft guidelines are not been taken on board, I would suggest that maybe the opinions of community pharmacists and assistants be given more weight as these are the people providing the service.

Appendix C

860	As a qualified pharmaceutical assistant who has worked in Pharmacy for 35 years and in the same Pharmacy for the last 24 years I'm appalled by this proposal I entered this profession in good faith followed the criteria set down and completed my exam Now after all these years you want to downgrade my qualification and restrict me in carrying out my job It would not be tolerated in any other sector of society There are many aspects of Pharmacy that need to be looked but this certainly is not one of them All qualified assistants have many years old experience and provide a service to the community in a safe manner Please let us get on with our jobs as we have been doing for the last 40 + years and find something more worthwhile to change
861	The purpose of this consultation is to downgrade a qualification which has been there for centuries without any demonstration that there is a genuine risk to public safety. The way this group of people mostly women are being treated is ageist, sexist & elitist. Their treatment is shameful.
863	I have been served by Pharmaceutical Assistants all my life in my local chemist and their service has been flawless. In fact I have never come across in public media a case where a PA covering for a pharmacist was responsible for a serious error and am utterly unconvinced that these rules need to be enacted at all. I value experience far more highly than a degree which has yet to be fulfilled in practice and would be far happier to be served by someone with 30 years professional experience than by someone who has studied for longer. I feel the same about nurses and many other professions. I advocate for a national framework where years experience can be accredited on an equal setting with university learning and anyone who has fulfilled an apprenticeship for an agreed length of time with ongoing cpd should be automatically qualified to degree/masters level and paid accordingly. Those who have exceeded these timeframes should occupy roles as senior staff. Perhaps this is something pci could be pioneers in setting up.
868	As above
869	limiting the amount of time an assistant can cover a shop in the absence of a pharmacist does not make sense
870	I assume that the impetus for this is the Pharmacists' lobby group. If so, I also assume that their case is based on patient safety. If so, my first question is - have they offered any empirical evidence that the present position has endangered patient safety? Assuming they have not, then the obvious conclusion is that this is a typical example of a profession seeking to pull up the ladder behind them. To concede this would add cost to patients, not to mention the impractical implications in rural and semi rural areas
873	Again - These QUALIFIED professionals have been trained and working in their industry for many years. These new roles are undermining their qualification and are potentially making these people are unemployable thus highly affecting their quality of life. You are potentially ruining peoples lives - people who love their jobs and only want to help other people. A lot of these QUALIFIED professionals are within a decade from retiring - leave them be and focus on looking after them. They are part of the reason that the society exists. Also - I find it very interesting that the same people who awarded them their qualification in the first place have refused to allow them to be involved with continuing education and now conveniently want to take it away from them Cruel and unjust
875	How can it be possible for somebody to qualify in her career and then it be completely taken away from her I myself was a teacher and was a teacher for all my 40 years. I was allowed to teach until I retired I wonder how that was possible?
876	The proposed rules are unreasonable, totally unfounded and if passed will have a huge impact on pharmacies around the country, who are already struggling to get qualified cover. I cannot see why a better way forward cannot be pursued, that will be both satisfactory and advantageous to all involved eg CPD.

Appendix C

878	I have done all the surveys and yet it seems to me that the PSI have nt really taken any heed of them as the results seem to be in favour of PA s but yet another survey is presented at a time of the year when very few people read their emails not to mind try and unravel the complicated questions and a lot of people don t even realise this survey is on going It s all a bit of a joke if it was nt so serious
879	As a registered pharmacist who has had the pleasure of having previously worked with a pharmaceutical assistant, I think these proposed new rules are an absolute disgrace. I have always found assistants' knowledge to be as good as pharmacists and this attack on their right to practice their profession is absolutely unprecedented. The PSI should be ashamed of itself.
880	In terms of employment it will not be feasible for small independent pharmacies to employ qualified pharmaceutical assistants. It will lead to job losses in rural areas in particular. The experience of qualified assistants is invaluable in terms of the contribution they make to communities to include relationships with customers and the experience they can offer.
882	I presume there is going to be agood package from the PSI as this lady deserves nothing less I never in my life heard of such a vendetta towards women who won t be working in 10years time Why can t they be left work out their natural lives It is an utter disgrace!
884	What kind of compensation package have you got in mind for these ladies as I don t think that any employer is going to be able to pay the money that should be paid to these women They have paid a lot in fees down through the years
885	they should be allowed to dispense all meds in the absence as provide a valuable service and allow pharmacists to have a break or go to bank etc, otherwise you have overworked pharms with no breaks and lead to erros such as the UK Elizabeth Lee case. These people are not being educated anymore, let them work til retirement with dignity. If you insist then include them in cpd requirements (with amendments)
886	I wonder if I was still working and indeed I can think of several contemporaries who are still working in their shops would I still be considered able to work or would I be put on the scrapheap as well Thes draft rules are total madness and will only add to my sons problem of trying to get locums who are hard to find in a country town and at the last moment when they are found they will charge unrealistic rates
887	PAs have all been dispensing all medicines for over 30 hears and are qualified to do so .PAs have actively engaged in all programmes of education and are fully competent of dispensing all medications. There are many pharmacies especially in rural areas who find it impossible to get locums Most PAs would be of no use in the pharmacy if they can only cover for one hour and are not allowed to dispense certain medications in that hour .It would be far better if they are mandated to undertake overseen CPD and are subject to a PSI core competency framework.
888	I am wondering now if these Draft Rules make it through what will the next group that the PSI will hunt down Will my qualification be worse than useless in some years time and I will be left in limbo like these ladies where to go from there in the pharmacy world It is most unfair and madness
889	Could the PSI not leave these women finish out their working lives Does somebody think that they are a danger to the general public at large
890	I believe these Qualified Assistants can t have that much time left to work why disgrace them at this few years of their working lives
891	If these draft proposals became law - no PA will be employed as one hour is not going to be very practical. And even in that one hour it looks like they cannot do very much. The PSI would want to start looking at a compensation programme for PA's for all the work they will loose and have lost and indeed for the mental anguish that has been suffered in the last few years of this farce - no meaningful discussion - just tick-boxing and a vendetta by several members to rid themselves of a group that will stand for no more of it!

Appendix C

892	P.S. registered pharmacists in their late eighties would have qualified approx. 30 years before some of these PAs. does the PSI have any concerns about their ability to dispense hi-tech medication, or being pharamcists are they in receipt of divine inspiration.
------------	---

Appendix D

Appendix D

E-mail Responses

No.	E-mail	Date
1	<p>To Whom It Concerns,</p> <p>I cannot understand why so much time and money is being wasted on this proposal there are only about 300 qualified assistants left on the register. I am one of the lucky pharmacists that is fortunate enough to have worked alongside a pharmacy assistant for their past 20 yrs and my father before me - she has worked for our family pharmacy for 48years!.</p> <p>The assistants are more qualified than what is being churned out by the schools of pharmacy. I was lucky enough to have had her input into my training and I have her to thank for making me the pharmacist I am today.</p> <p>This is turning into a witch hunt, people who have worked all their lives serving the community only to turn around one day and have someone tell them that they are NO LONGER qualified to do the jobs that they have done for most of them for over 40yrs!!!-that is the age group of people you are dealing with middle aged heading for retirement.</p> <p>I am horrified at the proposals 48yrs of service and now being told she is not qualified to do the job she has done all these years. How can ye sleep at night destroying peoples careers. Please feel free to contact me directly on this matter tel [REDACTED].</p> <p>Yours Sincerely [REDACTED] MPSI</p>	December 14, 2018
2	<p>To whom it may concern,</p> <p>I have read the proposed rule 8 amendment and I wish it to be known that I am opposed to limiting the dispensing activities of registered pharmaceutical assistants as proposed by the Pharmaceutical Society of Ireland. Registered pharmaceutical assistants have decades of experience and wisdom gained from providing effective and safe pharmaceutical services to the public. I believe that they are as competent as any registered pharmacist to dispense any class of prescription. I am also opposed to the definition of 'temporary absence of the registered pharmacist' as being a maximum of one hour. Temporary absence may be for many reasons for example attendance at funerals, sickness, meetings and unforeseen circumstances which may require the registered pharmacist to leave the premises, having arranged for a registered pharmaceutical assistant to provide cover. The duration of such absences should not be subject to any time limit. I am unaware of any complaints made with respect to the competence of a pharmaceutical assistant. I believe that all those who remain on the register of pharmaceutical assistants should be allowed to continue to work with dignity until they choose to resign of their own volition from that register. The only amendment to the rules that I would propose is that registered pharmaceutical assistants undertake the same process of continued professional development as registered pharmacists.</p> <p>Yours faithfully [REDACTED] MPSI [REDACTED]</p>	December 18, 2018

Appendix D

3	<p>To whom it concerns..</p> <p>I object strongly to proposed changes to the role of Qualified Pharmaceutical Assistants. These rules are over prescriptive and unnecessary. Q.A's have been working for the last 40yrs under conditions as approved by PSI.</p> <p>It is an insult to both the Pharmacist employers and to their employee that psi would imply that we are somehow suddenly incompetent! I would like an acknowledgement of receipt of this email.</p> <p>██████████ Sent from my iPhone</p>	January 6, 2019
4	<p>I am a qualified pharmacist and pharmacy owner and have had the benefit of working with a qualified Pharmaceutical Assistant colleague for many years.</p> <p>My opinions have not changed since the last consultation and I am disheartened that despite the overwhelming tide of opinion against bringing in these restrictions it seems that the PSI is determined on a single course of action. Unfortunately this makes me doubt the value of the consultation process itself when the opinion of the majority of respondents is discounted. Nevertheless I repeat my views on this matter below as previously.</p> <p>In my view the current draft PSI (Regulation of temporary Absence Cover by Pharmaceutical Assistants) Rules 2016 requires some alterations.</p> <p>I have already complied with the PSI guidelines on temporary absence which has effectively meant the ending of employment for my assistant colleague in one pharmacy.</p> <p>Further amendments to the definition of the role will mean that her continued employment in her current role is doubtful.</p> <p>I do not think that the outcome of this change in rules should be to endanger the employment opportunities of Pharmaceutical Assistants who have served their profession very well.</p> <p>It is stated in the draft guidelines that the temporary absence should not exceed more than 12 hours in any one week. It was the intention of the original guidelines that Pharmaceutical Assistants should be able to cover lunchtimes and days off for Pharmacists. 12 hours is hardly sufficient to cover this and I believe that the original 15 hours stated in the guidelines should be the number of hours allowed.</p> <p>There is no accounting for holiday cover in the draft guidelines and this was explicitly stated in the original guidelines. I believe this guideline should be retained. Pharmaceutical assistants should be allowed to cover a 14 day temporary absence for leave.</p> <p>Cover for Pharmacist sick leave is also implied in the original guidelines and this should be allowed for up to 14 days.</p> <p>Pharmaceutical Assistants have been excluded from CPD legislation to date and I believe that this should be made mandatory for Assistants as it is for Pharmacists.</p>	January 7, 2019

	<p>There are sound reasons for allowing temporary absence as per the original guidelines. As an employer, I feel that the health and welfare of my patients are much better served by by an experienced Pharmaceutical Assistant who is already familiar with the SOPs of the pharmacy, knows the patients and the computer systems and is knowledgeable about more complex patient transactions such as those with local residential care units than a locum Pharmacist who has no familiarity with the business,patients and possibly a poor working knowledge of the computer system and is only becoming familiar with the pharmacy SOPs on the job.</p> <p>I fully understand the need to define the role of the Pharmaceutical Assistant in terms of temporary absence more clearly but I do not think that the act of defining this role should be used as an opportunity to reduce the number of hours that constitutes a temporary absence as intended originally and this is clearly what is being done in these draft guidelines.</p> <p>I have absolutely no doubt that employers will have to conduct a review of their employed Pharmaceutical Assistant's contracts in light of these proposed rules and in some cases this may result in termination of employment. This is hardly a just approach to a professional group, many of whom have worked for more than 30 years in the industry and served it well. In my view it overturns the value of their qualifications in retrospect and this does not seem a reasonable or fair action.</p> <p>██████████ MPSI</p>	
5	<p>To PSI ,</p> <p>I refer to the recent decision of the PSI to amend and severely restrict the conditions under which Qualified Pharmacy Assistants can provide temporary cover for Pharmacists. The latest consultation seems to deal only with the temporary absence of a pharmacist for one hour - As per earlier submissions I do not believe this to be proportionate or reasonable and believe the definition of temporary absence needs to be revisited rather than seeking to define roles appropriate for a QA during such a limited time (or to seek any supposed validation of this definition by moving on the consultation process and seeking further submissions on the basis that this period is accepted).</p> <p>As you will be aware these Qualified Assistants were all certified in the early 80's or before, and thus have three decades or more experience in current roles.</p> <p>To the best of my knowledge, there has never been a major adverse event resulting from the practice of a Qualified assistant , and there have been no formal complaints made to PSI about the actions or practice of any QA.</p> <p>The PSI seem to have had a very clear agenda when they set about examining this issue, and it has been made very clear from participants in their deliberations and working groups ,that there was major dissent within the groups when the new proposals were drafted. I would like to make the following points :</p>	January 7, 2019

Appendix D

	<p>1) There was a public consultation process with an obviously pre-determined outcome. This has now been re visited but in the guise of defining what is permitted during the one hour absence of a pharmacist , implying that this is the only option for temporary absence to be covered by a QA.</p> <p>2) The vast majority of Qualified assistants are professional,competent and crucially all have many years experience in current roles.</p> <p>3) Despite lack of incidents of concern, PSI can easily put in place a reasonable method of CPD and give these professionals a means of demonstrating competence.</p> <p>4) The PSI are experts in protecting the public by zealously investigating any complaint or matter of concern raised – they can easily do likewise with QA`s.</p> <p>5) The “problem” will resolve itself by natural wastage as no new qualifications have issued since the early 80`s.</p> <p>6) It is grossly unfair on professionals who have been practicing safely for years to remove their ability to practice in a viable way.</p> <p>7) In certain circumstances the current proposals may put major pressure on the ability to deliver services by forcing closures and reduced opening hours due to lack of manpower.</p> <p>In summary,the current proposals are simply not fair and must be given more measured consideration. Any forced changes should be gradually phased in to allow for continuity of service and to allow current QA`s evolve into any newly designated role rather than become collateral damage.(For the record I do not employ or have any relationship with any QA , but have previously worked with one who was a model professional).</p> <p>Sincerely</p> <p>██████████ MPSI</p> <p>██</p>	
6	<p>To whom it may concern</p> <p>We are attaching a copy of our first feedback letter which we submitted to the PSI back in February 2016.</p> <p>Nothing has changed about our view on temporary cover by a Qualified Assistant.</p> <p>However, I would like to mention the extended trauma and stress that has been placed on myself and my husband, both pharmacists trying to run a single family pharmacy where planing for future staffing of our pharmacy has been impossible with this proposed change hanging over us since 2016.</p> <p>I would also like to mention the distress and suffering that has been endured by our our Pharmaceutical Assistant ██████████ who is anticipating the possible devaluation of her qualification and seriously reduced employment</p>	January 9, 2019

prospects having worked full time for 35 years and which if brought in will have huge reduction in her financial earnings.

Kind regards

[REDACTED] MPSI

[REDACTED]
Pharmacy

[REDACTED]
28/02/2016

Pharmaceutical Society of Ireland
Registration and Qualification Recognition Unit
PSI House
Fenian Street
Dublin 2
D02 TD72

**Pharmaceutical Society of Ireland (Regulation of Temporary Absence
Cover by Pharmaceutical Assistants) Rules 2016 Draft Consultation
Process**

To whom it may concern,

[REDACTED] and [REDACTED], the pharmacist husband and pharmacist wife owners of [REDACTED] Pharmacy employed Qualified Assistant [REDACTED] in 2000 based on the 1994 code of practice.

[REDACTED] is a full time qualified assistant and has worked 40 hours a week in our pharmacy every week for the last 15 years. She is familiar with every nuance of our business. She has allowed us to have a lunch hour and day off and has covered without problem our annual short family holiday. This provides complete continuity of care for our patients with a qualified person they know and trust.

Many pharmacists do not get a lunch break. This is dangerous and disadvantages to patient safety. Our full time qualified assistant who attends has helped us avoid this.

Not allowing an experienced qualified assistant who knows the business to cover is a retrograde step.

Regarding continuing education and fitness to practice, [REDACTED] has attended the IPU academy continuing education lectures for many years now at her own expense and is up to date with continuing professional development.

[REDACTED] has excellent practise experience within our business. In our business, we have 2 pharmacists permanently employed on a full time basis but are a husband and wife team who holiday at the same time. [REDACTED] has worked on a full time basis i.e. 40 hours per week every week for 15 years with our business. Our qualified assistant has provided our holidays cover in spells no longer than 2 weeks for over 15 years. It seems nonsensical to have to change this and to be forced to

Appendix D

	<p>employ someone for 2 weeks who has never set foot in our business. This seems illogical and dangerous in a clinical environment. Therefore, this illustrates from our point of view, that the retention of the ability to cover standard annual leave as per the 1994 Agreement should remain. In our opinion, a safer restriction of qualified assistants would be to increase the requirement for permanent regular employment, possibly with a pharmacist to be allowed to do holiday cover, or a caveat i.e. "x" number of hours per week working with a pharmacist to cover "x" number of hours off per week and annual leave.</p> <p>In our opinion, a qualified assistant should have to be employed in the pharmacy concerned on a permanent basis for not less than 18 hours per week every week to be able to provide cover.</p> <p>The new rules should provide for the qualified assistant covering for 14 days of a pharmacist holiday and also for unscheduled short absences. In conclusion, our qualified assistant is a very valuable resource and the current draft guidelines will completely change her working contracts and conditions.</p> <p>The proposed new definition of "temporary absence" is completely changing the remit of all pharmaceutical assistants and we hope that you will take our submission into consideration.</p> <p>Yours faithfully, [REDACTED] [REDACTED] MPSI</p>	
7	<p>To whom it concerns,</p> <p>I wish to express the view that these rules are an unacceptable diminishing of the qualification of a pharmaceutical assistant. I understand they are to manage risk to public safety, but they are disproportionate given that the PSI has not presented any data to demonstrate that Pharmaceutical Assistants, by virtue of their training compared to a pharmacist trained in the same era, propose any such risk. The tone of the PSIs reports to date suggests that the PAs are somehow inherently less competent than pharmacists, which is very insulting. If the working group had included someone with expertise in higher education teaching and learning in general (as opposed to expertise in current day pharmacy education), the discourse would have centered around recognition of 20+ years of on-the-job ongoing learning, in addition to the original training. It would have also scrutinised any report which came to a conclusion that the original training was not at the level of a BSc. Of course this would have required generation of data through interviews with supervising pharmacists of the era, given the nature of the apprenticeship and the reduced academic Quality assurance in relation to assessment in those days. This would undoubtedly have revealed that upon completion of the PA qualification, the graduate was competent to make decisions on unstructured problems in dispensing, and to operate independently without supervision - the hall mark of degree level education. A lazier or ill-informed approach to preparing the evidence for a curriculum mapping has instead been carried out, leading to a convenient but clearly underestimated outcome from the curriculum mapping exercise. The PSI should reflect upon the ethics of this work. Adding to this the 20+years of further experiential learning, it is appalling that the PSI are seeking</p>	January 9, 2019

Appendix D

	<p>to effectively make redundant these professionals, instead of putting in place the CPD and fitness to practice required to allow them to continue to dispense all medications.</p> <p>I make these comments as an expert in Higher Education Policy, and Teaching and Learning.</p> <p>Regards, [REDACTED] BSc (Chemistry), PhD (Medicinal Chemistry), MA (Higher Education)</p>	
8	<p>Re:Public Consultation on draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules 2018.</p> <p>Dear PSI/PSI council,</p> <p>I wish to express my objection in the strongest form to the proposed rule changes, they are unworkable and totally impractical in the operation of a retail pharmacy business in my opinion.</p> <p>If a person is qualified to act in control of a pharmacy for one hour they need to be able to do so for a full day,in the real world where pharmacies operate in Ireland, delays/emergencies/illness/ etc mean one hour may not be enough to allow the pharmacist attend to whatever it is has carried him/her away for the hour, it is a preposterous notion to expect the pharmacy to close on minute 61 after the said departure.</p> <p>The pharmaceutical education of pharmacists and qualified assistants differed when they both qualified say 40 or so years ago but I would contend that in the intervening period, it's the experience and dispensing knowledge learned on the job rather than acquired pre qualification that has brought them both to where they now stand in their dispensing safety. I think this is the kernel of the current hiatus, and I would feel safer having a prescription dispensed or having the qualified person cover my pharmacy being decided on their ability currently not what they learned 40+ years ago!</p> <p>IOP implementation for qualified assistants identical to pharmacists will satisfy all requirements in my opinion.</p> <p>In my 30 years of being a working pharmacist I have encountered approximately ten qualified assistants ALL of whom were extremely diligent and more importantly careful and accurate dispensers.It is an insult of the most offensive nature to now turn around and say you are not safe anymore but the pharmacist you worked with possibly all your life is, they deserve the same respect/IOP/PSI status with respect to safety as pharmacists.</p> <p>Having a legal obligation to inform the public of the nature of the implied lower level of qualification/safety/ability to dispense/not dispense a prescription is also impractical and unworkable in my opinion. How do you explain it satisfactorily to every customer, in the course of the proposed hour of allowed cover? Full guidance including written statements required to be read/signed by customers is needed.as part of the proposed Act.</p> <p>I believe the PSI needs to apply the same rules and regulations regarding dispensing and CPD to ALL currently qualified persons, it is for this reason I believe the proposed Act should be abolished and a new one commenced ASAP,</p> <p>Yours sincerely,</p>	January 10, 2019

	<p>PSI Reg no</p>	
9	<p>To whom it concerns:</p> <p>I cannot submit my reply to to the proposed rules through the online survey as it is not constructed in a neutral format. The questions are loaded in such a way that one must give the answer the PSI wants. This is not how consultations are supposed to work!</p> <p>This potential change is ill thought out, it will create problems within pharmacies and will not improve patient care. There is a manpower problem within community pharmacy, we cannot get enough pharmacists. Existing community pharmacists working longer hours will dis improve patient safety. The people who drafted the 2007 Act chose to ignore QUALIFIED pharmaceutical assistants as they do not fit linearly within practice. In 2007 or now if there is a political will a "grandparent clause" could and should have regularised the QUALIFIED pharmaceutical assistants as has happened previously in our profession i.e. chemists and druggists became pharmacists, alternatively the society should recognise the unique position of our valued QUALIFIED pharmaceutical assistants and allow a sunset clause. I compare and contrast their proposed treatment with nurses, all newly qualified nurses have level 7 or 8 degree status but many of their older colleagues did not have to complete a degree and have a diploma or certificate which equates to level 5 or 6. There is no apartheid in their register indicating that the older nurses cannot offer safe professional care.</p> <p>If patient safety has not been compromised from 2007-2019 by the current QUALIFIED pharmaceutical assistants working arrangements then conceivably that will continue for another 11 years, by which time most QA's will have retired. Fairness and equality have no bearing on patient safety however we must treat all colleagues equally and fairly, we are a compassionate and caring profession, imposing these measures on very experienced healthcare practitioners because of a weakness in the law is far from compassionate and caring.</p> <p>The law should be changed not the working conditions of hundreds of QUALIFIED assistants, with subsequent negative follow on effects to the pharmacists they work with and pharmacies they work in which will in turn affect patient care.</p> <p>Regards</p> <p>MPSI Superintendent Pharmacist pharmacy and pharmacy, .</p>	<p>January 10, 2019</p>
10	<p>Public Consultation on Temporary Absence</p> <p>I completely disagree with the proposals to narrowly define and curtail what may be done by Pharmaceutical Assistants in the absence of the pharmacist.</p>	<p>January 10, 2019</p>

<p>Each Pharmaceutical Assistant is registered with the PSI, has undergone a course of study and passed examinations set by the PSI and was conferred with a Certificate entitling them to transact the business of the pharmacist in their temporary absence. This Certificate did not have a time-span and has never been challenged, let alone rescinded. The youngest Pharmaceutical Assistant has more than thirty years' experience of dispensing medicines. All entered the profession with good Leaving Certificates, most at a time when secondary education was only available to the few, and the Leaving Certificate enabled entry to most jobs and training courses which now require a degree. This is patently true to all who have grown up in Ireland, despite the inept ranking of the Pharmaceutical Assistants' Certificate provided by NARIC to the working group, which appears to have made its decisions first and then convened a small number of meetings to arrive at them!</p> <p>The Certificate awarded to Pharmaceutical Assistants bears the signatures of two MPSI examiners and that of the Registrar, also an MPSI and it is difficult to understand how the current PSI has expended so much time, energy and money in an attempt to completely overthrow and relinquish educational gains made in previous generations, when all other Irish medical and educational bodies have adapted to increasing educational and social opportunities by upskilling, grandfathering and other methods to incorporate skilled persons into emerging qualification streams..</p> <p>Following the completion of a targeted consultation and two public consultations on temporary absence, the current public consultation focuses on the restrictions to be placed on the work practices of Pharmaceutical Assistants. While it was correctly stated at the December PSI Council Meeting that the purpose of public consultations is to inform decision making rather than decide it, why did the Council completely overturn the expressed views of the majority of respondents to all three previous consultation processes? This majority did not comprise Pharmaceutical Assistants, but also included many pharmacists, who could reasonably be expected to have the knowledge, expertise and scientific background to honestly and accurately assess the abilities of Pharmaceutical Assistants, whom they work alongside, all day, every day and have done so for decades.</p> <p>Having attended almost every Council Meeting as an observer for four years, it is difficult to understand the motives for the lengthy, costly campaign of destroying the Pharmaceutical Assistant profession. The 2007 Act only states that temporary absence may be defined, not that it shall or should. Surely standardisation of qualifications within or between countries can be best achieved by integrating skilled, experienced professionals into existing staff structures rather than destroying their jobs, status, peace of mind and wellbeing? The absence of a requirement to participate in CPD has been cited as a reason for the PSI's ongoing campaign but Pharmaceutical Assistants have long demonstrated their interest in CPD by attending educational events, in proportionally larger numbers than pharmacists, long before it was professionally necessary. Pharmaceutical Assistants have successfully pursued postgraduate courses in British universities, demonstrating not only their commitment to CPD but also that British academic institutions consider the Pharmaceutical Assistants' Certificate as equivalent to degree level. Surely an</p>	
---	--




Appendix D


	<p>SI or minor modification of the 2007 Act should be possible to accommodate CPD by Pharmaceutical Assistants?</p> <p>Patient or public safety has been cited as another reason for the PSI's initiative against Pharmaceutical Assistants, the suggestion being that Pharmaceutical Assistants are not subject to fitness to practice procedures. Why is this? Pharmaceutical Assistants have always been obliged to have their names inscribed in the PSI's register, as have pharmacists. Yet, why does the PSI deem it possible to subject pharmacists to fitness to practice enquiries, when it does not deem it possible to do the same with Pharmaceutical Assistants? There is scant explanation or explanatory preamble in either the hard-copy or online registers, so extending fitness to practice procedures to Pharmaceutical Assistants should easily be possible.</p> <p>The PSI's Pharmacist Code of Conduct, Principle Four, states that a pharmacist should:</p> <p>"Respect the expertise and care delivery of other healthcare professionals; Respect the integrity, skills and expertise of colleagues and other healthcare professionals, and maintain and promote professional relationships to ensure patients' needs are met; Not impose conditions on other pharmacists or health professionals which compromise their professional judgement, integrity or quality of service or impinge on their ability to meet professional and legal obligations for patient care and safety"</p> <p>The current campaign of the PSI, which, if successful, will finally complete the destruction of the profession of Pharmaceutical Assistant, would hardly seem to be adhering to the above principles.</p> <p>There is still time for the RQR Committee and Council to listen to the nuanced and inclusive voices being expressed in public consultations and around the Council table and to recall the contributions made by previous members of Council who cautioned against prescriptive rules and warned of their legal implications. .</p> <p>Sincerely,</p> <p>Dr Michael O'Connor 28 Bramley Green Castleknock Dublin 15</p> <p>I would appreciate acknowledgement of receipt of this email.</p> <p>Please leave my name on this email in the consultation report and for FOI purposes.</p>	
11	<p>I am totally against change for assistants....temporary absence is undefined and should remain so....please leave assistants alone to continue their working lives in peace....continue education etc is part of their lives...I am totally against proposals</p> <p>[REDACTED]</p> <p>Sent from my iPhone</p>	January 11, 2019

Appendix D

12	<p>To whom it may concern,</p> <p>I am totally in favour of pharmaceutical assistants and totally against these proposed changes that are unfair and unnecessary!</p> <p>[REDACTED]</p>	January 11, 2019
13	<p>What are you trying to do....a group who have worked hard all their lives with nothing only patient welfare and safety uppermost in their minds Disgraceful</p> <p>[REDACTED] Sent from my iPhone</p>	January 11, 2019
14	<p>Assistants deserve to be allowed to continue to work</p> <p>Sent from my iPhone</p>	January 11, 2019
15	<p>Dear Sirs,</p> <p>As a concerned pharmacy customer I am totally opposed to the above draft rules to be imposed on pharmaceutical assistants.</p> <p>The current drive by the pharmacy regulator to downgrade the registered assistant pharmacist is massively unfair and is unconstitutional. In my view also it is in contravention of EU directives which dela with professional competence.</p> <p>In my local pharmacy the pharmacist and the registered assistant pharmacist manage the shop together and there is mutual respect for the others capabilities. The pharmacist is more than happy to allow the assistant pharmacist cover for temporary absences such as holidays and family emergencies. The assistant pharmacists currently in employment qualified under PSI examinations in the seventies and early eighties and also had to undergo an apprentice period of three years together with one year in college.</p> <p>The definition of temporary absence was never defined in law for the obvious reason that it is impossible to define the length of temporary for every possible scenario. Pharmaceutical assistants are an integral part of the profession and have been covering for pharmacists without health and safety concerns for forty years and longer. Also it is not rational to believe that a pharmacy assistant can dispense a prescription on one day and not on another day? How can it be that if you are dispensing prescriptions without any issue for forty years that overnight dispensing becomes an issue?</p> <p>I am not aware of any pharmaceutical assistant who has been the subject of a professional negligence or misconduct charge. A locum pharmacist who is not familiar with the local pharmacy customers would be more of a health and safety risk. Furthermore a locum pharmacist from the EU with poor language skills and or who is unfamiliar with Irish pharmacy best practice pose an even greater risk. The Irish pharmacist is no fool.</p>	January 10, 2019

Appendix D

	<p>They continue to use their assistant pharmacists for temporary cover because they know the customers and their needs best.</p> <p>The regulator should be working to include pharmaceutical assistants as a valued member of the profession rather than exclude them. Many attend CPD courses on a regular basis together with their qualified pharmacy colleagues but this is ignored by the regulator. Registered pharmaceutical assistants pay an annual subscription to the PSI and receive no support from the society.</p> <p>The regulator should encourage the registered pharmaceutical assistant by making CPD mandatory and be subject to practice review just as their pharmacy colleagues are.</p> <p>It seems to me that the PSI is trying to marginalise this group of employees for its own purposes. The health and safety issue is a red herring. All of the pharmaceutical assistants are now in their fifties or older and are as experienced as their pharmacy colleagues. Furthermore I will continue to use my local pharmacy knowing that I am in the safe hands of my pharmaceutical assistant.</p> <p>Regards,</p> 	
16	<p>Dear Sir/Madame,</p> <p>I am writing to disagree with the proposed restrictions in the above rules. In all my years working with assistants I have not come across any safety incidents. The experience they have gained over the years of work are invaluable. It is an insult to their profession to treat them like this. The lack of respect shown to them is a disgrace.</p> <p>With thanks</p> 	January 11, 2019
17	 <p>11th January 2019</p> <p>Dear Sirs,</p> <p>I am writing to you in response to the consultation on the revised Draft PSI in relation to the regulation of the term Temporary Absence of a Pharmacist from a Pharmacy. I have worked in community pharmacy for almost 30 years, during this time I have been privileged to work with Qualified Pharmacy Assistants. I can honestly say I have always had the</p>	January 11, 2019

	<p>utmost confidence in them. They have at all times been a credit to their profession, in fact one would have to compliment those who lectured them and tutored them, they were certainly given a fantastic training. It is rather strange that the PSI has at this stage decided to make it impossible for these Qualified Assistants to continue to be employed in many pharmacies.</p> <p>To an onlooker it would look as if the PSI is seeking to eradicate the Qualified Assistants completely, one would have to ask have they given any consideration to the impact this will have on many small community pharmacies, the wealth of knowledge and experience of these people will be thrown on the wayside. Who is going to fill these gaps?</p> <p>Qualified Assistants have paid their fees each year, they have been allowed to join the PSI, in addition they have been expected to and have complied with continuing education and after all this the PSI wish to render them jobless, I cannot understand the logic.</p> <p>Finally, even more important I would have 100% trust in any of the Qualified Assistants to dispense my own prescriptions and also to offer me advice and guidance, given their wonderful training and their wealth of knowledge and experience.</p> <p>I would ask the PSI to please reconsider any actions they are considering regarding Pharmaceutical Assistants and ask will there be compensation given to all these people who have been left jobless, will you also reimburse them for all the fees they have paid to be members when in actuality fact they are being told to go ,will they be compensated for all the further education they paid for ?</p> <p>I would be grateful if you could please acknowledge receipt of this letter.</p> <p>Yours Sincerely</p> <p></p>	
18	<p>To whom it may concern,</p> <p>I am writing to you in regards to the "Public consultation on Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules"</p> <p>I believe that there is no need to effectively destroy a person's qualification when there are no grounds to do so. I believe in the PA's of our country, having worked with many of them over many years myself.</p> <p>I am not going to go through all the ins and outs of different sections or articles to explain in detail why I disagree.</p>	January 11, 2019

<p>I understand that a patient is the number one priority at all times. Having worked in a pharmacy, I completely understand this but I also understand the vital role that pharmacists, qualified assistants and technicians play in a community.</p> <p>Trust is something that has been earned by the majority of these QUALIFIED assistants over many many years of hard work. Ask any doctor, patient or colleague and I'm sure the majority will tell you the same.</p> <p>Ask any patient who walks through the door of the pharmacy who they'll trust to speak to more? A fresh faced 20 something year old or a person who is older? I think you already know the answer to this. I know I do and I'm a 20 something year old.</p> <p>I believe that with over 30 years' experience, they are one of the most important members in a pharmaceutical organisation.</p> <p>My mother is one of these women.</p> <p>A woman in her late 50's.</p> <p>A woman that still has one dependant child living at home and possibly for the rest of his life.</p> <p>A woman that is the solitary earner in the household.</p> <p>A woman who has worked so hard for her children and husband.</p> <p>A woman that has worked hard for most of her life – only in a pharmacy.</p> <p>A woman that is very well known to doctors, nurses and dentists in her area.</p> <p>A woman that is a huge part of the community as they TRUST her in her job.</p> <p>A woman that is only years from retirement.</p> <p>A woman that has already been reduced to half rate of pay for most of the working week.</p> <p>A woman who will do anything for her job.</p> <p>A woman that has loved her job whole heartedly until now and is heartbroken.</p> <p>This woman's story is only one of many. To kill someone's qualification only 7 years before they retire is cruel and unjust.</p> <p>Hearing my mother crying on the other end of the phone over her JOB is not something I ever expected to hear. To listen to her voice, tired and anxious, due to her lack of sleep over worry is the most upsetting thing to listen to.</p> <p>How about letting the qualification die out on it's own? Would save a lot of people a lot of hassle but most importantly it will save a lot of jobs..</p> <p>Anyone I have spoken to has seen that that is the most straightforward way around this issue.</p>	
---	--

Appendix D

	<p>Common sense needs to prevail.</p> <p>Warm Regards,</p> <p>██████████</p>	
19	<p>Hi,</p> <p>You have requested feedback on the proposed changes to the work that can be done by Pharmaceutical Assistants.</p> <p>In my view the recommendations of the group are like using a sledgehammer to crack a nut and do not take into account the implications (financial, professional and social) for a small number of very dedicated staff who have provided professional, economic and dedicated service to retail pharmacies for many years.</p> <p>The composition of the review group was defective from the start with zero representation of those who were the subject of the review. As a result the recommendation solely takes no account of the impact on assistants.</p> <p>To call a spade a spade, Assistants will be laid off if these to,tally unnecessary changes to their working conditions are made. Those not laid off are very likely to suffer significant pay reductions as they will no no longer be able to cover for pharmacists. These are the people(predominately female) who have been keeping retail pharmacies all over the country open and profitable for decades, enabling pharmacists to take annual leave, take days off, cover sick leave etc The existing cadre of assistants will mostly be retired in less than 5 years. What is the compelling need to make this (devastating) change now?</p> <p>Patient safety and legal risk is touted in the report as the main reason for making the change. Will retail chemists be safer if this change is implemented? I think not, as inexperienced pharmacists straight out of college, try to take on the role of dedicated experienced staff who have been safely and compassionately delivering services to patients and customers for many years.</p> <p>The PSI needs to defer the implementation on these draconian changes (for Assistants) until the existing group of assistants are retired in 5 years.</p> <p>The recommendations are unnecessary and not commercially sensible.</p> <p>Yours sincerely</p> <p>██████████</p> <p>██████████</p>	January 11, 2019

20	<p>In relation the above consultation you may look at my previous submission to the first consultation as this has all the makings of the NICE referendum. Keep asking the same question until you get the answer that you want.</p> <p>In the last TWO public consultations the majority of respondents were AGAINST the proposed draft rules. The PSI seem to view this as a lip service exercise. I will not comment on any proposed restrictions on the ability of PAs to dispense any particular prescription as this would accept that there should be restriction on their ability to practice in the first place.</p> <p>These proposals mean that hundreds of women face an uncertain future and the threat of losing their means of earning a living. It is an approach that is both ageist and sexist. It take no account of the knowledge and experience that these women have accumulated in over 30 years of practice. And this at a time when the profession is facing a manpower crisis unlike ever before.</p> <p>It is time for the PSI Council and staff to move their heads out of the clouds and listen to those working at the coalface and pay heed to the realities on the ground.</p> <p>████████████████████</p>	January 11, 2019
----	--	---------------------

Appendix E

Survey Responses via E-mail to the Consultation

There were 23 surveys received as an attachment in e-mails sent to consultation@psi.ie. Additionally, 4 of these surveys also contained e-mail replies.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

xYes



No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?



Patient and/or member of public



Health-care professional (non-pharmacist)



Pharmacy Owner



Pharmacist registered with the PSI

X Pharmacist Assistant registered with the PSI



Member of a pharmacy team (non-pharmacist)



Pharmacist retired/not registered with the PSI



Pharmaceutical Assistant retired/not registered with the PSI



Involved in healthcare education or training

- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

X Own behalf

☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

X Yes

☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- X Strongly disagree

This rule implies that PAs are no longer to assess the clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered, but to blindly dispense repeat

prescriptions and ignore SOPs that require a repeat prescription to be taken out each time it is dispensed, and be reviewed in the context of any new information and be judged for clinical appropriateness. A further implication of this rule is that where an error in a prescription has been entered e.g. incorrect dose, a PA is to adopt a technical approach and not use their judgement but repeat as pharmacist did on initial dispensing. Each dispensing requires making a judgement on the appropriateness of the medication (dosage, interactions, side effects) and is not just a technical operation

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*



Strongly agree



Agree



Neither agree nor disagree



Disagree

X Strongly disagree

Why should PAs now be restricted in what they are qualified, and have been competent for many years, to do?

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*



Strongly agree



Agree



Neither agree nor disagree



Disagree

X Strongly disagree

Why should PAs now be restricted in what they are qualified, and have been competent for many years, to do?

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

****Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)***

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
X Strongly disagree

Proposed comments: In the USA, the FDI list of NDI drugs include warfarin, levothyroxine, carbamazepine, digoxin, lithium carbonate, phenytoin, and theophylline. These formed an integral part of education and training for PAs as they are some of the most commonly prescribed drugs in the 70s and 80s. This prohibition on dispensing NDI drugs in temporary absence will mean PAs will no longer be able to practise their profession.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- X Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

Registered Pharmaceutical Assistants have been dispensing and providing by sale or supply of these products since the first PA qualification.

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- X Strongly agree
☐ Agree
☐ Neither agree nor disagree



Disagree



Strongly disagree

Registered Pharmaceutical Assistants have been supervising sale or supply of these products since the first PA qualification.

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?



No

X Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

Why should PAs now be restricted in what they are qualified, and have been competent for many years, to do?

These limitations would make over 300 PAs (mainly women over 50) effectively redundant.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?



No

X Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

Rule 4 restricting PAs to only one hour covering for absence of a registered pharmacist has not been offered for public consultation. This operational restriction means that pharmacies and pharmacists have been allowing staff to endanger the public since the inception of the PSI qualification of Pharmaceutical Assistant.

The Rule 4 limitation would make over 300 PAs (mainly women over 50) effectively redundant.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

☒ Yes

☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

☒ Patient and/or member of public

☐ Health-care professional (non-pharmacist)

☐ Pharmacy Owner

☐ Pharmacist registered with the PSI

Pharmaceutical Assistant registered with the PSI

☐ Member of a pharmacy team (non-pharmacist)

☐ Pharmacist retired/not registered with the PSI

☐ Pharmaceutical Assistant retired/not registered with the PSI

☐ Involved in healthcare education or training

☐ Representing public/patient interests

- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- X Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- X Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- X Strongly disagree

This rule implies that PAs are no longer to assess the clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered, but to blindly dispense repeat prescriptions and ignore SOPs that require a repeat prescription to be taken out each time it is dispensed, and be reviewed in the context of any new information and be judged for clinical

appropriateness A further implication of this rule is that where an error in a prescription has been entered e.g. incorrect dose, a PA is to adopt a technical approach and not use their judgement but repeat as pharmacist did on initial dispensing. . Each dispensing requires making a judgement on the appropriateness of the medication (dosage, interactions, side effects) and is not just a technical operation

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Why should PAs now be restricted in what they are qualified, and have been competent for many years, to do?

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Why should PAs now be restricted in what they are qualified, and have been competent for many years, to do?

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

****Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)***

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

Proposed comments: In the USA, the FDI list of NDI drugs include warfarin, levothyroxine, carbamazepine, digoxin, lithium carbonate, phenytoin, and theophylline. These formed an integral part of education and training for PAs as they are some of the most commonly prescribed drugs in the 70s and 80s. This prohibition on dispensing NDI drugs in temporary absence will mean PAs will no longer be able to practise their profession.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

Registered Pharmaceutical Assistants have been dispensing and providing by sale or supply of these products since the first PA qualification.

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree

☐ Strongly disagree

Registered Pharmaceutical Assistants have been supervising sale or supply of these products since the first PA qualification.

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

Why should PAs now be restricted in what they are qualified, and have been competent for many years, to do?

These limitations would make over 300 PAs (mainly women over 50) effectively redundant.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

Rule 4 restricting PAs to only one hour covering for absence of a registered pharmacist has not been offered for public consultation. This operational restriction means that pharmacies and pharmacists have been allowing staff to endanger the public since the inception of the PSI qualification of Pharmaceutical Assistant.

The Rule 4 limitation would make over 300 PAs (mainly women over 50) effectively redundant.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.



Yes



No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?



Patient and/or member of public



Health-care professional (non-pharmacist)

- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- ☒ **Pharmaceutical Assistant registered with the PSI**
- ☐ Member of a pharmacy team (non-pharmacist)
- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ **Own behalf**
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☒ **Yes**
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

****A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.***



Strongly agree



Agree



Neither agree nor disagree



Disagree



Strongly disagree

PAs undertook a education and training programme focused on building the level of attainment of knowledge, skills and competence, including making judgements to qualify them to transact the business of the pharmacist in their temporary absence –the main business of the pharmacist is safely dispensing medication for patient, that is what PAs are trained to do, and have practiced in this role since the current cohort qualified at least 35 years.

This rule implies that PAs are no longer to assess the clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered, but to blindly dispense repeat prescriptions and ignore SOPs that require a repeat prescription to be taken out each time it is dispensed, and be reviewed in the context of any new information and be judged for clinical appropriateness. A further implication of this rule is that where an error in a prescription has been entered e.g. incorrect dose, a PA is to adopt a technical approach and not use their judgement but repeat as pharmacist did on initial dispensing. . Each dispensing requires making a judgement on the appropriateness of the medication (dosage, interactions, side effects) and is not just a technical operation

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

****High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)***



Strongly agree



Agree



Neither agree nor disagree



Disagree



Strongly disagree

PAs are included in the ICCPE training and education programmes along with pharmacists. The assumption therefore is that up to now PAs have had the competency ,including skills, knowledge and judgement to dispense Hi Tech medicines.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*



Strongly agree



Agree



Neither agree nor disagree



Disagree



Strongly disagree

The course developed by the PSI provided PAs with the competencies, skills, knowledge and judgement to dispense these items. Historically PAs have been dispensing these items since qualification.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*



Strongly agree



Agree



Neither agree nor disagree



Disagree



Strongly disagree

In the USA, the FDI list of NDI drugs include warfarin, levothyroxine, carbamazepine, digoxin, lithium carbonate, phenytoin, and theophylline. These medications formed an integrally part of education and training programme for PAs as they represented some of the most commonly prescribed drugs in the 70s and 80s.

According to the HSE Primary Care Reimbursement Scheme Levothyroxine is the third mostly commonly prescribed medication under the GMS and DPS, so in effect this prohibition on dispensing NDI drugs in temporary absence will mean PAs will no longer be able to practise their profession.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*



Strongly agree



Agree



Neither agree nor disagree



Disagree



Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*



Strongly agree



Agree



Neither agree nor disagree



Disagree



Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the

Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);

- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐

No

☐

Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:



13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

With regard to the above, I and many other Pharmaceutical Assistants sent submissions on previous consultations in March 2016 and August 2018. It appears our concerns and opinions raised at that time have been ignored and the new draft rules as proposed is proof of same. I wish to highlight the following;

I am a Qualified Pharmaceutical Assistant and have worked as a Qualified Pharmaceutical Assistant for 37 years. This has been a successful and rewarding career to date.

I object to the proposal to limit my working cover to one hour per day. This proposal if implemented will have a detrimental impact on my employment status.

I object that the proposed draft rules contain a professional task list that I am excluded from performing during Temporary Absence. This proposal if implemented will have a detrimental impact on my employment status.

I object to Sect 8 (4) which states:
The Council shall review the professional task list referred to in Paragraph (1) at intervals not exceeding five years.
This proposal if implemented will have a detrimental impact on my employment status.

To ignore the fact that the above proposals will not impact on my employment prospects and my ability to earn a living as I have done for the past 37 years is absurd.

Appendix E

The H.S.E and the P.S.I are involved in promoting Health Awareness and Mental Health Awareness in Ireland.

Have these bodies considered for one moment the wellbeing of the Pharmaceutical Assistants in this whole process?

Yours,

A solid black rectangular box used to redact a signature.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

☒ Yes

☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

☒ Patient and/or member of public

☐ Health-care professional (non-pharmacist)

☐ Pharmacy Owner

☐ Pharmacist registered with the PSI

Pharmaceutical Assistant registered with the PSI

☐ Member of a pharmacy team (non-pharmacist)

☐ Pharmacist retired/not registered with the PSI

☐ Pharmaceutical Assistant retired/not registered with the PSI

☐ Involved in healthcare education or training

☐ Representing public/patient interests

- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- X Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- X Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- X Strongly disagree

This rule implies that PAs are no longer to assess the clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered, but to blindly dispense repeat prescriptions and ignore SOPs that require a repeat prescription to be taken out each time it is dispensed, and be reviewed in the context of any new information and be judged for clinical

appropriateness A further implication of this rule is that where an error in a prescription has been entered e.g. incorrect dose, a PA is to adopt a technical approach and not use their judgement but repeat as pharmacist did on initial dispensing. . Each dispensing requires making a judgement on the appropriateness of the medication (dosage, interactions, side effects) and is not just a technical operation

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Why should PAs now be restricted in what they are qualified, and have been competent for many years, to do?

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Why should PAs now be restricted in what they are qualified, and have been competent for many years, to do?

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

****Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)***

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

Proposed comments: In the USA, the FDI list of NDI drugs include warfarin, levothyroxine, carbamazepine, digoxin, lithium carbonate, phenytoin, and theophylline. These formed an integral part of education and training for PAs as they are some of the most commonly prescribed drugs in the 70s and 80s. This prohibition on dispensing NDI drugs in temporary absence will mean PAs will no longer be able to practise their profession.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

Registered Pharmaceutical Assistants have been dispensing and providing by sale or supply of these products since the first PA qualification.

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree

☐ Strongly disagree

Registered Pharmaceutical Assistants have been supervising sale or supply of these products since the first PA qualification.

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

Why should PAs now be restricted in what they are qualified, and have been competent for many years, to do?

These limitations would make over 300 PAs (mainly women over 50) effectively redundant.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

Rule 4 restricting PAs to only one hour covering for absence of a registered pharmacist has not been offered for public consultation. This operational restriction means that pharmacies and pharmacists have been allowing staff to endanger the public since the inception of the PSI qualification of Pharmaceutical Assistant.

The Rule 4 limitation would make over 300 PAs (mainly women over 50) effectively redundant.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

☐ No
☐ Yes

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
- ☐ Health-care professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☒ Pharmaceutical Assistant registered with the PSI x
- ☐ Member of a pharmacy team (non-pharmacist)
- ☐ Pharmacist retired/not registered with the PSI

Commented [MO1]: x

- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- X ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- X Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- X ☒ Strongly disagree

PA's qualification gives them the skill competence and judgement to dispense in the temporary absence of the pharmacist. They have at least 35 years experience in doing this. There is no basis to impose this restriction to their qualification. A repeated prescription should be dispensed each time as if it is the first dispensing. The fact that a possible error could be made in the first dispensing by a Pharmacist is taken into account in this proposal.

Commented [MO2]:

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

PA's have the skill competence and judgement to dispense High Tech drugs and are diligent in getting involved in ongoing training available to keep up to date as much as any Pharmacist with new drugs.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☒ Disagree Strongly

PA's have the skill knowledge competence and judgement to dispense cytotoxic drugs.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
X ☒ Strongly disagree

This restriction contains such a wide range of drugs which are dispensed several times a day it would make covering in the temporary absence of the Pharmacist even for 1 hour impossible.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- X ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- X ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

X Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2

Pas took their qualification in good faith which gives them the skill knowledge and competence to cover the pharmacy in the temporary absence of the Pharmacist. There is no basis for changing this.

Commented [MO3]: ppp

Commented [MO4]:

Commented [MO5]:

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?



No

XYes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

This draft proposal will have a huge impact on the job description of Pas therefore will have an Impact on their jobs and the Pharmacies they work in particularly where the Pharmacist is depending on them to give them time off.

Commented [MO6]:

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☒ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☒ Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

☐ Strongly disagree

I strongly disagree with this proposed rule as I have an expertise in dispensing of 40 years and now you are suggesting that I no longer use that expertise in making any judgement on dispensing of any medication having no regard to its dosage, interaction ,and patient safety ?

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☒ Strongly disagree

I strongly disagree with this as up to now I have participated in education programs with my fellow pharmacists and my pharmacist employer has regularly consulted with me with regard to the many new Hi Tech items leaving them for me to check as she values my expertise in the many fields of dispensing.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☒ Strongly disagree

I strongly disagree as I have been dispensing Cytotoxic Medicines safely since I qualified 40 years ago after being tutored in their dosage and side effects during the course run by the PSI.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

****Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

I strongly disagree as I have dispensed these type of medication for 40 years and now you are saying I am not capable of using my clinical assessment to dispense these types of medication anymore? Other countries have a longer list of this type of medication eg Levothyroxine and so being the third most commonly dispensed medication in Ireland it means I will no longer be able to work ????????????????????

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree

- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- **“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;**
- **“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);**
- **“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;**
- **“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;**
- **“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;**
- **“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).**

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

THE PROPOSED RULE 8 IS DESIGNED TO MAKE PHARMACEUTICAL ASSISTANTS UNEMPLOYABLE BY ANY PHARMACIST. NO CONSIDERATION HAS BEEN GIVEN TO THE 300 QUALIFIED ASSISTANTS WHO HAVE CONTRIBUTED TO THE HIGH WORK ETHIC AND COMPETENCY WITH WHICH PHARMACIES ARE HELD. I HAVE DISPENSED FOR THE LAST 40 YEARS ALL CYTOTOXIC DRUGS, HI TECH ITEMS DISPENSED NEW PRESCRIPTIONS AND REPEAT PRESCRIPTIONS ETC AND MY EMPLOYER PHARMACIST HAVE ALWAYS FOUND MY DISPENSING TO BE SAFE AND COMPETENT AND PATIENT SAFETY ALWAYS FOREMOST.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

Appendix E

THIS IS THE FOURTH PUBLIC CONSULTATION IN FOUR YEARS AND ALL THIS TIME THE PSI HAS NEVER CONSIDERED INTRODUCING CPD AND FITNESS TO PRACTICE AS ADVISED BY THE IPU AS AN ANSWER TO THE PSI CONCERN FOR PATIENT SAFETY WHICH IS THE REASON BEHIND THESE SUGGESTED NEW RULES. NO CONSIDERATION FOR THE 300 PHARMACEUTICAL ASSISTANTS WHO HAVE ALL SPENT 35-50 YEARS EACH, ASSISTING PHARMACISTS AND PHARMACY TO ATTAIN THE HIGH STANDARD IT HAS REACHED TODAY. THE PSI HAS HEARD ALL THIS BEFORE FOR MANY YEARS BUT REMAIN IN A VERY BACKWARD POSITION, WILLING TO DISCARD ALL THE EXPERTISE OF 300 MOST OF THEM LOOKING FORWARD IN A POSITIVE ATTITUDE TO THE SITUATION AND INTRODUCE CPD AND FITNESS SIMILAR TO PHARMACISTS ??????????????

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☒ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☒ Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

- ☒ Strongly disagree

PAs qualified , having completed the course as set by the Pharmaceutical Society of Ireland, at least 35 years ago. This qualification entitled them to conduct all aspects of the pharmacy business, including judgements on the interactions/ appropriateness of medicines dispensed during the temporary absence of the pharmacist. PAs now have approximately 40 years dispensing experience as well as the qualification.

It is unreasonable to expect Pas to blindly repeat prescriptions without assessing any new information that may be presented and the clinical implications of dispensing medicines.

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

PAs and pharmacists undertake ICCPE training and keep up to date using the literature sent to the pharmacy.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

PAs have been dispensing these medicines with competence and knowledge since their qualification. There is no reason to restrict them doing so.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

These medicines are not new therefore anybody who has been dispensing them for 40 years has been trained in the complexities of narrow therapeutic drugs.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree

- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- **“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;**
- **“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);**
- **“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;**
- **“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;**
- **“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;**
- **“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).**

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

This rule is too restrictive.
In practice it would mean that PAs could no longer cover the temporary absence of a pharmacist.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

Appendix E

PAs passed the examination set by The Pharmaceutical Society of Ireland.

How can this same society claim, after 40 years of practice, that PAs are not qualified after all ?

Surely the PSI has a responsibility to PAs who undertook their course in good faith to honour their own academic qualification and devise a programme, acceptable to PSI and PAA which would enable PAs to work without undue negativity for the last few years of their careers .

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

☒ Yes

☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
- ☐ Health-care professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- ☒ Pharmaceutical Assistant registered with the PSI
- ☐ Member of a pharmacy team (non-pharmacist)
- ☐ Pharmacist retired/not registered with the PSI

- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- X Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- X Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

A PA has qualified and trained for over 35 years to transact the business of the Pharmacist in his temporary absence. We have been trained to understand that a repeat and an original prescription get the same professional care and attention. If this is the correct understanding there is no basis to prevent the PA from dispensing an original prescription

- X Strongly disagree

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Up to now we have been trained via the iccpe training and education to dispense high tech prescriptions so why is the PSI now saying that this training is insufficient .

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

I have been dispensing these items for many years and I don't see any basis for forbidding me to continue this work

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree

- ☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

These drugs formed an important part of our professional education as they were the most commonly used drugs in past years and . I have been and still am qualified to dispense these drugs so how could the PSI prevent me from practising my profession.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/ no	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

Appendix E

I feel that I am being very badly treated by the PSI . I have done the examinations and training As set down by the PSI. This qualification gave me the entitlement to transact the business of a pharmacist in his absence and this includes the dispensing of all medication.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

- ☐ No
☒ Yes

I started my career in pharmacy in 1971. I have kept up to date by continuous education as set down by the PSI . I was always proud to work as a pharmaceutical assistant and now I find that coming towards the end of my career after 48 years the PSI have set about downgrading my employment . This is a very big disappointment for me and it is a poor appreciation from PSI of the work and commitment that I and others have given to pharmacy over the years. The role of the PSI must surely be to enhance the contribution that all its members make in the workplace and we as qualified assistants certainly have not received this support from the PSI.

Appendix E



Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

X ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
- ☐ Health-care professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- X ☒ Pharmaceutical Assistant registered with the PSI
- ☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- X ☒ Own behalf
☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- X ☒ Yes
☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree

- ☐ Disagree
X ☒ Strongly disagree

Strongly disagree

PAs are educated and trained with knowledge and skills, to carry-out business of pharmacist in his / her absence.

This rule implies that PAs are not in a position to dispense original prescriptions and are only capable of dispensing repeat prescriptions. Dispensing medication requires making a judgment – something that PA are trained to do – and have many years experience in carrying out this work.

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
X ☒ Strongly disagree

Strongly disagree

Assistants have actively engaged in all programmes of education along with pharmacists. Assistants are trained professionals and are fully competent and capable of dispensing the medication.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree

X ☒ Strongly disagree

Strongly disagree

Pharmaceutical assistants have been dispensing these items for many years and should continue to do so.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
X ☒ Strongly disagree

Strongly disagree

It is necessary for assistants to be able to dispense these medications in order to do their job appropriately. For example, Levothyroxine is a commonly prescribed medication under the GMS and an inability to dispense this would inhibit the PA from carrying out their duties in full. Note that assistant are trained and educated to work with such medications.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- X ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- X ☒ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- **“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;**
- **“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);**
- **“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;**
- **“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;**
- **“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;**
- **“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).**

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below: Yes

1. PAs would not be allowed to dispense medication
2. As a consequence, many pharmacies especially in rural areas would have to close.
3. The jobs of many of the current cohort of PAs would be jeopardised.
4. The PA's professional qualifications would be down-graded.
5. Workplace practices in all pharmacies employing PAs would change.
6. Some pharmacies would be forced to operate reduced hours.
7. Cost of compensation and redundancies to the State and pharmacists.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

Appendix E

As stated above the impact of the proposed rules are multiple -

1. PAs would not be allowed to dispense medication
2. As a consequence, many pharmacies especially in rural areas would have to close.
3. The jobs of many of the current cohort of PAs would be jeopardised.
4. The PA's professional qualifications would be down-graded.
5. Workplace practices in all pharmacies employing PAs would change.
6. Some pharmacies would be forced to operate reduced hours.
7. Cost of compensation and redundancies to the State and pharmacists.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

xYes



No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
- ☐ Health-care professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- X Pharmacist Assistant registered with the PSI
- ☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- X Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- X Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- X Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Detail answer Number 5 –

Although prescription may be a repeat, each dispensing may bring a new challenge. Patient circumstances and health may have changed, so needs consultation with patients on a monthly basis.

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

I have completed all necessary training and educational program's over the past number of years and have no problem dispensing Hi Tech medicines.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

As this has always been part of the role and duties of a P.A. the competencies needed to dispense such medicines are still the same.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

****Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- X ☒ Strongly disagree

I believe my professional training as a PA , (including my continuous development courses)and my decades experiences in dispensing therapeutic medicines have given me the competency , technical knowledge and forthright common sense to administer such drugs.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- X ☒ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- X ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree

- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- **“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;**
- **“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);**
- **“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;**
- **“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;**
- **“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;**
- **“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).**

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

N/A

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

X Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

Yes – I believe that the patient and the pharmacy business in general could suffer significantly if the proposed rule 8 is ratified. Local businesses will be restricted to dispensing at set times which may not be in the best interest of the patients or pharmacists. Precedent through historical performance and educational competency, by PA's, must be considered as part of any due considerations to be made by the board.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

X Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

As far as I am aware no issues around competency in dispensing medicines have ever arisen from PA's practicing in the Republic of Ireland. I am unsure of the driver behind such a restrictive and bold proposal that has been put forward for review. As mentioned above, the general profile of PAS are of highly competent, hugely experienced and valued members of the medical/pharmaceutical industry as a whole . This must be deeply considered in the coming weeks and I look forward to a positive outcome to benefit patients, pharmacists and PA's alike.

From: [REDACTED]
Sent: 09 January 2019 22:38
To: Consultation
Subject: Survey on Rule 8 amendment - Dec. 2018
Attachments: Document 1 Blank Word Doc format of Dec 2018 Survey on the draft Pharmaceutical Society of Ireland (1).doc; Completed Dec 2018 Survey on the draft Pharmaceutical Society of Ireland (1).doc

Attention of consultation@psi.ie,

Please find attached completed survey on proposed rule 8 amendment. The SI should be withdrawn until such time as the PSI have engaged in meaningful dialogue with the PAA without pre-conditions to find solutions that are relevant, workable and fit for purpose to ensure the continued safe dispensing of medicines to all. There is no evidence research to justify any change to current working arrangements with respect to PA's covering in Pharmacy's.



Virus-free. www.avg.com

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☒ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☒ Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

- ☒ Strongly disagree

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
☐ Agree

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

If the proposed draft rules 4(1) and rule 8 is to regulate to protect patient safety, which is the remit of the

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

PA's are qualified as conferred upon them by the PSI. They are experienced and skilled professionals c

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- **The draft rules for consultation**
- **Chronology and Overview of the Development of Temporary Absence**
- **Information note on pharmaceutical assistants.**
- **Public Consultation Report on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 [July and August]**
- **Expert Group Report**
- **Expert Group Terms of Reference**

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☒ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☐ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☐ Yes
- ☒ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

- ☒ Strongly disagree

PAs undertook a education and training programme focused on building the level of attainment of knowledge, skills and competence, including making judgements to qualify them to transact the business of the pharmacist in their temporary absence –the main business of the pharmacist is safely dispensing medication for patient, that is what PAs are trained to do, and have practiced in this role since the current cohort qualified at least 35 years.

This rule implies that PAs are no longer to assess the clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered, but to blindly dispense repeat prescriptions and ignore SOPs that require a repeat prescription to be taken out each time it is dispensed, and be reviewed in the context of any new information and be judged for clinical appropriateness. A further implication of this rule is that where an error in a prescription has been entered e.g. incorrect dose, a PA is to adopt a technical approach and not use their judgement but repeat as pharmacist did on initial dispensing. Each dispensing requires making a judgement on the appropriateness of the medication (dosage, interactions, side effects) and is not just a technical operation

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Strongly disagree with this. PAs are included in the ICCPE training and education programmes along with pharmacists. The assumption therefore is that up to now PAs have had the competency, including skills, knowledge and judgement to dispense Hi Tech medicines.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

The course developed by the PSI provided PAs with the competencies, skills, knowledge and judgement to dispense these items. Historically PAs have been dispensing these items since qualification

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

In the USA, the FDI list of NDI drugs include warfarin, levothyroxine, carbamazepine, digoxin, lithium carbonate, phenytoin, and theophylline. These medications formed an integrally part of education and training programme for PAs as they represented some of the most commonly prescribed drugs in the 70s and 80s.

According to the HSE Primary Care Reimbursement Scheme Levothyroxine is the third mostly commonly prescribed medication under the GMS and DPS, so in effect this prohibition on dispensing NDI drugs in temporary absence will mean PAs will no longer be able to practise their profession.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree

- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- **“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;**
- **“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);**
- **“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;**
- **“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;**
- **“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;**
- **“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).**

Appendix E

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes	Yes	Yes	Yes	Yes	Yes

Please provide additional comments, if any, in relation to the definitions:



12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

- ☒ No
- ☐ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:



13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

- ☐ No

Appendix E

• Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

I think its outrageous that a person w ho has received a qualification from the college of Pharmacy and w for 40 years will now be potentially unemployable if these rules are to be enforced. I think its deplorable qualification can be taken from somene without any justification. Some people in this industry w ere gran 45 years ago and to think it could be just taken aw ay be a regulation. The people w ho enforce these req do not know the people w ho potentially w ill be unemployable or have any idea of the daily w ork in a Pha dispensary for all these years. Its just disgraceful.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- **The draft rules for consultation**
- **Chronology and Overview of the Development of Temporary Absence**
- **Information note on pharmaceutical assistants.**
- **Public Consultation Report on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 [July and August]**
- **Expert Group Report**
- **Expert Group Terms of Reference**

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☒ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☐ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☐ Yes
- ☒ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

- ☒ Strongly disagree

PAs undertook a education and training programme focused on building the level of attainment of knowledge, skills and competence, including making judgements to qualify them to transact the business of the pharmacist in their temporary absence –the main business of the pharmacist is safely dispensing medication for patient, that is what PAs are trained to do, and have practiced in this role since the current cohort qualified at least 35 years.

This rule implies that PAs are no longer to assess the clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered, but to blindly dispense repeat prescriptions and ignore SOPs that require a repeat prescription to be taken out each time it is dispensed, and be reviewed in the context of any new information and be judged for clinical appropriateness. A further implication of this rule is that where an error in a prescription has been entered e.g. incorrect dose, a PA is to adopt a technical approach and not use their judgement but repeat as pharmacist did on initial dispensing. Each dispensing requires making a judgement on the appropriateness of the medication (dosage, interactions, side effects) and is not just a technical operation

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Strongly disagree with this. PAs are included in the ICCPE training and education programmes along with pharmacists. The assumption therefore is that up to now PAs have had the competency, including skills, knowledge and judgement to dispense Hi Tech medicines.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

The course developed by the PSI provided PAs with the competencies, skills, knowledge and judgement to dispense these items. Historically PAs have been dispensing these items since qualification

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

In the USA, the FDI list of NDI drugs include warfarin, levothyroxine, carbamazepine, digoxin, lithium carbonate, phenytoin, and theophylline. These medications formed an integrally part of education and training programme for PAs as they represented some of the most commonly prescribed drugs in the 70s and 80s.

According to the HSE Primary Care Reimbursement Scheme Levothyroxine is the third mostly commonly prescribed medication under the GMS and DPS, so in effect this prohibition on dispensing NDI drugs in temporary absence will mean PAs will no longer be able to practise their profession.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree

- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- **“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;**
- **“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);**
- **“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;**
- **“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;**
- **“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;**
- **“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).**

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes	Yes	Yes	Yes	Yes	Yes

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

- ☒ No
- ☐ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

- ☐ No

- Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

I think its outrageous that a person w ho has received a qualification from the college of Pharmacy and w for 40 years will now be potentially unemployable if these rules are to be enforced. I think its deplorable qualification can be taken from somene without any justification. Some people in this industry w ere gran 45 years ago and to think it could be just taken aw ay be a regulation. The people w ho enforce these req do not know the people w ho potentially w ill be unemployable or have any idea of the daily w ork in a Pha dispensary for all these years. Its just disgraceful.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- **The draft rules for consultation**
- **Chronology and Overview of the Development of Temporary Absence**
- **Information note on pharmaceutical assistants.**
- **Public Consultation Report on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 [July and August]**
- **Expert Group Report**
- **Expert Group Terms of Reference**

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☒ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☐ Yes
- ☒ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

- ☒ Strongly disagree

PAs undertook a education and training programme focused on building the level of attainment of knowledge, skills and competence, including making judgements to qualify them to transact the business of the pharmacist in their temporary absence –the main business of the pharmacist is safely dispensing medication for patient, that is what PAs are trained to do, and have practiced in this role since the current cohort qualified at least 35 years.

This rule implies that PAs are no longer to assess the clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered, but to blindly dispense repeat prescriptions and ignore SOPs that require a repeat prescription to be taken out each time it is dispensed, and be reviewed in the context of any new information and be judged for clinical appropriateness. A further implication of this rule is that where an error in a prescription has been entered e.g. incorrect dose, a PA is to adopt a technical approach and not use their judgement but repeat as pharmacist did on initial dispensing. . Each dispensing requires making a judgement on the appropriateness of the medication (dosage, interactions, side effects) and is not just a technical operation

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Strongly disagree with this. PAs are included in the ICCPE training and education programmes along with pharmacists. The assumption therefore is that up to now PAs have had the competency ,including skills, knowledge and judgement to dispense Hi Tech medicines.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

The course developed by the PSI provided PAs with the competencies, skills, knowledge and judgement to dispense these items. Historically PAs have been dispensing these items since qualification

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

In the USA, the FDI list of NDI drugs include warfarin, levothyroxine, carbamazepine, digoxin, lithium carbonate, phenytoin, and theophylline. These medications formed an integrally part of education and training programme for PAs as they represented some of the most commonly prescribed drugs in the 70s and 80s.

According to the HSE Primary Care Reimbursement Scheme Levothyroxine is the third mostly commonly prescribed medication under the GMS and DPS, so in effect this prohibition on dispensing NDI drugs in temporary absence will mean PAs will no longer be able to practise their profession.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree

- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- **“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;**
- **“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);**
- **“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;**
- **“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;**
- **“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;**
- **“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).**

Appendix E

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes	Yes	Yes	Yes	Yes	Yes

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

- ☒ No
- ☐ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

- ☐ No

Appendix E

• Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

I think its outrageous that a person w ho has received a qualification from the college of Pharmacy and w for 40 years will now be potentially unemployable if these rules are to be enforced. I think its deplorable qualification can be taken from somene without any justification. I w as granted my qualification 45 years ago and to think it could be just taken aw ay be a regulation. The people w ho enforce these req do not know the people w ho potentially w ill be unemployable or have any idea of the daily w ork in a Pha dispensary for all these years. Its just disgraceful.

From: [REDACTED]
Sent: 10 January 2019 12:43
To: Consultation
Subject: Survey on Rule 8 amendment - Dec. 2018
Attachments: Completed Dec 2018 Survey on the draft Pharmaceutical Society of Ireland.doc

Dear PSI Consultation Group,

Please find attached completed survey on proposed amendments. The PSI don't appear to appreciate or recognise the immense contribution that PA's have made to serve the community in a very professional and competent manner over a long number of years? Why can't the PSI have meaningful dialogue with the PAA to find solutions that are relevant, workable and fit for purpose to ensure the continued safe dispensing of medicines to all. Please make available evidence to justify any change to current working arrangements with respect to PA's covering in Pharmacy's.

This email is subject to the following disclaimer(s) available at [WIT Disclaimer](#).
Tá an ríomhphost seo faoi réir an tséanta/na séanta seo leanas atá le fáil ag [WIT Séanad](#)



Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☒ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☐ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☒ Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

- ☒ Strongly disagree

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
☐ Agree

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?



No



Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

Appendix E

As I understand it the proposed draft rule 4 and 8 changes are to regulate to protect patient safety? Th

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

- ☐ No
- ☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

PA's are qualified as recognised and conferred by the PSI. They have 35+ years frontline experience.

[REDACTED]

From: [REDACTED]
Sent: 10 January 2019 17:51
To: Consultation
Subject: Public Consultation on the draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 (December)
Attachments: Document 1 Blank Word Doc format of Dec 2018 Survey on the draft Pharmaceutical Society of Ireland.doc

Please find the attached document which contains my response to the survey pertaining to the public consultation on Temporary Absence. (December 2018.)

I felt the need to respond in this way as unlike the last consultation there is no opportunity to comment after each question.

In my opinion the survey is flawed and badly designed as the questions are poorly framed and clearly designed to obtain the desired result of the PSI (particularly Q5)

By omitting the opportunity to comment the whole process becomes a mere box ticking, counting exercise. I suppose it makes it handier to ignore opinion, as happened previously, if opinion isn't sought, but that hardly meets the standard of behaviour expected of a public body.

I have been dispensing prescriptions safely and competently since my qualification in 1982 and have kept abreast of the many changes in pharmacy and medicines without issue or compromise to public safety and I wish to maintain my right to choose my profession as afforded me under EU law.

I don't feel the need to comment any further, it has all been said before. Listen to our pharmacist colleagues and employers who value and trust us and who would not leave us to work in their absence if it were felt we were not competent to do so. Can the PSI be so far removed from the reality of community pharmacy that that is not known?

[REDACTED]

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

X Yes



No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
- ☐ Health-care professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- ☒ **Pharmaceutical Assistant registered with the PSI**
- ☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☒ Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

This poorly framed question is ambiguous and misleading and may inadvertently lead respondents to answer in a way which does not reflect their opinion as it does not accurately reflect the consequences of the proposed new rules.

My initial education as a Pharmaceutical Assistant ensured that I achieved a level of knowledge, the skills set and competency to qualify me to transact the business of a pharmacist in their temporary absence. The experiential learning attained since my qualification 37 years ago and my participation in CPE alongside my pharmacist colleagues has consolidated that knowledge. The PSI's acceptance of my yearly registration fee acknowledges and confirms that.

Reviewing prescriptions upon receipt, checking for errors and omissions, checking strength, dosage, cross checking for drug interactions, checking for clinical appropriateness and use etc. are already part of the "normal activities" in the working day of pharmaceutical assistants. This is our life's work and it has been conducted in such a fashion as to always ensure patient safety

In fact the proposed new rules are counterintuitive as it is implied that PAs would no longer be obliged to critically assess and review prescriptions once it had been initially dispensed by a pharmacist.

Where an error in a prescription has been made, e.g. an incorrect dose or strength, it could be implied that a PA need not exercise their judgement but rather blindly repeat a prescription as previously dispensed by a pharmacist on initial dispensing. Personally, I am uncomfortable with any rule that exonerates ignoring SOPs and best practice and am alarmed that, in the guise of "public safety" the PSI in instigating new rules would endanger the public by their own actions.

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

New drugs including Hi Tech drugs come on stream all the time and demand that pharmacists and PAs alike, research and update their knowledge constantly, which Pharmaceutical assistants are eminently capable of doing. I might remind the PSI that the pharmaceutical assistants are included and voluntarily participate in the ICCPE training and education programmes alongside pharmacists. The assumption is that PAs have had

the competency, skills, and knowledge to dispense Hi Tech meds up to now and there is no evidence to prove why that should change.

I would have been happy to participate in any training programme designed specifically for pharmaceutical assistants that the PSI deemed necessary had they ever bothered to provide same.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

The course provided by the PSI and the experiential learning gained since qualification by working as a valued team member alongside our pharmacist colleagues means that PAs have the competency, skills, knowledge and judgement necessary to continue to safely dispense these drugs , as they have been doing since qualification.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Narrow Therapeutic Index Drugs such as Warfarin, digoxin, lithium, phenytoin, carbamazepine, and theophylline represent some of the most commonly prescribed drugs in the 70's and 80's at the time of PAs qualification. These drugs formed an integral part of PAs education and training and have been safely dispensed without any documented issues since then.

The FDI include levothyroxine in the list of NTI drugs. According to the HSE PCRS, Levothyroxine is the third most commonly prescribed medication under the GMS and DPS, so, prohibiting PAs from dispensing NDI drugs will mean PAs will no longer be able to practice their profession contravening Eu law

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

X Strongly agree

- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

X Strongly agree

- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;

- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

No

Yes.

Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?



No

X Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

I would like to reiterate my objection to the proposed rules and call on you to re-read all previous submissions from the PAA, the IPU, our colleagues in pharmacy and members of the public, the vast majority of which denounced the actions of the PSI as cynical, biased and dishonest and an affront to the integrity of a small but mighty cohort of pharmacy professionals. It is clear that the

Appendix E

public consultation process is a farcical box ticking exercise, the results of which will be ignored. It is pointless to comment any further.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ **✓ Yes**
☐ **No**

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☒ **✓ Patient and/or member of public**
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☐ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☐ Yes
- ☒ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

☐ Strongly disagree

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☒ Strongly disagree

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☒ Strongly disagree

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

☐ Strongly agree

☐ Agree

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☒ No

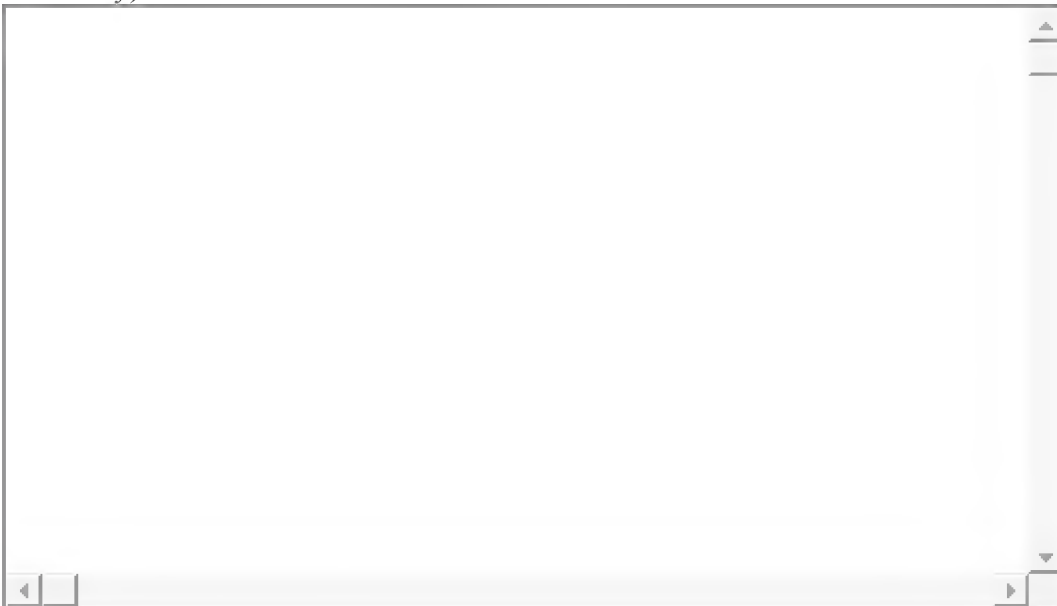
☐ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

A large, empty rectangular text box with a thin grey border. It has a vertical scrollbar on the right side and horizontal scrollbars at the bottom, indicating it is a scrollable area for text input.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☒ No

☐ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

A large, empty rectangular text box with a thin grey border. It has a vertical scrollbar on the right side and horizontal scrollbars at the bottom, indicating it is a scrollable area for text input.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

/Yes



No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
- ☐ Health-care professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- ☐ /Pharmaceutical Assistant registered with the PSI
- ☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

/Own behalf

- ☒ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

/Yes

- ☒ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

/Strongly disagree This rule would seem to imply that a PA can only blindly repeat a prescription without reviewing it(which would be against any SOP I've ever seen) or exercising any clinical judgment which may result in the compounding of an original error made by a pharmacist. We were trained to conduct the business of the pharmacy in the temporary absence of the pharmacist using the clinical judgment and 30plus year's experience. How can the PSI seriously think this will make for safer dispensing? Are they seriously suggesting ignoring the SOPs? It is hard to believe that the PSI seem to be recommending this and are happy to possibly compromise patient safety by so doing. Is it maybe possible that their over-riding desire to limit PAs has blinded them to common sense? Also wish to comment on the ambiguous nature of this question. Very ill set with blatant intent to skew result

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

/Strongly disagree Has the assumption to date not been that PAs have the competency and skills to dispense HI-tech meds. Have we not been included in the same ICCPE training as pharmacists.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

/Strongly disagree The PSI developed the course and judged it's suitability to qualify PAs equipped with the competencies etc to dispense these meds. Does the current PSI plan to disavow all qualifications granted pre 2007? PAs have always dispensed these meds as part of a normal working day.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

/Strongly disagree. Levothyroxine, Digoxin, Theophylline, Lithium- these are amongst the most used and oldest drugs. They were commonly prescribed in the 80's and indeed were included in the training programme. I understand that Levothyroxine is probably in the top five drugs dispensed under the GMS/DPS schemes so not allowing PAs to dispense these meds would in effect mean that PAs could no longer practice their profession. This would take matters to a new level and possibly leave the PSI open to certain legal proceedings ie. Right to work under European Law.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

/Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

/Strongly agree



Agree



Neither agree nor disagree



Disagree



Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:



12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

See below

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

If the intent of the PSI is to mitigate risk for patients they have failed spectacularly with these proposals. As evidenced in Q5 they seem to be proposing the ignoring of established protocols. Believe it or not Pharmacists (being human) do make mistakes. By their proposal to reduce how a PA works to a purely technical level they run the risk of causing an error to be repeated. On any normal working day, a PA exercises judgement on the appropriateness of any medication using the skills obtained during training. PAs have worked for over 100years in the profession and there has been no problem. The weight of custom and practice is recognised and widely respected but not sadly by the PSI. The intransigence shown is spectacular and the inability and unwillingness to partake in meaningful dialogue unbelievable. 89% of the respondents in the last survey were against the proposals. So what value does the PSI place on the public opinion it itself sought. The IPU likewise is ignored. Members of the IPU are the employers of the PAs. Surely their opinion is valid. Or is the PSI suggesting that they are incompetent to voice an opinion. Of course lets not forget the "misplaced" submissions from a previous survey that the ever competent PSI were unable to count. Taken in totality one feels unable to place much confidence in the survey process.

I invite the PSI to provide the factual evidence to support these changes. Do you in fact have actual evidence to prove that PAs make more mistakes than locum pharmacists?

If this is such a matter of great urgency why did it take 10years plus to address the “pressing issue”.

Does the PSI discount its peers, the pharmacists who employ the PAs. Does the fact that they are ultimately responsible not provide sufficient assurance to the members of the PSI who are actually pharmacists themselves?

Wiley’s New World Law Dictionary defines temporary as “meaningless with regard to the duration of the length of time that it will last” This long accepted interpretation has been accepted for over 120years regarding the pharmacist being away from the pharmacy- quite a time to prove the weight of custom and practice.

Previously the PSI has stated that “A constitutional right to earn livelihood is not absolute and can be subject to legitimate constraints”. However, the ECHR requires that any constraint on an individual’s human right is in pursuit of a legitimate aim and is necessary in a democratic society. These proposals will restrict a PA’s right to earn a livelihood. However, in the absence of any evidence of unacceptable practice or misconduct by PAs, the PSI’s assertion of patient safety holds no weight and is disproportionate. Also, is there a possible issue with Article 14 of the ECHR.

I am well aware that nobody’s opinion is of interest to the closed mind of the PSI. Would it not have been better to address this issue through development of a Core Competency Framework? Can any Pharmacist member of the PSI(especially those who qualified in the 70s and 80s) claim to be knowledgeable in all aspects of all medications without continual updating. The cohort of Pharmacists who qualified in the 80s had never heard of HI-tech meds and had to learn about them. Well so did the PAs. And each succeeding generation of graduates must update their knowledge as time passes. It is as simple as that.

Having worked without incident for over 30years this is very disappointing. The most disappointing aspect is the attitude of the PSI. Speaking as a PA whose overriding concern every day is patient safety, the absolute refusal by the PSI to explore the concept of adding PAs to CPD is baffling. I am aware that PAs were omitted in 2007 when the new PSI was established. This mistake was not of the PAs making. However it seems the PSI doesn’t seem to acknowledge this and have sought to cover their omission by adopting an authoritarian approach.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

X Yes

☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
- ☐ Health-care professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- X ☒ Pharmaceutical Assistant registered with the PSI
- ☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

☒ Own behalf

☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

☒ Yes

☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

X Strongly disagree

I strenuously disagree with this statement. This rule undermines the training undertaken by Pharmaceutical Assistants, both historically and continuously by way of CPD. This training focuses on building a level of knowledge, skills and competence, which enables PAs to make professional judgements, qualifying them to transact the business of the pharmacist in their temporary absence. Restricting pharmaceutical assistants to solely dispensing repeatable prescriptions “where it is not the first dispensing of the prescription”, as outlined in Rule 8(1)a restricts them from carrying out the job that they studied and trained to do, that is; the safe dispensing of medication for the patient, a role that PAs have practiced since the current cohort qualified at least 35 years ago.

This rule implies that PAs are no longer to use their clinical knowledge to assess the appropriateness and use of medications for patients, but to blindly dispense repeat prescriptions and ignore their training relating to patient safety. SOPs that require a repeat prescription to be taken out each time it is dispensed, and be reviewed in the context of any new information and be judged for clinical appropriateness are also to be ignored. A further implication of this rule is the risk of errors going unnoticed. For example, where an error in a prescription has been entered at a previous dispensing such incorrect dose, a PA is to adopt a technical approach and not use their judgment, but repeat as the pharmacist did on initial dispensing. If patient safety is to be ensured, each dispensing should require the responsible person, PA or Pharmacist, to make a judgment on the appropriateness of the medication (dosage, interactions, side effects) at each dispensing.

Furthermore, the phrasing of this statement is misleading for those completing this survey, and seems geared at securing a positive response for the implementation of Rule 8. Many people would agree that PAs should be capable of, but not restricted to dispensing “a repeatable prescription where it is not the first dispensing of the prescription”. This statement does not offer the respondent an account of what a pharmaceutical assistants WILL NOT be allowed to do if the majority agree with this statement.

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*



Strongly agree



Agree



Neither agree nor disagree



Disagree

X Strongly disagree

I strongly disagree with this statement. PAs are trained to do tasks such as this along with pharmacists. PAs have been, up until now, considered competent enough to use their knowledge and judgement in dispensing Hi Tech medicines.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*



Strongly agree



Agree



Neither agree nor disagree



Disagree

X Strongly disagree

Up until now, PAs have been considered competent and knowledgeable enough to dispense cytotoxic medicines, and they have been doing so for many years. The PSI has provided PAs with training that has equipped them with the competencies, skills, knowledge and judgement to dispense these items.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*



Strongly agree



Agree



Neither agree nor disagree



Disagree

X Strongly disagree

According to the FDA drugs such as warfarin, levothyroxine, carbamazepine, digoxin, lithium, phenytoin, and theophylline are Narrow Therapeutic Index (NTI) drugs. These medications were central to the education and training programme for PAs. They represented some of the most commonly prescribed drugs in the 70s and 80s, and have been carefully reviewed and dispensed by PAs since their time of qualification.

According to the HSE Primary Care Reimbursement Scheme, levothyroxine is the third most commonly prescribed medication under GMS and DPS Schemes. To prohibit the dispensing of NTI drugs by PAs in temporary absence will essentially make them redundant.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and

general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

X Strongly agree



Agree



Neither agree nor disagree



Disagree



Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

X Strongly agree



Agree



Neither agree nor disagree



Disagree



Strongly disagree

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;

- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?



No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

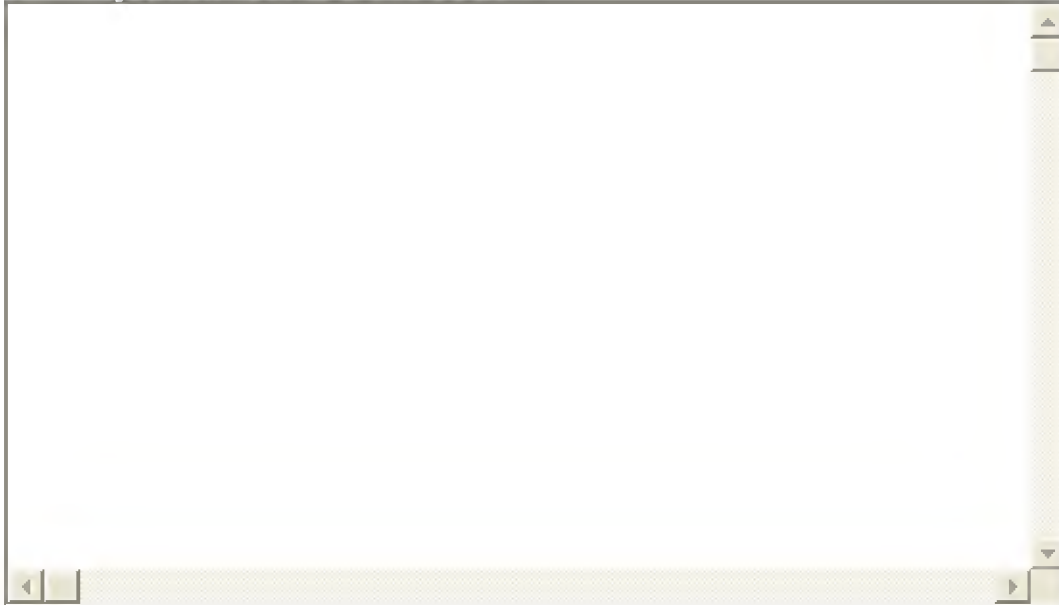
The Consultation Survey presents Rule 8 in a very misleading way. To ask participants to agree/disagree with the statement; “in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)”. seems geared at securing a positive response for the implementation of Rule 8. Many people would agree that PAs should be capable of, but not restricted to dispensing “a repeatable prescription where it is not the first dispensing of the prescription”. This statement does not offer the respondent an account of what a pharmaceutical assistants WILL NOT be allowed to do if the majority agree with this statement and Rule 8 is implemented.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

X No



Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

A large, empty rectangular text box with a thin gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small triangular arrows indicating they can be moved.

[REDACTED]

From: [REDACTED]
Sent: 10 January 2019 21:52
To: Consultation
Subject: Public consultation on Draft PSI Temporary Absence of a pharmacist from a pharmacy Rules Dec 2018.
Attachments: Document 1 Blank Word Doc format of Dec 2018 Survey on the draft Pharmaceutical Society of Ireland.doc

To whom it may concern,

I find it very frustrating and disappointing that despite the fact that 78% of respondents to the previous consultation disagreed with defining TA as one hour the PSI remain determined to pursue this route.

In my opinion question 5 is particularly ambiguous, to agree could be interpreted as agreeing to dispensing any part of the prescription after the 1st dispensing, to disagree might be interpreted as not being able to dispense any part or every part of the prescription.

I attach my responses to the latest consultation.

Yours sincerely

[REDACTED]

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

☒ Yes

☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
- ☐ Health-care professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- ☒ Pharmaceutical Assistant registered with the PSI
- ☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☒ Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

This is a misleading question. It seems to suggest that the Pharmaceutical Assistant should only repeat a prescription as previously dispensed by the Pharmacist without taking into consideration any new medication dispensed in the interim or new information about co-morbidities.

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- X ☒ Strongly disagree

PAs participate in the IIOP and IPU CPD training courses along with pharmacists and so should be abreast with the skills and knowledge required to dispense hi tech medicines.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- X ☒ Strongly disagree

Again PAs have traditionally dispensed cytotoxic drugs and should be fully aware of the vigilance required when dispensing same.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

****Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- X ☐ Strongly disagree

Again with their initial training and CPE, PAs are aware of the complexities of NTI medication.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- X ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- X ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

If PAs are restricted to dispensing repeat prescriptions and prevented from dispensing cytotoxic drugs, NTI medicines and Hi Tech meds there really is very little else they will be able to dispense so effectively rendering them redundant.

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

PAs are more than happy to comply with mandatory CPD and undergo practice reviews to evaluate their competencies in clinical knowledge, gathering information process, patient management and education and communication skills.

Most PA graduates have more than 35 year's clinical experience.

There is a dearth of Pharmacist available for work at present yet the PSI are in favour of down grading the qualification of approximately 330 working PAs who support already overworked pharmacists.

Many of these 330 PAs will lose their jobs.

In the most recent Public Consultation to define Temporary Absence 78% disagreed with Rule 4



Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☐ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☒ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)
☐ Pharmacist retired/not registered with the PSI

- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☒ Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

****A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

The PA is trained to conduct the business of a Pharmacist in his temporary absence and this rule doesn't allow for that. The PA is also leaving themselves open to repeating errors that may have occurred in the first dispensing.

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Up to now the PA has been considered to be competent in dispensing these prescriptions, and not allowing them to do this is contrary to their qualification.

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

The PA has dispensed these items since they qualified and have always been considered competent to do so.

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

****Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

According to this rule in the temporary absence of a Pharmacist the PA will no longer be able to practice their profession.

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

****Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)***

**** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)***

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

 Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- **“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;**
- **“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);**
- **“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;**
- **“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;**
- **“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;**
- **“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).**

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

According to this rule, as I have already stated, the PA will no longer be allowed to cover in the temporary absence of a pharmacist as many of these drugs are prescribed regularly. The PA would no longer be able to act in the role they have been fulfilling since their qualification

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

Appendix E

The PA was trained and is qualified to perform all the duties of the Pharmacist in their temporary absence. In bringing these rules into law, the PSI are inhibiting the ability of the PA to work in their profession. Many of these people have been working for over 40 years, there is no evidence to date that they posed a greater risk to public safety than did any other Pharmacist working in the profession. These rules were supposed to protect the public, but there was never a risk from the PA so these rules are unnecessary. If the PSI want to define temporary absence then that is another issue and for another set of rules. In bringing these rules into law, the PSI are putting a large section of the Pharmacy sector out of work, causing hardship both to Pharmacies, which are already having difficulty finding staff, and causing emotional and economic stress to the PA.

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☒ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☐ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☐ Yes
- ☒ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

- ☒ Strongly disagree

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☒ Strongly agree
☐ Agree

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?



No



Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

Appendix E

Rule 8 will make PAs redundant----any historical qualification that can now be downgraded for both Pha

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

☐ No

☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

There is unfairness and discrimination been shown to the Assistants who are mostly women. They ha

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

We are inviting your feedback on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018. These Rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist, and what may be done in that absence.

Before you begin the survey, it will be helpful to read the supporting documentation:

- The [draft rules](#) for consultation
- [Chronology](#) and Overview of the Development of Temporary Absence
- Information note on [pharmaceutical assistants](#).
- [Public Consultation Report on the draft Pharmaceutical Society of Ireland \(Temporary Absence of a Pharmacist from a Pharmacy\) Rules 2018](#) [July and August]
- [Expert Group Report](#)
- [Expert Group Terms of Reference](#)

Please note, the Council of the PSI previously consulted on the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 in July - August. Following this consultation, Rule 8 has been amended and we are now consulting again on the proposed rules. While we particularly direct your attention to Rule 8, and particularly welcome your input on this rule, we welcome input on the rules as a whole.

Rule 8 contains legislative definitions. To assist in answering questions 5-10 of this survey we have provided examples in common terminology.

Please consider the revised draft rules and supporting documentation and complete this survey. The consultation process will close on 11 January 2019.

Submissions may also be made by email: consultation@psi.ie

*** 1. Data Protection and Freedom of Information:**

This survey is voluntary. By completing it you are agreeing to allow your responses to be analysed by the PSI for the purpose of seeking feedback on the proposed new Rules. A report on the consultation process will be compiled and will be published on the PSI website shortly after the consultation process is complete.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be maintained as per the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014

Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.

- ☒ Yes
☐ No

Public Consultation on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 [December]

2. Which category best describes you?

- ☒ Patient and/or member of public
☐ Health-care professional (non-pharmacist)
☐ Pharmacy Owner
☐ Pharmacist registered with the PSI
☐ Pharmaceutical Assistant registered with the PSI
☐ Member of a pharmacy team (non-pharmacist)

- ☐ Pharmacist retired/not registered with the PSI
- ☐ Pharmaceutical Assistant retired/not registered with the PSI
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry
- ☐ Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☒ Own behalf
- ☐ On behalf of an organisation

4. Did you participate in the initial Public Consultation on draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Survey in July - August 2018?

- ☒ Yes
- ☐ No

Rule 8(1) outlines the additional activities to his or her normal activities that a registered pharmaceutical assistant may carry out in the absence of a registered pharmacist.

5. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense a repeatable prescription where it is not the first dispensing of the prescription as outlined in Rule 8(1)a(i)?

**A repeatable prescription means that a doctor has instructed the pharmacist that the item can be repeated according to the doctor's specifications.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

- ☒ Strongly disagree

6. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a high tech medicinal product as outlined in Rule 8(1)a(ii)(I)?

**High tech medicines are medicines that are generally only specialist initiated and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy (as processed through the HSE high tech hub)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

7. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a cytotoxic medicinal product as outlined in Rule 8(1)a(ii)(II)?

**Cytotoxic medicinal products describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth (e.g. Methotrexate)*

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☒ Strongly disagree

8. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may not dispense a prescription where the prescription is for a narrow therapeutic index medication as outlined in Rule 8(1)a(ii)(III)?

**Narrow therapeutic index medications are drugs with small differences between therapeutic and toxic dose (e.g. Lithium)*

- ☐ Strongly agree
☐ Agree

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☒ Strongly disagree

9. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may dispense, or provide by sale or supply, pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Do you agree in the absence of a registered pharmacist a registered pharmaceutical assistant may supervise the sale or supply of pharmacy-only medicinal products and general sale medicinal products?

**Pharmacy-only medicinal products are not subject to prescription but are available only under the supervision of a pharmacist (e.g. Ibuprofen)*

** General sale medicinal products are not subject to prescription but can, with reasonable safety, be sold without the supervision of a pharmacist (E.G. Gaviscon liquid)*

- ☒ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Question Title

11. The Rules contain specific legal definitions which must be clear. In the interest of public safety, it is very important that the technical definitions can be understood by relevant practitioners:

- “cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;
- “general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);
- “high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;
- “narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;
- “pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;
- “repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy- only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Please provide additional comments, if any, in relation to the definitions:

n/a

12. Do you have any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018?

- ☒ No
- ☐ Yes. Please include any additional information or comments you would like to provide **in relation to the proposed new Rule 8** of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

Appendix E

PA's have been doing this the last 35 years+ and I'm very certain they have not lost this ability over night

13. Do you have any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole?

- ☐ No
- ☒ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 **as a whole** below:

PA's all undertook a course provided by the PSI and it gave them the competencies, skills, know ledge an

Appendix F

Stakeholder Submissions

No.		Date
1	Submission by the Irish Pharmacy Union to the Pharmaceutical Society of Ireland on the draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 December 2018	December 17, 2018
2	PSI Consultation on the Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Submission from the Pharmaceutical Assistants Association (PAA) January 2019	January 10, 2019



Submission by the Irish Pharmacy Union to the Pharmaceutical Society of Ireland on the draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules 2018

December 2018

Introduction

The Irish Pharmacy Union (IPU), the representative body for 2,288 pharmacists and 1,761 pharmacies, welcomes the opportunity to make a submission, on behalf of our members, to the Pharmaceutical Society of Ireland (PSI) on the draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 (“the draft Rules”).

This is the fourth submission we have made to the PSI on this issue; we previously made submissions in July 2014, February 2016 and August 2018. In each of our submissions, we made what we consider to be a reasonable proposal for how the PSI should deal with this issue. On each occasion, our proposal appears to have been ignored.

Public Consultation August 2018

In the most recent public consultation (August 2018), the PSI reports that it received 1,090 responses: 1,061 responses to the online survey, 25 responses by email and 4 responses from key stakeholders. The following is a summary of the key responses to the consultation.

- Do you agree that the time period for temporary absence should not exceed one hour? **68% strongly disagreed and 10% disagreed.**
- Do you agree that a patient must be made aware when a pharmaceutical assistant acts in the temporary absence of a pharmacist? **48% strongly disagreed and 18% disagreed.**
- Do you agree that a pharmaceutical assistant should be restricted in their professional activities when acting in the temporary absence of a pharmacist? **50% strongly disagreed and 15% disagreed.**

It is not clear why the PSI undertook the public consultation when the PSI Council obviously pays no heed to the responses received, large numbers of which urged the Council to reconsider the proposals made in the draft Rules. There did not appear to be any changes to the draft Rules in response to the public consultation of August 2018, despite the clear opposition expressed in the vast majority of the responses.

Public Consultation December 2018

At its meeting on 20 September 2018, the PSI Council agreed that the proposed PSI (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018, as originally drafted, be submitted to the Minister for Health for his consent so that they might be made into law.

On 25 October 2018, the PSI informed the IPU that, in the context of preparing the relevant documentation for submission to the Minister, a question arose in respect of one element of the Rules, and the specific mechanism used in drafting this element. This related to the proposed Rule 8 which stated *“The Council shall approve and publish a professional task list setting out what may and may not be done by a registered pharmaceutical assistant when he or she is acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist”*.

Legal advice subsequently obtained by the PSI indicated that the Rules should be re-drafted so that the tasks that may be undertaken during a pharmacist’s period of temporary absence were incorporated within Rule 8, rather than the Council producing a list after the Rules had been enacted.

The new Rule 8 refers to the activities which may be carried out by a pharmaceutical assistant when acting in the temporary absence of a pharmacist.

“When acting on behalf of a registered pharmacist during the temporary absence of the registered pharmacist, a registered pharmaceutical assistant may carry out the following activities in addition to his or her normal activities as a registered pharmaceutical assistant:

- a) Dispensing a repeatable prescription where –*
 - (i) It is not the first dispensing of the prescription, and*
 - (ii) The prescription is for medicinal products other than –*
 - (I) High tech products,*
 - (II) Cytotoxic medicinal products, and*
 - (III) Narrow therapeutic index medications;*
- b) Dispensing, or providing by sale or supply, pharmacy-only medicinal products and general sale medicinal products; and*
- c) Supervising the sale or supply of pharmacy-only medicinal products and general sale medicinal products.*

Consequently, the revised draft Rules are now being made available for a further public consultation. The PSI has acknowledged that, while they particularly direct attention to and invite feedback on Rule 8, input on the Rules as a whole is welcome during this public consultation period.

Proportionality Test

On 21 June 2018, the European Commission adopted a Directive on a Proportionality Test for the adoption of new or amended regulations for professionals. The Directive introduces a set of obligations for Member States' competent authorities, e.g. the PSI, before introducing or amending any professional regulations. The Directive introduces **binding criteria** which Member States must use **before** introducing or amending any legal or administrative provision which may restrict access to or the exercise of regulated professions on public health grounds. The Directive shifts proportionality assessment from *ex post* to *ex ante*.

In practice, this means that before a Member State can adopt new or modify existing legislative, regulatory or administrative provisions restricting access to or pursuit of, for example, the pharmacy profession, the competent authority, in this case the PSI, must comply with the following obligations:

- Provide an explanation to make it possible to **evaluate compliance** with the principle of proportionality;
- State the reasons for considering that a provision is justified, necessary and proportionate which must be **substantiated by objective evidence** (qualitative and quantitative);
- Ensure the assessment of proportionality is carried out in an **objective and independent manner** (this may involve opinions by an independent body);
- Monitor the proportionality of the regulation on a regular basis after adoption, having due regard to any developments that occurred since the regulation was adopted;
- Reflect on the overall impact of the new or amended measures on the free movement of persons or services within the EU as well as on consumer choice;
- **Carry out a comparison between the national measure at issue and the alternative and less restrictive solutions that would allow the same objective to be attained.**

The Directive also introduces a binding checklist to be used by Member States in order to verify the proportionality and necessity of their provisions regulating a profession. In particular, the checklist includes the following elements which may have an impact on professional regulation:

- The nature of the risks related to the public interest objectives pursued, in particular risk to service recipients, professionals and third parties;
- The suitability of the provision and whether it genuinely reflects that objective in a consistent and systematic manner;
- The impact on the free movement of persons and services within the EU on consumer choice and on the quality of the service provided;
- The effect of the new or amended provisions when combined with other existing provisions and how the former contribute to the achievement of the same public interest objective;
- The link between the scope of activities covered by a profession or reserved to it and the professional qualification required;

- The degree of autonomy in exercising a regulated profession and the impact of organisational and supervision arrangements on the attainment of the objective pursued, particularly where the activities are pursued under the control and responsibility of a duly qualified professional;
- The scientific and technological developments which may reduce or increase the asymmetry of information between professionals and consumers.

Whilst Member States have until 30 July 2020 to introduce the necessary legislative and administrative reforms to comply with the Proportionality Test Directive, it would be appropriate for competent authorities to be mindful of the principles of the Directive when introducing any legislation in the intervening years. We therefore suggest that the PSI reviews the draft Rules in the context of the obligations and checklist above.

IPU Proposal

According to the PSI, the objective of the draft Rules is to address hypothetical risks identified by the Working Group regarding the competence and capacity of pharmaceutical assistants to act in the temporary absence of the pharmacist rather than in response to concerns arising out of actual reported incidents. However, these exceedingly restrictive draft Rules effectively render the pharmaceutical assistant qualification next-to-worthless and put at grave risk the continuing employment and employability of the remaining cohort of pharmaceutical assistants, most of whom have decades of practical experience and have accumulated significant experiential learning and many of whom participate in IPU Academy continuing education events.

The Report of the Expert Group, submitted to the PSI on 5 December 2018, acknowledged making CPD mandatory and FTP applicable to pharmaceutical assistants would require a change in primary legislation, i.e. the Pharmacy Act 2007. The Government's legislative programme confirms its intention to publish the Regulated Health Professions Bill to amend, inter alia, the Pharmacy Act 2007, so there is no reason why these issues can't be addressed at the same time.

The IPU is of the view that a more equitable and reasonable way to address the concerns of the Working Group and to determine the suitability of a pharmaceutical assistant to act in the temporary absence of a pharmacist would be to:

- Develop a Core Competency Framework for pharmaceutical assistants, similar to that which applies to pharmacists;
- Require all pharmaceutical assistants on the PSI register to undergo a practice review with the Irish Institute of Pharmacy;
- Amend the PSI (CPD) Rules 2015 to extend mandatory CPD to pharmaceutical assistants (in the meantime, pharmaceutical assistants could make a statutory declaration that they would undertake CPD and complete an ePortfolio);

Appendix F

- Amend the Pharmacy Act 2007 to make fitness to practise applicable to pharmaceutical assistants (amendments to Part 6 of the Act are currently underway to align the Act with the Supreme Court decision in the case of Corbally v. Medical Council & Others);
- Convert the current Code of Practice Governing Temporary Absence into Statutory Rules.

Such actions would provide the necessary assurance to the PSI Council and to the public of the competence, knowledge and skills of pharmaceutical assistants, and pharmaceutical assistants would be able to continue to act safely in the temporary absence of a pharmacist under the current conditions.

Such actions would also address the concerns of the significant number of Oireachtas members who have posed Parliamentary Questions to the Minister for Health over the last few months on this issue.

We would be happy to meet with the PSI to discuss or clarify any of the issues raised in this submission.

**PSI Consultation on the

Pharmaceutical Society of Ireland (Temporary Absence of
Pharmacist from Pharmacy) Rules 2018**

Submission

from the

Pharmaceutical Assistants Association (PAA)

January 2019

Introduction

The Pharmaceutical Assistants Association (PAA) welcomes the opportunity to make a submission to the Pharmaceutical Society of Ireland (PSI) on the draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules Dec 2018. This is the forth submission that the PAA has made on this issue.

Pharmaceutical assistants are competent pursuant to section 19 of the Pharmacy (Ireland) 1875 (Amendment) Act, 1890 to transact the business of a pharmacist in their “temporary absence”. Although, the provision enabling the qualification has now been repealed, the right of existing pharmaceutical assistants to continue to practice their profession subsists and is acknowledged by different provisions of the Pharmacy Act, 2007 (not least section 30(1) and section 13 which provide for the maintenance of a Register of Pharmaceutical Assistants).

The draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules Dec 2018 propose to restrict the professional practice of Pharmaceutical Assistants by:

- Limiting the time a pharmaceutical assistant can act in the temporary absence of a pharmacist to one hour per day (Rule 4);
- When acting in temporary absence, pharmaceutical assistants will be restricted to dispensing a repeatable prescription, where it is not the first dispensing and prohibited from dispensing a defined set of medicinal products including some of the most commonly prescribed medicines under the GMS and DPS such as levothyroxine (Rule 8).

There is no logical or justifiable reason for the PSI to be introducing these draconian and disproportionate regulations. The net effect of them, if introduced in their current format, will do little for patient safety but will deprive a small cohort of very experienced and valued professionals from earning their livelihoods and make pharmacy services less accessible in more rural areas.

The Expected Impacts of these Rules

1. PAs would not be allowed to dispense the most commonly prescribed medication
2. PAs will not be able to provide usual professional cover e.g. pharmacist’s day off
3. As a consequence, many pharmacies especially in rural areas would have to close.
4. Some pharmacies would be forced to operate reduced hours.
5. The jobs of many of the current cohort of PAs would be jeopardised.
6. The PA’s professional qualifications would be down-graded.
7. Cost of compensation and redundancies to the State and pharmacists.

The Purpose of Public Consultation

The goal of public consultations is to enable the public to participate in policy and legislative development. Meaningful participation increases the legitimacy of decision-making, helps decision-makers to make better decisions and can lead to improvements in the quality of service provision. The Department of Public Expenditure and Reform set out three key principles of consultation that should inform the PSI, as a public body, when engaging with the public in developing policy, services and legislation¹.

1. Public Consultations must be genuine and meaningful

The first principle requires that consultation with the public must be genuine, meaningful, timely, balanced and with the ultimate objective of leading to better outcomes and greater understanding by all involved of the benefits and consequences of proceeding with particular policy or legislation proposals.

This is the fourth time in 4 years that the PSI has held public consultation on defining temporary absence. On each occasion, the proposed rules were rejected by the Pharmaceutical Assistants Association (PAA), Irish Pharmacy Union (IPU), and the wider public as disproportionate, unnecessary and an unwarranted attack on the Constitutional rights of pharmaceutical assistants to earn a livelihood.

Of the 1090 responses to the PSI Public Consultation in August 2018, 78 per cent of respondents disagreed with Rule 4 that the time period for temporary absence of a pharmacist should not exceed one hour; 65 per cent disagreed that Rule 8 that a PA should be restricted in their professional activities when acting in Temporary Absence.

Yet here we are less than 6 months later being consulted about Rules that are even more restrictive on the professional practice of PAs; that do not, in any way, reflect the expressed views and expertise of the pharmacy profession, medical profession, patients, politicians and general public outlined in the three previous public consultations.

These three consultations have not resulted in better outcomes or greater understanding of the benefits of proceeding with implementing the proposed Statutory Instrument. No explanation has ever been provided on how the final decision is made in light of the responses from the public consultation.

¹ <https://www.per.gov.ie/wp-content/uploads/Consultation-Principles-Guidance.pdf>

Appendix F

2. Public consultation should be targeted and easily accessible

The second principle is that consultation should be targeted at and easily accessible to those with a clear interest in the policy in question. The majority of prescriptions dispensed in pharmacies are for older people and those disadvantaged, hence these are the people most likely to be impacted by the Rules e.g. less likely to have access to transport if a pharmacy is closed in their locality. In Ireland, almost 70 per cent of the population over 65 does not use the Internet² therefore an online survey (with no downloadable PDF) can not be considered accessible.

The technical language used and the phrasing of questions also makes the survey less accessible, e.g. question 5 is ambiguous where a response of “agree” or “strongly agree” might be interpreted as agreeing to PAs dispensing repeat prescriptions but not agreeing to the first dispensing. A response of “disagree” or “strongly disagree” might be interpreted as not agreeing to a PA dispensing any part i.e. 2nd 3rd dispensing etc.

3. The opportunity for affected parties to participate at all stages of the process

The third principle requires the PSI to make systematic efforts to ensure that interested and affected parties have the opportunity to take part in open consultations at **all stages** of the policy process on significant policy, services and legislative matters: **development, implementation, evaluation, and review.**

It is PSI stated policy that PSI Council members can not engage directly with stakeholders³, so it is impossible for the affected parties, the PAA and IPU to participate in developing, implementing, evaluating or reviewing the measures that can address any perceived risk. The PAA have never once had an opportunity to engage directly with the PSI Council members to impart knowledge about their qualification, their professional role, answer any questions and outline their proposals to address any perceived patient safety concerns. When one considers that the majority of PSI Council members making decisions about these Rules have no pharmacy background, this is a missed opportunity for building a shared understanding of the professional practice of PAs and any concerns for patient safety.

As a result of this closed approach, the PSI Council has been presented with one narrative that constructs the issue of PAs working in temporary absence within a context of public safety, not as

² https://www.ageaction.ie/sites/default/files/attachments/briefing_paper_5_-_supporting_digital_literacy_among_older_people.pdf

³ https://www.thepsi.ie/Libraries/Governance/Corporate_Governance_Framework.sflb.ashx - page 19

Appendix F

a positive and valuable pharmacy professional resource to be nurtured; the qualification of PAs as suspect and inapprehensible and the professional practice of PAs as out-of-date.

The narrative reduces the issue of addressing public safety into black and white, defining Section 30 (2a and b) of the Pharmacy Act 2007 or be responsible for the consequences; it speaks to Council members' emotions and fears, focusing solely on convincing Council members that this is their only choice, meaning consideration has not been given to alternative proposals to provide assurance on public safety put forward by the PAA and IPU.

The narrative ignores facts such as:

- The pharmaceutical assistant's course, developed and overseen by the PSI until 1985, focused on educating and training students with the level of knowledge, skills and competence including making judgements to qualify them "to transact the business" of the pharmacist in their temporary absence. Like pharmacists, PAs on qualifying, were required to make judgements on unstructured problems in dispensing and operate independently, without supervision, whilst acting in their role of managing the pharmacy and performing all the tasks of a pharmacist in their temporary absence. This is the level of judgement required of degree students in modern day education. The role of the pharmacist and the PA then, as now, is the safe dispensing of all medications and the provision of expert advice. To imply that just because a professional group are older, they are therefore incompetent to undertake their professional role within the context of medical advancements is ageist and insulting to the hundreds of PAs who have provided an exemplary service to their patients for over 35 years.
- The Pharmacy Act 2007 does not demand that the PSI Council define Section 30 (2a and b). The legislation specifically states under Section 30(2) "Rules made by the Council with the consent of the Minister '**may**'.... As highlighted by the Minister for State, the use of "may" instead of "shall" in the Book of Quantum, allows the judiciary use discretion in making awards, rather than being bound to set awards⁴. Hence the PSI Council can decide not to invoke Section 30 (2), and instead seek to provide assurance on public safety through other measures such as requirements for PAs to adhere to a Code of Conduct, overseen CPD, a Core Competency Framework and a practice review process as criteria for registration annually; and amendments to the Pharmacy Act 2007 can be sought to include PAs in Fitness to Practice Regulations (this has the support of many politicians).

⁴ <https://www.independent.ie/irish-news/politics/ireland-has-clusters-of-compensation-claim-culture-minister-37666667.html>

Appendix F

- Up until 2007, pharmacists and PAs were regulated in a similar manner; they applied for entry to the PSI register annually, self-declaring engagement in CPD. The 'old' PSI had no means of sanctioning pharmacists or PAs or striking off incompetent practitioners. There was no requirement for a registered pharmacist or PA to be actively engaged in pharmacy or to participate in continuing professional education (CPE) or continuing professional development (CPD). These were considered matters of personal–professional responsibility. It is only with the passing of the Pharmacy Act in 2007 and the development of processes to support its enactment in the last three to five years, that pharmacists have been subject to different regulation to PAs. The Pharmacy Act 2007 addressed perceived risk for pharmacists through the introduction of overseen CPD and Fitness to Practice Regulations. The PAA have, since 2012, advocated amending the 2007 Pharmacy Act to include all registered Pharmaceutical Assistants in a similar requirement of overseen CPD and Fitness to Practice Regulations.

Conclusion

One must conclude therefore that these consultations are not intended to be genuine or meaningful, but tokenistic, a tick box exercise to legitimise a particular stand-point been taken by the PSI, a powerful authority.

It appears the PSI can act with disregard for all and approve rules that have been rejected by participants of three public consultations (so far); ignore evidence to show that the implementation of these rules will have a disproportionate impact on patients access to services, particularly in rural areas and significant loss of jobs among PAs,⁵. They can adopt this cavalier attitude in spite of supposedly operating in a public policy environment that values and legislates public participation, equality, objective evidence based decision-making, proportionality and lifelong learning.

The PAA ask that the PSI Council desist from this approach at this stage, undertake impact assessments of the Rules, both human and economic, and adopt a more proportionate response to perceived risks (such as that outlined below), in keeping with the EU Directive on a Proportionality Test for new or amended regulations restricting the exercise of regulated professions on public health grounds adopted in June 2018.

⁵ <http://regpharmassist.ie/perch/resources/paa-human-rights-impact-assessment-of-the-psi-draft-rules-report-1.pdf>

Pharmaceutical Assistants Association Proposal

- Pharmaceutical Assistants are mandated to undertake overseen CPD as one of the criteria for re-registration each year and are subject to a PSI Core Competency Framework.
- Pharmaceutical Assistants are included in the quality assurance process, requiring them to undergo the Practice Review process that evaluates four competencies: clinical knowledge, gathering information process, patient management and education and communication skills.
- Pharmacists make a statutory declaration that in 'temporary absence', cover will be provided by the pharmaceutical assistant employed by the pharmacist who has demonstrated competencies as outlined In PSI Core Competency Framework.
- Amend the Pharmacy Act 2007 to make Fitness to Practise applicable to pharmaceutical assistants



STATUTORY INSTRUMENTS.

S.I. No. **XXX** of 2018

PHARMACEUTICAL SOCIETY OF IRELAND (TEMPORARY ABSENCE OF
PHARMACIST FROM PHARMACY) RULES 2018

(Prn. [•])

S.I. No. of 2018

PHARMACEUTICAL SOCIETY OF IRELAND (TEMPORARY ABSENCE OF
PHARMACIST FROM PHARMACY) RULES 2018

The Council of the Pharmaceutical Society of Ireland, in exercise of the functions conferred on the said Society by sections 11 and 30(2) of the Pharmacy Act 2007 (*No. 20 of 2007*) (as adapted by the Health and Children (Alteration of Name of Department and Title of Minister) Order 2011 (S.I. No. 219 of 2011)), with the consent of the Minister for Health, hereby makes the following rules:-

Citation

1. These Rules may be cited as the Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2017.

Commencement

2. These Rules come into operation on xxxxxxxx.

Definitions

3. In these Rules—

“Act” means the Pharmacy Act 2007 (*No. 20 of 2007*);

“Authority” means the Health Products Regulatory Authority;

“duty register” means the ongoing, contemporaneous and retrievable record maintained in accordance with Regulation 5(1)(c) of the Regulations;

“professional task list” means a list of professional activities normally conducted by a pharmacist which may be performed by a pharmaceutical assistant when acting in the temporary absence of a pharmacist;

“registered pharmaceutical assistant” means a person whose name is entered in the Register of Pharmaceutical Assistants kept by the Council under section 13(1)(a)(iii) of the Act;

“registered pharmacist” means a person whose name is entered in the register of pharmacists kept by the Council under section 13(1)(a)(i) of the Act;

“Regulations” means the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. No. 488 of 2008);

“superintendent pharmacist” has the meaning assigned to it by Regulation 3(1) of the Regulations;

“supervising pharmacist” has the meaning assigned to it by Regulation 3(1) of the Regulations;

“temporary absence of the registered pharmacist” has the meaning assigned to it by Rule 4.

Meaning of “temporary absence of the registered pharmacist”

4. (1) Subject to paragraph (2), for the purpose of these Rules and section 30 of the Act, “temporary absence of the registered pharmacist” means any period, not exceeding one hour, during which the registered pharmacist is not physically present at the premises where a retail pharmacy business is carried on.

(2) Where the registered pharmacist has already been absent from the premises for—

(a) a period of one hour, or

(b) two or more periods together amounting to one hour of absence,

on any day, any further absence that day by the registered pharmacist does not constitute “temporary absence of the registered pharmacist”.

Pharmacy owners, superintendent pharmacists and supervising pharmacists

5. (1) These Rules are without prejudice to the discharge of the roles and responsibilities of the pharmacy owner, the superintendent pharmacist and the supervising pharmacist in the premises of a retail pharmacy business where a registered pharmaceutical assistant is acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist, including the duty of the pharmacy owner and the superintendent pharmacist under Regulation 5(1)(h) of the Regulations to ensure that the registered pharmaceutical assistant has the requisite knowledge, skills and fitness to so act.

(2) A pharmaceutical assistant acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist shall not act in the capacity of the superintendent pharmacist or supervising pharmacist in respect of the retail pharmacy business concerned.

Inclusion in duty register

6. The pharmacy owner and the superintendent pharmacist shall ensure that the duty register clearly indicates the period of time during which a pharmaceutical assistant is acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist.

Notification to members of public

7. The pharmacy owner and the superintendent pharmacist shall ensure that, when a registered pharmaceutical assistant acts on behalf of a registered pharmacist in the temporary absence of the registered pharmacist, steps are taken to notify any member of the public attending the premises of the retail pharmacy business that the pharmaceutical assistant is so acting.

Activities which may be carried out by pharmaceutical assistant when acting on behalf of pharmacist

8. (1) When acting on behalf of a registered pharmacist during the temporary absence of the registered pharmacist, a registered pharmaceutical assistant may carry out the following activities in addition to his or her normal activities as a registered pharmaceutical assistant:

(a) dispensing a repeatable prescription where—

(i) it is not the first dispensing of the prescription, and

- (ii) the prescription is for medicinal products other than—
 - (I) high tech products,
 - (II) cytotoxic medicinal products, and
 - (III) narrow therapeutic index medications;
- (b) dispensing, or providing by sale or supply, pharmacy-only medicinal products and general sale medicinal products; and
- (c) supervising the sale or supply of pharmacy-only medicinal products and general sale medicinal products.

(2) In this rule—

“cytotoxic medicinal products” means medicinal products that contain chemicals which are toxic to cells, preventing their replication or growth, and are used to treat cancer or malignant disease, or as an immunosuppressant;

“general sale medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(ii) of the Medicinal Products (Control of Placing on the Market) Regulations 2007 (S.I. No. 540 of 2007);

“high tech products” means those products appearing for the time being on the list of high tech products published from time to time by the Health Service Executive;

“narrow therapeutic index medications” means medicines which, where there is a small difference in the dose or blood concentration, may lead to dose and blood concentration dependence, serious therapeutic failures or adverse drug reactions;

“pharmacy-only medicinal products” means medicinal products categorised by the Authority under the sub-category referred to in Regulation 12(1)(b)(i) of the Medicinal Products (Control of Placing on the Market) Regulations 2007;

“repeatable prescription” has the meaning assigned to it by Regulation 4(1) of the Medicinal Products (Prescription and Control of Supply) Regulations (S.I. No. 540 of 2003).

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation).

These Rules relate to the situation where a registered pharmaceutical assistant acts on behalf of a registered pharmacist in the temporary absence of the registered pharmacist. They provide for the what constitutes “temporary absence of the registered pharmacist” in that context and lay down rules in relation to the recording of any such periods when a registered pharmaceutical assistant so acts and for the notification of same to members of the public attending the premises. In addition, they provide for the activities which a registered pharmaceutical assistant can carry out on behalf of the registered pharmacist in such a situation, in addition to the registered pharmaceutical assistant’s normal activities.

These Rules may be cited as the Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018.

These Rules come into operation on xxxxxxxx.

DRAFT

Chronology and Overview of the Development of Temporary Absence

The Pharmacy Act 2007 creates a framework whereby patients and members of the public can expect that a pharmacist will be available and practising within a pharmacy when they visit to have medicines dispensed or to obtain advice on a health or medicines matter.

It is an offence to operate a retail pharmacy business other than in accordance with particular conditions, one of which is that the sale and supply of medicinal products must be carried out by or under the personal supervision of a registered pharmacist at all times (Section 26). However, the Act provides for one exceptional circumstance and that is that no offence is committed where a registered pharmaceutical assistant acts on behalf of a registered pharmacist during the temporary absence of the registered pharmacist (Section 30).

The development of rules under the provisions of Section 30 of the Pharmacy Act 2007, as amended, has been actively under consideration by the Pharmaceutical Society of Ireland since October 2013.

In July 2014, the PSI issued by email and letter, a request for submissions from a random sample of pharmacists, pharmaceutical assistants and a number of selected stakeholders including the Pharmaceutical Assistants Association. The purpose of this engagement was to obtain views from interested individuals and organisations in order to inform the development of policy and to identify possible approaches that could be incorporated into a legislative framework under Section 30(2) of the Pharmacy Act 2007 relating to the circumstances in which a registered pharmaceutical assistant may act in the temporary absence of a registered pharmacist in the conduct of a retail pharmacy business.

In 2016, the PSI consulted on the first set of draft rules. The rules were issued for consultation accompanied by an information note. The [Consultation report of submissions received on the draft Temporary Absence Rules 2016](#) is published on the PSI website as is the [background information](#) note issued. At its meeting in March 2017 the Council considered the feedback received from the public consultation, heard an address from the Chairperson of the Pharmaceutical Assistants Association, and cognisant of its regulatory remit decided to reject the proposal presented at that time. The Council directed further examination of the issue of temporary absence, and what would be covered within the scope of the rules.

A Working Group was then established to examine and produce a report. The considerations of the group were informed by an independent report from the National Recognition Information Centre for

the UK (NARIC) on the Pharmaceutical Assistant qualification, and centred on patient safety, public protection and risk in proposing how long a pharmacist may be absent from a pharmacy. At their meeting on 17 May 2018, the Council considered the matter and accepted the [Working Group report](#) and its recommendations as the policy basis for the further development of rules. It was agreed to proceed with developing draft rules under section 30 of the Act, based on this proposed policy. New draft rules were considered and approved for consultation by the Council at the 21 June 2018 Council meeting, and a [public consultation](#) was carried out in July and August 2018 with the revised [draft rules](#).

At the meeting of the Council on 20 September 2018, the Council agreed that the proposed PSI (Temporary Absence of a Pharmacist from a pharmacy) Rules 2018, without change, be submitted to the Minister for Health for his consent so that they might be made into law. Subsequently an issue arose which required the re-consideration of one specific rule. This arose in the context of an element of the drafting framework used in the rules, and it required that the tasks that might be undertaken during a pharmacist's period of temporary absence were to be incorporated within the Rules, rather than as envisaged under Rule 8 considered by the Council.

A risk matrix was drawn up as part of the Working Group report on temporary absence, for the Council's consideration earlier this summer. This matrix of tasks assisted in the development of the Rules now published for consultation in December 2018, which will address in Rule 8, the activities that may be carried out by a pharmaceutical assistant when acting on behalf of a pharmacist, in their temporary absence. An expert group was also constituted and asked to critically assess on the basis of risk, patient safety and public protection the provision/s contained within Rule 8 of the draft statutory rules which provides for what can be done by a pharmaceutical assistant during the temporary absence of a pharmacist, with such assessment having due regard to the principles of necessity, effectiveness, proportionality, transparency, accountability and consistency.

At the Council meeting on 6 December 2018, the revised draft Rules were considered and approval was given for these to be issued for public consultation. The proposed rules define parameters around how long a pharmacist may be temporarily absent from a pharmacy, and what may be done by a registered pharmaceutical assistant acting on behalf of the pharmacist in his/her temporary absence. The proposed rules do not impose any limitations on what can be done by a registered pharmaceutical assistant when acting in his/her capacity as recognised in Section 31 of the Act in providing skilled assistance to a registered pharmacist.



PHARMACEUTICAL ASSISTANTS – INFORMATION NOTE

Historical Background

Under the provisions of the Pharmacy Act 2007 (the Act) (as amended) a “pharmaceutical assistant” means *“a person who before the coming into operation of section 4(1) of this Act was competent, under section 19 of the Pharmacy Act, (Ireland) Amendment Act 1890 to transact the business of a pharmacist in his or her temporary absence”*.

Under Section 19 of the Pharmacy Act, (Ireland) Amendment Act 1890 it is provided that *“ the Council may cause examinations to be held at such times and in such manner as may be prescribed by them from time to time for the purpose of examining assistants to pharmaceutical chemists and such assistants as shall pass such examination shall be competent to transact the business of a licentiate of the Pharmaceutical Society in his temporary absence but shall not be entitled to conduct or manage a business or to keep open shop on their own account.”* The old Pharmaceutical Society of Ireland was responsible for the conduct of such examinations.

By virtue of section 30(1) of the Act, a person whose name is entered in the register of pharmaceutical assistants is permitted to act on behalf of a registered pharmacist during the temporary absence of the registered pharmacist.

The current position regarding scope of practice and what constitutes temporary absence is based on the Code of Practice governing the temporary absence clause of the Pharmacy Act (Amendment) Act 1890 as agreed with the Pharmaceutical Assistants Association following discussions that took place in 1994.

Education and Training

Since the inception of the qualification of “Pharmaceutical Assistant (PA)” in 1890, the training appears to have been delivered in two particular formats.

Between 1890 and 1958, it is understood that no individual distinct course was provided for the PA qualification. Students registered to undertake the pharmaceutical licence course were also entitled on completion of that course to sit the “Examination for the Qualification of Assistant to Pharmaceutical Chemist”. An individual who was not successful in the pharmaceutical licence

Appendix I

examination could sit the PA examination and/or continue to repeat the pharmaceutical licence examination until successful. The then course of training was delivered on a primarily vocational basis with part time/evening academic attendance requirements prior to the student being eligible to sit either of the prescribed professional examinations. In this scenario it was conceivable, and in many cases a reality, that an individual could qualify as a PA and subsequently take the examination to qualify as a Registered Chemist.

Between 1950 and 1960, the training to become a pharmacist consisted of a five year course consisting of a “First Professional” academic year followed by three years apprenticeship in a pharmacy and a “Second Professional” academic year, the successful completion of which required the passing of the final pharmaceutical licence examination. The training to become a Registered Pharmaceutical Chemist from circa 1960 to 1977 consisted of a three year Academic degree undertaken at third level, followed by a one year practical training/apprenticeship position.

When the envisaged transfer of pharmacist education to University was imminent, the Council in 1958 decided to establish an independent parallel course leading to the qualification of an “Assistant to a Pharmaceutical Chemist”. Between circa 1960 and 1982, an individual wishing to train as a PA, would after having achieved leaving certificate/matriculation level:

- serve an apprenticeship to a registered pharmaceutical chemist for a period of not less than three years, with formal notification to the old PSI, prior to the commencement of the period of tutelage and following its completion. Any changes to the tutelage placement would also have to be notified to the old PSI.
- On completion of this apprenticeship, the student was required to attend an academic course for a period of one academic year and was required to pass an examination, which included practical examinations in some subjects, as prescribed by the Pharmaceutical Society of Ireland.¹

On the current Register of Pharmaceutical Assistants the earliest qualification held by a PA dates from 1961.

In 1979 the last persons to be examined as Pharmaceutical Assistants commenced practical training.

The last course of academic training delivered for Pharmaceutical Assistants under the meaning of Section 19 of the Pharmacy Act 1890 commenced in October 1982 with the last examination in this regard held in 1985².

A Preliminary/Apprenticeship Register and a Register of Pharmaceutical Assistants was maintained by the PSI at that time.

¹ IPJ April 1985 p112

² IPJ November 1981 p443

Temporary Absence Agreement of 1994

In 1994 the Council of the old PSI, together with the Executive Committee of the Pharmaceutical Assistants Association³ negotiated an Agreement and a draft Code of Practice governing Temporary Absence Clause to standardise interpretation of the provision "temporary absence", with the final meeting held between the PSI and the Pharmaceutical Assistants Association (PAA) on the 4th August 1994.

The agreement between the old PSI and the PAA sought to set out a mutual understanding of what the 1890 Act provided for, and was a statement of intent as to how the two parties considered "temporary absence" should be understood.

In summary the main provisions of the 1994 Agreement, are:

- The PA who will be performing professional duties of a pharmacist in his/her temporary absence shall be employed in the pharmacy concerned on a permanent basis for not less than 15 hours per week;
- The PA shall be entitled to cover short absences, such as lunch hours, two half days or one day off per week, unscheduled short absences and the standard annual leave of the pharmacist;
- The maximum number of days which the PA could cover in the temporary absence of the pharmacist should not exceed 14 calendar days in any single absence.

Current Legislative Framework

The Act (as amended) and the Regulations made thereunder create a clinical governance structure and framework within which each registered retail pharmacy business (RPB) must comply and operate. It creates distinct pharmacist roles within the RPB practice which may be summarily described as follows:

- The **"Superintendent Pharmacist"** is the individual registered pharmacist who, having not less than three years whole-time practice experience as a pharmacist in a retail pharmacy business, is in personal control of the pharmacy and as such is responsible for the overall professional and clinical management of the pharmacy. This pharmacist is in personal control of the management and administration of the sale and supply of medicines, and may operate in this capacity for more than one pharmacy practice at a given time. (*ref. Sn 27(b), 28(a) and 29(b) of the Pharmacy Act 2007*)
- The **"Supervising Pharmacist"**, who must also have not less than three years post-registration practice experience, is the individual registered pharmacist who is in whole-time charge of the operation of the individual pharmacy business. This pharmacist is responsible for all the on-going operations of the pharmacy, even when absent and has

³ Record of meeting with PAA 22/4/1994 M. Redmond, Solicitor is recording as stating the representatives of the PAA were empowered to reach agreement in principle but any draft Code when prepared in its totality would have to go back to the membership for approval.

Appendix I

a reporting relationship to the superintendent pharmacist. The pharmacist fulfilling this role may operate in this capacity for one pharmacy only at a given time and is required to have his or her name conspicuously displayed at the pharmacy premises concerned. (*ref Sn 27(c), 28(b) and 29(c) of the Pharmacy Act 2007*). The Superintendent pharmacist has legislative and professional obligations to ensure that all staff under his /her management have the requisite knowledge , skills, including language skills and fitness to perform the work for which they are, or are to be responsible. (*ref. regulation 5(1)(h) of The Regulation of Retail Pharmacy Businesses Regulations 2008*)

- The “**registered pharmacist**” is that pharmacist who, either personally or under whose personal supervision the sale and supply of medicinal products in the pharmacy is conducted. No post-registration experience is laid down for this pharmacist unless he or she is acting as the Superintendent Pharmacist and/or the Supervising Pharmacist for the particular retail pharmacy business.

In all cases, the registered pharmacist(s) operating in a pharmacy that delivers pharmacy care and services are required to comply with all legislative requirements, including the Code of Conduct for pharmacists, any guidance given by the Regulator and appropriate internal policy procedures and protocols. Such pharmacists are also personally accountable for all professional practices and activities overseen or carried out by him or her in the conduct of the business.

Under Section 26 of the Act, it is an offence to carry on a retail pharmacy business other than in accordance with the conditions set down in each of sections 27, 28 or 29 of the Act (depending on the type of pharmacy owner i.e. natural person, limited company, representative).

In all instances, irrespective of the pharmacy ownership structure, the sale and supply of medicinal products must be carried out by or under the personal supervision of a registered pharmacist at all times. (*ref. Sn 27(d),28 (c)and 29(d)*)

Section 30 of the Act provides that no offence is committed under Section 26 of the Act where a registered pharmaceutical assistant acts on behalf of a registered pharmacist during the temporary absence of the registered pharmacist.

A Pharmaceutical Assistant is permitted therefore, to carry out the activity of a registered pharmacist in the temporary absence of that pharmacist insofar as the sale and supply of medicinal products in a retail pharmacy business are concerned (vide Sn 27(d), 28 (c) and 29(d) of the Act) but not those functions that would be specifically associated with the roles of Superintendent and/or Supervising Pharmacist.

Pharmaceutical assistants are not currently subject to Fitness to Practise provisions outlined in Part 6 of the Act.