



**Comments received during public consultation on
Draft Guidelines on Patient Consultation Area
to facilitate compliance with
Regulation 4(3) of the
Regulation of Retail Pharmacy Business Regulations 2008
(S.I. 488 of 2008)**

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of the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. 488 of 2008)**

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	SUBMISSION	PSI RESPONSE
1.	James Cassidy, Healthwise Pharmacies, Co. Donegal	
	<p>From 01 November 2010, all retail pharmacy businesses (pharmacies) will be required to provide a designated area for patients to discuss medication-related issues in private with a pharmacist, and receive advice and counselling from the pharmacist in an appropriately professional and private manner.</p> <p>I would like to make the following points regarding the introduction of these requirements.</p> <p>1) Given the age and size restrictions of many established pharmacies , a one size fits all may not be the best way to approach this issue. PSI inspectors should be given discretion to facilitate reasonable provision of facilities in pre existing pharmacies, where all of the proposed requirements are not met, provided the proposed compromise provides a reasonable facility for patients.(This discretion only to apply where reasonable efforts are made to provide adequate consultation facilities .)</p> <p>2) The proviso prohibiting the use of an area which may provide a link to a store room / toilet should be changed to prohibit such a facility UNLESS a suitable arrangement is in place to ensure patients are not disturbed during a consultation. For many pre existing pharmacies, these areas will be the only practical places for placement of such facilities. Again</p>	<p>Noted. The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>'a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private...'</i></p> <p>The consultation area must be a 'designated area' where the patient and the pharmacist won't be interrupted and which will facilitate a 'private discussion' between them. If an area, e.g. dispensary, store room, can only be accessed through the consultation area the consultation area can't facilitate private discussions as envisaged in the legislation.</p>

<p>reasonable and practical compromise should apply provided facility will be adequate.</p> <p>3) In existing pharmacies where space is restricted, an arrangement whereby part of the counter is converted to a private "booth" should be acceptable. This only to apply to existing pharmacies where space restrictions limit other options. Eventually such pharmacies will develop extended services and require expanded facilities or will close. Either way the problem will resolve itself in a relatively short period of time.</p> <p>In all cases the PSI should recognise that physical (and financial) restrictions may apply in current climate , and a reasonable compromise should be accepted in difficult cases. This to depend on discretion of PSI inspector, and such discretion to be encouraged by PSI where appropriate.(In many cases Pharmacies are really struggling to manage their affairs , and discretion should be exercised if significant investment is required to meet new requirements and it can be shown this may have an undue effect on the cash flow of a struggling pharmacy – such cases to require financial evidence of effect of such investment on cashflow.</p> <p>In the UK, I remember the introduction of such facilities were initially accompanied by a proliferation of bank style booths on counters, which were gradually replaced by more sophisticated arrangements as use of facilities grew. If a reasonable approach is adopted in our case, I have no doubt that a similar progression and development of</p>	<p>Noted. However a private 'booth' as outlined would not comply with the legal requirements of the consultation area. Incorporating a consultation area into a retail pharmacy business is a legal requirement. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement for a consultation area in existing retail pharmacy businesses comes into force on 1st Nov 2010.</p> <p>Noted. The PSI is aware of and sensitive to the current financial situation. However, every retail pharmacy business will, as of Nov 1st 2010, be required to have a consultation area. Pharmacies were given a reasonable timeframe from when the Pharmacy Act 2007, and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. no 488 of 2008) were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act were approved by the Minister for Health on 28th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p> <p>Noted. However different countries operate under different legislative requirements.</p>
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	facilities will occur while limiting the effects on many struggling pharmacies in the current climate.	
2.	Peter J McElwee MPSI, McElwee Pharmacies, Co. Laois	
	<p>Though I realise there is a deadline for November of this year for the installation of Consultation rooms in pharmacies, I am also wondering what the case might be for a pharmacy which will be seeking re-location of the shop premises shortly after this time.</p> <p>I will be seeking to move one of my premises in the early part of next year once dates have been affirmed with the developer.</p> <p>I am sure this may well be the case for some colleagues also.</p> <p>I am available to discuss the matter at any time.</p>	<p>Noted. However pharmacies were given a reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008) were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act were approved by the Minister for Health on 28th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p> <p>Individual circumstances can be examined in the context of applications to the PSI, including applications for continued registration. Applications will be considered on a case by case basis, subject to the submission of supporting documentation and the available evidence base, and in line with legal and other requirements.</p>
3.	Robert Falconer MPSI	
	<p>Thank god I only do the odd locum these days.</p> <p>Making the implementation of a private consulting area compulsory is a dreadful idea for the following reasons.</p> <p>a) While in this area the pharmacist is not available to monitor or supervise the rest of the shop activity. What happens to OTC sales while he/she is tucked away for a</p>	<p>This is an important point which calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the 'pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business'. Pharmacy owners must ensure there are sufficient professional staff in place</p>

<p>private chat (which will last for at least 10 minutes)</p> <p>b) The majority of existing shops in this country do not have the available space to put this "private" area or booth.</p> <p>c) Unless this area is either completely soundproofed, or away from the shop floor altogether it will be far from private. I have seen many of the early versions of these areas, and they consist of nothing more than a screened off area on the edge of the retail space. The upshot of this is that even though the pharmacist and patient cannot be seen, they can be easily overheard by anyone standing close. And what is worse, they cannot see out of the area and thus do not know they are being overheard. It is thus anything but private.</p> <p>In my own experience these areas go through four phases. Firstly they are installed and possibly used a couple of times, secondly they quickly fall into disuse because of reasons a) and c) above, then they become a dumping area for either excess stock or rubbish, and lastly they are dismantled to reclaim valuable retail space.</p> <p>Under your new rules most of these areas will go through the first three phases. But then the pharmacy will be stuck</p>	<p>and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p> <p>Noted. However incorporating a consultation area into a retail pharmacy business is a legal requirement. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement for a consultation area in existing retail pharmacy businesses comes into force on 1st Nov 2010. It is the opinion of the PSI that such an area will enhance the pharmacist-patient relationship. Ultimately this will benefit the patient and thus expand the role of the pharmacist as a health care provider.</p> <p>Noted. This is a risk in any building. However when the area is being designed the retail pharmacy business owner must ensure that conversations cannot be overheard when speaking at a normal speaking volume.</p> <p>Noted. Patients should be informed of the availability of the consultation area and directed to the area should they wish to avail of their entitlement to a private consultation on their medicine therapy as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008). A consultation area may not be used to store any items unless such items are used during the course of patient consultations. The patient consultation area must be a 'designated area'. As patient consultation areas are a legal requirement, they may not be dismantled.</p>
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	<p>with a useless space consuming area because they have a statutory obligation to provide this "private consultation area".</p> <p>Please take your heads out of the sand and realise that retail pharmacists have <u>always</u> provided private consultations. They take place in a quiet corner of the shop or in the dispensary. The pharmacist can still monitor the rest of the shop, they know they are not being listened to, and the experience does not become formal and off-putting. We do not need bad legislation to make us do what is already being done.</p> <p>There is such a thing as professional overkill. This is an example.</p>	<p>The PSI is aware that many pharmacists already provide private consultations and envisage that the provision of a designated consultation area in every retail pharmacy business will enhance this role.</p> <p>Noted.</p>
<p>4. John Barry MPSI, Barry’s Pharmacy, Templeogue, Dublin 6W</p>		
	<p>I would like to make the following points about the draft guidelines.</p> <p>We have had a consultation area for about 2 years now – the refit being done on St Patrick’s Day 2008.</p> <p>Below is an excerpt from our planning document.</p> <p><u>Requirements:</u></p> <ol style="list-style-type: none"> 1. Privacy without being in a claustrophobic “box” 2. Ease of access 3. Seating 	<p>Noted with thanks.</p>

<ol style="list-style-type: none"> 4. Ability to emulate “standing at counter” for inhaler technique etc 5. Reference martial available 6. ability to access patients medication record 7. Area accessible at all times and not to be used for storage. 8. Blood Pressure monitor available if required. 9. Placebo inhalers available <p>The area works well but I have to say the take-up of it when offered is poorer than I expected. However many patients have been very appreciative and it has resulted in various scenarios where you elicit more information than you might have gleaned at the counter – early pregnancy being one of these. Our pharmacy intern conducted 2 MUR sessions in the area last year and it was very successful venture into this area..</p> <p>Having read the PSI guidelines I can see our area complies with most of the guidelines and by and large I would support them. I do think that access to PMR is very important as without it many a consultation would be punctured while the pharmacist goes to the computer to check the patient’s history. Also an MUR really does need full access to the PMR.</p> <p>However I would ask that, where there is an existing consultation area that is in use, that some leeway would be given and that these guidelines would not lead to a “written in stone” / all boxes to be ticked approach. I could foresee that in such a rigid scenario that our</p>	<p>Noted.</p> <p>It is important that the pharmacist has access to all information, e.g. the patient medication record or reference books that he or she deems necessary to carry out their consultation role effectively. The PSI supports and encourages the use of any information sources deemed in the best interest of patients and access to these resources should be addressed by each retail pharmacy business owner and superintendant pharmacist. It is not the intention of these guidelines to provide such detailed information.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines.</p>
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	<p>consultation area would not score 100% but I would still expect it to be getting above 85%, which I would hope would be considered acceptable.</p>	
5. Gerard McCormick MPSI		
	<p>I would like to see the PSI impose the proposed new standards on new openings only for the simple reason that a lot of existing premises do not lend themselves to having sufficient space to house a consultation room with its own identity.</p> <p>I do agree that each pharmacy having an area for private consultation but this does not need to be a separate room and indeed a private area is sometimes more beneficial than an enclosed room as sometimes the patient can feel intimidated entering a closed room when all they really need is to speak privately and quietly.</p> <p>I do feel that there should be a modicum of discretion given to PSI inspectors in the applying of the new standards and not just “a one size fits all” attitude where every pharmacy must conform irrespective of their capabilities and size constrictions.</p>	<p>Noted. However pharmacies were given reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. no 488 of 2008), were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act were approved by the Minister for Health on 28th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p> <p>The guidelines state that the consultation area does not need to be an enclosed room. The patient is however entitled to privacy, conversations should not be overheard and a patient’s visual privacy should be considered.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>‘a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ..’</i></p>

	Thank you for taking the time to read this submission and I do hope that you consider it carefully before applying the new regulations which have the potential to create a significant amount of difficulty if passed in its current form.	Noted.
6. Tom Taaffe MPSI, Co. Cavan		
	<p>Thanks for the opportunity to make a submission on this important subject which may have implications for the future of Community Pharmacy in Ireland. In this connection, can I make some brief points:</p> <ol style="list-style-type: none"> (1) There's no strong evidence that when a Counselling Area is available in Pharmacies that it is being used effectively to communicate useful messages to patients. Often the space can remain a moribund area of the Pharmacy consigned to being ignored initially by the patients and latterly by staff. (2) Patients frequently feel such an area is superfluous to their requirements as customers and patrons. (3) The costs in developing a Counselling Area can be prohibitive. (4) More study is needed to verify the benefits derived and the model of Pharmaceutical care that can best exploit the clear potential of a Counselling Area. To adhere to a rigid concept of 	<p>Noted. The purpose and benefits of a patient consultation area are widely accepted. Facilities for confidential conversation between a pharmacist and a patient about their medication and general health matters, that cannot be overheard by others, are also recognised as an essential element of 'Good Pharmacy Practice' by the International Pharmaceutical Federation (FIP, Good Pharmacy Practice Guidelines, 1997). It is the responsibility of the owner, superintendent and supervising pharmacist to ensure the consultation area is appropriately signed and that patients are directed to the area to avail of their counselling entitlements as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. no 488 of 2008).</p> <p>A consultation may occur when a patient requests medication related information or when a pharmacist, in the exercise of his or her professional judgement, wishes to discuss their medicine therapy with a patient.</p> <p>Noted. The PSI is aware of and sensitive to the current financial situation. However a consultation area will as of Nov 1st 2010 be a legal requirement. It is the opinion of the PSI that such an area will enhance the pharmacist-patient relationship. Ultimately this will benefit the patient and thus will expand the</p>

	<p>what effective counselling is or where it might properly occur is to underestimate how patients/customers request/accept Health messages.</p> <p>(5) If a Counselling Area could be dual or multi-purpose and such alternative uses could be legitimised than perhaps the arrival of the Counselling Area might be more widely welcomed as central to core Pharmacy activities.</p> <p>(6) A roll-out programme by a voluntary process might be more effective in gaining a real and wide acceptance by the stakeholders involved rather than imposition of same.</p> <p>I would conclude with the heartfelt belief that we, Pharmacists, must embrace the possibilities that a designated Counselling Area offers while ensuring that its implementation has a sound evidence base and the result is fit for purpose and gains wholehearted patient acceptance.</p>	<p>role of the pharmacist as a healthcare provider.</p> <p>The references included in the guidance outline the benefits of patient consultations. Further research into these areas will undoubtedly prove useful for informing pharmacists in the development of their professional role.</p> <p>The consultation area must be a designated area. This is important to ensure that the facility is always available for patients who wish to avail of their entitlement to a private discussion with the pharmacist on medicine therapy.</p> <p>The requirement for a consultation area is already enshrined in law and will come into effect for existing retail pharmacy businesses from 1st Nov 2010.</p> <p>Agreed</p>
7.	Michael Tierney MPSI	
	<p>In relation to consultation areas in pharmacies I would ask that reasonable consideration be made in relation to older pharmacy buildings.</p>	<p>Noted.</p>

	<p>I think a consultation area should be a discreet area in the pharmacy and should not be an area in another room. It would be hard for a pharmacist to supervise otc sales, dispense from the dispensary and hold consultations in a separate room ; all at the same time.</p> <p>Many existing pharmacies will not have the ability either physically or financially to provide space for a complex consulting area. Thus I ask that the proposed consulting area be a simple proposal. In the current financial climate any additional expenditure will be difficult. May I ask if there will be additional payments to Pharmacists who spend a lot of their time in the consultation room?</p>	<p>As outlined in the guidance, the consultation area does not have to be an enclosed room. Providing adequate supervision within the pharmacy is an important point which calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the ‘pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business’. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p> <p>The PSI is aware of and sensitive to the current financial situation. However a consultation area will as of Nov 1st 2010 be a legal requirement. It is the opinion of the PSI that such an area will enhance the pharmacist-patient relationship. Ultimately this will benefit the patient and thus expand the role of the pharmacist as a health care provider. Making a financial payment to owners of retail pharmacy businesses is not within the remit of the PSI, as the pharmacy regulator. However individual pharmacists may explore various avenues of financial compensation as deemed appropriate.</p>
8.	David Jordan MPSI	
	<p>I wish to make the following submission in relation to the guidelines for patient consultation area:</p> <p>The first issue that comes to mind is the current economic situation, both within pharmacy and within the nation. Any proposed changes should bear in mind the ability of pharmacists to pay for them. Also asking some</p>	<p>The PSI is aware of and sensitive to the current financial situation However a consultation area will as of Nov 1st 2010 be a legal requirement. It is the opinion of the PSI that such an area will enhance the pharmacist-patient relationship. Ultimately this will benefit the patient and thus will expand the</p>

<p>pharmacists to reduce the area available for retail activities at a time when retail is already down about 33% and margins are under severe pressure will reduce to ability to pay for any proposed changes. To this end any changes would best be done when the next re-fit is due rather than as out of cycle work which because of ancillary works would be more expensive.</p> <p>There should also be a provision within these proposed guidelines that any changes have to be subject to landlord consent. Any changes I make to my premises have to be agreed with my landlord. This can cause delays in any work starting. Also any change in the retail to office/back of store ratio will affect the rental value of the property and the landlord may not be amenable to any such changes.</p> <p>Any proposed guidelines should also take into account the physical size of the pharmacy. Some of the proposed guidelines that I have heard would mean that that the patient consultation area would take up more than 33% of my current front of shop floor space.</p> <p><i>The area should not be an access route to other areas of the pharmacy, e.g. a store-room, bathroom or the dispensary.</i></p> <p>Currently my consultation area is beside the OTC counter and forms part of the dispensary entrance. To put it anywhere else in the pharmacy would obstruct my view of</p>	<p>role of the pharmacist as a healthcare provider.</p> <p>Noted. However pharmacies were given reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008) were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act came into force on 29th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. The issue of limited space in a pharmacy is being addressed in the updated guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>'a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ..'</i></p> <p>The consultation area must be a 'designated area' where the patient and the pharmacist won't be interrupted and which will facilitate a 'private discussion' between them. If an area, e.g. dispensary, store room, can only be accessed through the consultation area the consultation area can't facilitate private discussions as envisaged in the legislation. Security and safety are paramount and retail pharmacy business owners should never compromise the security</p>
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	<p>the entire premises. To do so would compromise the security and safety of my staff and of the pharmacy itself. Bearing in mind the variety of pharmacy shapes and sizes I feel that a "One size fits all" type of guidelines would not be appropriate.</p> <p>As they are presently drafted they seem to more suited to the large chains rather than the independent owner-operator.</p> <p>The part of the draft: <i>"The patient consultation area should be a designated area and therefore used solely by the pharmacist for the purpose of patient consultation and counselling. The area should not be used for other purposes, e.g. the storage of medicines or excess stock."</i></p> <p>While I agree with not using it for purposes such as storage of stock I feel that it should be allowed to be used for other patient based services. For instance I would use my current consultation area for methadone supervision. I also use to to passport/ID photos and I do not see these uses as being incompatible with a consultation area.</p> <p>Every piece of space in the pharmacy bears a cost either directly or indirectly. And limiting a space to just one use is inefficient and costly to the pharmacist.</p> <p>Finally I feel that these guidelines would benefit from the use of the phrases "where possible" and "common-sense".</p>	<p>and safety of pharmacy staff and/ or patients.</p> <p>Noted. The guidelines seek to facilitate compliance with regulation 4(3) of the Regulation of Retail pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), in all pharmacy settings.</p> <p>Noted. The consultation area must be a designated area. This is important to ensure that the facility is always available for patients who wish to avail of their entitlement to a private discussion with the pharmacist on medicine therapy.</p> <p>Noted. Refer to above note on the financial situation.</p> <p>Noted.</p>
<p>9.</p>	<p>Michael Wade MPSI, Wade's Pharmacy</p>	

	<p>With regard to the requirement to provide consultation rooms in pharmacies in 2010, I would like to make the following points for consideration:</p> <p>1) Any such room will have to have video surveillance and/or sound recording to obviate any potential "misunderstandings" between pharmacist and patient</p> <p>2) As we operate in extremely difficult financial times, where cuts of 34% have been forced on to pharmacists operating the Community Drug schemes, any structural modification to provide said facility will require extra funding.</p> <p>3) Most pharmacies have an area for consultation anyway, which patients find very useful, allowing discussion with the pharmacist without the intimidation of retiring to a consultancy room. As this is a consultancy process, I trust the Registrar will consider the views expressed by those most affected</p>	<p>The security and safety of pharmacy staff and/ or patient's is paramount. Security features such as CCTV can be considered. The use of sound recording equipment is not recommended and should not be undertaken without written consent.</p> <p>Noted. The PSI is aware of and sensitive to the current financial situation. However a consultation area will as of Nov 1st 2010 be a legal requirement. Individual pharmacists may explore various avenues of financial compensation as deemed appropriate.</p> <p>Noted. A patient should have access to a 'designated area' where the patient and the pharmacist won't be interrupted and which will facilitate a 'private discussion' between them should the patient wish to avail of their counselling entitlements as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. no 488 of 2008). The PSI is aware that many pharmacists already provide private consultations and envisage that the provision of a consultation area in every retail pharmacy business will enhance this role.</p>
10.	Mark Sajda MPSI, Group Superintendent Pharmacist, Sam McCauley Chemists	
	<p>As the Superintendent Pharmacist I would like to make the following points on behalf of Sam McCauley Chemists Ltd. in relation to the draft guidelines on patient consultation areas.</p>	<p>Noted.</p>

<p>We are aware that the period of public consultation will end at 5.00pm on Tuesday, 06 April 2010 and as a company we are concerned that whilst draft guidelines have been issued it would be remiss of us to begin the process of installation of these patient consultation areas until due process has taken place and finalised guidelines are issued.</p> <p>Due to the size of our company with 24 individual pharmacies the maximum number of pharmacies that we can physically install patient consultation areas in per month would be four, which would take a period of six months. Prior to this we would require one month for the design of these consultation areas and a further one month for the tender process. Furthermore once a lead time for the starting of any works is factored in we would be looking at a period of nine months for the complete installation of all consultation areas within the group.</p> <p>Our concern is that the deadline for installation of all patient consultation areas by November 2010 is unworkable when we do not have finalised guidelines. We would suggest that a period of one year after the publication of finalised guidelines be more appropriate in order to allow the larger groups time to design, schedule and install these areas.</p> <p>Many of our pharmacies will require fire certificates to be re-submitted due to changes in internal layout and to ensure that all patient groups have access to the facility. This may result in some cases in new planning applications</p>	<p>Noted. The guidelines seek to facilitate compliance with regulation 4(3) of the Regulation of Retail pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), in all pharmacy settings.</p> <p>Pharmacies were given reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008), were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act came into force on 28th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p> <p>Noted. However, a consultation area will as of Nov 1st 2010 be a legal requirement.</p> <p>Noted. Refer to the above comments on the timeframe.</p>
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<p>further delaying matters.</p> <p>We would hope that the Pharmaceutical Society would, when reviewing the installation of these consultation areas particularly in relation to those pharmacies which have been operating for many years show a degree of commonsense, as it can often be extremely difficult to design such a facility in an older building.</p> <p>Finally, we would say that we welcome the benefit that will accrue from having a designated area within the pharmacy specifically for patient consultation and we can see that it has huge potential to improve patients' health, by increasing patient education and medication compliance.</p>	<p>Noted. The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines.</p> <p>Noted.</p>
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11.	John Boles MPSI, Boles Pharmacy, South Circular Rd, Dublin 8	
	<p>Letter1 I wish to refer to section 7 and security. I personally think it is vital that all conversations be recorded to prevent (or reduce) the risk of attempted blackmail. Twice in my experience as a pharmacist attempts have been made to blackmail me (without success) but it is an even present worry.</p> <p>Section2 – the sign required should indicate that the service is not an instantaneous service and that the patient may have to wait for a period. It is a well known fact that shop-lifters only come into shops when they are busy and that most bogus prescriptions are presented at closing times, when the risk is greater (i.e. all risks)</p> <p>Letter 2 I feel that pharmacists should have the right at any time to alter the private consultation area.</p> <ol style="list-style-type: none"> 1) If the need arises, the right to install suitable glass between the patient and the pharmacist. 2) The right to serve customers through a hatch in the shop door (in extreme cases) and to suspend the private consultation area (in exceptional circumstances) 3) Most customers who have wanted to see me privately in the past have been looking for spikes or barrels (needles or syringes) or have been looking for a prescription to be dispensed which 	<p>The security and safety of pharmacy staff and/ or patient’s is paramount. Security features such as CCTV can be considered. The use of sound recording equipment is not recommended and such recording should not be undertaken without written consent.</p> <p>Pharmacy owners and superintendant pharmacists are entitled to incorporate different elements into their procedures surrounding the provision of the patient consultation area. However the patient is entitled to expect to be dealt with in a reasonably timely manner. With each dispensing of a prescription the patient is entitled to a consultation as outlined in Regulation 9 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008).</p> <p>Concerns noted. In relation to points 1, 2 and 3.</p> <p>As outlined in the draft guidelines: <i>“The security and safety of the patient and the pharmacist is paramount. The consultation area should not be used when, by entering the area, there is deemed to be a potential risk to the personal safety of a patient, pharmacist or another staff member.”</i></p> <p>The draft guidance also outlines that security features may be used where deemed necessary, however the patient’s right to dignity should also be considered.</p>

	<p>could not legally be dispensed. I was assaulted by one such person which resulted in dental treatment being required for a broken tooth. Will pharmacists have the right to refuse to see such people in private?</p> <p>4) I have been consulted on occasions by persons who wanted to discuss intimate details; in particular by one elderly lady who insisted on showing me parts of her body with which I felt most uncomfortable. How can we deal with this type of situation.</p> <p>5) Can we refuse to discuss with a patient their medical history, when they get all their prescriptions dispensed in another pharmacy?</p> <p>6) Should we keep our own records of all advice given lest it be challenged subsequently and what is the legal situation?</p> <p>7) In my last letter I referred to taking recordings of all conversations. It has since been pointed out to me that CCTV means closed circuit television and that when one watches television it would be normal to use the volume control.</p> <p>8) I think it would be extremely important to insist that all consultations should be 'by appointment' for obvious reasons.</p>	<p>In order to maintain clear professional boundaries with patients, pharmacists may consider the use of a chaperone where deemed necessary.</p> <p>This is a professional decision. However, all pharmacists must be cognisant of the 'Code of Conduct' particularly Principle 2 which states: <i>A pharmacist must employ his/her professional competence, skills and standing in a manner that brings health gain and value to the community and the society in which he/she lives and works.</i></p> <p>The pharmacist should document any advice given or any interventions made to ensure the maintenance of accurate records.</p> <p>Noted. However sound recording is not recommended and should not be undertaken without written consent.</p> <p>Noted. However, as outlined above, with each dispensing of a prescription a patient is entitled to a consultation.</p>
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12.	Irish Pharmacy Union (IPU) (Pamela Logan MPSI)	
	<p>1. Introduction</p> <p>The Irish Pharmacy Union (IPU) is the representative and professional body for community pharmacists. Its mission is to promote the professional and economic interests of its members. Members of the Union aim to provide the best possible professional pharmacy service to all members of the public. They are committed to delivering a quality, accessible, personal and professional service that puts the patient first and has as its primary goal the optimisation of the health and well-being of society. Pharmacists are accountable for their professional conduct and strive to maintain the confidence and respect of their patients, customers, the State and other professionals in the healthcare field.</p> <p>The Union welcomes the opportunity to make a submission to the Pharmaceutical Society of Ireland (PSI) on its draft guidelines on Patient Consultation Area.</p> <p>2. Timing of the Guidelines</p> <p>The Union wishes to express its concern at the delay in producing these draft guidelines for consultation. The Regulation of Retail Pharmacy Business Regulations 2008 (S.I. 488 of 2008) came into force on 29 November 2008. These regulations introduced the requirement to have a consultation area in a pharmacy, with a derogation for existing pharmacies until 1 November 2010. The consequences of this are that many pharmacy owners, in preparation for the end of the derogation, have</p>	<p>Noted.</p> <p>Noted. The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. <i>there must be 'a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ..'</i></p> <p>Consultation areas which have received approval by the PSI since the regulations made under section 18 of the Pharmacy Act 2007, the Regulation of</p>

<p>already installed a consultation area in their pharmacies. It is unreasonable to expect pharmacy owners to now adapt existing consultation areas when they have expended considerable money to have one installed promptly to comply with the regulations during the 17 months period in which there were no guidelines. Indeed, newly opened pharmacies and existing pharmacies, during this period, have had their consultation areas approved by the PSI during inspections. The Union would therefore advocate that any existing consultation areas, especially those that already have PSI approval, should not have to undergo any changes. Any future consultation areas being installed should be bound by the new guidelines.</p> <p>3. Cost of Providing Consultation Area</p> <p>The PSI draft guidelines quote Scotland as one of the countries which has a requirement for a consultation area in pharmacies. Community Pharmacy Scotland commenced its consultation process over seven years ago and is still working towards having consultation areas in all pharmacies. Pharmacies were entitled to apply for a government grant to assist with the installation, minimum guidelines were imposed and recognition was given to those pharmacies who structurally could not install a consultation area at all or one that would fully comply with the guidelines.</p> <p>Community pharmacists in Ireland have already seen significant increases in the cost of providing a pharmacy service, not least with a six-fold increase in PSI fees in recent years while, at the same time, their payments have</p>	<p>Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008), came into force on 29th Nov 2008 will not have to be altered. Regarding consultation areas in all other pharmacies, as outlined above, the PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines.</p> <p>Noted. However different countries operate under different legislative requirements.</p> <p>Noted. The PSI is aware of and sensitive to the current financial situation. However a consultation area will as of Nov 1st 2010 be a legal requirement.</p> <p>Making a financial payment to owners of retail pharmacy businesses is not</p>
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<p>been reduced by Government by in excess of 30%. Now they face an additional cost in providing a consultation area within the pharmacy. Such expense is beyond the reach of many pharmacies in the current economic climate. The Union believes that pharmacies should be given a grant towards the cost of the installation of the consultation area, similar to the grant of €6,370 that the HSE pays to pharmacists who are involved in the Methadone Treatment Scheme. The PSI should consider the precarious nature of the funding model for many pharmacies at present and should not enforce any policy that would have a detrimental effect on the ability of pharmacies to continue to provide a full level of service to patients.</p> <p>4. Practicality</p> <p>The PSI must consider the scope to provide a consultation area in the average Irish pharmacy. Some pharmacy owners have reported that they will find it challenging, and in some cases impossible, to install a consultation area within their pharmacy due to limitations in space. Many existing pharmacies would struggle to install a consultation area without major structural work or refit taking place. The PSI must adopt a flexible approach to these pharmacies. In some cases, the only suitable place may be adjacent to a storeroom. The prohibition of an entry through the consultation area is not practical in these and other cases and should be replaced with a stipulation that some system should be in place to prevent disturbance during a consultation.</p>	<p>within the remit of the PSI, as the pharmacy regulator. However individual pharmacists and/ or the IPU, as the pharmacy union, may explore various avenues of financial compensation as deemed appropriate.</p> <p>Noted. However pharmacies were given a reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008) were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act came into force on 29th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p> <p>The PSI is aware that some pharmacies may have limited space available for a consultation area. This issue is being addressed in the updated guidelines.</p> <p>The consultation area must be a ‘designated area’ where the patient and the pharmacist won’t be interrupted and which will facilitate a ‘private discussion’ between them. If an area, e.g. dispensary, store room, can only be accessed</p>
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<p>Other practical considerations should be applied; for example, a temporary designation of a given area of the pharmacy or a partitioned counter space should be acceptable to meet legislative requirements.</p> <p>5. Wheelchair Access Many existing pharmacies, through no fault of their own, are not wheelchair accessible. This could be due to planning limitations or restrictions. Therefore, it does not make sense that the consultation area must be wheelchair accessible for all pharmacies. The guidelines should state that, where possible, the consultation area should be wheelchair accessible.</p> <p>6. Location of Consultation Area The guidelines state that the consultation area should be close/adjacent to the dispensary. Whilst this would be practical for single pharmacist stores, it should not be a blanket requirement for all pharmacies as some have multiple pharmacists employed and this should be reflected in the guidelines.</p> <p>7. Safety and Security Whilst we acknowledge that it is useful to have an area in the pharmacy where pharmacists can talk to their patients in private, there is a concern amongst the profession about the safety and security of the pharmacist being in a</p>	<p>through the consultation area the consultation area can't facilitate private discussions as envisaged in the legislation.</p> <p>Noted. However the method of consultation outlined would not comply with the minimum requirements outlined in legislation and the guidelines.</p> <p>Noted. However all patients should be able to access the consultation area unaided.</p> <p>Noted. The guidelines have been updated and now state that the patient consultation area should 'ideally be close/ adjacent to the dispensary...'. As outlined in the draft guidelines: <i>"The security and safety of the patient and the pharmacist is paramount. The consultation area should not be used when, by entering the area, there is deemed to be a potential risk to the personal safety of a patient, pharmacist or</i></p>
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<p>relatively enclosed space with an unstable patient. Whilst we recognise that this issue is addressed in the guidelines, there is a concern that pharmacists are leaving themselves open to allegations from patients that inappropriate behaviour occurred whilst in the consultation area. Consequently, the consultation area should not be so secluded as to facilitate such allegations. Equally, a pharmacist must be able to decide if it is appropriate or not to engage with the patient in the consultation area, or if the consultation is best carried out in the public area of the pharmacy. These issues should be recognised in the guidelines.</p> <p>8. Supervision The draft guidelines imply that a second pharmacist be made available to ensure supervision of the pharmacy whilst the consultation area is being utilised. This is impractical as there may be only one pharmacist on duty in many independent pharmacies. Whilst it may be a reasonable requirement should a pharmacy decide to use the consultation area for planned Medicine Use Reviews or other such activities, it is envisaged that most private consultations with patients would take a matter of minutes. This should be clarified in the guidelines.</p> <p>9. Conclusion In conclusion, whilst the Union accepts that all pharmacies should have a consultation area, the Union would expect that the PSI be cognisant of the practicalities from a pharmacist's perspective in relation to the installation of a consultation area in pharmacies</p>	<p><i>another staff member."</i></p> <p>In order to maintain clear professional boundaries with patients, pharmacists may consider the use of a chaperone where deemed necessary.</p> <p>The draft guidance also outlines that security features, e.g. CCTV, may be used where deemed necessary. Also as outlined in the guidelines the consultation area does not need to be an enclosed room. However where a room is not enclosed the patient's right to privacy must be considered.</p> <p>This is an important point which calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the <i>"pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business"</i>. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p> <p>Noted. However, a consultation area will, as of Nov 1st 2010, be a legal requirement.</p>
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	<p>that have been in existence for many years, the costs incurred, and the safety and security of the pharmacist. Equally, it would be totally unreasonable to expect every pharmacy to have a private consultation area by next November that would comply with the guidelines and this needs to be recognised.</p> <p>It is worth noting that when the Pharmacy Bill was passing through the Seanad in 2007, Senator Mary Henry stated that she hoped that <i>“existing pharmacies will not be closed down simply because they are unable to fulfil this requirement (of having a consultation area).”</i> She went on to suggest that <i>“They should be required to do so when they are being reconfigured or being built.”</i> The Minister for Health and Children replied that <i>“one must be pragmatic and sensible in the manner in which one seeks to apply this provision”</i>. The Union would hope that the PSI would follow this advice. The Union looks forward to working with the PSI on the production of final guidance to incorporate the issues addressed in this submission. The Union is available to meet with the PSI to discuss the issues raised above or, indeed, any other relevant issues.</p>	Noted.
13.	David O’Connell MPSI , O’Connell’s Pharmacy, Borrisoleigh, Co. Tipperary	
	<p>I refer to the Draft guidelines which you have published on your website regarding community pharmacy consultation rooms. I wish to make an observation/submission. I wish to draw your attention to a dilemma which is pertinent to me, and presumably many others. My</p>	Noted.

<p>pharmacy is quite narrow, though quite long. I do not feel there is sufficient width in front of the public counter to erect a consultation room of any reasonable size and robust nature. I have spoken to a local fire officer, and he has highlighted this to me, as it may cause an unreasonable obstruction to people flow, in the unfortunate event of fire or emergency situation. Furthermore, I cannot extend more to either side, as I do not own either property to the side.</p> <p>The only foreseeable solution, is to provide a small/discrete counselling area at the counter, but not a permanent room. I have a separate counselling room behind the dispensary, where there is ample room. This can be used for consultations where complete privacy is required. It has ample room, seats and computer terminal, etc.</p> <p>This is accessed through the dispensary. I understand this is contrary to some of the criteria in your draft proposals. Measures can be taken, to ensure a safe passage through this area.</p> <p>I would ask, that you give some thought to pharmacies like mine, where space constraints may prove problematic. We also have to satisfy fire officers and health and Safety legislation. Can individual arrangements/exceptions be made if there is a genuine need?</p> <p>I look forward to your final guidelines and welcome your</p>	<p>Noted. However the method of consultation outlined would probably not comply with the minimum requirements required by legislation. The consultation area must be a 'separate' area which facilitates 'private' discussions.</p> <p>The consultation area must be 'conveniently located' and accessible from the public area of the pharmacy to ensure maximum usage of the area by both patients and pharmacists. If a consultation area can only be accessed through another area, e.g. dispensary, store room, the consultation area is not conveniently located as envisaged in the legislation.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>'a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ..'</i></p>
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	<p>vision. I hope that I can deliver an acceptable solution based on your recommendations.</p>	
<p>14.</p>	<p>Jack Shanahan MPSI, Shanahan's Pharmacy, Church St, Castleisland, Co. Kerry</p>	
	<p>I wish to make a few observations in relation to the proposed consultation area guidelines. As a general point I feel that the case for a consultation area is unarguable, particularly as there is a legal requirement. I also believe that the case is overstated. Personally I have worked for over 25 years in community pharmacy and, in my experience; patients rarely need an isolated area for communication.</p> <p>My point is that a dedicated consultation area is rarely used. Therefore, in the interests of efficiency, the area should be able to be used for other functions within the pharmacy.</p> <p>1. I would be concerned that the proposed standard becomes "all things to all people" rather than fit for purpose. By this I mean that part of the definition of a professional is that they can exercise judgement appropriate to their training and experience. I would expect that if any pharmacist deems a particular consultation structure suitable for their premises, based on their professional judgement, then this must be an overwhelming consideration. The draft guidelines, as they have been presented, have all the hallmarks of a box-ticking exercise where more theoretical rather than</p>	<p>Noted.</p> <p>It is the responsibility of the owner, superintendant and supervising pharmacist to ensure the consultation area is appropriately signed and that patients are directed to the area to avail of their counselling entitlements as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008).</p> <p>The patient consultation area must be a 'designated area' where the patient and the pharmacist won't be interrupted and which will facilitate a 'private discussion' between them should they wish to do so and/or should the pharmacist deem it necessary.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>'a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ..'</i></p>

<p>practical considerations have been enumerated.</p> <p>2. There are many types of consultation that occur in community pharmacies. Frequently patients are customers that are not concerned about confidentiality because the subject is neutral. In these situations then the normal premises counter becomes the consultation area.</p> <p>3. Some patients do not wish to appear to be isolated as it will make them feel more self-conscious. Patients may feel that the very act of bringing them into a specific, well defined area will invade their privacy and embarrass them.</p> <p>4. While it may seem obvious, pharmacists are not doctors. We should not be expected to have areas that are more appropriate to a different type of consultation. The area is for imparting knowledge in a confidential manner, not for conducting examinations. As alluded to in the draft guidelines document, the requirements for a testing or screening area are quite different to that of a consultation area.</p> <p>5. Most pharmacies are single pharmacist operations. There is a risk of developing a standard that will effectively require the presence of two pharmacists in a community pharmacy to ensure compliance with the supervision requirement. The logical imperative flowing from the</p>	<p>Agreed. Some discussions within a pharmacy do not require a private consultation and where private consultations are required many pharmacists already review and discuss a patient’s medicine therapy in private. The PSI envisages that the provision of a consultation area in every retail pharmacy business will enhance this role.</p> <p>Noted. Patients should be made aware that the consultation area is available for their use. They should be encouraged to enter the consultation area. However patients are entitled to refuse to do so should they feel uncomfortable.</p> <p>Noted. The requirement is to have a separate, designated consultation area available so a pharmacist can discuss matters relating to a patients medicine therapy in private. <i>As stated in the guidelines: “consultation area use, and therefore requirements, will vary depending on the services provided by the pharmacy. If a pharmacy currently provides additional services such as health screening and monitoring services... there will be additional requirements for an area that can facilitate these services. This includes the degree of privacy required, the size of the area and the equipment requirements. For further guidance on the requirements for premises providing such services please consult ‘Guidelines for Safe and Effective Management and Use of Point of Care Testing in Primary and Community Care.’”</i></p> <p>Providing adequate supervision within the pharmacy is an important point which calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the <i>‘pharmacy owner shall</i></p>
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<p>consultation document seems to point in this direction. If it is the regulator's view that it is impossible for a pharmacist to both supervise a pharmacy and consult with a patient at the same time then this should be specifically stated. There would be obvious consequences for all concerned.</p> <p>6. I believe that, for security reasons, all consultation areas need to be open enough that both the pharmacist and the patient can be in open view. I understand that this may conflict with potential visual privacy requirements but, in the modern world, it is not an overstatement to argue that a single allegation could ruin a pharmacist's reputation. I do not believe that CCTV can avoid this as, like all technology, it may not always function correctly or can be subject to interference.</p> <p>7. The draft guidelines suggest that a consultation area has to have enough space for a pharmacist, a wheelchair user, their carer, an area for writing on and an area for demonstrating equipment (presumably the latter two can be the same). Most modern pharmacies are reasonably small premises, frequently with a floor area of less than 90m². It is unreasonable to expect that these premises should lose 15% or 20% of their floor space to a seldom used facility.</p> <p>In summary, I believe that the consultation area definition should be left reasonably fluid. The thrust of the guidelines contain more aspiration than reality. The</p>	<p><i>provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business'</i>. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p> <p>The consultation area should facilitate a private discussion and the patient's visual privacy should be considered. However, <i>as outlined in the guidelines 'The security and safety of the patient and the pharmacist is paramount. The consultation area should not be used when, by entering the area, there is deemed to be a potential risk to the personal safety of a patient, pharmacist or another staff member.'</i></p> <p>The draft guidance also outlines that various security features may be used where deemed necessary.</p> <p>The consultation area must have sufficient space and facilities to allow the pharmacist, patient and/or their carer to be seated and there should be a table/worktop to facilitate demonstrations etc. The guidelines allow flexibility to facilitate various types of consultation areas on a case by case basis.</p> <p>Noted. The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines.</p>
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	<p>direction of this document appears to be an attempt to change traditional dispensing workflow to an intellectually more pleasing system. Given that this document will be used to evaluate pharmacies it is essential that it reflects current work practice. The economics of pharmacy in Ireland is evolving to require rapid volume dispensing to stay in business. While many would welcome a different model, it is imperative that the regulator strikes a pragmatic balance between current practice and aspiration.</p>	
15	Rory O'Donnell MPSI, O'Donnell's Pharmacy, Derrybeg, Co. Donegal	
	<p>Thank you for the opportunity to make a submission regarding the above.</p> <p>I welcome the fact that guidelines will be produced in relation to consultation areas and I believe these areas will be important for the future of community pharmacy. However, I would make the following observations in relation to the draft guidelines:</p> <ul style="list-style-type: none"> • Many pharmacies have already installed consultation areas in advance. I think it would be impractical and grossly unfair if these are now forced to amend or completely redo existing facilities, especially in today's economic climate. • I support wheelchair access for my pharmacy, however many pharmacies are not wheelchair 	<p>Noted.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>'a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ..'</i></p> <p>Noted.</p>

	<p>accessible in the first instance having been built prior to part M of building regs or being in a listed building. I would hate to see these pharmacies deemed non-compliant with any new regulations and I urge commonsense in implementation of this.</p> <ul style="list-style-type: none"> • Unlike the provision of focussed pharmacist time, such as Medicines Use Reviews, I believe consultations using the consultation area will be of a brief duration in most pharmacies and that OTC sales and prescription dispensing will be halted for this short duration in single pharmacist pharmacies. Accordingly I do not agree with the draft requirement for transparent walls/doors. In fact I believe this would remove privacy. • The draft requirement for a table and sufficient seating for patients and carers, while noble, is not practical for many smaller pharmacies. I would see this as a reasonable requirement for new openings but not for existing pharmacies. Again I would urge commonsense here. 	<p>The guidelines do not require transparent walls and doors. The guidelines advise pharmacy owners to consider the visual privacy of the patient. The guidelines also state that the pharmacy layout must be appropriate and adequate pharmacist personnel must be in place to allow for the required supervision.</p> <p>Noted. The PSI is aware that some pharmacies may have limited space available for a consultation area. This issue is being addressed in the updated guidelines.</p>
16	Margaret Byrne MPSI, Kilcoole Pharmacy	
	<p>Size & Space Working in a small community pharmacy, the main issue that concerns me with regard to these new guidelines is that of space. The entire useable space within my premises is roughly 26m² (including space taken up by 2 freestanding display stands). To facilitate 3 chairs (Pharmacist, Patient, and/or Carer/Guardian) a table, and</p>	<p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. The consultation area must have sufficient space and facilities to allow the pharmacist, patient and/or their carer to be seated and there should be a table/ worktop to facilitate demonstrations etc. There will be flexibility to facilitate varying consultation areas on a case by case basis depending on the size of the</p>

<p>allow for wheelchair access, I would estimate that this is going to take an enclosed area of approximately 4m x 4m or 16m² which is more than half of the available space within my shop.</p> <p>With such a large space removed from the functioning retail area of the premises this will have a direct impact on several aspects of my business, as I will no longer be able to stock the range or quantities of pharmacy/cosmetic products that I currently stock due to the reduced space.</p> <p>Supervision. As the guidelines quite correctly specify, there is a current requirement for proper supervision of dispensary area of the pharmacy. With the requirement for the consulting area to ensure audio and visual privacy, should the pharmacist be in the consulting room, there can be no possibility, that the pharmacist provide supervision of the dispensing area. To provide the required supervision of the dispensary, during a consultation it would necessitate the engagement of a second full time pharmacist, something that my business would not be able to absorb without an increased turnover, which would be unlikely due to the reduced available retail area due to the size of the consulting room, or laying off of counter staff.</p> <p>Security While the installation of CCTV cameras within the consulting room, unless these are self contained, it will defeat the purpose of having an enclosed consulting room as the images of the occupants would be visible to</p>	<p>pharmacy.</p> <p>Providing adequate supervision within the pharmacy is an important point which calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the <i>‘pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business’</i>. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p> <p>As outlined in the draft guidelines: <i>“The security and safety of the patient and the pharmacist is paramount. The consultation area should not be used when, by entering the area, there is deemed to be a potential risk to the personal safety of a patient, pharmacist or</i></p>
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	<p>anybody that can view the CCTV monitoring console. I would also note that my premises has been held up at knifepoint 6 times over the past number of years even though we have a full CCTV system installed, in addition to multiple panic buttons located around the shop. Neither CCTV, or panic buttons do act as an effective deterrent, as the local criminals know that it takes a minimum of 20 minutes for members of the Gardí to attend the premises once the panic button has been pressed.</p> <p>From the point of view of a male pharmacist, entering an enclosed room with a female patient, may put them ill at ease due to the possibility of being charged with inappropriate behaviour, and I'm sure that female patients may feel exactly the same entering an enclosed space with a male pharmacist.</p>	<p><i>another staff member."</i></p> <p>The draft guidance also outlines that security features may be used where deemed necessary. The confidentiality of the patient should be maintained at all times and all patients' availing of the consultation area would need to be informed of the presence of visual recording devices.</p> <p>In order to maintain clear professional boundaries with patients, pharmacists may consider the use of a chaperone where deemed necessary.</p>
17.	Shaun Flanagan, HSE Corporate Pharmaceutical Unit	
	<p>Thank you for making us aware of the consultation process. We are supportive of the initiative, which we understand to be part of the ongoing implementation of the 2007 Pharmacy Act.</p> <p>Only comment is Section 7 Security is unclear to me as to whether it is necessary to inform (verbally) patients of security features or whether suitable and visible signage can fulfil this requirement (except for those patients who have a sight disability).</p>	<p>Noted with thanks.</p> <p>Visible signage is sufficient to inform patients of the presence of visual recording equipment, except for those with a sight disability.</p>

<p>Consultation areas and security features e.g. CCTV At point 7 of the Draft Guidance:</p> <p><i>“The use of security features such as CCTV cameras or panic buttons can be considered in the area. Patients must be informed of the presence of these devices in the consultation area.”</i></p> <p>Given some of the risks to breaches of confidentiality inherent in a scenario where CCTV cameras are present in a consultation area, whilst noting the guidance describes privacy issues at point 1, we consider that further explicit guidance might be proportionate at point 7. For example, an additional line:</p> <p><i>“Pharmacists must take all reasonable steps to ensure appropriate levels of privacy for patient consultations, so that confidential information is not overheard or accessed by others. Any presence of CCTV cameras within a consultation area should be accompanied by robust protocols and procedures that ensure patient privacy is maintained.”</i></p> <p>For reference, in 2009 we issued Standards and Guidance to pharmacists in Northern Ireland on patient confidentiality 2.</p> <p>I hope this is useful to you and your team at the Pharmaceutical Society of Ireland as you finalise your guidance.</p>	<p>Agreed. A similar sentence has now been included in the guidelines.</p>
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19.	Brian Walsh MPSI	
	<p>With reference to the present consultation process regarding the provision of a Consultation Room in every Retail Pharmacy enterprise, I wish to make a few observations.</p> <p>While we all should strive to make the profession better and to re-enforce the perception that we are professionals and I feel the idea behind the present requirement is laudable but the timing and the deadlines are not helpful to the majority of the members of the profession. I would have no issue with the regulation being enforced for a new opening or a re-location of an existing retail business or as part of planned re-fit of an established business.</p> <p>At the moment we are experiencing the worst recession (and possibly depression) since the 1920s, the availability of cash reserves and the ability to raise debt with the banks to finance the provision of a consultation room is not there. For many of us in older buildings or in shopping centres, that have used the available space heretofore, may now need to carry out a refit to incorporate a consultation room into our premises. These refits are not cheap and your own investigations would show that for a 700 sq.ft. space you would have to spend in the region of €90,000. In Scotland, where the same requirement was flagged a number of years ago, grants were made available to contract holders to provide same. Will such a provision be extended to Irish pharmacy owners?</p>	<p>Noted.</p> <p>Noted. However pharmacies were given a reasonable timeframe from when the Pharmacy Act 2007, and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. no 488 of 2008) were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act came into force on 29th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p> <p>Noted. The PSI is aware of and sensitive to the current financial situation. However, a consultation area will as of Nov 1st 2010 be a legal requirement.</p> <p>Making a financial payment to owners of retail pharmacy businesses is not within the remit of the PSI, as the pharmacy regulator. However individual pharmacists may explore various avenues of financial compensation as deemed appropriate.</p>

<p>Some retail pharmacy operators have their business situated within buildings that may not allow for the creation of a consultation area within the designated retail area due to actual structural restrictions of the building - some buildings not only pre-date the Pharmacy Act but also the Health Act 1970. Those buildings are of another time and supporting walls and the likes are not easily removed or replaced or doorways created. In Scotland, exemptions were allowed for such structural and space restrictions, will we be entitled to pursue an exemption in Ireland?</p> <p>I would also like to ask why we need to have a fully fledged consultation room, now? Is it for the regular counseling of patients that we look after already in the retail environment that we already operate? Or is it for the extended services that we MAY be allowed provide at some future date? Well,if it's the latter, then you MUST have a private consultation room to provide these extended services, but should you not wish to pursue same, and there are many colleagues that don't want to participate in other services, then you shouldn't need to establish this room. In the past two years, I have only been asked once by a patient for a private place to talk.</p> <p>The other issue that potentially could become an issue for users of these rooms is security. While in a private room, just yourself and a customer/patient then you may be</p>	<p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. The PSI is also aware that some pharmacies may have limited space available for a consultation area. This issue is being addressed in the updated guidelines.</p> <p>Regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states: <i>“The pharmacy owner shall provide a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private with the person for whom a prescription has been issued, or with the carer of such a person, such matters relating to the medicine therapy as either of the said persons may request or as the pharmacist, in the exercise of his or her professional judgement, may deem necessary.”</i> Patients counselling entitlements are outlined in regulations 9 & 10 of these regulations.</p> <p>Noted. It is the responsibility of the owner, superintendant and supervising pharmacist to ensure the consultation area is appropriately signed and that patients are directed to the area to avail of their entitlement to a private consultation on their medicine therapy.</p> <p>As outlined in the draft guidelines: <i>‘The security and safety of the patient and the pharmacist is paramount. The</i></p>
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	<p>leaving yourself (or a member of staff) open to a charge of impropriety or an attack by a patient. We will need to provide systems to protect all users of the private consultation rooms and that will involve more money!</p>	<p><i>consultation area should not be used when, by entering the area, there is deemed to be a potential risk to the personal safety of a patient, pharmacist or another staff member."</i></p> <p>The draft guidance also outlines that security features may be used where deemed necessary.</p>
<p>20.</p>	<p>Paul McNeill MPSI, Supervising Pharmacist, Carn Pharmacy Ltd, 1 Millbrae Business Park, Carndonagh, Co. Donegal Catherine McNeill MPSI, Supervising Pharmacist, Carn Pharmacy Ltd, 1 Millbrae Business Park, Carndonagh, Co. Donegal</p>	
	<p>We object strongly to the above proposals on the grounds that our premises in the Diamond, Carndonagh has been registered as a Pharmacy for nearly sixty years and is unsuitable for wheelchair access without being completely demolished and rebuilt.</p> <p>At present its ground level is two foot higher than the pavement and is sitting on a ridge of solid granite which rises through a series of steps to the dispensary, dispensary store and back store to four feet higher again. To lower all this, would cause major damage to the existing blockwork of our building and the two neighbouring buildings.</p> <p>We have another Pharmacy in a new building in Millbrae and followed the then existing guidelines for a consultation room. These guidelines have now been superseded already, making our 3-year-old consultation room not suitable.</p>	<p>Noted.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. The PSI is also aware that some pharmacies may have limited space available for a consultation area. This issue is being addressed in the updated guidelines. Individual circumstances can be examined in the context of applications to the PSI, including applications for continued registration. Applications will be considered on a case by case basis, subject to the submission of supporting documentation and the available evidence base, and in line with legal and other requirements.</p> <p>Noted. However pharmacies were given a reasonable timeframe from when the Pharmacy Act 2007, and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. no 488 of 2008) were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act came into force on 29th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses.</p>

	<p>Also in the last 3 years, not one person has asked to speak to me in this consultation room, making it the biggest waste of space on the premises.</p>	<p>The requirement comes into effect on 1st Nov 2010.</p> <p>Noted. It is the responsibility of the owner, superintendant and supervising pharmacist to ensure the consultation area is appropriately signed and that patients are directed to the area to avail of their entitlement to a private consultation on their medicine therapy.</p>
<p>21. Michael Kennelly MPSI, Galgani, TA Kennelly's Chemists and Opticians, 46 Main St, Castleisland, Co. Kerry</p>		
	<p>I write regarding the consultation document on the proposed Consultation Areas within Retail Pharmacy Businesses.</p> <p>Firstly I agree with the aim of the statement that: 'The pharmacy owner shall provide a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private with the person for whom a prescription has been issued, or with the carer of such a person, such matters relating to the medicine therapy as either of the said persons may request or as the pharmacist, in the exercise of his or her professional judgement, may deem necessary.'</p> <p>The Guidance notes indicate that a "designated" area ought to be used solely for the purpose "designated". I consider this to be unsuitable in the context of a pharmacy. The nature of a pharmacy business means that there is no such a thing as a designated area. There are two areas, generally; Places that the public/ patients have the right to "roam freely". Places where they do not.</p>	<p>This is the legal requirement for a consultation area as outlined in Regulation 4(3) of in the regulations made under section 18 of the Pharmacy Act 2007, the Regulation of retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008).</p> <p>Noted. The consultation area must be a designated area. This is important to ensure that the facility is always available for patients who wish to avail of their entitlement to a private discussion with the pharmacist on medicine therapy as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008).</p>

<p>In my own case roughly 33% of my premises would be open to patients and the remaining 67% dedicated to activities that the public don't have unfettered access to.</p> <p>In this context I would be concerned with the conclusion that "one size fits all" is the appropriate way forward. Rather than attempting to describe a "box" that satisfies the need for patient confidentiality and accessibility I'll describe the various scenarios that arise in my pharmacy.</p> <p>Every day a patient might ask for a "quiet word" but does not indicate that the "quiet word" has anything to do with my professional duties.</p> <p>I have a very long medicine counter outside of the dispensary and usually there is no problem moving to a particular area for a private chat, in a public area. There are times where I will approach a patient down in the middle of the "front of shop" and again it is a very easy place to have a quiet chat and again in a public area. I find that patients are generally more comfortable talking in areas that they are familiar with; having a wide area around ensures that a private conversation follows.</p> <p>I routinely have either minors alone or with their parents presenting for first aid. As a rule I find that this is again best delivered in a public area with visibility. Should a sink be necessary it is performed in the dispensary and in extremely rare occasions where the wound might be on an</p>	<p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>"a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ... "</i></p> <p>Noted. However the method of consultation outlined would not comply with the minimum requirements outlined in legislation. The consultation area must be a 'separate' area which facilitates 'private' discussions. The PSI is aware that many pharmacists already provide private consultations and envisage that the provision of a designated consultation area in every retail pharmacy business will enhance this role. Ultimately this will benefit the patient and thus will expand the role of the pharmacist as a health care provider.</p> <p>Noted.</p>
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	<p>area that the patient might be uncomfortable exposing, I can always withdraw to my office.</p>	
22.	Ultan Molloy MPSI, Managing Director, HWCP Ltd, T/A HealthWest Community Pharmacy, Ballindine, Claremorris, Co. Mayo	
	<p>While the guidelines on Patient Consultation Areas are to be welcomed, I would ask that the following be considered and incorporated as appropriate:</p> <ul style="list-style-type: none"> • pharmacists inevitably professionally multitask on a day to day basis and removing the pharmacist from ear-shot of the OTC counter area may often not be appropriate. The pharmacist will always be cognisant of the volume of their voice when counselling patients. I would suggest that a sound barrier that requires privacy "normal speaking volume" may remove the pharmacist from earshot of this OTC area. I would suggest therefore that "i.e.when speaking at normal speaking volume" should be removed to allow for appropriate "personal supervision of the pharmacist " of the OTC area. • the use of this area for other purposes may be necessary in some circumstances due to space 	<p>While a pharmacist and in some cases a patient may be cognisant of the volume of their voice, a patient should be ensured of privacy. Therefore when speaking at a normal volume a conversation should not be overheard.</p> <p>The point raised about supervision also calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the <i>'pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business'</i>. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p> <p>The consultation area must be a 'designated area' and therefore used solely by the pharmacist for the purpose of patient consultation and counselling. This is</p>

	<p>restrictions in some smaller pharmacies, and that "... the area must be available for use at any time by the pharmacist to facilitate patients and should not be obstructed in any way" will suffice.</p> <ul style="list-style-type: none"> • that the word "ideally" be put in ... "The area should ideally not be an access route.... etc", as again for practical purposes this may be the most appropriate, or perhaps only, location available. Staff can be briefed on not using the access when the pharmacist is counselling a patient, and this will overcome this barrier. • that grant funding be made available for re-modelling / re-fitting patient consultation areas where this may be required in some older pharmacies. Many Pharmacists are under significant financial burden due to cuts in payments, downturn in retail trade, registration fees for pharmacies and likely further cuts in payments and costs of medicines. A 50:50 grant scheme for example with the PSI would facilitate a speedy transition for the benefit of patients, or alternatively the registration fee could be waived in lieu of presentation of an invoice and photographs to support that this fee was used to install a consultation area. • in relation to location of the consultation area.. the word "ideally" should be used to allow appropriate interpretation of the guidelines in the 	<p>important to ensure that the facility is always available for patients who wish to avail of their entitlement to a private discussion with the pharmacist on medicine therapy.</p> <p>A slight change has been made to the document. The consultation area should not be the only access route to other areas of the pharmacy. Where another area of the pharmacy can be accessed through the consultation area, there should be robust policies and procedures in place which ensure patient consultations are not disturbed and the privacy of the patient is at all times maintained.</p> <p>Making a financial payment to owners of retail pharmacy businesses is not within the remit of the PSI, as the pharmacy regulator. However individual pharmacists may explore various avenues of financial compensation as deemed appropriate.</p> <p>The location of the consultation area has been changed in the updated guidelines to state it should 'ideally be close/ adjacent to the dispensary...'</p>
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	<p>context of pharmacy layout. Re-fitting of a pharmacy can cost up to €200k and this is neither practical or possible for the vast majority of pharmacists in the present economic environment. i.e. "There should ideally be direct access... etc."</p> <ul style="list-style-type: none"> • further financial burdens will inevitably, and unfortunately, drive professional time away from time with patients, that is generally not directly remunerated, to time in areas of the pharmacy business needed to generate income and meet associated outgoings of the professional service. I would ask that the PSI be especially cognisant of this when finalising these guidelines. A move towards a more "professional" rather than a "supply" service needs to be facilitated by our regulator. • the guidelines must be interpreted on a pharmacy by pharmacy basis, and in a practical context, in relation to the different pharmacy lay-outs that operate in our communities <p>I fully support the PSI in their work on the behalf of patients and in engaging with Pharmacists to improve and develop the professional healthcare services offered by Pharmacists. Please contact me if you require clarification on any of the above points.</p>	<p>Noted. The PSI is aware of and sensitive to the current financial situation. However a consultation area will as of Nov 1st 2010 be a legal requirement. The PSI envisages that the provision of a designated consultation area in every retail pharmacy business will enhance the consultation role of the pharmacist. Ultimately this will benefit the patient and thus will expand the role of the pharmacist as a healthcare provider.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>'a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ..'</i></p> <p>Noted.</p>
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23.	Mark Beddis MPSI, Superintendent Pharmacist, Unicare Ltd.	
	<p>At Unicarepharmacy, the largest chain of pharmacies in Ireland, we have long prided ourselves on the professionalism of our business. Unicarepharmacy were among the first pharmacies to install consultation areas into our pharmacies. We have installed specific consultation rooms in all of our pharmacies whenever they are refitted and the majority of our pharmacies now have consultation rooms. We welcome the PSI guidelines to this regard, Unicarepharmacy fully acknowledge the role which the consultation room plays in the pharmacy and are delighted to be able to make a submission to the PSI using our vast experience acquired throughout the last few years.</p> <p>On reading the draft guidelines published by the PSI, we would like to make the following comments based on each of the separate numbered requirements in the document:</p>	<p>Noted.</p>

<p>Privacy Privacy is an important part of any pharmacy business. Patients must feel comfortable to be able to discuss or demonstrate issues in a private area of the pharmacy. The pharmacist may also need to use the area to be able to counsel patients, particularly on more embarrassing conditions. The consultation area may also be used to demonstrate the use of medical devices, such as inhaler technique or to demonstrate the fitting of medical items such as compression hosiery.</p> <p>It would be important to have a certain level of sound protection where a problem arose, but not to an extent where the room would become isolated in terms of an emergency situation.</p> <p>Separate and Designated The consultation area should be a designated area within the pharmacy. It should be obvious to the patient that the area is available for the purpose intended, with signage advertising the area inside the pharmacy being apparent.</p> <p>The area should also not be used as a 'stockroom', Unicarepharmacy have specific store standards, if a colleague does not keep the whole pharmacy to the cleanliness standards expected, they can face disciplinary procedures. This includes the Consultation area. Part of the Superintendent Audit deals with the consultation area and its use. In addition the Area Manager Audits we carry out monthly, keep a regular check on the cleanliness of</p>	<p>Noted.</p> <p>Agreed.</p> <p>Agreed.</p> <p>Noted.</p>
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<p>the whole pharmacy.</p> <p>None of our consultation areas are used as an access route to other areas of the pharmacy, we welcome this recommendation.</p> <p>Conveniently Located The consultation area should be located where possible in an easily accessible area of the pharmacy. This should not necessarily be in the public area of the pharmacy, a pharmacy with a room in another part of the premises be able to use this area where needed, provided it is very clear that the room is always available and all colleagues working in the pharmacy are aware of this. The area therefore need not be adjacent to the pharmacy. A definition of ‘close’ needs to be clearly defined when the guidelines are finalised.</p> <p>Size The size of the consultation area needs to be appropriate to the size of the pharmacy. It is important that the pharmacy retains sufficient retail space in order to continue as a viable concern.</p> <p>For pharmacies where there is insufficient space, it would be impossible to have a permanently dedicated consultation area. In order for these pharmacies to create such an area, it would require for the pharmacy to be extended, which is more often than not, impossible. This is either because of financial issues or simply the lack of available space adjacent to the pharmacy. The guidelines</p>	<p>Noted.</p> <p>Noted. However, to ensure optimal use of the area patients need to have easy access, i.e. from the public area of the pharmacy.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. The PSI is also aware that some pharmacies may have limited space available for a consultation area. This issue is being addressed in the updated guidelines.</p> <p>Noted. However pharmacies were given reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008), were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act came into force on 28th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement</p>
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<p>would need to mention these pharmacies, however ensuring that whenever it becomes feasible, the pharmacy should install such an area at the pharmacy's earliest convenience.</p> <p>Similarly, to enable a consultation area to be accessible for all patient groups including wheelchair users, existing rooms should be converted at the pharmacy's earliest convenience.</p> <p>Fixtures and Fittings At Unicarepharmacy we pride ourselves on the standards of our consultation areas. All of our consultation areas have at least one chair, usually more, a table/workbench and also shelving for relevant literature. For the newer areas we are introducing water filters, extraction fans, computers and other facilities to enhance the offering in the pharmacy.</p> <p>Supervision The pharmacy should have a protocol in place for when the pharmacist is in the consultation area. At Unicarepharmacy, we have a policy that whilst the pharmacist is away from direct supervision, for example when using the toilet, that no prescriptions or P medicines are sold or supplied. This policy also includes the times when the pharmacist is using the consultation area.</p> <p>Security Unicarepharmacy take great pride in the security levels of our pharmacies. Our colleagues' protection is of utmost</p>	<p>comes into effect on 1st Nov 2010</p> <p>Noted. The PSI is aware of and sensitive to the current financial situation. However a consultation area, which complies with the minimum requirements will, as of Nov 1st 2010, be a legal requirement</p> <p>Noted. The area should allow for the pharmacist, patient and/ or their carer to be seated.</p> <p>The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the <i>'pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business'</i>. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p> <p>Noted. The guidelines have been updated regarding the issues of confidentiality surrounding the use of recording equipment.</p>
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<p>importance at all times. We therefore support the recommendations that the PSI have laid out in their guidelines. It is important to note that there are important privacy issues whenever a CCTV system is in operation. We would not want to put our colleagues at risk of accusations of misconduct either originating from the use of CCTV.</p> <p>Additional or Extended Pharmacy Services We currently offer various professional services in our consultation areas, ranging from health screenings for Blood Pressure, Diabetes and Cholesterol. We have also started an INR service for patients taking Warfarin. In addition to these services, we also use the areas for hearing tests, orthotics fitting and health related issues. The professional services we offer are of the highest standard, they are protocol led and carried out by fully trained colleagues. They also have a permanent base, unlike other screening service providers operating out of a van, which would appear to have very little, if any controls placed on them.</p> <p>It is important that the area is used on a regular basis, this will have several benefits. By increasing the reputation of the pharmacist to provide additional professional services and also to increase patients awareness of the consultation area and what the pharmacy can offer in the area.</p> <p>It is of course highly important for the area to remain in use for its primary purpose, as detailed before. All colleagues are aware of this and any consultations requested by the pharmacist would always take</p>	<p>Noted.</p> <p>Noted. However, if a pharmacy is engaged in additional professional services on a large scale or volume it is necessary that a separate area be provided for this. This ensures the consultation area is always available for its intended purpose.</p>
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<p>precedent. There would not need to be a secondary consultation area for this reason.</p> <p>Because the consultation area removes part of the retail space available in a pharmacy, it is extremely important for the pharmacy to use the area efficiently, especially in the current economic climate.</p> <p>Additional Comments</p> <p>The consultation area is an important addition to the pharmacy offering, we have included a specific area in all of our pharmacies as we re-fit the entire estate. This however takes time and is also restricted by the financial implications attached to this. In many cases we will find it impossible to provide a permanent specific area as we are very limited for space already.</p> <p>To provide such areas it would involve us moving to new premises which very often would not be possible. This would obviously involve large costs, which probably negate the viability of doing such a move. We have calculated an approximate costing for the business and it would be approximately be of the same magnitude as the registration fee for all of our 72 pharmacies. Will such an amount of money be made available to us to carry out this operation, either through funding by the PSI, or through grants from the HSE?</p> <p>It is highly important that all new and re-fitted pharmacies in Ireland include a consultation area, however due to the</p>	<p>Noted. However pharmacies were given reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008), were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act came into force on 29th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p> <p>Making a financial payment to owners of retail pharmacy businesses is not within the remit of the PSI, as the pharmacy regulator. However individual pharmacists may explore various avenues of financial compensation as deemed appropriate.</p> <p>Noted. However every retail pharmacy business will, as of Nov 1st 2010, be required to have a consultation area.</p>
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<p>problems associated; any existing pharmacies should be considered in a different light, unless funding is made available to enable this to become viable.</p> <p>To install a consultation area, it means that there is a loss of retail space in the pharmacy. The cost of installing an area to the current high standards that we have is approximately €20,000. When you factor in that the retail floor space in retail pharmacy is among the most expensive in the country. High rents imposed by landlords, high rates imposed by county councils, the reduction in professional income forced by the recent HSE cuts, together with the recession which the country is currently challenged by, accumulated mean that many pharmacies cannot justify the high cost of providing a consultation area.</p> <p>When you consider that the consultation area is used on average 4-5 times a week per pharmacy, this would currently be seen as a financially unviable offering in the pharmacy.</p> <p>When you look at the model as described in Scotland, extra services conducted by the pharmacy are reimbursed by the NHS. This allows for the consultation area to become an important revenue stream to the business and thereby justifies the large outlay needed. The</p>	<p>Noted.</p> <p>Patients should be informed of the availability of the consultation area and directed to the area should they wish to avail of their entitlement to a private consultation on their medicine therapy as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008). The PSI is aware that many pharmacists already provide private consultations and envisage that the provision of a designated consultation area in every retail pharmacy business will enhance this role.</p> <p>Noted. As outlined above.</p>
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	<p>reimbursement model for Irish pharmacy needs to change dramatically to encompass this going forward and make sure that pharmacists are allowed to operate to an optimum level both financially and also professionally.</p> <p>Over the next few pages, I have included some photographs of care rooms that we have installed in some of our pharmacies; hopefully this will demonstrate the high standard of care room that the company offers.</p>	<p>Photographs noted.</p>
24.	Prof. Anita Maguire, Head of School of Pharmacy, UCC	
	<p>The School of Pharmacy UCC very much welcomes the proposal on public consultation on patient consultation areas in pharmacies. This clearly indicates PSI commitment to world class standards in patient care. The School strongly supports such an initiative.</p> <p>This document was circulated to all staff within the School of Pharmacy and staff were encouraged to respond in an individual capacity if they so wished.</p>	<p>Noted with thanks.</p>

25.	Catherine Flynn MPSI, Gort Road Pharmacy Ltd., T/A Flynn's Pharmacy, Gort Road, Ennis, Co. Clare	
	<p>I wish to make the following points in relation to the proposed introduction of Consultation Areas into community pharmacies.</p> <ol style="list-style-type: none"> 1. I would question the legality of retrospective legislation on existing pharmacies (and on contracts where leasing of pharmacy equipment and shop fitting are involved). This legislation should surely only apply to new pharmacies and new pharmacy contracts. 2. I have serious concerns re Health & Safety of my staff and I, if we are forced by the PSI to use an enclosed private space with patients with whom we are unfamiliar. 3. My pharmacy was recently fitted out at great expense to a very high standard to facilitate good work practices, comfort and safety of our patients. I have neither the extra space nor finances to undertake the refit that the installation of a consultation area would necessitate. 4. As like many other pharmacies I no longer employ a second pharmacist due to recent HSE reduction in 	<p>Noted. However pharmacies were given reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008), were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act came into force on 29th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010</p> <p>As outlined in the draft guidelines: <i>“The security and safety of the patient and the pharmacist is paramount. The consultation area should not be used when, by entering the area, there is deemed to be a potential risk to the personal safety of a patient, pharmacist or another staff member.”</i> The draft guidance also outlines that security features may be used where deemed necessary. The document also outlines that it is not always necessary to create an enclosed room to provide an appropriate ‘consultation area’.</p> <p>Noted. However every retail pharmacy business will, as of Nov 1st 2010, be required to have a consultation area.</p> <p>The point raised about supervision calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to</p>

<p>payments and increased costs including the exorbitant new PSI fees. I would like to know how I'm expected to dispense and supervise the sale of OTC medicines while consulting in an area that has to be private and soundproof as per your specifications. Many pharmacies are now understaffed due to under funding of the pharmacy sector.</p> <p>5. I believe the PSI is abusing its dominate position demonstrating the following;</p> <ul style="list-style-type: none"> a) Public service/private service divide by requiring unreasonable standards on the private sector not met by the public sector b) Lack of understanding of pharmacy services on the ground c) Further proof of the crippling effect administratively and financially the regulator places on independent pharmacy. <p>6. I believe the guidelines as worded and structured must have been cherry picked from other countries without accompanying contract provisions re staffing and payment structures and therefore flawed. Implementation of such guidelines requires resource planning- who is to resource</p>	<p>fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the '<i>pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business</i>'. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities. While aware of and sensitive to the current financial constraints the primary role of the PSI is to ensure the health, wellbeing, care and safety of the patient.</p> <p>Noted. The PSI, as the pharmacy regulator, does not accept these comments. The guidelines on patient consultation areas in retail pharmacy businesses have been drawn up to facilitate compliance with existing legislation, i.e. regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) which came into force on 29th Nov 2008.</p> <p>Noted. As per previous comment.</p>
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<p>this new service to the public, which will save the HSE on doctor and hospital visits?</p> <p>7. This heavy handed and costly piece of regulation appears to be in stark contrast to the light touch employed by other regulators. As a government body the regulator seems to be placing the burden of additional resources on existing pharmacy while an associated government body, the HSE is breaching previous contracts with emergency legislation, which undermines the very existence of community pharmacy.</p> <p>8. In my 25 years as a practicing pharmacist, 16 of these as an owner/supervising pharmacist, I have never been requested nor required to provide such a service by any of my patients, which shows that there is no demonstrable need in the context of my premises. Unlike the broad-brush approach I believe the enforcement of these proposed guidelines will be detrimental to the professional service I already provide which is valued by my patients, as I cannot possibly be expected to be in a private consultation AND supervise my pharmacy. Presently I can see and hear every consultation that occurs at the medicine counter of my pharmacy – Is the PSI going to indemnify me against any “mishaps” that may occur while I am consulting in my soundproof consulting area?</p>	<p>Noted. The PSI adheres at all times to the principles of good regulation as set out in the Department of the Taoiseach White Paper ‘Regulating Better’.</p> <p>Noted. However patients should be informed of the availability of the consultation area and directed to the area should they wish to avail of their entitlement to a private consultation on their medicine therapy as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008).</p> <p>Comments on staffing issues and procedures have been outlined above.</p>
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26.	Kathy Maher MPSI, Duleek Pharmacy, Main St, Duleek, Co. Meath	
	<p>I am writing to express my views about on the draft recommendations by the PSI on consultation areas in pharmacies.</p> <p>I wholeheartedly agree that private areas of pharmacies should be designated for speaking to patients in quiet, but I would urge that a common-sense approach is taken when these guidelines are drafted. Both of my pharmacies have consultation areas with frosted glass screens, a table, 2 chairs and a vast array of patient health information. I have other equipment such as weighing scales and height measure for BMI assessments, blood pressure monitor, and blood glucose monitors – all with the necessary SOPs. They have never been used for storing of anything.</p> <p>My pharmacies are extremely wheelchair friendly, with double doors, access ramps and clear floor spaces – but I am not sure that all wheelchairs would fit into the consultation areas, though I must say that in 13 years I have never had one of my wheelchair bound patients ask to be seen in the consultation area – they usually ask me to call to their home for a visit after work, or during 9-6 if I have a second pharmacist.</p> <p>The point I am making is that I, and many pharmacies in Ireland, have very good consultation areas in them, and a requirement to re-model existing ones will put an unreasonable amount of pressure, and financial strain on pharmacies that it may not be necessary to do so. Perhaps</p>	<p>Noted.</p> <p>Noted. However consultation areas should be accessible to all patient profiles including wheelchair users.</p> <p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>“a separate and designated area conveniently located within the pharmacy</i></p>

	<p>a fair approach will be the phasing in of such facilities over a number of years, as shop fit-outs, new openings or re-locations occur.</p> <p>While I welcome the Pharmacy Act to help bring standards of premises up to scratch, I would urge a sensible common sense in the approach and implementation to be fair and reasonable.</p>	<p><i>premises so that a pharmacist may review and discuss in private ..."</i></p> <p>Noted.</p>
27.	Robert Best MPSI	
	<p>I would like to raise the following points in relation to the mandatory establishment of exclusive consultation areas in pharmacies.</p> <p>Cost Pharmacy incomes have been savagely cut by the HSE and the Dept of Health/Children in the past 18 months. In addition the Pharmacy Registration fee is incredibly high set against these decreases in pharmacy income. The PSI now proposes further mandatory costs for pharmacies, regardless of size location or business stature. Already I have made one full time staff member redundant in a bid to control costs in the current economic climate. Making me install something that NOBODY wants except for the PSI is another monumental waste of money and will serve to further threaten employment in the sector which is already reeling. Additionally, the loss of space will directly impact the retail performance of the pharmacy, replaced by a non-revenue generating idle area of the pharmacy.</p> <p>Space</p>	<p>Noted. The PSI is aware of and sensitive to the current financial situation. However a consultation area, which complies with the minimum requirements will, as of Nov 1st 2010, be a legal requirement.</p> <p>Noted. However patients should be informed of the availability of the consultation area and directed to the area should they wish to avail of their entitlement to a private consultation on their medicine therapy as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008). Many pharmacists already provide private consultations and the PSI envisage that the provision of a designated consultation area in every retail pharmacy business will enhance this role. It is the opinion of the PSI that such an area will benefit the patient and thus expand the role of the pharmacist as a health care provider.</p>

<p>In my estimation in order to have enough space to accommodate two chairs, two or three adults, and a reasonable decor for a presentable consultation area, I would imagine the need for at least 100 sq feet. My pharmacy is approx 650 sq feet. This means that I must, because of a declared spurious "need", assign 16% of the available work space of my busy retail pharmacy business, to a consultation area that there is a distinct possibility that nobody will ever need. In the 15 years I have been practising retail pharmacy, I have never been asked where my private consultation area is. My feeling is that custom designing such an area is a waste of space.</p> <p>Time Already my time constraints within the pharmacy are substantial. Formally offering my time, gratis and free of charge, in a specially designed cocoon, without the possibility of interruption, will be prospect that some will find hard not to overly indulge in. This time which otherwise would be spent ensuring the pharmacy is being run according to all the other rigorous standards set out in the 2007 Pharmacy Act, could now conceivably be spent, with someone telling me the same things she or he told me yesterday, and the day before and the day before that. And if I refuse to listen, I can have a complaint made against me, to the PSI, the very people who are insisting I install this feature in the first place.</p> <p>I spend a large proportion of my time advising people about medication, ailments and life style. The beauty of this advice is that it is informal, friendly and spontaneous.</p>	<p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines.</p> <p>Noted. However patients should be informed of the availability of the consultation area and directed to the area should they wish to avail of their entitlement to a private consultation on their medicine therapy as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008). Many pharmacists already provide private consultations and the PSI envisage that the provision of a designated consultation area in every retail pharmacy business will enhance this role.</p> <p>Noted.</p> <p>Noted. The PSI is aware that many pharmacists already provide consultations. Some discussions within a pharmacy do not require a private consultation and where private consultations are required many pharmacists already review and</p>
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	<p>Personal or private issues are discussed in a trusting, confidential way. This happens already. There is no public clamour for the introduction of this unnecessary feature. If anything I am sure this will decrease the overall amount of healthcare information provided in the community pharmacy setting since it formalises and sterilises it. Doctors have consultation areas where they formally consult and diagnose and treat. Then they formally get paid for doing it. We are not doctors and one of the key differences in the advice we give is in the manner in which it is given. The informality is the key.</p> <p>Overall, in theory, a private designated consultation area seems a good idea. In practice, on the grounds of cost, space and time it is not. It is not an essential piece of the community pharmacy jig-saw. Money that in my opinion will be wasted on this would be better spent setting up a mandatory delivery service for ambulatory pharmacy patients, or a mandatory drug awareness programme, given by community pharmacists in schools. Providing a vacuum in any system invites its filling. Methinks the filling of this vacuum will not match with the high theoretical hopes of the Regulator.</p>	<p>discuss a patient's medicine therapy in private. The PSI envisages that the provision of a consultation area in every retail pharmacy business will enhance this role. Patients should be made aware that the consultation area is available for their use. They should be encouraged to enter the consultation area. Ultimately this will benefit the patient and thus will expand the role of the pharmacist as a health care provider.</p> <p>Noted. The PSI is aware of and sensitive to the current financial situation. However a consultation area will as of Nov 1st 2010 be a legal requirement. It is the opinion of the PSI that such an area will enhance the pharmacist-patient relationship.</p>
28.	Diarmuid Coughlan MPSI, NCI/HRB Health Economics Fellowship, Trinity College, Dublin 2.	
	<p>The role of the pharmacist in the community setting revolves around the dyad of communication between the pharmacist and the patient (Figure 1). To build-up a relationship with patients, pharmacists need to be effective communicators. It is essential that pharmacists</p>	<p>Agreed.</p>

<p>be able to give health information in a clear, concise, easy-to-understand manner to empower and enable patients to self-care effectively.</p> <p>Unfortunately, good communication skills are often forgotten by pharmacists in practice¹. Maybe, the pedagogical facet of the pharmacist role is neglected in pharmacist training?² Or could it be that pharmacies are not conducive to such activities due to design constraints?</p> <p>In my humble opinion, it is essential that pharmacists understand their role as health educators. This means that they ought to have the facilities, training and support from public bodies (e.g. HSE community care pharmacists) to maximise their role in educating their patients.</p> <p>In his editorial regarding the future role of pharmacists in primary care, Prof. Colin Bradley³, highlights the poor communication skills of pharmacists (Bradley, 2009). The example he cited was that of a trial of pharmacist-led pharmaceutical care for elderly heart failure patients in the UK (Salter et al., 2007). In this study it was found that:</p> <p><i>“Advice from pharmacists was usually quite didactic and was often resisted or rejected by patients for whom the advice was largely unsolicited and not related to information sought by them” (Salter et al., 2007).</i></p>	<p>Noted.</p> <p>Noted.</p> <p>Information noted with thanks.</p>
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¹ In my preliminary research to this issue, pharmacists have cited time as the biggest barrier to good communication.

² Pharmacist CPD training may not address such issues and concentrates on more clinical issues. It is hoped that such issues arise in the training given at undergraduate and pre-registration level.

³ Professor of general practice, University College Cork

<p>This article was published in a British journal based on research carried out in England; but what of the Irish pharmacist? Are they <i>'didactic'</i> when counseling patients? Research in pharmacy practice here is virtually non-existent. However, it is likely that Irish pharmacists are in need of improving their communication skills too. Therefore, I welcome the legislative changes that dedicate space in pharmacies to enable pharmacists to provide patient education in a private, confidential manner as this should also improve pharmacist communication skills.</p> <p>As a locum pharmacist, I have worked in over forty pharmacies in Ireland. Many of these pharmacies are poorly designed. I can count on one hand the number of these pharmacies that had consultation rooms or even areas within the pharmacy that are appropriate for counseling.</p> <p>Every community pharmacist is familiar with the patients' that mutter the following words: <i>"Can I have a word with the pharmacist, please?"</i> to other members of staff in the pharmacy. These patients are usually anxious and deserve to have their queries dealt with in a professional manner and in theory the consultation room is ideal for this situation.</p> <p>However, even in those pharmacies with a consultation room for patients, I didn't use them. The conversation was usually carried out in private in the dispensary, out of sight of other customers. Why? Often, I didn't have the time to</p>	<p>Noted with thanks.</p> <p>Noted.</p> <p>Agreed.</p> <p>Noted. The purpose and benefits of a patient consultation area are widely accepted. Facilities for confidential conversation between a pharmacist and a patient about their medication and general health matters, that cannot be overheard by others, are also recognised as an essential element of 'Good</p>
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<p>go into a separate room. Always I would ensure that the dispensary was private and therefore the need for the consultation room did not exist. This makes me question the functionality of the consultation room. For me, the question about consultation rooms should focus on what purpose do consultation rooms serve?</p> <p>Pharmacy Consultation Rooms</p> <p>In my opinion, the purpose of consultation rooms should be to facilitate the professional interaction between a pharmacist and their patient. A comfortable environment such as the consultation room described by the Pharmaceutical Society of Ireland (PSI) guidelines should enrich the experience for both pharmacist and patient alike.</p> <p>Pharmacists can use health literacy techniques such as 'teach back' & 'show back' in such a manner that allows the patient to be engaged (Ngoh, 2009). Evidence from the PACE (Presenting, Asking, Checking, Expressing) system suggested that physicians in the US provided more</p>	<p>Pharmacy Practice' by the International Pharmaceutical Federation (FIP, Good Pharmacy Practice Guidelines, 1997).</p> <p>Patient access to private areas of the pharmacy, e.g. the dispensary, is not appropriate. Access to such areas could compromise the security of the pharmacy and/or allow access to medication or private patient information. The point raised also calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the '<i>pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business</i>'. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p> <p>Agreed.</p> <p>Information noted with thanks.</p> <p>It is important that the pharmacist has access to all information, e.g. the patient medication record or reference books that he or she deems necessary to carry out their consultation role effectively. The PSI supports and encourages</p>
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<p>information when communicating with high-participation patients compared with interacting with low-participation patients (Cegala et al., 2001) <i>cited in</i> (Diefenbach et al., 2009). I assume a similar result would occur if conducted with pharmacists.</p> <p>Another relevantly straight-forward initiative is the AskMe3 programme. This is where patients ask their provider (i.e. pharmacist) the following 3 questions:</p> <p>What is my main problem? What do I need to do? Why is it important for me to do this?</p> <p>An evaluation of this programme in Oklahoma between community-dwelling well-elderly and pharmacies concluded that: <i>“The AskMe3 programme is a practical tool that creates awareness and reinforces principles of clear health communication”</i> (Miller et al., 2008)</p> <p>The availability of health-related education materials should also be provided within consultation rooms, given a pharmacist (or other members of staff) the incentive to use the room for counseling purposes.</p> <p>The consultation rooms would be ideal location for the use of ‘Self Care’ cards. The Pharmaceutical Society of Australia (PSA) and New Zealand (PSNZ) have used this initiative to great effect over the last 20 years.</p>	<p>the use of any information sources deemed in the best interest of patients and access to these resources should be addressed by each retail pharmacy business owner and superintendent pharmacist. It is not the intention of these guidelines to provide such detailed information.</p> <p>The references included in the guidance outline the benefits of patient consultations. Further research into these areas will undoubtedly prove useful for informing pharmacists in the development of their professional role.</p> <p>The PSI envisages that the provision of a consultation area in every retail pharmacy business will enhance the role of the pharmacist. Patients should be made aware that the consultation area is available for their use and should be encouraged to enter the consultation area. The PSI believes this will ultimately benefit the patient and thus expand the role of the pharmacist as a health care provider.</p> <p>Agreed.</p> <p>Noted.</p>
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<p>In a blue skies vision, multimedia equipment could be utilized to enhance the experience. All pharmacies should have internet connection with printing facilities within the consultation room hooked up to the dispensing system. As well as been a consultation room, it can be the pharmacy’s resource room for patients to explore in relative privacy. Close to 50% of the Irish population are internet users⁴, however, a large proportion of pharmacy users are elderly and are not computer-literate. Therefore, any multimedia usage would need staff participation, hence the need for staff training too.</p> <p>The consultation room should be more than a quiet place to have a few words with the pharmacist; it should be a place where a thorough professional service is offered.</p> <p>Pharmacy Practice Research</p> <p>There is a dearth of pharmacy practice research in Ireland. It could be that consultation rooms are a pre-requisite for involvement in pilot studies for research into advanced pharmacy services such as Medication-Usage Reviews (MURs) or novel minor ailment schemes.</p> <p>This research is likely to be linked to remuneration in the future and therefore allows the regulator (PSI) to “market” the consultation area in a positive light. The recent report from the Economic and Social Research Institute (ESRI) concluded that:</p>	<p>Noted.</p>
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⁴ Source: www.internetworldstats.com/eu/ie.htm (Accessed: 6th April, 2010)

“The role of pharmacists in primary care could also be much expended. Ireland has a high number of pharmacists per head of population but these offer a very limited range of services. They could provide health screening, distribution of non-prescription items to medical card holders (GPs have to prescribe these items at present for pharmacists to be refunded) and chronic disease management possibly including a form of pharmacist prescribing.” (Layte et al., 2009)

Implicitly fundamental to the ESRI recommendations is a designated area within a pharmacy that can give privacy to the patients and allow pharmacists to conduct such services.

This legislation also gives an added impetus to promoting pharmaceutical public health. Pharmacies will now have a facility that can be used by the public to take up messages that the Health Service Executive (HSE) wishes to promote.

Other issues

The legislation may be seen by some pharmacists as another added cost burden. Therefore, a number of other issues arise. Will the costs associated with a consultation room/area be considered a tax-deductible activity? The fact that this is a statutory requirement, will it mean that pharmacies in breach of the regulation are forced to close? Will there be an evaluation of the impact of this legislation?

To conclude, this legislation may be a catalyst for a

	<p>brighter future in pharmacy practice in Ireland through advanced professional services. However, the construction of consultation rooms will not improve pharmacy practice standards as anticipated by this legislation alone unless incentives to provide activity within them occur. So, the next time someone wants “<i>a quiet word</i>” with the pharmacist, I hope to make a bee-line to the consultation room as there is where I’ll find the resources that will be to enable me give a professional service.</p>	
29.	Frank Mulvey MPSI	
	<p>After 30 years in business I always try to comply with the requirements set out by the PSI. With regards to the consultation area, I feel that at this time where I have put my pharmacist down to a two day week and I work the other 4 days on my own. The HSE is not willing to pay pharmacists to do what we do well. They will not reimburse me for spending 20 minutes in my consultation room. Nor will the general public want to pay for said consultation.</p> <p>I do believe that there is great merit in the idea but the practicality of me over-seeing sales of Solpadiene from said consultation room is impossible. I always step out from behind the counter and talk to the patient quietly.</p> <p>If necessary I can oversee the shop. Shops have been putting in consultation areas for years now they always end up as rubbish or box storing areas.</p>	<p>Noted. The PSI is aware of and sensitive to the current financial situation. However a consultation area will as of Nov 1st 2010 be a legal requirement. Individual pharmacists may explore various avenues of financial compensation as deemed appropriate.</p> <p>The point raised about supervision calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the ‘<i>pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business</i>’. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p> <p>A consultation area may not be used to store any items unless such items are used during the course of patient consultations.</p>

	I also feel there could be an insurance issue where I would be in a consultation area with a female patient on my own.	Noted. The following sentence has now been included in the guidelines: <i>'In order to maintain clear professional boundaries with patients pharmacists may consider the use of a chaperone.'</i>
30.	An Bord Altranais	
	An Bord Altranais appreciates the opportunity to review the Draft Guidelines on Patient Consultation Area. The draft guidelines appear to represent the core requirements necessary to ensure pharmacists provide a confidential, appropriately equipped setting in which consultation activities will be conducted between the pharmacist and the patient/carer. The detail of the guidance is welcomed as the Board acknowledges the significant role of the pharmacist in providing medication management information and education to the public.	Noted with thanks.
31.	Irish Medicines Board (IMB)	
	The IMB has reviewed the proposals and supports the introduction of patient consultation areas which will have the potential to improve patient compliance and safe use of medicines, while reducing the potential for medication errors.	Noted with thanks.
32.	Fergal Seeballuck MPSI	
	I appreciate that these comments may be too late to be considered – but if not, please accept them as part of public consultation.	

<p>Whilst I embrace the introduction of a formal requirement for a patient consultation area – I do have some comments on the draft guidelines:</p> <ol style="list-style-type: none"> 1. The draft guidelines are somewhat vague regarding location, size and privacy – whilst this gives the pharmacy flexibility in design, it also makes it is possible for a pharmacy to construct a consultation area that they believe meets the requirements only to find that an inspector does not agree. I feel that there needs to be some clear guidelines on minimum requirements. This is going to be a considerable expense to existing pharmacies – and there needs to be sufficient guidance. 2. In setting guidelines, consideration needs to be given for the fact that there are many small pharmacies with limited floor space that are going to struggle to find space that they can dedicate for this . 3. Regarding the supervision of preparation, dispensing, compounding, sale and supply of medicines – if a pharmacist is in consultation with a patient in the designated consultation area, which has sufficient sound- and visual-proofing to ensure patient privacy, then I do not think that the layout of the pharmacy is going to impact on the pharmacist’s ability to supervise these activities. It is not practical to give undivided attention to a patient in privacy and also to supervise general pharmacy activities. Perhaps there needs to be some clarification on what ‘supervision’ entails – perhaps having an SOP in place to ensure that pharmacy staff know what actions they can 	<p>The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines.</p> <p>The PSI is also aware that some pharmacies may have limited space available for a consultation area. This issue is being addressed in the updated guidelines.</p> <p>The point raised about supervision calls into question the pharmacist manpower that should be available on a whole-time basis in each pharmacy to fulfil these and other requirements under the Pharmacy Act 2007. The Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) states that the <i>‘pharmacy owner shall provide and maintain such staff.. for the storage, preparation, dispensing, compounding, sale and supply of medicinal products..., that he or she stores...in his or her retail pharmacy business’</i>. Pharmacy owners must ensure there are sufficient professional staff in place and that there are appropriate procedures in place to ensure pharmacists can carry out all their legal and professional responsibilities.</p>
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<p>perform without the pharmacist's direct supervision would be appropriate – for example, handing out a prescription that the pharmacist has already dispensed and checked or selling general OTC products. The pharmacist can then be called on for any activities requiring their supervision.</p> <p>4. Just a comment on location. Perhaps a more convenient location for patients may be further from the dispensary and OTC sales area as this is the area where most customers/ staff members congregate. Sound proofing for 'normal volume' may not be sufficient to ensure privacy – many patients in the older age group suffer from partial deafness – raised voices are an unfortunate and common part of community pharmacy – location away from the most trafficked part of the pharmacy may ensure better privacy.</p>	<p>Noted. The updated guidelines state that the consultation area should 'ideally' be located close/ adjacent to the dispensary. Other locations may be appropriate in various circumstances.</p> <p>Being overheard is a risk in any building. However when the area is being designed the retail pharmacy business owner must ensure that conversations cannot be overheard when speaking at a normal speaking volume.</p>
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33.	Hospital Pharmacists Association of Ireland	
	<p>I would like to respond on behalf of the Hospital Pharmacists Association of Ireland to the public consultation request regarding draft guidelines on Patient Consultation Areas in pharmacies which are based on the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. 488 of 2008).</p> <p>This guidance will present significant challenges when Hospital Pharmacies attempt to comply with the Regulations which will become effective from 1st November 2010. In many cases compliance will not be possible.</p> <p>In particular the sections which would be most difficult to comply would be:</p> <ul style="list-style-type: none"> • Privacy and Security Hospital Pharmacies have no scope to admit Patients to the Pharmacy department as this would breach Hospital and Pharmacy Security. Therefore most Hospital Pharmacies rely on public waiting areas which tend to be small and are primarily used for presentation of orders and collection of medicines by hospital staff for use in wards and clinical areas. • Separate and Designated The waiting areas in many Hospital Pharmacies may be too small to section off a patient consultation area which would meet the above criteria. As the patient cannot be admitted to the 	<p>Noted. However pharmacies were given a reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008) were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act were approved by the Minister for Health on 28th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p> <p>Noted. As stated in the guidelines the security and safety of pharmacy staff and/ or patients is paramount. However, a consultation area will as of Nov 1st 2010 be a legal requirement.</p> <p>Noted. The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be</p>

	<p>Pharmacy Department it will be impossible for many departments to design a facility which meets the recommendations of the guidance.</p> <ul style="list-style-type: none"> • Conveniently Located The corridors and building immediately outside most Hospital Pharmacies would require major reconstruction to comply with the guidance which will be wholly impractical. Many Hospital Pharmacies are situated in older buildings and often in areas of the hospital where placement of a patient consultation area in close proximity to the Pharmacy as set out in the guidance document would not be possible. <p>Therefore, we would contend that all hospital pharmacies will find the guidelines difficult to adhere to and many will be unable to comply.</p>	<p><i>“a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ...”</i> The PSI is also aware that some pharmacies may have limited space available for a consultation area. This issue is being addressed in the updated guidelines.</p> <p>Noted. The updated guidelines state that the consultation area should ‘ideally’ be located close/adjacent to the dispensary. Other locations may be appropriate in various circumstances.</p> <p>Noted. Individual circumstances can be examined in the context of applications to the PSI, including applications for continued registration. Applications will be considered on a case by case basis, subject to the submission of supporting documentation and the available evidence base, and in line with legal and other requirements.</p>
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34.	Adelaide and Meath National Children's Hospital	
	<p>I would like to make a few comments on the proposed guidelines as set out in the Irish Pharmaceutical Journal, January-March 2010.</p> <p>I am concerned that the Registered Pharmacy Business i.e. the Pharmacy Department, Adelaide and Meath Hospital (AMNCH), Dublin 24 which I am the supervising Pharmacist will be unable to comply with the guidelines. This is due to the existing structure of the Pharmacy Dept and the organisation and structure of the surrounding hospital buildings.</p> <p>The document covers the requirements for counselling area where the Pharmacist can discuss the patients medicines with the patient or their carer in a private, secure location that is fit for purpose and wheel chair accessible. It should respect the privacy of the patient and so conversations should not be audible to other members of the public.</p> <p>In addition the guidance states that the it "should be a designated area and therefore used solely by the pharmacist for the purpose of patient consultation and counselling. The area should not be used for other purposes, e.g. the storage of medicines or excess stock" and that "There should be a sign in place which informs patients that the facility exists and is available for their use, should they wish to request the professional input of the pharmacist. "</p>	<p>Noted. However pharmacies were given a reasonable timeframe from when the Pharmacy Act 2007 and the regulations made under section 18 of the Act, the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. no 488 of 2008) were enacted to ensure compliance with regulation 4(3) of the regulations. Section 18 of the Act was enacted on 22 May 2007 and the regulations made under the act were approved by the Minister for Health on 28th Nov 2008. A period of two years adaption time was granted for existing retail pharmacy businesses. The requirement comes into effect on 1st Nov 2010.</p>

<p>Finally it needs to be conveniently located in relation to where the medicines are dispensed, thus ensuring that the patient/carer can access it directly from the public area of the Pharmacy.</p> <p>Having read the guidelines I feel it will be very difficult for the AMNCH Hospital Pharmacy Dept to comply with the guidelines as set out and in particular the sections which I have quoted. In the Pharmacy dept we have a waiting area which is about 10 square meters. The waiting area itself is too small to section off a counselling area which would meet the above criteria. In addition there is a glass security screen with transfer hatches separating Pharmacy staff from individuals in the waiting area. There is no scope to admit Patients to the main Pharmacy dept as this would breach Hospital and Pharmacy Security policy and procedure. In any case there is no suitable area within the Pharmacy which could be converted into a counselling area as set out in the guidelines. Finally, the corridor outside of the Pharmacy is an access corridor to the mortuary and the main hospital and unless we consider major reconstruction we will find it very difficult to comply.</p> <p>I would appreciate it if one of the Pharmaceutical Society Inspectors could visit to evaluate the issue for themselves with a view to advising how we are to respond to the guidance.</p>	<p>Noted. The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>'a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ..'</i></p> <p>The PSI is also aware that some pharmacies may have limited space available for a consultation area. This issue is being addressed in the updated guidelines</p> <p>Individual circumstances can be examined in the context of applications to the PSI, including applications for continued registration. Applications will be considered on a case by case basis, subject to the submission of supporting documentation and the available evidence base, and in line with legal and other requirements.</p>
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35.	Ruth O’Sullivan MPSI, IPOS Business Manager, IPOS, Wilton, Cork	
	<p>While all pharmacists welcome the introduction of the concept of a consultation area in pharmacy, one must keep in mind the actual purpose, frequency of use and thus the requirements of such an area as it applies to the role of the pharmacist today.</p> <p>The pharmacist of 2010 is most commonly engaged in prescription dispensing and patient care. Private consultation areas currently in place in many pharmacies are only used sporadically when a patient requests a confidential consultation with the pharmacist. I cannot see current practices changing dramatically in the coming years and the consultation space should be reflective of this.</p> <p>The consultation space therefore should reflect how often and for what purpose it will be used and from reflection on these key points the requirement for the consultation area derived. If the area will only be used occasionally for patient counseling the requirements for such an area should be modest. If a pharmacy uses the area for patient services such as cholesterol testing the requirements for the area would be more involved and appropriate for the provision of such a service.</p> <p>I would ask therefore when specifying the requirements for a consultation area that the society considers 'is the area allocated fit for purpose'.</p>	<p>Noted.</p> <p>Noted. However patients should be informed of the availability of the consultation area and directed to the area should they wish to avail of their entitlement to a private consultation on their medicine therapy as outlined in regulations 9 & 10 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008). Many pharmacists already provide private consultations and the PSI envisage that the provision of a designated consultation area in every retail pharmacy business will enhance this role.</p> <p>Noted. The PSI has the ability to approve variance in consultation areas, within the parameters of the legal requirements and these guidelines. However, all consultation areas must comply with regulation 4(3) of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), i.e. there must be <i>“a separate and designated area conveniently located within the pharmacy premises so that a pharmacist may review and discuss in private ...”</i></p> <p>As stated in the guidelines: <i>“consultation area use, and therefore requirements, will vary depending on the services provided by the pharmacy. If a pharmacy currently provides additional services such as health screening and monitoring services, or may consider providing such services in the future, there will be additional requirements for an area that can facilitate these services. This includes the degree of privacy required, the size of the area and the equipment</i></p>

	<p>I would appreciate these thoughts being included as part of the consultation process on consultation areas in community pharmacies.</p>	<p><i>requirements. For further guidance on the requirements for premises providing such services please consult 'Guidelines for Safe and Effective Management and Use of Point of Care Testing in Primary and Community Care'.</i></p>
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